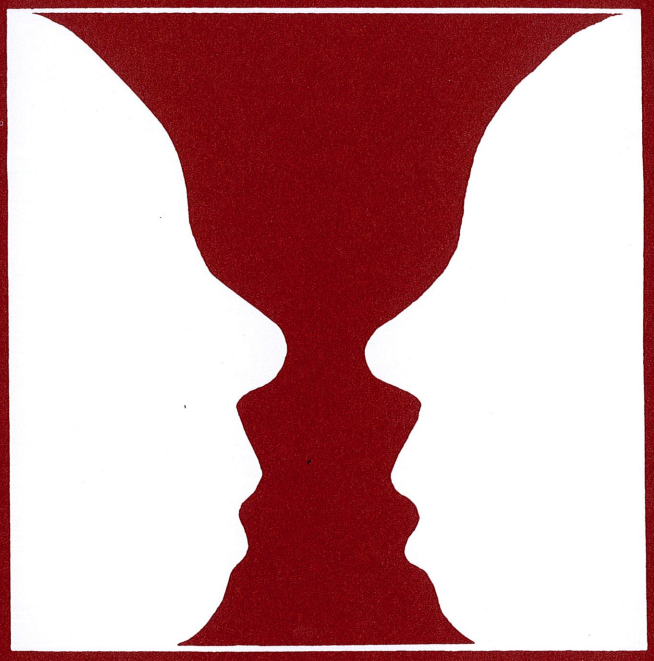
# Alcohol Use & Abuse: The Social and Health Effects



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The Presbyterian Church (U.S.A.)

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# Two Reports:

- **Report and Recommendations on the Social and Health Effects of Alcohol Use and Abuse**

  **Advisory Council on Church and Society**

- **Implementation of an Expanded Churchwide Address to Alcohol-Related Problems**

  **Joint Report of the General Assembly Mission Board and the Program Agency**

**Adopted by the 198th General Assembly (1986) of the Presbyterian Church (U.S.A.)**

# FOREWARD

This publication has been produced to promote widespread study of the "Report and Recommendations on the Social and Health Effects of Alcohol Use and Abuse, as adopted and commended to the church by the 198th General Assembly (1986).

The task force that prepared the report on behalf of the Advisory Council on Church and Society was responding to a directive by the 196th General Assembly (1984) to undertake a new study of alcohol-related issues, concentrating on the drug's social and health effects. In response to the same directive, the Program Agency and the General Assembly Mission Board drafted and proposed an implementation plan for an expanded church-wide address to alcohol problems. Both reports can be found in this booklet.

The task force worked diligently to gain a deep and broad understanding of its task, to develop a report that would be both compelling and comprehensive, and to communicate a sense of fresh commitment to addressing alcohol-related problems.

In its study, the task force was challenged to consider the impact of federal and state tax policies on the use and abuse of alcoholic beverages, the export of alcoholic beverages from the United States to developing countries, the widespread advertising of alcoholic beverages on television and in other public media, and the toll of death and injury resulting from drinking and driving.

This new General Assembly policy adopts a broad public health perspective on alcohol and alcohol-related problems and suggests a wide range of actions to help diminish the terrible toll we pay each year in wasted health, lives and resources. It is a document that departs from familiar assumptions and deserves to be studied by all concerned Presbyterians.

The challenge to respond to the immense range of problems created in our society by patterns of alcohol use and abuse knows no theological, political or ideological barriers. Persons, families, congregations, businesses and industries, communities, and nations feel the negative impact of alcohol consumption. The pervasive character of the challenge before us is both a promise and a major impediment to action, a major impediment because in so many circles alcohol-related problems are denied when the reality comes "too close to home."

Findings from the Presbyterian Panel survey, summarized in the report, suggest that Presbyterians have at least as high an incidence of alcohol use and alcohol-related problems as the general population. They help to remind Presbyterians individually and corporately to formulate guidelines for their own alcohol consumption as a model for reforming social policies.

Members of the Task Force on the Social and Health Effects of Alcohol Use and Abuse that prepared the policy statement and recommendations hope the document will serve as a stimulus to governing bodies to examine the issues in a comprehensive manner and to initiate strategies through congregations, presbyteries, synods and church-related institutions that will address alcohol-related problems in our church and society.

Shalom,

Bruce Tischler
*Chairperson*
*Task Force on the Social and Health Effects of Alcohol Use and Abuse*

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## The Social and Health Effects of Alcohol Use and Abuse

Advisory Council on Church and Society

# I. The Mandate and Work of the Task Force

## Origin, Membership, and Meetings

The 196th General Assembly (1984) of the Presbyterian Church (U.S.A.) meeting in Phoenix, Arizona, in June of 1984 noted that "though past General Assemblies have made several specific statements dealing with the concerns of alcohol, there has been no major policy study for several years and there is a need for a deeper and broader understanding and strategy to deal with *the social and health effects of the abuse of alcohol as a public policy problem* of increasing magnitude." (*Minutes,* 1984, Part I, pp. 346-348, underlining added.)

The 1984 General Assembly went on to adopt a number of recommendations, stemming from its stated fundamental conviction that "attention to alcohol-related problems continue to be viewed as a social and health issue of major concern to the Presbyterian Church (U.S.A.)." These recommendations reaffirmed certain specific requests of previous Assemblies and requested "agencies, councils, and governing bodies of the Presbyterian Church (U.S.A.) to continue and expand, if possible, efforts to address the social and health effects of alcoholism and alcohol abuse, under the provisions of existing General Assembly policy concerning education, ministry, public policy witness, and personnel policies and practices." Even as the General Assembly prepared to initiate a new policy study, it emphatically emphasized two things: first, that strong and relevant policy and direction to guide the church's witness and ministry in this area of urgent concern already exists; and second, that the church's attention to these issues at every level should be strengthened and expanded immediately while the new study proceeded.

The final recommendation adopted by the 1984 General Assembly:

> directs the Advisory Council on Church and Society, in consultation with other appropriate agencies and councils of the Presbyterian Church (U.S.A.) to undertake a new study of alcohol-related issues, concentrating on the social and health effects of alcoholism and alcohol abuse, and report its findings and recommendations for public policy and church strategy to the 198th General Assembly (1986); and further requests the advisory council to design its process of study in such a way that the Program Agency and the General Assembly Mission Board can present to the same 198th General Assembly (1986) a proposal for implementation of an expanded churchwide address to alcohol problems.

In July of 1984, the Advisory Council on Church and Society approved a prospectus for the study that had been requested. It authorized the appointment of a task force of "not more than 12," with the following requirements for "special skills and competencies":

> -At least two persons who have the capacity to develop and articulate theological perspectives on societal and personal problems related to alcohol;
> -At least one person who is a professional expert on methods to prevent alcohol-related problems through public policy approaches;
> -At least one person whose primary skills are in sociology and the larger social and cultural context of alcohol use;
> -At least two pastors or lay people who have worked with ministries to alcoholics and their families;
> -Three members of agency and council boards;
> -A Christian education specialist;
> -A synod or presbytery staff person;
> -A board member of the Presbyterian Network on Alcohol and Other Drugs.

The persons who have served on the Task Force on Social and Health Effects of Alcohol Use and Abuse at the invitation of the moderator of the Advisory Council on Church and Society are: the Rev. Bruce Tischler, Chairperson, Director of the Northwest Ministry of Lehigh Presbytery, Mahanoy City, Pennsylvania; Jacqueline Barnes, New York, New York, Barnes and Associates, and member, Presbyterian Health Education and Welfare Association; Catherine Borchert, Cleveland, Ohio, stated clerk of the Presbytery of Western Reserve and member of the Advisory Council on Church and Society (from September 1, 1985); Marjorie Elgin, Tacoma, Washington, National Executive Committee, United Presbyterian Women; Pauline Miles, New York, New York, Administrator, Health Education Program, Blue Cross/Blue Shield (until October 1, 1985); William R. Miller, Albuquerque, New Mexico, Professor and Director of Clinical Training, Psychology Department, University of New Mexico; James F. Mosher, Berkeley, California, Associate Director, Prevention Research Center; the Rev. John R. Sinclair, Bloomington, Minnesota, Associate Executive, Synod of Lakes and Prairies and board member, Presbyterian Alcohol Network; Anderson Spickard, M.D., Nashville, Tennessee, Director, Vanderbilt Institute for Treatment of Alcoholism, Vanderbilt University Medical Center; the Rev. C. Howard Wallace, Dubuque, Iowa,

**" . . . that 'attention to alcohol-related problems continue to be viewed as a social and health issue of major concern to the Presbyterian Church (U.S.A.).' "**

**"Alcohol is by far the most widely used drug among both adults and young people. It is clearly the overwhelming "drug of choice" among Presbyterians."**

Professor of Biblical Theology, Dubuque Theological Seminary, and President, Presbyterian Alcohol Network; Cleta White, Alexandria, Virginia, member of the Advisory Council on Church and Society (until September 1, 1985).

Mr. Robert Barrie of Reston, Virginia, provided consultant services to the advisory council and to the task force in the preparation of the prospectus for work, the identification of potential task force members, and the actual work of the task force until his sudden and unexpected death in September 1985. Mr. Barrie was a competent and trusted aide, both in caring for the administrative requirements of the task force's life and work and in helping to frame its substantive agenda and research. His years of experience on the Washington Office staff of the Presbyterian Church, his extensive knowledge of the issues and deep commitment to Christian witness related to alcohol problems, and his rare gifts of personality and relationship were deeply appreciated. They are all reflected in the report that follows.

The task force was also assisted in its work by Ms. Roxanna Coop, Associate for Social Welfare-Program Relations of the Program Agency's Unit on Ministries of Health, Education, and Social Justice, and by Ms. Gail Hastings Benfield and the Rev. Dean H. Lewis, advisory council staff, particularly following Mr. Barrie's death. The task force also deeply appreciated the service of the Rev. Arthur Benjamin, Research Coordinator for the Support Agency, in the design and interpretation of the Presbyterian Panel questionnaire related to alcohol.

The task force met three times: March 8-10, 1985, at the Alma Mathews House in New York, New York; October 11-13, 1985, at La Quinta Motor Inn in Albuquerque, New Mexico; and January 3-5, 1986, at the Prevention Research Center in Berkeley, California. In addition to the research and study necessary for the preparation of the theological and technical background of its report and the drafting of the findings and recommendations, the task force accomplished a number of special objectives.

1. As noted, the task force used the Presbyterian Panel, a scientific sample of Presbyterian clergy, members, and elders, to gather up-to-date information on the practices and attitudes related to alcohol that characterize Presbyterians. A report of the findings is included in the report that follows as Appendix A.

2. The task force commissioned an inquiry among presbyteries and synods regarding programs, resources, or services related to alcoholism and alcohol abuse. A report of the findings from this study is also included in the report as Appendix B.

3. The task force developed a film strip resource for use in the church, prepared from slides produced by task force member James Mosher to interpret a number of policy factors related to the availability, use, and effects of alcohol in the United States.

4. The task force also published a six-chapter study resource for use by organizations, adult study classes, and youth groups in the church as well as for individual reading. The booklet was written by task force members William Miller and James Mosher.

5. The task force also prepared a description of the work and philosophy of Alcoholics Anonymous (AA), recognizing its pioneering and unique role in the treatment and support of persons with alcohol-related problems. The statement, included in the report as Appendix C, emphasizes the compatibility of AA with Christian faith and practice as understood by Presbyterians.

During its October meeting, the task force entered into dialogue on alcohol and the mass media with a panel consisting of Betty Hudson, vice president of Corporate Relations and Advertising, National Broadcasting Company (NBC); Bernard Malloy, consultant to the United States Brewers Association; and George Hacker, associate director for Alcohol Policies, Center for Science in the Public Interest. This panel was held in order to hear the point of view of the alcohol and communication industries and public interest groups and to share with their representatives the perspectives of the task force.

The members of the task force have proceeded with the task assigned to them in full awareness of their sinful and imperfect nature and in reliance on God's mercy and grace. They have studied the witness of Scripture, asked for the guidance of the Holy Spirit, and sought the best and most reliable information available about the social and health effects of the use and abuse of alcohol. The facts are never all in. The task force sincerely believes that enough facts are available to justify the observations and recommendations presented here.

The first part of the report (Section II) con-

sists of a background section containing a description of the social and health effects of alcohol use and abuse, a review of public policy issues, a historical perspective on societal and Presbyterian response to alcohol use and alcohol-related problems, and a summary of current research data on the practices and attitudes toward alcohol and related issues of Presbyterian clergy, elders, members, and intermediate governing bodies. The second major section (Section III) presents an analysis of biblical and theological themes. The third major section contains the policy statement and recommendations for direction and action that the General Assembly is asked to adopt. The final section of the report consists of five appendixes: Appendix A reports the full findings of the November-December 1985 Presbyterian Panel; Appendix B reports the results of a September 1985 survey of presbyteries and synods; Appendix C contains a description of Alcoholics Anonymous and a statement of appreciation for its work; Appendix D is a summary of the Model Dram Shop Act; and Appendix E presents a list of bibliographical and organizational resources.

**" 'Love of the neighbor' is not to be left only to abstract feeling or personal charity; God intends that it also be expressed in the policy and practice of the social order."**

## Why Focus on Alcohol Alone and on Public Policy

Finally, it is necessary to respond to a question frequently asked of the task force and its parent, Advisory Council on Church and Society: Why are you concentrating on alcohol and not on the larger question of chemical dependency of which alcohol is only one manifestation?

There are several responses to the question. None of them arises from any sense that the use and abuse of alcohol differs essentially from the use and abuse of other drugs or that the use and abuse of marijuana, heroin, cocaine, and various chemical compounds, including some prescription drugs, are not significant areas of concern for the society and the church. Particularly in its pastoral ministry, the church cannot simply concentrate on issues related to alcohol and ignore the larger context of all abuse of mood-altering drugs.

Why then the focus on alcohol? The first and most obvious response is not irrelevant: The General Assembly requested it. Beyond that, alcohol has been historically, and is currently, widely, and pervasively used in this society. Its social and personal effects have been the subject of intense concern, study, and activity. It has been, after all, the subject of two amendments to the United States Constitution. Alcohol is by far the most widely used drug among both adults and young people. It is clearly the overwhelming "drug of choice" among Presbyterians.

There is a final and compelling reason to focus on alcohol-related issues. Alcohol is a legal drug. The social and health effects of its use and misuse are thus amenable to social control through public policy. Through taxation, licensure, and law, the society can greatly influence how much is consumed, by whom, in what contexts, and in what locations. Through the normal mechanisms of policy and politics, then, Presbyterians can exert enormous influence on "the social and health effects" of alcohol if they choose to mobilize will and effort.

As the task force studied and struggled to define an effective response to alcohol-related problems, it became increasingly convinced that public policy measures present a most significant opportunity. There is, therefore, a substantial focus on such measures in the report and recommendations that follow, although such focus supplements rather than replaces continuing focus on ministry and care for alcoholics and other victims of alcohol-related problems. The task force recognizes that some Presbyterians are not persuaded that such activity in the political arena is appropriate. It may be useful to sketch quickly some of the reasons why the task force believes that such witness is an authentic expression of faith for Christians and the church.

The testimony of God's concern for the day-to-day life of the human community is pervasive in the Old Testament, of course. The inspired Scripture contains extensive sections of what we today call "public policy"—regulations to achieve and maintain the order, health, and peace of the society. The prophetic books of the Bible, to which Jesus often referred, record repeated references to God's anger over practices and policies that injured the community and its people, and God's call to repentance and reform.

As Presbyterians, we stand in a particular theological tradition that includes the teaching and witness of John Calvin and John Knox who saw service to the community and

attempts to bring its policies and practices into closer conformity to God's intent as basic and essential dimensions of Christian response to God's gracious calling. "Love of the neighbor" is not to be left only to abstract feeling or personal charity; God intends that it also be expressed in the policy and practice of the social order. We seek Shalom— peace, wholeness, harmonious and right relationships. We seek it for individuals, for the covenant community, for the social order, and for the whole creation (Romans 8:20-21).

**". . . few are aware of the full extent of alcohol's impact on our society."**

Many Presbyterians use alcohol and are often in settings where its use is customary. All Presbyterians can, by personal example and behavior as well as by political action, have powerful and direct impact on both personal and social practices and consequences. It makes sense, then, to call the Presbyterian Church (U.S.A.) and its individual members to a new awareness and commitment in regard to the social and health effects of alcohol. The report and recommendations that follow are dedicated to that end.

# II. Background Section

## The Social and Health Effects of Alcohol

Alcohol-related problems represent a serious threat to health, safety, and the quality of life in the United States and many other nations. Alcohol-related problems are ubiquitous in our society, affecting virtually every sphere: homes, schools, churches, workplaces, military services, medical care, and transportation on the highways, waters, and in the air. The total costs associated with alcohol-related problems are immense, the damage widespread, the consequences severe, the suffering incalculable.

### The Problem: A Statistical Summary

Although many people are aware of some of the risks attendant to alcohol misuse, particularly those associated with driving while intoxicated, few are aware of the full extent of alcohol's impact on our society. Among the relevant facts about our current situation are these:

. The social costs directly attributable to alcohol-related problems now exceed $116 billion per year, including the costs of resulting treatment, premature deaths, lost employment and productivity, motor vehicle crashes, fire losses, crime, and incarceration. This is above and beyond the more than $67 billion spent annually in the United States to purchase alcoholic beverages.

. Drinking during pregnancy is a leading cause of birth defects, including permanent mental retardation.

. Alcohol is involved in at least one third to one half of all traffic fatalities, rapes, and other violent crimes, homicides, suicides, and deaths by fire, falls, and drowning.

Heavy drinking is associated with a doubled risk of a wide variety of cancers and increases the risk of certain types (such as esophageal cancer) by more than forty times.

. The misuse of alcohol is also highly associated with disability and death related to diseases of the stomach, liver, heart, brain, and immune system.

. Overall, between 100,000 and 200,000 deaths are directly or indirectly caused by alcohol annually, making alcohol-related problems the third leading cause of death in the United States. Because accidents are the leading killer of persons under the age of forty, alcohol is an even more significant factor contributing to death among the young.

. Alcohol is capable of producing physical addiction, with withdrawal symptoms more severe and dangerous than those associated with heroin addiction.

## The Problem: Some Real Life Stories

Those affected by alcohol problems are real people. The ways in which their lives are changed and destroyed are diverse, devastating, tragic. Here are the stories of how a few have been affected. Their names are Ronnie, Pat, Fran, Larry, Leslie, Chris, Terry, Cindy, Jack, Helen, and Steve. They are our neighbors.

*Ronnie.* Ronnie Trujillo didn't even like the taste of alcohol, his mother said. Yet the night after Christmas 1985, he went to a party with a new friend whom he had met a few weeks earlier and who had introduced him to drinking and partying. He didn't want to drink that night, but he was a boy who had trouble saying "no," and peer pressure took over. Others who were at the party said he drank fourteen shots of vodka, a pint of Schnapps, and one beer. His body was found at ten o'clock the next morning when he failed to wake up, which the coroner estimated was eight to ten hours after he died of an overdose, with a blood alcohol level over 0.300. Ronnie was fourteen years old, and he had just begun the ninth grade.

*Pat.* I opened the refrigerator and stared at the almost empty decanter, wondering who had consumed all that wine. Maybe I was mistaken that I had just filled it the night before. The hardest reality since my separation is that I am the only drinker in the house, and whatever is gone is my own doing. What happened to my promises: "Two drinks and a glass of wine with dinner, that's all"? Thank God the kids are busy with their school work and ignore the closed door to my bedroom. They have questioned my erratic behavior and my forgetting things. I've got to go to work today, but I feel shaky so I'll take some Valium. At least I never drink during the day, only after five o'clock at home. Maybe my drinking really is less than it used to be. Today I promise only to take two drinks before dinner, and if I don't feel a lot better than I do now, maybe I won't drink at all. If I can just get through this day and feel better, I'll change. At least I never hurt anybody with my drinking. I always show up for work, and my children are never neglected. Today, I'll do better.

*Fran and Larry and Barbara.* The papers say there was "evidence of drinking" at the freshman orientation party. I know full well there was, always is. Hard for anyone not to drink at those parties, where everybody is drinking and there's nothing offered without alcohol in it. The students who were in the room with him all swear that Larry had only a few beers, and that the three guys just went out on the ledge for some air and a better look at the skyline. They were climbing back in when Larry lost his balance and fell six floors. It was over before anybody knew what happened. What do I say to Barbara, his mother? She is convinced that Larry would never drink because of his hypoglycemia. Dead at eighteen, just four days away from home and so proud of getting into the college of his choice, planning to set the world on fire.

*Leslie.* I open my eyes, and my head hurts immediately. My stomach is misbehaving again. I try to retrace what happened last night, but I can't remember most of what happened after I dropped off the sitter. Some of it is fuzzy. I do remember hitting the parked car at the neighbor's house, and feeling panicky. I don't think I did much damage, so I hope they'll see the humor in it. Should have gotten more sleep, and eaten more before the party. The dented fender on our station wagon is really going to increase the nagging from Chris. Give me a break! I've said over and over again not to make social commitments for a Friday night. Bad enough when it's a business function. I don't get drunk every time we go out, but these Friday things are just too much of a hassle. I just hope I can keep this simple and settle it with the neighbors. I've had too many accidents, and there's no point in getting the insurance company and the police involved.

**"At least I never hurt anybody with my drinking. I always show up for work, and my children are never neglected. Today, I'll do better."**

*Terry and Cindy.* The doctor said she's still alive. Got to get to the hospital. How could anything like this have happened so quickly? She went out jogging just a little while ago! I feel an enormous scream building up inside of me, but it stops at my throat. Flat EEG, the doctor said. Maybe she's just unconscious, and she'll wake up before I even get there. They said the police would catch the hit-and-run driver, that they usually do. Driving too fast, wrong side of the road. Maybe we'll never even find out who did this to Cindy. My God! How can you allow something like this to happen? Where were you?

*Jack and Helen.* We are both 60 years old, Helen and I. We have been married for 38 years, and our two children long ago left the nest. We had a solid marriage—we agreed on raising our children, a shared faith, regular

church attendance. We've been more than comfortable, though a steady progression of promotions has always kept me working long hours. But with the children gone, Helen became increasingly withdrawn. We practically quit going out together to social gatherings or to church. I began to hear from acquaintances that Helen "enjoyed" her martinis at the bridge club, her last remaining social activity. I also heard from concerned friends that she appeared to have "problems." Then one night I returned home to find our apartment door bolted and smoke seeping out from under the door. I broke a window and climbed into the apartment only to find Helen lying in a drunken stupor and a wastebasket with a smoldering fire in it.

The hospital recommended treatment for her alcohol dependency. She has come to accept that she is an alcoholic and is now active in A.A. I am still bewildered by Helen's diagnosis, but she seems to be better after her treatment. They tell me I should attend Alanon meetings which are designed to help family members of alcoholics. I am considering it.

**" Persons who feel 'safe' because they only drink beer or wine are seriously deluding themselves."**

*Steve.* He was magnificent. Even the track-fanatic city of Eugene, Oregon, had never seen a runner like Steve Prefontaine. He seemed a stranger to pain and fatigue, setting the harshest paces in distance runs and then flashing through the final lap with a kick that was nothing less than remarkable. At the age of twenty-four he held the U.S. track records for 2,000 meters, 3,000 meters, two miles, three miles, 5,000 meters, six miles, and 10,000 meters.

The crowds loved him, chanting, "Pre! Pre! Pre!" As always, they packed the stands 8,000 strong for the twilight track meet. They came for any track event, but tonight they came especially to see Pre run the 5,000 against his friend and competitor, Frank Shorter. They were not disappointed. For two miles Pre and Shorter were shoulder to shoulder running 4:17 miles. Then Pre broke away to a dazzling pace, finishing less than two seconds short of his own record.

The inevitable party followed the race, with plenty of food and beer for the local and visiting athletes. The conversations were lively and ran into the night. Around 12:30, Pre jumped into his MG and drove Shorter to a home where he was staying in the Eugene hills. They said goodnight, making plans for the next day.

It was morning when the phone rang and Frank Shorter learned that he had been the last person to see his friend alive. Pre had rolled his MG just a few hundred yards away, on a familiar narrow road overlooking the city and the river where he loved to run. The newspaper story reported that his blood alcohol level had been 0.160, just twice the legal limit for drunk driving in Oregon, although he had not seemed at all intoxicated to his friends. It was a small statistic, quickly forgotten in the overshadowing tragedy: Pre was gone.

## All Alcohol is the Same: Consumption and Risk

An important step in understanding alcohol consumption and its associated problems is the realization that all alcoholic beverages contain exactly the same kind of alcohol, ethyl alcohol. Beverages differ only in the amount of alcohol they contain. Beer, wine, and distilled spirits all have exactly the same kind of alcohol and can produce the same degree of intoxication. Persons who feel "safe" because they only drink beer or wine are seriously deluding themselves. What matters is the amount of alcohol consumed, not the type of beverage in which it is contained.

A simple rule of thumb is to remember that each of the following drinks contains the same amount of ethyl alcohol:

- 10 ounces of beer (5 percent alcohol)
- 4 ounces of table wine (12 percent alcohol)
- 2.5 ounces of fortified wine such as sherry (20 percent alcohol)
- 1.25 ounces of 80 proof spirits (40 percent alcohol)
- 1 ounce of 100 proof spirits (50 percent alcohol)

Each of these can be thought of as one "standard drink," and can be expected to produce similar degrees of intoxication if consumed in the same period of time. A six pack of 12-ounce cans of beer, for example, is equivalent to about 9 ounces of 80 proof spirits or 28 ounces of table wine. It should

be noted that even some so-called "alcohol free" beverages contain small amounts of ethyl alcohol.

Alcohol poses serious health risks for anyone who uses it beyond very moderate levels. Some people do seem to be affected sooner than others, but no one is immune to alcohol's effects. Most health damage occurs gradually over time, increasing with the amount that a person drinks. Other types of damage, such as accidents, may occur suddenly, but the risk of such events occurring increases with the amount and frequency of alcohol consumption. In sum, although tragic consequences can follow from even a single occasion of excessive drinking, generally the risk to a person's health and safety is directly related to how much he or she drinks, and how often.

For this reason, it is of concern that per capita alcohol consumption in the United States rose steadily from the 1930's to the early 1980's. Enough alcohol is consumed annually in the United States so that every person over the age of fourteen could have about five drinks of spirits, seven glasses of beer, and two glasses of wine per week (though in fact about half of all the alcohol consumed is in the form of beer). Considering that roughly one third of all adults do not drink alcohol at all, this means that enough alcohol is consumed for each drinker to have twenty drinks per week or about three drinks a day. In fact this number is inflated by the alcohol consumption of a smaller number of very heavy drinkers. About 10 percent of the population exceeds on average three drinks per day, and together this group consumes nearly 60 percent of the alcohol sold.

The facts clearly indicate that alcohol should not be regarded as just another beverage, but rather as a drug with great potential for harm. These facts are little known or emphasized in the general population. At least one in every ten adults is consuming alcohol at a level known to be associated with serious health risks. About one in five adults get drunk at least six times a year. Roughly 15 percent of American adults, one in seven, become intoxicated (defined as eight or more drinks in one day) once a week or more. Clearly, the problematic and at-risk use of alcohol is not limited to diagnosable "alcoholics." The risks apply to anyone who drinks, and the more a person drinks, the higher the risks.

**"If you are an average person, at least one in every ten of your friends and neighbors is drinking enough right now to be at risk for serious and tragic consequences."**

## Health Effects

If you are an average person, at least one in every ten of your friends and neighbors is drinking enough right now to be at risk for serious and tragic consequences. Among the major causes of disability and death that have been associated with excessive alcohol consumption are:

. diseases of the gastrointestinal system including ulcers, pancreatitis, and cancers of the mouth, tongue, throat, esophagus, stomach, and pancreas.

. diseases of the liver including fatty deposits, hepatitis, cirrhosis (which kills between 20,000 to 30,000 per year), and hepatic cancer.

. heart disease (especially atrophy of heart muscle), increased cholesterol and blood pressure, and sudden-death heart attack elicited by alcohol's disruption of electrical signals that control the heartbeat.

. predictable and progressive brain damage including impairment of memory and learning abilities, premature aging of the brain, dying back of nerves that serve the arms and legs, and (in heavier drinkers) brain cell death resulting in gross shrinkage of the brain.

. interference with vital endocrine functions including the control of blood sugar, sexual hormones, and adrenal hormones related to stress.

. disruption of the body's immune system defenses, increasing susceptibility to a wide range of infections and illnesses.

. increased risk, in pregnant women who drink, of stillbirth, spontaneous abortion, and abnormalities in offspring including low birthweight, hyperactivity, heart defects, facial malformations, and retardation (fetal alcohol syndrome).

. alcohol poisoning, resulting in death by overdose.

These, combined with alcohol-related deaths by violence and accidents, account directly for about 100,000 deaths per year in the United States. If alcohol's indirect contributions to mortality are considered, this figure rises to about 200,000 deaths annually.

## Social Effects and Costs

The damage and suffering caused by alcohol abuse are by no means restricted to the problem drinker. It is estimated that for each individual who experiences personal problems related to his or her own drinking, three others are directly and adversely affected. In the course of a lifetime, about one in every three American families will suffer direct negative consequences related to alcohol abuse within the family. For every United States citizen, the likelihood of being involved in at least one alcohol-related traffic accident in the course of a lifetime is about 50 percent. That is, about half of all adults in the United States will be involved in an alcohol-related crash at some time during their lives.

**"The abolition of alcohol from society seems neither realistic nor necessary."**

Beyond the incalculable suffering represented in the summary that introduced this report, there are clear economic costs attached to alcohol abuse. According to the most recent estimate of the National Institute on Alcohol Abuse and Alcoholism, these include $88 billion in lost wages and productivity due to inefficiency, accidents, lost employment, and premature death, $10 billion on alcoholism treatment alone, and another $9 billion spent on treatment and prevention of alcohol-related problems, and $10 billion dealing with alcohol-related crime and accidents. The total, as of 1983, came to over $116 billion in identifiable annual costs. This is above and beyond the more than $67 billion spent annually in the United States to purchase alcoholic beverages.

## Drinking Behavior

Alcohol is deeply embedded in our society and likely is here to stay. Our national experiment with prohibition succeeded in drastically reducing alcohol consumption and related problems, but created enforcement problems of such magnitude as to require the repeal of a constitutional amendment. The abolition of alcohol from society seems neither realistic nor necessary.

Instead, a responsible course for policy is to encourage healthy choices with regard to alcohol through education and through public policy measures. Personal abstention must be validated as a healthy and acceptable life choice. Those who do not drink alcohol will never become problem drinkers, and indeed one third of all adults are abstainers by choice.

For those who do choose to use alcohol, social policy should favor conditions that encourage moderate consumption, below levels likely to cause adverse health or social consequences. In certain high-risk situations (such as pregnancy, driving, swimming, or operating machinery) any use of alcohol should be discouraged. Outside such situations, the risks associated with very moderate consumption of alcohol appear to be minimal.

# Alcohol and Public Policy

In recent decades, the social, community, and physical environments affecting alcohol consumption have been largely ignored in our response to alcohol-related problems. Our attention has been primarily at the individual level—through educational and treatment strategies—and tremendous progress has been made in providing aid and information to those in need. These approaches to prevention and treatment need to be continued and strengthened as dimensions of public policy, with particular attention to education in the schools. However, this progress has been undermined by the increasingly aggressive marketing of alcoholic beverages throughout the society, portraying alcohol as an ordinary, desirable product with few if any adverse side effects; underestimating the seriousness of alcohol-related automobile crashes; and making alcohol increasingly available throughout society at prices low enough to compete with ordinary beverages.

These practices, made possible in very large part by public policy decisions, affect other strategies to reduce the negative health and social effects of alcohol in a number of ways: (1) They contradict educational messages designed to encourage individuals, particularly young people, to exercise caution in the decision whether to drink and, if so, in what situations and in what quantities; (2) They discourage individuals from intervening with

those who are exhibiting alcohol-related problems; (3) They encourage heavy and more frequent drinking and reinforce denial among those with alcohol-related problems; and (4) They create high-risk situations for those in a recovery process.

Three major areas of public policy need to be addressed as supplementary to education and treatment in a comprehensive approach to preventing and treating alcohol-related problems.

## Alcohol Pricing Policies

Perhaps the most neglected and possibly the most effective policy tool available to the public for the prevention of drinking problems, particularly among youth, is the appropriate use of excise taxes. Extensive research has shown that the demand for beverage alcohol is price-elastic—that is, the total consumption of alcohol is sensitive to price changes, with an increase in price resulting in a decrease in consumption and vice versa. Further, reductions of per capita consumption have been shown to lead to a reduction of alcohol-related problems, including cirrhosis of the liver, alcoholism, heavy drinking, and drunk driving. Recent research demonstrates that these effects are particularly prevalent among young people, which is in accord with similar research regarding tobacco prices and tobacco use. A modest increase in excise taxes, according to the research, will have as great or greater effect on adolescent drinking as an increase in the legal drinking age.

Excise taxes are usually imposed at the state or federal level, although local governments can do so as well if permitted by state law. Except for a modest increase in distilled spirits excise taxes that took effect October 1985, federal excise taxes on alcohol have remained constant since 1951, a primary contributor to the decrease in relative price over the last thirty years (28 percent since 1967). Moreover, the three beverage types are taxed at radically different rates—$21.00, $1.21, and $6.44 per absolute gallon of alcohol for distilled spirits, wine, and beer respectively. This differentiation is ill-advised. The three beverages contain the same potentially harmful drug, and beer is the beverage of choice among young people and the most implicated beverage in alcohol-related driving incidents.

The failure to index alcohol excise taxes to inflation has resulted in a significant loss of potential revenue to state and federal governments—over $7 billion in federal revenue over the last thirty years if taxes had simply kept pace with inflation. It has also enabled the alcohol industry substantially to attain a long-sought goal: to make alcohol an "ordinary" product, in price competition with other beverages in the beverage market. In grocery and liquor stores today, beer can be purchased at prices lower than popular soft drink brands, milk, fruit juices, and most other nonalcoholic commercial beverages. Because of the price sensitivity of young drinkers, these low beer prices are a key ingredient in the industry's focused promotion to this important population.

**"For every United States citizen, the likelihood of being involved in at least one alcohol-related traffic accident in the course of a lifetime is about 50 percent."**

Other alcohol tax policies have an adverse effect on the public's health. Internal Revenue Service (IRS) policy, which is mirrored in many states, permits businesses to deduct the cost of alcohol as an "ordinary and necessary business expense." This ill-defined and much-abused set of provisions permits corporations to deduct approximately $18 billion annually in alcohol purchases, approximately 18 percent of all retail alcohol purchases, resulting in a tax expenditure loss of over $5 billion at the federal level. The alcohol-business deduction has a serious negative health impact. It encourages businesses to use alcohol as gifts and to serve alcohol as part of ordinary business activities and events. This increases the risks of job-related injuries, heavy drinking, alcoholism, and drinking in high-risk situations. It also places employers at risk for third-party liability lawsuits if an intoxicated employee injures another person.

The federal government itself is one of the largest retailers of alcohol in the country, primarily due to its sale on military reservations. The military sells alcohol on bases at prices substantially lower than any retail outlet in a given geographical area. Alcohol profits are a primary source of funding for recreational facilities and activities on these military bases. This undermines military and local civilian prevention and treatment efforts as well as state tax policies.

Finally, various tax shelters and incentives have been given to the alcohol industry in order to promote production, trade, and sales including a deduction for marketing expenses

without restriction, resulting in at least $300 million of tax losses to the national treasury.

These policies all have the effect of pushing demand and lowering overall alcohol prices.

## Alcohol Availability Policies

**"Alcohol advertising is perhaps the most pervasive source of anti-health information in our society today."**

Public policies affecting the availability of alcoholic beverages are of equal importance to taxation in a comprehensive program to prevent alcohol-related problems. Controls on availability include where, how, and when alcohol is sold, to whom, and by whom. These variables affect the environmental risks of alcohol problems developing in a population. Establishing settings that promote safe drinking, food consumption with alcohol, and nonalcoholic beverage consumption will promote safer community environments by reducing alcohol consumption and related problems and by supporting appropriate community norms that are reinforced by educational and treatment efforts.

Server intervention programs provide a framework for addressing the alcohol availability measures. This concept refers to the role of the alcoholic beverage retailer (or social host) who serves alcohol in reducing the likelihood that minors or intoxicated adults will be served and later injure themselves or others. Server intervention programs have three key components:

a. *Server and Manager Training.* Various curricula are now being developed to train retail employees on how to identify intoxicated persons and minors and how to refuse service. Managers are trained to support their staff efforts as well as to develop prevention-oriented house policies. Insuring adequate, trained staff, promoting nonalcoholic beverage items, eliminating happy hours, prohibiting drinking by staff on the job, and having regular staff seminars are among the policies now being implemented.

b. *Alcoholic Beverage Control (ABC) Regulations.* Community and state regulations establish who may sell alcoholic beverages, in what locations and type of outlet, and with what server practices. These rules of conduct should be designed to facilitate and support the manager and server training curricula. Certain types of outlets, for example, may require special restrictions to protect the public—e.g., sports stadiums, where most patrons will be departing in an automobile. Some establishments may be inappropriate retail outlets—e.g., gas stations, because of practical difficulties in surveillance and the symbolic connection between drinking and driving. Certain management policies can be mandated by regulation—e.g., happy hour bans and mandated server training.

Most states have two major weaknesses in their current regulatory provisions. First, procedures for reviewing license infractions are cumbersome and ineffective. Long delays typically occur, and obtaining suspensions and revocations of licenses is extremely difficult. Second, licensing requirements are lenient and little attention is paid to health risks of particular availability measures.

c. *Dram Shop Liability.* There is a clear trend nationwide toward holding licensees liable for injuries to innocent third parties caused by the licensees' intoxicated and underaged patrons. Typically, server liability— in legal terms, "dram shop liability"—involves a drunk driving incident: A bar serves an obviously intoxicated person who leaves the establishment and causes an auto crash. Dram shop liability permits the victim of the crash to recover compensation from the bar.

Dram shop liability as it is currently practiced in the United States follows ordinary principles of legal negligence applicable to other business enterprises. The trend toward liability reflects an increasing awareness that the retailing of alcoholic beverages is a potentially dangerous activity that requires caution and responsible business practices. Its application, moreover, serves valuable social functions—deterring negligent sales and providing compensation to victims. Nevertheless, the legal concept suffers numerous practical weaknesses. Most importantly, it does not provide clear standards for licensees to avoid liability. It is therefore difficult to assess liability risks, which in turn causes high insurance premiums, nuisance lawsuits, and unjustified settlements by insurance companies. In many states, insurance coverage is becoming difficult or impossible to obtain. These problems have been addressed in a new Model Dram Shop Act, which includes a model "responsible business practices" defense. (See Appendix D.)

Despite the importance of alcohol availa-

bility in a comprehensive approach to the prevention of alcohol-related problems, relatively little is known regarding the affects of particular controls on drinking behavior. Funding is scarce for appropriate research and evaluation studies. This significantly impairs policy development, as policymakers are unable to make informed choices regarding the advisability of particular control measures. The failure to fund the necessary research reflects the low priority given to ABC policies in the health and safety sphere.

## Alcohol Promotion Policies

Policies concerning the techniques used to promote the sale of alcoholic beverages are the focus of growing attention. The primary countermeasures to promotion of alcohol consumption have historically been educational campaigns regarding alcohol's potential dangers to individuals, communities, and society. The advent of intensive promotion of alcohol focused on vulnerable population groups and increasing use of "image" promotion by the alcohol industry give rise to several policy concerns that go beyond this traditional response.

Considerable research has been conducted regarding the messages found in alcohol advertising. According to most but not all studies, the most dominant themes include those associating alcohol with wealth, prestige, success, social approval, hedonistic pleasure, relaxation and leisure, exotic settings, individualistic behavior, and sexual accomplishments. Industry publications themselves have noted the dramatic increase in these "lifestyle" advertising messages by distilled spirits producers in the print media. There is little or no logical relationship between the intrinsic nature of the alcohol being promoted and the advertisements' themes. The number of ads that provide any reasonably accurate health or risk information regarding alcohol use is miniscule when compared to the overall advertising budgets.

Alcohol advertising is used in conjunction with other marketing strategies to target particular population groups. Heavy drinkers are considered vital to the industry since they constitute a disproportionate part of the market (10 percent of the population consumes nearly 60 percent of all alcoholic beverages). Since young males are the heaviest drinking group, much of the advertising is aimed at reaching them, particularly through sports-related and campus promotions. Other groups—women, minorities, military personnel, the rich, poor, young, etc.—are also targeted with special messages and products.

Alcohol advertising is perhaps the most pervasive source of anti-health information in our society today. Its goal is to create an image of alcohol as an ordinary and accepted beverage with only positive attributes and has been found to be a major source of information regarding alcohol use, particularly among young people. It contributes to increasing social acceptability of alcohol, models drinking behavior for young people, lessens social concerns for alcohol problems, and promotes new and extended use. As such, it contravenes and acts as a barrier to other prevention and treatment efforts.

**"There is little or no logical relationship between the intrinsic nature of the alcohol being promoted and the advertisements' themes."**

All of the producer groups have voluntary advertising codes, with the Wine Institute standards far superior to those of the beer and distilled spirits trade associations. Indeed, if the wine code were adhered to by the industry as a whole, the adverse impact of the advertising would be markedly reduced. Unfortunately, this is not the case. Even in the wine industry, several producers, notably importers, have ignored the voluntary code. The advent of wine coolers has prompted marketing strategies that appear to violate at least the spirit of the code, particularly in the obvious targeting of young people.

Other voluntary action has been taken by media representatives. Radio and television licensees have improved the portrayal of alcohol in regular programming, and public service advertising has been increased and placed in shows that target high-risk groups. Given the massiveness of the industry promotional efforts, however (over $1 billion annually for the cost of measured media alone), these strategies will have little effect unless appropriate public policies are adopted to moderate the industry campaigns. Efforts to attain such policies have taken two directions, not wholly mutually incompatible. One focuses on extending the prohibition on tobacco advertising on radio and television to cover alcohol. The other seeks to insure equal time for public service advertisement on the effects of alcohol and such measures as warning labels on alcohol products.

A recent development raising considerable concern is the increasingly aggressive market-

ing efforts by transnational corporations in developing nations. As sales level off in developed countries, the alcohol industry has turned to the developing world for future growth. Modern advertising and marketing techniques that glamorize alcohol consumption and minimize or ignore health risks are now widespread in many societies struggling with immense social change, the breakdown of traditional patterns, and transition from agricultural to industrial and urban life. Though most have experience with alcohol use in some indigenous form, they are inadequately prepared to deal with the aggressive commercial promotion of alcohol as the traditional methods of dealing with drinking and alcohol problems disappear. The impact is particularly troubling in countries with very high unemployment, struggling economies, and inadequate health facilities.

**"As sales level off in developed countries, the alcohol industry has turned to the developing world for future growth."**

This focus on expanded public policy options should not be interpreted as downplaying or dismissing the importance of other public policy areas mentioned earlier, or on strategies focused on individuals. To the contrary, the public health model of prevention emphasizes the need for a comprehensive and systematic response, with multiple strategies complementary to each other. A fundamental premise of the public policy development is that it must be done only in conjunction with continued and increased attention to individual-oriented strategies now in place or being developed. Educational and treatment efforts will both enhance and be enhanced by new public policy initiatives.

A necessary correlate to this complementary relationship is recognition of the limits to what can be achieved through public policy initiatives. Draconian measures, such as Prohibition, do not "solve" alcohol-related problems and create unwanted and unintended side effects. In the new public health approach, alcohol is recognized as a legal product ingrained in our social fabric, presenting the challenge to create drinking environments and policies that minimize the risks to society and individuals, and maximize the probability of nonproblematic use.

### Summary


Alcohol should not be regarded or treated as just another beverage, but rather as a drug that poses serious potential dangers when used beyond moderate levels or in high-risk situations. At least 10 percent of adults in the United States are currently at-risk drinkers. No one is immune to the health damaging effects of heavy drinking, though some are affected more quickly than others. Alcohol-related causes result directly in about 100,000 premature deaths annually in the United States alone and indirectly in 100,000 more. Heavy drinking (three or more drinks per day) is associated with increased risk of a wide range of health and social problems. The social costs of alcohol-related problems exceed $116 billion per year, and in addition Americans spend over $67 billion annually to purchase alcoholic beverages. Drinking problems are by no means restricted to a small group of "alcoholics," but extend to a substantial proportion of the adult population and touch the lives of all. Prohibition of alcohol is not an effective policy approach, but public regulation of the price, availability, and promotion of alcohol, together with education and treatment efforts in a comprehensive and systematic public health approach to prevention and treatment of both social and personal alcohol-related problems, hold great promise for reducing its destructive effects.


**"Alcohol should not be regarded or treated as just another beverage, but rather as a drug that poses serious potential dangers when used beyond moderate levels or in high-risk situations."**

## Presbyterian Attitudes About Alcohol

### Presbyterian Policy in Historical Perspective

Social and religious experience with alcohol and concern over its effects are of course not new. Presbyterian General Assemblies have addressed alcohol problems on twenty-five occasions during the last forty years, and in some earlier eras the subject was a matter of annual focus. The emerging "systematic public health" approach to alcohol that influences this report is itself only the most recent dominant conception to shape our understanding and approach to alcohol. There have been at least three previous major dominant conceptions or governing ideas that have given rise to distinct historical eras in un-

derstanding alcohol's role in society and addressing alcohol problems. The understanding and response of the church has been shaped to some degree by these dominant ideas in each era, and contemporary understanding and attitudes of both church and society evidence the continuing influence of all previous dominant conceptions and historical eras.

A brief summary of these four historical eras and the policy and response of the church within each will provide a useful perspective for the policy positions being recommended to the General Assembly in 1986. The framework of analysis is widely accepted in scholarly circles, and the following summary draws heavily on an essay by Paul Aaron and David Musto in *Alcohol and Public Policy: Beyond the Shadow of Prohibition* entitled "Temperance and Prohibition in America: An Historical Overview." Unless noted, all direct quotes in this section are from that source.

## The Colonial Era: Drinking as a Customary and Respected Social Activity

> The colonists brought with them from Europe a high regard for alcoholic beverages. Distilled and fermented liquors were considered important and invigorating foods, whose restorative powers were a natural blessing. People in all regions and of all classes drank heavily. Wine and sugar were consumed at breakfast; at 11:00 and 4:00 workers broke for their "bitters"; cider and beer were drunk at lunch and toddies for supper and during the evening.
>
> Drinking was pervasive for a number of reasons. First, alcohol was regarded not primarily as an intoxicant but rather as a healthy, even medicinal substance with distinct curative and preventive properties. The ascribed benefits corresponded to the strength of the drink; "strong waters," that is, distilled liquor, had manifold uses, from killing pain, to fighting fatigue, to soothing indigestion, to warding off fever.
>
> Alcohol was also believed to be conducive to social as well as personal health. It played an essential part in rituals of conviviality and collective activity; barn raisings, huskings, and the mustering of the militia were all occasions that helped associate drink with trust and reciprocity. Hired farm workers were supplied with spirits as part of their pay and generally drank with their employer. Stores left a barrel of whiskey or rum outside the door from which customers could take a dip.
>
> Alcoholic drinks were also popular as a substitute for water. Water was considered dangerous to drink and inhospitable and low class to serve to guests. It was weak and thin; when not impure and filled with sediment, it was disdained as lacking any nutritional value. Beer or wine or "ardent spirits" not only quenched the thirst but were also esteemed for being fortified. They transferred energy and endurance, attributes vital to the heavy manual labor demanded by an agricultural society.
>
> Tavern owners were often men of rank, as evidenced by the early records of Harvard University, where the names of students, listed by social position rather than alphabetically, showed that the son of an innkeeper preceded that of a clergyman. It was often the case that leading citizens would conclude their public career, having served as town clerk, justice of the peace, or deputy to the General Court, by securing a license to run a public house. Men habituated to moral surveillance could thus continue their scrutiny.
>
> Drunkenness was condemned and punished, but only as an abuse of a God-given gift. Drink itself was not looked upon as culpable, any more than food deserved blame for the sin of gluttony. Excess was personal indiscretion.

Attitudes and practices in the church largely conformed to the values of a society where tavern keepers were permitted to marry couples but parsons were not. In seventeenth century Puritan New England, ministers were reordained each time they changed churches and the ordination supper was the occasion for a great feast and ball attended by persons from miles around. It featured a great variety of food and liberal amounts of cider, punch, and grog, often distributed free of charge at the church door to the entire assemblage. The following illustrations and quotes, unless otherwise noted, are from *The Sabbath In Puritan New England* by Alice Morse Earle (New York: Charles Scribner's Sons, 1893).

The Rev. Mr. Thatcher of Boston recorded in his diary on May 20, 1681, "This daye the Ordination Beare was brewed." A bill submitted by an innkeeper of Hartford in 1784 for "keeping the ministers" during an ordination included "2 mugs tody, 5 segars, 1 pint wine, 15 boles punch, 11 bottles wine, 5 mugs flip, 3 boles punch and 3 boles tody." The bill for liquor was larger than the bill for lodging and meals.

A contemporary account by a young woman of one such ordination supper in 1682 probably illuminates the churches' "policy" during this era better than any formal statement:

> We had some pleasant fruits as apples, nuts and wild grapes and to crown all, we had plenty of good cider and ye inspiring Barbados drink. Mr. Shephard and most of ye ministers were grave and prudent at table, discoursing much upon ye great points of ye dedication sermon and in silence laboring upon ye food before them. But I will not risque to say on which they dealt with most relish, ye discourse or ye dinner. Most of ye young members of ye Council would fain make a jolly time of it. Mr. Gerrish, ye Wenham minister, tho prudent in his meat and drink, was yet in right merry mood....Mr. Gerrish was in such merry mood that he kept ye end of ye table whereby he sat in right jovial humour.

Serious over-indulgence, drunkenness, was another matter. In 1680, for instance, a man was deprived of the privilege of bringing his children to be baptized "for abusing N. Par-

ker at the tavern." And the early minutes of Presbyterian synod meetings in the United States reveal that in September 1721, at a Synod held in Philadelphia, the members disposed of a long-running judicial process against the Rev. John Clement, who, according to "good Evidence...had been diverse times overtaken with Drink and chargeable with very abusive language and Quarrelling and of stabbing a Man." Mr. Clement was suspended "from the exercise of all and every part of his Ministerial Function" until the next Synod meeting—one year.

By the time of the Revolution, things were changing drastically as population grew, social change accelerated, tavern-keeping became a business enterprise, and traditional social controls broke down. Cheap rum from Boston and Providence widened the availability of hard liquor, compared with the less potent domestic fruit brandies. People drank more and more, and did so in a context far less strictly monitored than when taverns were operated by a community elite. John Adams could write "I was fired with a zeal, amounting to an enthusiasm, against ardent spirits, the multiplication of taverns, retailers and dram shops and tippling houses." And Thomas Jefferson, a few years later: "Were I to commence my administration again, with the knowledge that from experience I have acquired, the first question that I would ask with regard to every candidate for office would be, 'Is he addicted to the use of ardent spirits?'"

The Temperance Era was straining to be born.

### The Temperance Era: The Drink Is the Problem, Not the Drinker

**"In 1789, the first Kentucky whiskey was made by a Baptist preacher named Elijah Cook."**

In 1789, the first Kentucky whiskey was made by a Baptist preacher named Elijah Cook; by 1810, the known distillers totaled 2,000 and the annual overall production was more than two million gallons. Beginning at the turn of the nineteenth century, demand for distilled liquor exploded. In 1792, when the population was four million, domestic production was 5.2 million gallons and imports almost 6.0 million gallons more. Within the next eighteen years, the number of distillers increased six times; production tripled. According to the most conservative estimates, per capita consumption of hard liquor went from 2.5 gallons to almost 5.0 gallons. Some estimates place consumption levels as high as 10.0 gallons annually. The market for distilled alcohol was inundated. Rye whiskey, which wholesaled for sixty cents a gallon in 1820, was selling for thirty cents a gallon within a few years.

> The sudden and dramatic increase in production and consumption coincided with a rapid demographic change. Between 1790 and 1830, the population doubled in Massachusetts, tripled in Pennsylvania, and increased five times in New York. In the 20 years following Washington's inauguration, the overall population of the country jumped nearly 100 percent. While only 100,000 people lived in the west in 1790, by 1810 there were 1 million. The population of Philadelphia quadrupled; New York City's population increased 600 percent. Geographic mobility and staggering population increases were accompanied by newly emerging economic relations. Factory towns sprang up, and by the beginning of the 19th century an urban proletariat was evolving.

It was during this period of brutally rapid disjuncture that alcohol began to be widely perceived as a serious threat to social order. In 1785, Dr. Benjamin Rush, a signer of the Declaration of Independence and a tireless activist published an enormously influential tract, "An Inquiry into the Effects of Ardent Spirits upon the Human Body and Mind," which sold over 200,000 copies in the first three decades after 1800. Rush argued against the commonly held belief in the efficacious properties of hard liquor. He asserted that people were actually poisoning themselves through drink. Spirits progressively deranged the will as they sickened the body. Hard liquor debilitated self-restraint and incited pathological excess. It changed people and induced compulsive behavior by short-circuiting natural mechanisms of self-control. This diseased condition of dependence could be cured, according to Rush, only by total abstinence from hard liquor. Wine and beer were exempted from this analysis and for some time were known as "temperance beverages."

As Rush's analysis gained circulation and credence, it became the "scientific" basis of the temperance era, which exploded in the 1820's and dominated analysis and action for over a century. Alcoholic beverages, formerly held to be benign and healthful, were now seen as toxic and addicting. The drink, rather than the character of the drinker, became the focus of concern, beginning with "ardent spirits" and finally including beer and wine also. Instead of viewing drunkenness as an annoying personal habit, the excessive drinker came to be seen as a person ravaged and transformed by an alien substance. People who were otherwise decent could be transformed

by drink to dissolute and violent beings. Since the "ardent spirits" were themselves seen to be the addictive cause of this transformation, even the most moderate drinker was soon seen to be flirting with destruction at the rim of every cup. The crusade for abstinence and the later drive for legal prohibition were inevitable, given this new governing idea.

> Rush urged the churches to unite in a campaign of education and political pressure; the number of grogshops must be limited; and the social stigma attached to the sale and consumption of ardent spirits made more harsh. "The loss of 4,000 American citizens, by yellow fever, in a single year," he wrote in 1814, awakened general sympathy and terror, and called forth all the strength and ingenuity of laws, to prevent its occurrence.... "Why," he asks, "is not the same zeal manifested in protecting our citizens from the more general and consuming ravages of distilled spirits?"

The churches responded to Dr. Rush's plea. The surge of temperance organization in the 1820's is unparalleled in the development of any mass movement. The American Society of Temperance, created in 1826 by clergymen, inaugurated a veritable crusade. Within three years, 100,000 people had pledged to abstain from hard liquor. By 1831, membership had nearly doubled; in 1833, 5,000 chapters were spread around the country, and by 1835, 1.5 million of the nation's 13.0 million citizens had vowed never to consume ardent spirits again. In 1837, the New York City Temperance Society listed 88,076 members in a city whose population was 290,000!

The movement diversified and fragmented as the initial energy subsided. "Radicals" wanted to bring beer and wine into the temperance pledge, which brought fierce doctrinal arguments about communion wine. Issues of political intervention arose in the movement whose first ten years had emphasized moral suasion, though Rush had seen educational and political activity as consistent and mutually reinforcing. The movement soon shook out into an emphasis on teetotalism and legislative restriction on the sale of alcoholic beverages. From 1851 to 1855, thirteen states prohibited the sale of hard liquor; but only five remained dry in 1863. Despite controversies and problems, the first wave of the temperance movement (1825-1855) was accompanied by dramatic reductions in the level of consumption of hard liquor; consumption of whiskey and rum decreased by at least half between 1820 and 1850.

The movement revived after the Civil War, and the temperance movement became a prohibition movement in all but name. The story of its renascence is the remarkable story of the emergence of the Women's Crusade, "the whirlwind of the Lord." The aggressive and large-scale entry of women into the struggle and their tactical and strategic leadership laid the foundation for the prolonged second stage of the movement. In one crusade episode in 1873, the women of Cincinnati laid siege for two weeks on a particular saloon in a round-the-clock vigil, even rigging up a locomotive headlight to expose what was taking place behind the swinging doors. In 1874, the Women's Christian Temperance Union (WCTU) was organized and became one of the major national forces in the fight for prohibition under the leadership of Frances Willard. The WCTU espoused a number of progressive causes and Frances Willard's intelligence and energy as well as her instinct and talent for coalition building breathed new life into the prohibition movement.

**"The surge of temperance organization in the 1820's is unparalleled in the development of any mass movement."**

The political aims of the temperance era were carried to fullest flower by the skilled single issue politics of the Anti-Saloon League, billing itself as "the church in action," which emerged in 1895 and was the dominant force after 1905. By 1916, prohibitionist laws of various sorts had been established in twenty-three states, mainly by referendum, and were finally extended to the nation as a whole by the Eighteenth Amendment and the Volstead Act, effective in 1920. Hardly a dozen years later, another constitutional amendment swept federal prohibition off the books.

Presbyterian policy and witness reflected both the tensions and the tactics of the temperance era and the campaign for prohibition. In 1811, Dr. Rush presented 1,000 copies of his pamphlet to the Presbyterian General Assembly and a special committee was named to recommend appropriate response. The General Assembly of 1812 called on ministers to "deliver public discourses...on the sin and mischiefs of intemperate drinking," enjoined sessions to "exercise a special vigilance and care over the conduct of all persons...with regard to this sin," urged that "addresses, sermons, tracts or other printed compositions" be diffused as extensively as possible in the community at large, and urged "officers and members of our Church to take such measures as may be judged proper and effectual for reducing the number of taverns." In 1828, the Assembly commended the American Society for the Promotion of Temperance; and in 1829, on recommendation of its Committee on Temperance, resolved to "cordially approve and rejoice in the formation of

**"The movement revived after the Civil War, and the temperance movement became a prohibition movement in all but name."**

temperance societies on the principle of entire abstinence from the use of ardent spirits" and called for "the forming of temperance societies in the congregations." In both 1854 and 1855, the New School General Assembly exulted in the progress of "the temperance reformation" that had resulted in prohibition in thirteen states and two territories.

The Civil War years and the north-south division of the Presbyterian Church preoccupied the nation and the church for several years but General Assemblies moved back into the struggle as the second wave of the movement gathered strength. The General Assembly of the Presbyterian Church U.S. was asked in 1878 "to make a deliverance with reference to the duties of sessions in regard to members of the church under their care engaged in the retail of ardent spirits." The Assembly responded by referring to an action of the 1843 General Assembly, prior to the division, in which the records of the Synod of Pittsburgh were approved "except so far as they seem to establish a general rule in regard to the use and sale of ardent spirits as a beverage, which use and sale are generally to be decidedly disapproved, but each case must be decided in view of all the attendant circumstances that go to modify and give character to the same."

In 1886, in response to a communication from the WCTU, the PCUS General Assembly "bears its testimony against this evil ('the traffic in and use of intoxicating liquors as a beverage') and recommends to all our people the use of all legitimate means for its banishment from the land." The 1891 PCUS Assembly again "bears her testimony against the traffic in intoxicating liquors" and urged "our people to use all means which may be approved by their Christian conscience and judgment to remedy this evil throughout the land." Tensions within the temperance movement as well as in the PCUS are clearly revealed in the action of the PCUS Assembly of 1897 asserting that "the action by the Assembly...in reply to a communication from the Executive Committee of the Prohibition Party of North Carolina...is not to be construed as intending to commit the Church to the political theory of prohibition, either pro or con." By 1914, however, the PCUS Assembly was ready to put aside such reservations and respond to a communication from the WCTU in the following fashion: "We are in hearty favor of National Constitutional Prohibition and will do all properly within our power to secure the adoption of an amendment to the Constitution forever prohibiting the sale, manufacture for sale, transportation for sale, importation for sale, and exportation for sale of intoxicating liquors for beverage purposes in the United States."

In the Presbyterian Church in the U.S.A., the 1877 Assembly dealt with the membership issue by affirming a position the Old School Assembly had held since 1865: "We call upon the Sessions of our churches to guard carefully the purity of the church by refusing to admit to membership, or to retain those within her pale, who are engaged in the manufacture or sale of intoxicating liquors as a beverage or who derive their livelihood from this sinful traffic." Moving closer to an overt legal prohibition stand, the PCUSA Assembly of 1883 asserted that it "would hail, with acclamations of joy and thanksgiving, the utter extermination of the traffic in intoxicating liquors as a beverage, by the power of Christian conscience, public opinion, and the strong arm of the civil law." Perhaps the Women's Crusade had something to do with that. The 1880 PCUSA Assembly had taken note: "The efforts of the women of our own and other churches, in the promotion of the cause of temperance, are recognized as a powerful factor in the settlement of this question, and greatly increase our hope of final and complete success."

In its own version of the struggle over political means, the 1892 PCUSA Assembly asserted: "While it is not the province of the Church to dictate to any man how he shall vote,...no political party has the right to expect the support of Christian men so long as that party stands committed to the license policy or refuses to put itself on record against the saloon." The 1894 Assembly reaffirmed this deliverance, though over the recorded protest of forty-six commissioners: "We deem this action an unwise interference with a political question, and believe that it cannot fail to be regarded by many of our people, as hindering their free and conscientious discharge of their duties as voters." The 1895 Assembly, without protest, more indirectly recorded its judgment that "the time has come when Christian men should make their influence felt directly and with power at the ballot-box." That same PCUSA Assembly registered a conviction much more unusual for its time: "Believing that in seeking a legislative panacea for present ills, due consideration is not given to preventive measures, it is urged that...education be emphasized as, even more than legislation, an immediate need of the temperance cause."

**" . . . between 1910 and 1912, PCUSA General Assemblies called for support of seven specific pieces of legislation, by name or bill number."**

Nevertheless, between 1910 and 1912, PCUSA General Assemblies called for support of seven specific pieces of legislation, by name or bill number. The 1910 Assembly called for "a monster petition campaign through every church in the United States to the U.S. Congress,. . .to institute legal measures to prohibit the manufacture and sale of intoxicating liquors in the United States and in her possessions." In 1915, the Assembly called on ministers and members to resign from "any club or association licensed to sell and does sell intoxicating liquors," rejoiced "that approximately 600 daily newspapers and a large number of other leading publications have excluded all liquor advertisements," and almost seventy years before it happened, favored "legislation making the vendors of alcoholic beverages, their bondsmen and the owners of property rented for such purposes, jointly and severally responsible for damages resulting from the intoxication of those to whom such beverages are sold." In 1916, the PCUSA Assembly respectfully petitioned "Congress assembled, to put upon its passage, at this session, a bill submitting a constitutional amendment, providing for national prohibition, to the several states for their action."

The United Presbyterian Church of North America was clearer and more forthright about the inevitable political implications of its fundamental temperance commitment. The UPNA General Assembly did not rest with encouraging churches to form temperance societies; in 1873 it asserted "that the Church is essentially a temperance society and her members should use all their influence for the suppression of the liquor traffic." That Assembly also asserted total abstinence as the imperative duty of all Christians, replacing the case by case approach of 1859. In 1877, the UPNA General Assembly flatly asserted "that the license of the traffic is incompatible with the welfare of the State; and that the State should seek its entire prohibition." Lest the point be missed, the 1886 UPNA Assembly hammered it home: "That we unhesitatingly declare ourselves for the prohibition of the liquor traffic, both state and national, and will labor by our counsels, our prayers and our votes, as God gives us to see the right, for its speedy accomplishment." The next year, in 1887, the UPNA Assembly speedily disposed of the issue that both the PCUS and the PCUSA labored over a few years later: "That we regard this traffic as an evil which can never be removed without political action, and that we regard its entire prohibition as the most pressing political question of the times; and that it therefore becomes our duty as Christian citizens, in the careful and prayerful use of the ballot, to meet this question directly."

The UPNA never looked back. The General Assembly continued year by year to support its moral and political commitment, appointing official General Assembly delegates to temperance conventions and authorizing its Permanent Committee on Temperance "to represent this Assembly before legislative bodies" in 1905. The UPNA Assembly elected two committees of three persons each to represent the Assembly in the Republican and Democratic conventions in 1920 to lobby for planks "declaring strongly for the maintenance and enforcement of the Eighteenth Amendment to the Constitution" and asserting that "The United Presbyterian Church has rung true on this question through all these years. We must not fail, therefore, in this finish fight."

The prospect of repeal and its reality were traumatic for these General Assemblies. In 1930, the PCUSA General Assembly spoke thusly: "To the fathers and mothers of the Church who, with countless others, through the last century were saying, with increasing urgency, 'the saloon must go' the Presbyterian Church in 1930 responds and says 'the saloon has gone and must never return.' The traffic in intoxicating liquor is a constitutional outlaw and must never be legalized again."

Though repeal came, the paradigm of prohibition continued to dominate General Assembly policy for many years, as evidenced by 1935 statements of the PCUSA and, even more clearly, the UPNA:

> Resolved: That the Presbyterian Church in the U.S.A. has in no manner changed its attitude of being unalterably opposed to the iniquitous traffic in alcoholic beverages. We pledge the Church to renewed efforts to create in the Church a Christian social mind that shall find expression in strongly advocating the most drastic restrictive legislation which is in keeping with public sentiment and which will give diligent support to all active law enforcing officials, to the end that ultimately this evil shall be driven from modern society. (1935, PCUSA)
>
> Be it Resolved, that as a Church we continue our opposition both in resolution and action against the whole liquor traffic and that we call upon our members in life and by effort to uphold the standard of total abstinence in the matter of the use of alcoholic liquors as a beverage. We also express the importance of education in our Sabbath school and other agencies of the Church with reference to the evils of intoxicants. We give our endorsement to the National Anti-Saloon League and the National W.C.T.U. and other accredited agencies in their efforts to bring about the return of prohibition. We urge the passage by Congress of the Capper Bill touching the prohibition of liquor advertisements. (1935, UPNA)

**". . . in 1873 it asserted 'that the Church is essentially a temperance society and her members should use all their influence for the suppression of the liquor traffic'. That Assembly also asserted total abstinence as the imperative duty of all Christians."**

**"The prospect of repeal and its reality were traumatic for these General Assemblies."**

In 1938, the PCUSA Assembly pledged "our great Church to unite with other Christian bodies in working and praying for a return of national prohibition"; and as late as 1942, the PCUSA General Assembly at least was still seeking a set of circumstances that might bring a return of prohibition, perhaps as a matter of reflex since the idea does not come up again:

> In view of the need for the conservation of resources both for military purposes and for human requirements, together with the need for the highest physical, mental, and moral fitness on the part of civilians as well as of men in uniform, therefore we recommend that the General Assembly record its protest to the President and Congress of the United States of America against the manufacture and sale of all alcoholic beverages, as an act to safeguard the defenders of our nation for the duration of the war emergency, and respectfully request the President of the United States to exercise the powers committed to him to close immediately all distilleries and breweries and all establishments for the wholesale and retail distribution of alcoholic beverages for the duration of the war.

**"It will be a long time, however, before the residual power of the dramatic images of the temperance era disappears from the American cultural and religious psyche."**

However, the elements of a new policy direction were also beginning to appear in those years after the hundred-year crusade was lost. Between 1935 and 1943, indications of emphases to come begin to occur: "adequate education in the public schools in regard to the truth and alcohol"; "the liquor traffic, as a tolerated anti-social evil, should be denied all advertising privileges"; "it has made available to minors drinks that adults cannot withstand"; "with 36,500 persons killed in automobile tragedies in 1936, how many times has liquor steered the wheel?"; "enactment of laws requiring scientific tests of drivers involved in automobile accidents who are suspected of being under the influence of alcohol."

In both church and society, a new governing idea about alcohol was beginning to emerge. It will be a long time, however, before the residual power of the dramatic images of the temperance era disappears from the American cultural and religious psyche.

### The Disease View: Alcoholism as a Disease

The beginning of a third era in the conceptualization of alcohol problems can be said to coincide with the founding of Alcoholics Anonymous in 1935. In the half century since, the modern "disease" view of alcoholism has steadily gained adherents and stimulated development of institutions and policies in both the public and private sector, as each preceding view had also.

In this view, the problems associated with alcohol that become the focus of attention are those involving the personal and social collapse of the chronic, heavy drinker—the "alcoholic." These problems were not seen primarily as the result of moral weakness in the drinker, as in the colonial view, nor as the result of the universally addicting power of alcohol itself, as in the temperance view. They were seen to result from a little understood chemistry that occurred in certain persons who used alcohol. In contrast to the colonial view that although alcohol is physically and morally innocuous, some morally defective individuals take to perpetual drunkenness as a sign of their degeneration, this modern view held that although alcohol is innocuous for most people, a minority—fine people in all other respects—cannot use it without succumbing to alcoholism, a disease process for which there was no known cure except total abstinence. Having spiritual, physical, and psychological dimensions, the origins of this disease were unknown but were believed to reside in a physical or constitutional difference between alcoholics and nonalcoholics. The cause of alcohol problems, as in the Colonial period, was understood to lie within the drinker but now was conceived as lying beyond the control of the individual. The weight of moral responsibility was lifted from the drinker, who was thought of as needing compassion and treatment rather than condemnation and punishment.

In time, the American Medical Association and other professional organizations concurred that alcoholism should be regarded as a disease. Treatment programs arose to deal with sick alcoholics and research efforts concentrated on attempts to discover the particular mechanisms of vulnerability to alcohol and therapy methods for those afflicted with the disease. Prevention approaches were focused on the early identification and treatment of individuals who had the disease of alcoholism. This alcoholism-as-disease view has only recently moved from the realm of voluntary organization and private clinical practice to establishment in public policy. The main institutional base has been the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and a system of federal formula grants to state agencies to support and encourage local treatment efforts. The disease view has produced a certain alliance between medical science and the modern organizational form of the mutual pledge society, AA, in an emphasis on the refinement, financing, and

legitimation of the treatment of alcoholics. This particular governing idea, which projects dangerous vulnerability to alcohol onto a fairly small part of the population and identifies "the problems of alcohol" primarily with that segment, has established and maintained a certain amount of support from the alcohol industry itself.

The concept of alcoholism as a disease has had a hearty and sustained growth in public attitudes, interested organizations, and formal governmental policy. It has been reflected in Presbyterian life and ministry, as General Assembly policy statements have included a focus on compassionate care for alcoholic individuals.

In the Presbyterian Church U.S., advertising emerged as a major General Assembly policy focus in regard to alcohol, being addressed in 1947, 1951, 1955, 1956, and 1974. The PCUS Assembly signaled movement toward the emerging analysis in 1953, when it urged "churches to cooperate with Alcoholics Anonymous and other worthy organizations in their program of rehabilitating alcoholics," and in 1955 when it urged that "churches be active in their program of alcohol education and the rehabilitation of alcoholics." The major post-repeal analysis and policy effort by the PCUS General Assembly, however, came in 1970 when a paper, "Teachings of the Bible and the Church on Drinking," and resolution were adopted. The post-repeal shift was explicitly acknowledged:

> Since repeal, the emphasis on the legal front has shifted to questions of regulation and taxation. The churches, generally, have turned their attention to such matters as the problems of alcoholism, the need for treatment and rehabilitation of alcoholics, concern with the high incidence of drinking as a cause of traffic accidents, alcohol education and combatting the advertising by the liquor industry. In the context of a society where the majority now drink, all churches condemn drunkenness, many still urge voluntary total abstinence, and some endorse the propriety of moderate drinking.

The paper was equally explicit about the need for new policy direction:

> The Assembly's present position, established in the earlier statements of this century, is based neither upon the direct teachings of the Bible nor upon the older traditions of the church (both of which condemn drunkenness but do not require total abstinence), but upon considerations which emerged in one strand of the more recent tradition of the church in America.....
>
> Moreover, in the Council's opinion, the mere reaffirmation of "voluntary total abstinence as the Christian ideal" has not provided helpful guidance for decision-making by individuals, nor has it given the church an adequate framework for dealing with the alcohol problems of individuals and of the society. The rigidity of this position has often hindered a proper expression of pastoral concern for persons with alcohol problems and their families. The church has too often remained silent on the whole subject, and discussions of it by church members have too often degenerated into highly emotional clashes between a legalistic condemning and a blind condoning of all use of alcoholic beverages. In place of this there is need for a calm and conscientious approach based upon an understanding of our Biblical and ethical traditions, a realistic consideration of the problems and dangers of the use of alcohol today, and an understanding of the way attitudes toward and patterns of drinking are shaped both by the psychological and emotional needs of individuals and by the social and cultural customs of their society.

**" . . . the modern 'disease' view of alcoholism has steadily gained adherents and stimulated development of institutions and policies in both the public and private sector**

Based on that "opinion," which has a decidedly contemporary feel in 1986, the PCUS General Assembly defined six guidelines for personal decision about drinking:

> (1) That God has given each of us the freedom and obligation to make responsible personal decisions about whether, where, when, and under what circumstances drinking is appropriate or inappropriate for us.
> (2) That in making these personal decisions, we are to accept and affirm the goodness of God's creation, the reality of His judgment, and the wonder of His grace; and to express our love for Him through love and concern for our fellowmen, being particularly mindful of our example.
> (3) That the Scriptures clearly condemn drunkenness, while calling us to compassion for all men:
> (4) That the experiences of our society plainly reveal the dangers of excessive drinking;
> (5) That our decisions must never be the basis for assuming an attitude of self-righteousness before God or of moral and intellectual superiority toward others who make decisions different from our own; and
> (6) That those who drink and those who do not drink alike bear responsibility for seeking constructive solutions to the problems growing out of the abuse of alcoholic beverages in our society and for ministering to those who suffer from them.

Affirming that "in the matter of drinking the proper concern of the church is not with alcohol itself but with persons—with their health and wholeness of life and with the health and wholeness of their society," the 1970 PCUS Assembly called "on the whole church to renew and strengthen its ministry to persons as they confront the individual and social problems related to alcohol," by:

> (1) Educating them in responsible decision-making and in the problems related to alcohol;
> (2) Strengthening and enabling them to cope with their tensions and anxieties in non-destructive ways;
> (3) Working to prevent and alleviate cultural conditions which lead to excessive drinking or result from it;
> (4) Expressing concern and compassion in the treatment and rehabilitation of persons suffering from alcohol problems and in the pastoral support of their families.

The 1970 statement stood as the definitive General Assembly stance of the Presbyterian Church U.S. until the 1983 reunion.

**"The Assembly still looked 'toward eventual elimination of the production and use of alcoholic beverages' through education and public action, but there were no illusions about a return to prohibition. "**

The General Assembly of the Presbyterian Church in the U.S.A. moved clearly into the post-repeal era in 1946 with a major policy statement. The Assembly still looked "toward eventual elimination of the production and use of alcoholic beverages" through education and public action, but there were no illusions about a return to prohibition:

> It seems apparent that any program attempting to eliminate the production and use of alcoholic beverages by legislation on a national scale would be unsuccessful.... The advocacy of immediate national prohibition would seem at this time an unwise strategy.... Preoccupation with national prohibition as an immediate objective may run the grave danger of aiding liquor to become even more deeply entrenched in American life.

Noting that "scientific studies have made available new tools for understanding the problem" and that "only an approach which does not oversimplify the problem can have a chance of success," the 1946 Assembly immediately affirmed that it was "accepting alcoholism as a disease which requires treatment," and outlined a four-dimensional strategy, excerpted here:

> I. Aid to Victims of Alcohol—[The alcoholic] needs treatment, not punishment, understanding, not condemnation.... We shall encourage the establishment of clinics and other facilities, when competently conducted, for the diagnosis, referral and treatment of alcoholics....
>
> II. Alcohol Education in the Church—Alcohol education in the church must be persistent and many-sided, reaching adults no less than children and youth, accurate in its facts, uncompromising in its claims, intelligently graded and imaginatively presented....
>
> III. Alcohol Education for the Public—To encourage relevant public agencies to include in their programs scientifically accurate information about alcoholic beverages. This means especially the public schools, but also public health departments, liquor control boards and other agencies....
>
> IV. Social Control of Alcoholic Beverages—We believe there are certain measures which can be initiated now or in the near future which can reduce some of the evil effects of alcohol....
>
> 1. Revision of the alcoholic beverage tax structure.
> 2. Enforcement of laws regarding issuances of liquor licenses and regulation of hours of sale.
> 3. Prevention of sales to minors.
> 4. Social use of public revenues from the sale of alcohol.
> 5. Regulation of advertising of alcoholic beverages.
> 6. Local or state elimination of traffic in alcoholic beverages.

**"In 1954, the PCUSA Assembly again reaffirmed 'our belief that the Christian ideal in regard to the use of alcoholic beverages is voluntary abstinence' "**

In 1949 and 1950, PCUSA General Assemblies adopted short statements calling attention to the 1946 policy and stressing that "alcoholics as such must be treated as sick people" and commending cooperation with Alcoholics Anonymous. In 1953, the movement out of the "temperance era" was somewhat testily affirmed:

> Many temperance groups and many leaders in the temperance movement fail to apprehend the true dimensions of the alcohol problem in America, and are unrealistic in their interpretations and methods.... We would ask our churches to withhold endorsement of such temperance groups as do not support our concern for alcoholics, or in other ways exhibit an unrealistic or partial view of the alcohol problem. We express our confidence in the Yale Center of Alcohol Studies as a dependable source of information....

In 1954, the PCUSA Assembly again reaffirmed "our belief that the Christian ideal in regard to the use of alcoholic beverages is voluntary abstinence" and expressed discontent that repeated pronouncements about alcohol education had not "materially reduced social drinking acceptable to and practiced by many church members." The 1954 Assembly again "earnestly encouraged cooperation with Alcoholics Anonymous.

In 1958, the Presbyterian Church in the U.S.A. and the United Presbyterian Church of North America united to form The United Presbyterian Church in the U.S.A. The first major policy statement on alcohol by the General Assembly of the new body came three years later, in 1961. Remaining clearly within the "alcoholism era," the General Assembly acknowledged "that alcoholism is an illness involving the whole person and his family" and outlined policy goals related to "Victims of Alcoholism and Excessive Drinking," "Social Control," "Community Action," and "Individual Practices." The last-named section got most of the debate and most of the publicity, since it was widely perceived to soften the single standard of voluntary abstinence previously advanced by both denominations as the Christian ideal.

> In introducing the following recommendation we wish to emphasize (1) that the use of alcoholic beverages, particularly in our highly interdependent society is far more than an individual problem, (2) that the use of alcoholic beverages in some situations is an invitation to disaster, (3) that drinking in any situation may have unexpected and unintended results, (4) that the practice of abstinence is imperative under certain conditions and to be encouraged in any situation, (5) that all drinking must be evaluated not in terms of one's right to drink or not to drink, but in the light of christian responsibility to our fellow man in society, and (6) that God confers upon each of us, together with freedom, the obligation to make responsible moral choices.

The 173rd UPC General Assembly (1961)

> Encourages the practice of voluntary abstinence; Recognizes that there are many persons in our churches who in honesty and sincerity choose to drink moderately, and urges those who so drink and those who abstain to respect each other and

constructively work together in dealing with the problems of alcohol; Unequivocally condemns immoderate drinking as an irresponsible act.

In 1962, the UPC General Assembly adopted a major statement on "Alcohol and Traffic Safety," noting that "the so-called 'social drinking driver' with even a small quantity of alcohol in his blood system becomes a real threat to traffic safety" and urging "members and judicatories to support publicly the passage of [implied consent] legislation..." The 1962 Assembly also approved a lengthy series of "comments" on several overtures critical of the 1961 statement, which was reaffirmed. Some of these comments clearly anticipate an emerging new policy direction, as noted in the final paragraphs of this section.

The final policy element during this era emerged from the report of a General Assembly Special Committee to Study the Problems of Alcoholism, appointed in 1968 as a result of overtures from two presbyteries. Reporting to the 1969 Assembly of the UPC, the committee focused its report almost exclusively on the church's own life and ministry. It included recommendations for personnel policies, noting that "men and women who work for the Church whether at the parish, presbytery, synod, or General Assembly level must be assisted in meeting alcohol problems as they develop in their lives"; for church-related hospitals, encouraging them "to accept alcoholics as patients, to give them adequate treatment, to help them in developing a personal program of recovery"; for seminary training; for in-service training, including "scholarship aid for Presbyterian ministers wishing to participate in such programs..."; for training for overseas service; and an educational strategy for the prevention of problem drinking, including the strategy element present in all the statements of this era, restrictions on advertising.

The concentration on alcoholism as a disease and the treatment of its victims thus became firmly rooted in Presbyterian policy and program. But it has never become as dominant in the church as in some segments of the society. The influence of themes and images from the temperance era has been too recent and too strong for that, and the pull of an analysis and policy direction that would recognize the problem of alcohol as more pervasive and widespread than its tragic effect on alcoholics has been too compelling.

## A Developing Governing Idea: Alcohol Abuse as a Serious and Complex Public Health Problem

More recently, the public health perspective has been revived and developed as a more complex conceptual framework for understanding the nature and causes of alcohol problems and responding to their effects. This approach recognizes that alcohol problems are manifested in a variety of interrelated ways affecting the health, quality, and functioning of persons and society. It further recognizes that these problems arise from a combination of causes, some of them having to do with the characteristics of the drug itself, some of which involve characteristics of the drinkers and some of which lie in the social environment that in many ways influences the shape of drinking practices and the effects that stem from it. The public health perspective focuses on the health consequences of alcohol use, broadly understood ("the social and health effects of alcohol use and abuse") and thus shifts the focus slightly from the historical preoccupation with the individual heavy drinker. The drinking habits of the general population, not just those of a small group of chronic dependents, must be included in both "diagnosis and prescription" because of the varied and widely distributed character of the problems of alcohol—the social and health effects related both to its use and its abuse. And the public health perspective entails as conscious and systematic attention to prevention as to treatment.

This "drink-drinker-environment" understanding incorporates valuable aspects of the previous approaches we have noted. Alcohol itself is seen as a hazardous drug requiring special control, akin to the early temperance views and to more recent post-repeal efforts at governmental license and control. The characteristics of individual drinkers are also prominently considered, drawing on continuing research indicating that certain individuals may succumb more rapidly or severely to alcohol abuse and addiction if they drink. The newest emphasis is on consideration of the ways in which society influences drinking practices and problems, a concern that has been noticeably evident in actions of Presbyterian General Assemblies since the 1940's.

**"The newest emphasis is on consideration of the ways in which society influences drinking practices and problems."**

The public health perspective in no way rejects the understanding that the individuals who become alcohol dependent are suffering from illness and deserve humane treatment. Rather, it expands the understanding of "al-

cohol problems" beyond the recent conception of "alcoholism," extending responsibility and risk to all drinkers and to nondrinkers as well, since all are affected in various ways by the use and abuse of alcohol. Neither the problem nor the responsibility for it can be assigned to a small minority of "alcoholics" to be referred for professional care. The drinking habits of the general population and the entire social environment of drinking are the focus of concern and potential response, as in any epidemic.

The public health perspective applied to alcohol is of course not new. Elements of the approach have been evident at least since Dr. Benjamin Rush used the Yellow Fever analogy, and John Adams and Thomas Jefferson warned about the effects of the use of ardent spirits on the social fabric two hundred years ago. Its merit as a new governing idea by which to understand and address the problems of alcohol lies not in its novelty but in the broad and comprehensive focus inherent in its use. There is a certain clarity and appeal to the earlier, more narrowly focused organizing concepts of "temperance" and "alcoholism." Our brief exploration of Presbyterian policy reveals, however, the continuing pressure to move beyond them in the attempt to understand and respond to a reality intuitively perceived to be broad and complex.

The report and recommendations submitted to the 1986 General Assembly of the Presbyterian Church (U.S.A.) are consciously informed by this broad and comprehensive public health perspective. Because of the enormity of the problem and its impact upon all of God's people, it is valid and important for the church to be involved in the development and advocacy of public policy approaches to the prevention and alleviation of suffering caused by alcohol misuse. Current societal values and conditions strongly encourage alcohol consumption without due regard to the actual and potential adverse consequences inherent in excessive use. Federal, state, and local governments have increasingly abdicated responsibility to control the availability of alcohol. Changes in existing policies regarding alcohol pricing, promotion, and availability offer promise of effective impact on alcohol consumption and consequent problems. Involvement in public policy is not sufficient, however. Presbyterians must also reexamine personal and corporate policies and practices in regard to alcohol use and its effects.

**"The drinking habits of the general population and the entire social environment of drinking are the focus of concern and potential response, as in any epidemic."**

Many of the elements in such an approach have been identified at one time or another in previous General Assembly policy actions. The potential value of the public health perspective was itself identified as early as 1962 by the General Assembly of The United Presbyterian Church in the U.S.A.:

> Community action is necessary, first, because alcoholism is a public health problem. It is a problem that demands our attention, for the social costs and pathological consequences are increasing in evidence.
>
> A second reason why community action is necessary is that the phenomenon of drinking must be understood in the context of a constellation of factors that include group or community sanctions that foster or permit the use of alcoholic beverages in ways that result in serious social damage to individuals and to society in general.
>
> If we want to influence the forces of social control in the direction of reducing problems of alcohol, there must be a comprehensive and multidimensional approach that is community oriented.

Treatment, advertising, server liability, tax policy, education, research, availability controls, traffic safety, societal values and pressures, and responsible personal decision and practice are themes already present in General Assembly policy. Placing them consciously in a public health perspective only affirms the long-standing and deeply rooted Presbyterian instinct that a complex and comprehensive strategy is needed to address the serious and complex problems related to the use of alcohol in this society:

> There is need for a calm and conscientious approach based upon an understanding of our Biblical and ethical traditions, a realistic consideration of the problems and dangers of the use of alcohol today, and an understanding of the way attitudes toward and patterns of drinking are shaped both by the psychological and emotional needs of individuals and by the social and cultural customs of their society. (*Minutes*, PCUS, 1970, Part I, p. 123.)
>
> God confers upon each of us, together with freedom, the obligation to make responsible moral choices [concerning individual drinking practices]. (*Minutes*, UPCUSA, 1961, Part I, p. 444.)
>
> Significant remedial action must involve basic changes in society's attitude toward and use of alcoholic beverages. (*Minutes*, UPCUSA, 1962, Part I, p. 347.)
>
> Those who drink and those who do not drink alike bear responsibility for seeking constructive solutions to the problems growing out of the abuse of alcoholic beverages in our society and for ministering to those who suffer from them. (*Minutes*, PCUS, 1970, Part I, pp. 123-124.)

In this framework and spirit, comprehensive policy and implementation strategy recommendations for a renewed churchwide address to the problems of alcohol have been prepared for the 1986 General Assembly.

## Current Presbyterian Reality

As part of its work, the Task Force on Alcohol Policy coordinated two surveys within the Presbyterian Church. Through the Presbyterian Panel in November 1985, the task force gathered data from a scientifically selected sample of Presbyterian members, elders, and clergy regarding their personal use of alcohol and their opinions and attitudes on alcohol-related policy issues and activities. Through a separate survey, it also gathered information from presbyteries and synods concerning current program activities and policies related to alcohol as well as structure and staffing for alcohol-related concerns.

Highlights of these two investigations follow. More complete reports of the findings are available in Appendix A and Appendix B to this report.

**"The vast majority of Presbyterians consume alcoholic beverages at least occasionally."**

### A. The November 1985 Presbyterian Panel Questionnaire

Questions were addressed to the Presbyterian Panel "seeking to discover attitudes among Presbyterians on this most important subject, programs under way in congregations, and efforts which Presbyterians might support that related to alcohol use/abuse." Of the panelists, more than three of every five members (63 percent) and elders (68 percent) and more than seven of every ten clergy members responded (pastors, 73 percent; clergy serving in PC(USA)-related ministries, 73 percent; and clergy serving in non-PC(USA) ministries, 75 percent).

#### (1) Personal Use and Experience With Alcohol

The vast majority of Presbyterians consume alcoholic beverages at least occasionally. Less than one fourth of each sampled group claim to be abstainers. Most typical is the pattern of taking one or two drinks several times a month. However, almost one fourth of the members and 16 percent of the pastors consume alcohol more frequently or in greater amounts. Problem drinking is likely to be a reality among many of these Presbyterians.

More than one third of the Presbyterians studied say that drinking alcoholic beverages has caused trouble in their families at some time in the past or in the present—a slightly higher percentage of respondents than found among the general public by George Gallup in 1982. About one Presbyterian in every ten was willing to affirm that he or she had "suffered physical, psychological, or social harm as the result of his or her own drinking, at least to a "slight extent." Moreover, at least two of every five respondents say that, at least to a "slight extent," they had at some time "suffered physical, psychological or social harm" as the result of someone else's drinking.

Finally, we asked if "in your lifetime, you have ever been concerned about the amount or pattern of your own drinking." While large majorities of the panelists could say "no" to this, 15 percent of the members and about 20 percent of the elders and a similar percentage of the clergy said that they have been concerned about their own drinking patterns at some point in their lives, at least "to some extent."

#### (2) Concerning Alcohol Use and Contributing Factors

About seven out of every ten members and elders and larger groups among the clergy perceive the consumption of alcoholic beverages to be a "major national problem." Almost no one would say that this is not at least a "minor problem" in America today.

Majorities of all the panel groups believe that each of nine factors are "important" or "very important" in increasing the use of alcohol in this country today:

-advertising of alcoholic beverages
-availability of alcoholic beverages
-business or job expectations that one will drink
-the complexity of modern life
-current frustrations with life (home, job, etc.)
-genetic or chemical predisposition to alcohol use
-role models in childhood and youth who used alcohol
-social pressures from peer groups
-unhealthy childhood environment

"Social pressures from peer groups," "availability of alcoholic beverages," and "advertising" were especially likely to be rated as "very important" in leading to the increased use of alcohol in the United States.

Nevertheless, seven or eight out of every ten panelists believe that it is "appropriate" or "very appropriate" for Christians to consume alcoholic beverages in moderation, with meals or in private parties and at social gatherings. Five or six out of every ten believe that such

consumption is appropriate in business gatherings, although about one third of each sample believe that the consumption of alcoholic beverages at business meetings is "inappropriate" or "very inappropriate."

**"Most Presbyterians seem to 'draw the line' where the consumption of alcoholic beverages involves the institutional life of the church."**

Most Presbyterians seem to "draw the line" where the consumption of alcoholic beverages involves the institutional life of the church. According to the reports of the pastors, it would seem that only one congregation in every twenty allows the use of alcoholic beverages on its premises, although 15 percent of the congregations may occasionally use wine in communion and 25 percent allow wine or beer to be served at church functions which are not held in church facilities. Large majorities among most of the Panel samples consider it "inappropriate" to make alcoholic beverages available at church-sponsored functions, whether purchased at church expense as part of meals or scheduled group gatherings or made available for purchase by individuals at their own expense at such gatherings. Small majorities of the members and elders, but only minorities among the clergy, also believe that it is "inappropriate" to have alcoholic beverages available for purchase by individuals at their own expense at informal gatherings "after hours" or in their own rooms when at church functions.

### (3) Government and Alcohol Abuse

Panelists were asked about fourteen current proposals to reform state and (or) federal law as a means of preventing drunken driving or dealing with other problems associated with alcohol use or abuse. Majorities of the panelists "strongly favor" or "favor" each of these proposals, except for one "forbidding the manufacture or sale of alcoholic beverages." Among the proposals most strongly favored are:

-immediate suspension of driver's license for drunken driving

-establishing a federal minimum legal drinking age of twenty-one years

-prohibiting the sale of alcoholic beverages in gas stations

-restricting alcohol sales in locations where driving is likely to follow

Relatively large majorities also favor proposals to

-prohibit advertising of alcoholic beverages on TV or radio

-impose substantial increases in taxes on alcoholic beverages (a portion of which are to be used to prevent or treat alcohol abuse)

-require that containers list their contents and warn of long- and short-term effects of use

-require broadcasters to provide free or equal air time for messages regarding the risks of alcohol consumption

-require that colleges and universities adopt policies regulating the sale or provision for alcoholic beverages for college-sponsored activities.

### (4) Congregational Activities Related to Alcohol Use or Abuse

Panelists were also asked about nine possible program activities regarding alcohol use or abuse. According to the responding pastors it would seem that majorities of these congregations provide studies for children or youth on this subject, as well as counseling on alcohol problems. Just under one half of the pastors say that their congregation gives attention to alcohol use or abuse in worship and sermons through working with other local agencies or by providing facilities for AA meetings or both, etc. About one fourth of the pastors say that their congregation provides adult studies on this topic or are advocating for public schools to provide education in this area. Only 13 percent of the pastors say that their congregation is "advocating for changes in the laws pertaining to the availability and use of alcohol" at this time.

However, it should be noted that far smaller percentages of the members and elders can affirm that their congregation is engaged in these same activities. This is believed to be at least partially the result of a lack of awareness on the part of members and some elders as to what is actually taking place in their congregation. Asked to what extent they believe it is "appropriate" for a congregation to be so engaged (whether or not their congregation is presently seen as active in this way), majorities of all panel groups indicate that they believe all of these activities are indeed "appropriate" for congregations to undertake.

Asked how adequately they feel their training has prepared them to deal with those who are abusing alcohol or with the families of such persons, the pastors are divided. While 44 percent say that they feel adequately prepared, 54 percent feel inadequately prepared to some extent. Typically, a pastor has had about two persons come to her or him in the past twelve months seeking help with a drinking problem. (Comparisons with Panel data from 1979 indicate this was also true five years

ago in the United Presbyterian Church). This small number of persons seeking counseling may not be surprising given the fact that only about one member or elder in every ten says that he or she would turn first for help to his or her pastor. Members and elders are more likely to turn first in one of several other directions: to AA (about one third), to a spouse (about one fourth), to a family doctor, or to a friend.

### (5) What the Presbyterian Church (U.S.A.) Can Do

"The church is faced in every period with many issues of society which demand its attention. What is the priority you believe the church should give to efforts to deal with alcohol use or abuse in comparison to the other social concerns before this denomination?" In response to question -17, three of every five panelists said "an equal priority"; more than one out of every five members and elders and larger percentages of the clergy groups would give to alcohol use or abuse a higher priority than other social issues (including one pastor in three).

Seven potential approaches were listed which might be adopted by governing bodies and agencies of the church. Panelists were asked to what extent they would favor each of these. More than four of every five members, elders and pastors, "strongly favor" or "favor" actions to keep congregations informed on the latest developments in efforts to deal with alcohol abuse and to initiate educational programs that encourage the responsible use of alcohol. More than three of every five members and elders and greater percentages of the pastors also favor the formation of coalitions with other groups to persuade legislators to support reforms that deal with alcohol abuse, adoption of policies defining the responsible use and nonuse of alcohol, and approaching manufacturers of alcoholic beverages to seek responsible marketing and advertising practices.

Majorities of the pastors but slightly less than majorities among the members and elders favor enlisting the help of congregations in demonstrations of support for pending legislation dealing with alcohol abuse. Many here are "undecided," possibly because of the use of the term "demonstrations." There is little support, some opposition, and a great deal of indecision (among the laity especially) concerning the possibility of studying the marketing of alcoholic beverages in Third World countries.

Finally we asked the panelists, "In which three of the following (seven) ways could this denomination provide the *most* help to you and to your congregation in dealing with alcohol abuse?" About one fifth of most groups ask the church to facilitate the production of a newsletter for interested pastors about ministries dealing with alcohol abuse, while fewer panelists ask for a mobilization of Presbyterians for a national program dealing with alcohol abuse. About one third of each group ask for denominational efforts to encourage useful legislation or encourage seminaries to provide courses on alcohol use or abuse.

The clear preference of every group (60 percent or more) is for the denomination to identify and support existing resource centers to assist congregations with alcohol abuse problems. Providing workshops for pastors on this subject and providing resources to increase awareness of this problem among Presbyterians were also each requested by four or five of every ten panelists.

## B. Synod and Presbytery Activity: December 1985

The second survey, carried out between September and December 1985, sought to determine the extent and manner in which presbyteries and synods have identified alcohol-related problems in their mission program priorities and are carrying out activities and providing resources regarding alcohol. The representative findings reported here are based on responses from 17 synods (85 percent) and 140 presbyteries (74 percent). The full report of findings is contained in Appendix B.

-One half of these governing bodies do not address alcohol concerns in their mission statement.

-Only one fifth of the governing bodies have a committee which relates specifically to alcohol concerns, while another one fourth include these concerns within the function of a larger committee.

-More than half these governing bodies make no assignment of this responsibility to either a committee or staff person.

-Less than one tenth of the governing bodies that responded have a section in their

personnel policies for chemically dependent employees and their families.

-Nearly nine tenths do not have stated guidelines regarding the use of alcoholic beverages at their meetings.

-About one fourth of the governing bodies publicize workshops and training events, but nearly three fourths have no specific plan to encourage pastors to acquire training in the chemical dependency field.

# III. Shalom: The State of Whole and Ordered Righteousness

"Let me hear what God the Lord will speak, for God will speak shalom to God's people" (Psalms 85:8)

**"In our own time Shalom is destroyed in a special way by alcohol use and abuse."**

Christians bring particular resources to all the issues and realities we have noted because of their view of Shalom—the state of whole and ordered righteousness both in individual and community life. This shalom—this peace, wholeness, health, this balance of harmonious and right relationships to God, to neighbor, and to self—is God's gift to us. We see it most truly expressed in God's greatest gift, the Prince of Shalom, Jesus Christ. God intended that all creation live in and exhibit this shalom. God's people are actively to live it, not simply passively affirm it.

Shalom is destroyed in the human scene when God's creatures harm themselves, harm neighbors, injure the community, or engage in activities that break or block communication with God. Shalom is also destroyed when the Christian community mirrors the societal forces that encourage harm rather than providing a model of Shalom and vigorously seeking it for the whole society.

In our own time Shalom is destroyed in a special way by alcohol use and abuse. This breaking of shalom not only has personal implications of enormous and tragic import for millions of Americans but also results in destruction and cost of catastrophic magnitude to the society. This crisis calls Christians and others to a new level of personal responsibility for Shalom; it also requires more effective public policies to minimize the danger, destruction, and tragedy. As faithful stewards of God's gifts, we must channel and balance personal Christian freedom with an acute and prophetic sense of social understanding and social responsibility to both the Christian community and society at large.

## The Biblical Witness

Christians look to the Bible for reflection and help regarding social issues. Covenant community is a dominant theme throughout Scripture. God calls people together, establishes the covenant, and promises to be their God (Exodus 19:4-6a). The people, in turn, are to keep the covenant, follow the guidance of God, and be a light to the nations ( Isaiah 42:6). The theme of covenant community is sustained through the Cross and Resurrection as we are called to be the body of Christ (I Corinthians 12:12-30). Therefore, the Scriptures speak to us as individuals, as a covenant community, and as the whole human society.

**"The Psalmist expresses joy that he has 'wine to gladden the heart.' "**

The great realities of covenant, liberation, sin and redemption, grace and shalom that dominate the Bible as a whole are the ground and context for both our understanding and our response to alcohol and its effects. Within those great realities, however, we need to examine briefly the specific biblical witness in regard to alcoholic beverages.

1. *Wine is a commonly used alcoholic beverage.* The Psalmist expresses joy that he has "wine to gladden the heart." (Psalms 104:15.) Jesus himself drank wine, in contrast to John the Baptist, for his enemies accuse him of being a drunkard (Matthew 11:18-19). And on one occasion Jesus moved quickly to rescue the host at a wedding feast from the

embarrassment of running out of wine by changing water into wine (John 2:1-11). Wine, of course, became a central part of the celebration of the Last Supper (Matthew 26:27).

2. *But drunkenness is condemned in both the Old Testament and the New Testament.* A classic description is found in Proverbs 23:29-35.

> "Who has woe? Who has sorrow?"
> Who has strife? Who has complaining?
> Who has wounds without cause?
> Who has redness of eyes?
> Those who tarry long over wine,
> Those who go to try mixed wine.
> Do not look at wine when it is red,
> When it sparkles in the cup
> and goes down smoothly.
> At the last it bites like a serpent
> and stings like an adder.
> Your eyes will see strange things,
> and your mind utter perverse things.
> You will be like one who lies down
> in the midst of the sea
> like one who lies on the top of a mast.
> "They struck me," you will say,
> but I was not hurt;
> "They beat me, but I did not feel it.
> "When shall I awake?
> "I will seek another drink."

Intoxication takes away understanding (Hosea 4:11), creates embarrassment and scandal among religious leaders (Isaiah 28:7), becomes the center of one's life (Isaiah 5:11, 22), and is something to avoid (Proverbs 31:4ff.; 20:1; 23:21). Jesus condemns drunkenness (Luke 21:34) and Paul frequently puts drunkenness in the category of those "works of the flesh" that pull people away from a Christ-centered life (Galatians 5:21; I Corinthians 6:10, 11:17-22, and 5:11; Ephesians 5:18; Romans 13:11-14).

It is the overt conduct of intoxicated people that is condemned in the Bible. While scant attention is given to the reasons or motivation for excessive drinking, by inference it is judged to be self-centered and self-gratifying. It comes at the expense of a wholesome relationship to God and to neighbor. It destroys Shalom.

3. *Leaders are singled out for special admonitions against intemperance.* Kings ("shepherds") are criticized for wanting to fill themselves with wine and strong drink (Isaiah 56:11-12; Hosea 7:5). Priests and prophets who "reel" and "stagger" because of wine are condemned (Isaiah 28:7). Priests are not to drink while on duty in the Sanctuary (Leviticus 10:8-9; Ezekiel 44:21), and bishops are not to be intemperate (I Timothy 3:3; Titus 1:7).

4. *Nowhere in the Bible is abstinence advocated as a general rule.* However, there is mention of particular groups where it was practiced. We have noted above that priests are not to take intoxicating drinks while officiating at shrines (Leviticus 10:8-9; Ezekiel 44:21). Nazarites are forbidden to drink intoxicants (Numbers 6:2-4, 20; and Judges 13:5-7). There are Rechabites who do not drink (Jeremiah 35), and John the Baptist did not drink (Matthew 11:18), but all of these are marked exceptions to the general pattern of common use of wine.

**"Nowhere in the Bible is abstinence advocated as a general rule."**

In summary, then, in today's terms, the Bible accepts the use of alcohol as a common practice, recognizes abstinence as a positive option, calls for moderation, and severely condemns excessive drinking.

## Stewardship and Freedom

God has entrusted humankind with all of creation (Genesis 1:26ff). We are to act as responsible stewards by using the social and natural resources God provides for the good of our neighbor, our own sustenance (not overindulgence), and the good of the rest of creation. Alcohol, when misused, can and does destroy human lives, damages society, and victimizes innocent people. Stewardship of God's world means an exercise of loving care and concern, done in the freedom we have in Jesus Christ.

Christians then are to have the mind of Christ (Philippians 2:5) as we deal with life and its continual challenges. We act with the assurance that we are justified by God's grace as a gift through the redemption which is in Christ Jesus (Romans 3:24). We are free to spend ourselves in service to our neighbors to the glory of God. This radical freedom (Galatians 5:1, 8) does not mean that we have the opportunity simply to do whatever we wish, but rather that we are set free and empowered to love and serve God by word and deed.

In contemporary culture, choice about the use of alcohol is an area of great importance for the exercise of Christian freedom. The choice to abstain completely—not to drink at all—is a legitimate and appropriate Christian lifestyle in a drug-glutted culture. Christian freedom may also be exercised in the choice to drink alcoholic beverages in moderation,

witnessing to a lifestyle of responsible care for persons and society. Both abstinence and responsible use demonstrate the exercise of Christian freedom in the service of stewardship.

**"Freedom may argue against prohibition, but stewardship demands personal and societal constraint."**

From any perspective, drunkenness, driving while intoxicated, and all the other destructive results of alcohol abuse and intoxication can be clearly labeled for what they are—failure to live up to God's intention for creation, failure to exercise good stewardship, behaviors which endanger society, sinfulness, a destruction of Shalom. Since abuse of alcohol is such a pervasive vehicle of destructiveness and injury, its use should not be encouraged by individuals or by society. In fact, constraints on its availability and use are appropriate means of seeking to lessen its personal and social dangers. Freedom may argue against prohibition, but stewardship demands personal and societal constraint.

In this freedom, informed by education, we can seek methods to prevent alcohol problems and extend a helping hand to the millions of victims, holding out God's eternal promise "Behold, I make all things new" (Revelation 21:5). In this stewardship and empowered by the same promise, we can work to create a new climate and new policies for the society in order to reduce the injury and cost of alcohol-related problems.

## Alcohol Use, Abuse, Addiction, and Sin

The consumption of alcohol is not itself a sinful act. Drinking of wine is described without condemnation throughout the Bible. Alcohol abuse, however—the use of alcohol in a manner that invokes harm or the risk of harm to oneself or others—is sinful in its violation of Shalom. Intoxication is uniformly condemned in the Scriptures as a misuse of alcohol that damages one's relationship to God, to others, and to society.

Although alcohol abuse is sinful, this is not to be construed as grounds for reviling or condemning the problem drinker. Jesus was an excellent example of compassionate ministry to those who fell short of God's goals (Luke 5:31ff). One can oppose sin while acting in love toward the sinner. Furthermore the whole community of God's people shares a corporate responsibility with the drinker ,(and suffers the collective consequences of breaking Shalom) for establishing and tolerating social conditions that encourage and contribute to alcohol problems. The problem drinker is one, but only one, contributor to the conditions that sustain alcohol problems in our society.

**"Furthermore the whole community of God's people shares a corporate responsibility with the drinker."**

Beyond the role played by the problem drinker and that of societal conditions in contributing to alcohol problems, the drug itself is a factor. The impact of alcohol as a drug increases when problem drinking progresses into addiction. An ancient proverb captures this transition: "First the man takes a drink, then the drink takes a drink, then the drink takes the man." As this physical dependence on alcohol emerges, drinking takes on an addictive life of its own. For most individuals who become addicted (a minority of problem drinkers), a prolonged period of alcohol abuse precedes the development of alcohol dependence. As long as the abusive drinking continues, the addicted person is drawn further into a cycle of progressive dependence that is difficult to escape. Impairment increases, and the individual enters into a pattern of decreasing self-control over drinking and alcohol-related problems. Free and responsible choice capabilities are increasingly captured by alcohol.

As episodes of embarrassment or pain become more frequent, the power of the Spirit in the Christian drinker is grieved (Ephesians 4:30) and the sins of the flesh (Galatians 5:19-21) become very active. The fruits of the Spirit — love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control (Galatians 5:22), for which our Lord paid the price for us, are lost until they can be recalled in the recovery process.

This progression into addiction is extremely difficult for moderate drinkers and abstainers to understand. It is tempting to dismiss it as solely a problem of weak will or defective character, but the truth is that strong determination is no protection against addiction. Because addiction is a physiological phenomenon, follows a predictable course, and occurs with sufficient sustained alcohol consumption in any individual, it is not inappropriate to call alcohol dependence a "disease." It is not, however, simply a physical disease. In the course of the alcohol abuse required to reach a state of addiction, the individual increasingly suffers losses in body, mind, spirit, and relationships which eventually can become devastating. Recovery from this state is gener-

ally accompanied by the improvement of health and wholeness.

Alcohol abuse is thus a sin that (1) is in part individual, (2) in part collective, and (3) interacts rather uniquely with the drug itself, alcohol, which plays an increasing role as addiction emerges and progresses. The individual suffering from alcohol problems, whether addicted or not, should never be regarded as somehow a greater sinner than the rest of us. "All have sinned and fallen short" of God's intentions for life. The special nature of this sin lies not in the sinner nor in the act of drinking nor even in the repetition of the act despite harmful consequences (for is that not a condition of almost all sin?) but rather in the aforementioned additional role played by the drug itself.

Beyond this, the alcohol abuser relies as we all do upon the grace of God in Jesus Christ. God is at work in the world. Problem drinkers are a part of God's world and have many gifts to offer. The church is called to be an expression of the gospel, demonstrating redemption and rebirth, spiritual growth, grace, and forgiveness. In this regard, the church has a unique role in educating people about the use, nonuse, misuse, and problems of alcohol. The church is also called to give a social, corporate witness, and advocacy for the health and wholeness of the larger community.

God sets before us a promise of life, of new birth and wholeness, of Shalom that needs to be proclaimed and lived out. As individuals and together as the church, we can choose death or life. It is our calling to choose life and to help others to choose life, to choose Shalom.

# IV. Policy Statement and Recommendations

Alcohol use is deeply embedded in the customs and practices of our society and, consequently, the dangers of this drug are frequently overlooked or underestimated. Yet the adverse effects of alcohol abuse are universal, touching the lives of all. Alcohol consumption is a contributing factor in up to 200,000 deaths per year, and the combined social costs of alcoholic beverage purchases and the losses and damages resulting from their consumption now approach $200 billion annually in the United States alone.

As Christians, we are concerned for the health and wholeness (Shalom) of all God's people. Alcohol consumption is a leading causal factor in the impairment and destruction of life, health, relationships, and resources. The suffering associated with alcohol abuse is by no means restricted to a minority of persons diagnosable as "alcoholic" but touches the lives of all God's people.

Alcohol-related problems are complex, arising from a combination of the characteristics of (1) the drug itself, (2) the drinkers, and (3) the social context of alcohol use. All of these factors must be considered in understanding and addressing these problems, and approaches that restrict their focus to only one of these causal elements are limiting and inadequate.

The General Assembly of the Presbyterian Church (U.S.A.) does not advocate the prohibition of alcohol, a policy which would appear to attribute the entire problem to alcohol itself. Responsible and nonproblematic uses of alcohol have been part of human experience and the Judeo-Christian heritage since the beginning of recorded history. The considerable risks and immense suffering that follow from excessive and unwise uses of alcohol do, however, impose upon all Christians individually and corporately, the responsibility to make and encourage judicious and well-informed choices regarding personal and social uses of alcohol.

To that end, the General Assembly encourages and supports personal decision to abstain from alcohol. For those who choose to drink and can do so without becoming dependent, the General Assembly urges a pattern of moderate and responsible drinking behavior. Finally, the General Assembly recommends and supports a comprehensive public policy approach to regulate the availability and use of alcohol in a manner consistent with its special character and the potential

**"The suffering associated with alcohol abuse is by no means restricted to a minority of persons diagnosable as 'alcoholic' but touches the lives of all God's people."**

risk to persons and society inherent in its use and it continues to recommend and support appropriate treatment of all who are affected by alcohol-related problems.

The following general principles should guide these personal and corporate choices about the use of alcohol and the formation of public policy to regulate the use of alcohol and limit its harmful consequences.

**"Abstention in all situations should be supported and encouraged."**

1. Abstention in all situations should be supported and encouraged.

2. Moderate drinking in low-risk situations should not be opposed.

3. Heavy drinking in any situation should be vigorously discouraged.

4. Any drinking in high-risk situations (e.g., during pregnancy or before driving an automobile) should be vigorously discouraged as should all illegal drinking.

5. Actions to protect the general public from the effects of alcohol-related problems (e.g., alternative transportation) should be supported and encouraged.

6. Effective public policy measures designed to make alcohol less readily available and less attractive, particularly to vulnerable groups or in high-risk situations, should be encouraged and supported.

7. A combination of prevention and control measures with a variety of treatment approaches should be encouraged and supported to deal with alcohol-related problems and treat alcohol abusers and addicts.

8. All Christians, and hopefully all citizens, should model responsible choice in their own use or nonuse of alcohol, in their behavior as hosts or participants in social and business functions, and in their support of public policies that regulate the use of alcohol and limit its harmful consequences.

The position and recommendations that follow—for individual Presbyterians, for governing bodies of the church, for agencies and seminaries, and for public policy directions—are based on these principles and on the conviction that the social and health effects of alcohol use and abuse constitute a major challenge to Christian compassion and commitment and a serious threat to the vitality and character of the society.

## Recommendations for Action by Individual Presbyterians

Individual Presbyterians are urged to make for themselves and to encourage in others conscious responsible choices regarding the use and nonuse of alcohol. Abstention from the use of alcohol is a healthful and responsible choice to be encouraged and supported. For those who choose to drink, moderate responsible choice means refraining from the consumption of alcohol in amounts or situations where such use would incur harm or risk of harm to the health and wholeness of themselves or others. Responsible choice requires care that one's practices and influence do not facilitate or encourage irresponsible use in others. It also requires encouragement and support for public policy efforts to regulate the use of alcohol and address alcohol-related problems. At minimum, responsible choice means:

1. To refrain from driving after alcohol consumption in any amount that would leave alcohol in the bloodstream.

2. To provide a personal model of responsible choices regarding the use and nonuse of alcohol, refraining from excessive consumption of alcohol in all situations and from any drinking in all situations where even modest consumption of alcohol is hazardous (including during pregnancy).

3. To avoid enabling hazardous drinking in others by adopting hosting practices that encourage responsible choices in the use and nonuse of alcohol.

4. To express concern about practices and attitudes that glamorize alcohol or promote alcohol abuse in the workplace, the church, social settings, media programming, and advertising, and to speak out in concern against intoxication in others.

5. To be informed about signs of emerging alcohol problems and alert to their appearance in the lives of others, and to have the courage to express concern and take action when such signs are noted.

6. To provide for young people, by teaching and example, clear and specific guidelines regarding responsible choices in the use and nonuse of alcohol.

7. To help develop and support effective public policy to prevent and address alcohol abuse, including communication with appropriate elected representatives at every level of government about social policy issues regarding alcohol.

8. To join in continuing community efforts designed to counteract alcohol abuse through organizations dedicated to the prevention and treatment of alcohol problems.

9. To be aware that drinking for the purpose of achieving alcohol's drug effects can lead to abuse and dependency.

**" . . . responsible choice means to refrain from driving after alcohol consumption in any amount that would leave alcohol in the bloodstream."**

# Recommendations for Action by Congregations, Governing Bodies, Agencies, and Church-Related Institutions

**"Each governing body and church-related institution should adopt a clear and coherent policy regarding alcohol use."**

Governing bodies and institutions related to the church have a corporate responsibility and a unique opportunity to act as advocates and catalysts for healthy choices regarding alcohol use and nonuse within the life of the church and the lives of its members. Each governing body and church-related institution should adopt a clear and coherent policy regarding alcohol use and should develop specific strategies for preventing and addressing alcohol abuse through opportunities afforded in worship, educational resources and programming, public policy advocacy, and the functions and activities particular to its own mission and role.

**Recognizing the congregation and its members as the fundamental resource for Presbyterian mission and witness, the General Assembly**

**1. Requests each congregation of the Presbyterian Church (U.S.A.) to consider implementing, preferably in the 1987-1988 program year, the program strategy model prepared for the Program Agency and the General Assembly Mission Board by a church-wide staff team. The model involves pastor, session, and congregation in a congregation-wide address to alcohol-related problems as they affect persons and the community.**

**2. Further requests congregations, governing bodies, agencies, and church-related institutions, as appropriate,**

**a. To organize and provide educational opportunities, using study resources provided by governing bodies, denominational agencies, and others.**

**b. To adopt clear policies regarding responsible beverage choices at church-related functions, including worship, meetings, and social gatherings on or off church property and adopt a clear policy regarding use and nonuse of alcohol on church property by outside groups.**

**c. To develop and implement a specific educational strategy to promote conscious choice about the use or nonuse of alcohol and develop guidelines for responsible practice for those who choose to drink or serve alcoholic beverages.**

**d. To adopt and implement employee assistance policies and practices to deal with alcohol-related problems among clergy and other salaried staff, and to provide adequate health care provisions to enable effective care of employees suffering from alcohol abuse or addiction.**

**e. To support and collaborate in national, regional, and ecumenical efforts to prevent and address alcohol problems.**

**f. To participate in the development and advocacy of public policy addressing issues of alcohol promotion, availability, and pricing as appropriate to the various jurisdictions of local, regional, state, or federal governments.**

**g. To participate in ministries to victims of alcohol problems by helping them to obtain appropriate community services and by providing a larger context of support for more responsible future choices in the use and nonuse of alcohol, assisting them in seeking employment, family harmony, spiritual growth, and physical and psychological health.**

**h. To designate to a particular person or committee the responsibility and accountability for policy and strategies addressing alcohol use and problems.**

**i. To utilize opportunities for education and interpretation concerning responsible choice and dealing with the health and social effects of alcohol in organizations, meetings, and special events.**

**j. To develop specific strategies for leadership training and development for pastors and lay leaders in alcohol problem prevention and intervention efforts.**

**k. To communicate and coordinate efforts with other governing bodies and agencies of the church concerned with alcohol use and problems.**

**l. To encourage candidates in training for ministry to seek specific preparation and experience to deal with alcohol-related problems.**

**m. To commit sufficient financial resources and staff services to develop program and strategies to address alcohol-related issues and problems in the church and the community.**

# Recommendations Regarding Policy on the Use of Alcoholic Beverages at Church-Related Functions

A majority of Presbyterians do use alcohol in their personal lives, and the General Assembly affirms the right of individuals in conscience to make responsible choices between abstention and moderate nonproblematic use. Each governing body and agency of the church and institutions related to the church should also make conscious decisions regarding the responsible use and nonuse of alcohol at meetings and other formal and informal functions falling within its jurisdiction.

**"Alcohol should not be purchased at church expense, except when authorized by a governing body for use in the Lord's Supper."**

**The General Assembly recommends the following policy guidelines:**

**1. Alcohol should not be purchased at church expense, except when authorized by a governing body for use in the Lord's Supper. Whenever wine is used in the Lord's Supper, unfermented grape juice should always be clearly identified and served also as an alternative for those who prefer it.**

**2. If alcoholic beverages are to be available at church-related meetings and functions at personal expense, the sponsoring body or group should ensure that:**

**a. The beverages containing alcohol are served in a manner and quantity that promote intentional and responsible choices regarding personal use.**

**b. Attractive nonalcoholic alternative beverages are available in ample quantities to encourage their use and that food is available as an accompaniment.**

**c. No person under legal age is given access to alcohol.**

**d. Transportation following the event does not depend upon the operation of private vehicles by individuals who have consumed alcohol.**

**e. Persons who are visibly impaired or intoxicated from alcohol or other drugs are not served alcohol and are constrained from driving.**

**f. This section is not to be construed as encouraging the availability of alcoholic beverages at church related meetings and functions.**

**3. Alcohol consumption should not be the explicit or implicit purpose for any gathering, including informal private gatherings of those attending the meeting or function.**

# Recommendations Regarding Public Policy on the Pricing, Availability, and Promotion of Alcohol

**"Rotating health warnings regarding inappropriate uses of alcohol should be required on the labels of all alcohol products and in all nonelectronic media alcohol advertisements."**

One of the most effective controls on alcohol consumption and thus on its negative consequences is obtained through regulation of the price of alcoholic beverages. Social control over price is most readily accomplished through fair and equitable taxation of alcoholic beverages. With the exception of a single, modest increase on distilled spirits in 1985, federal excise taxes on alcohol have remained constant since 1951, with the effect of lowering its price relative to other beverages and increasing its availability to the general population. In addition, the alcohol in beer, wine, and distilled liquor is taxed at radically different rates: $6.44, $1.21, and $21.00 per gallon of alcohol content respectively. Effective and equitable increases in federal excise taxes on alcohol offer an immediate avenue for reducing alcohol-related problems by diminishing accessibility of alcohol, particularly to young people.

## Tax Policy

**a. Alcohol excise taxes should be substantially increased in phased steps over a reasonable period of time to achieve a rate of taxation at least commensurate with 1952 rates, adjusted for inflation.**

**b. Beer, wine, and distilled spirits should be taxed equally according to their absolute alcohol content.**

**c. Alcohol excise taxes should be indexed to adjust for future inflation.**

**d. All income tax deductions for business-related purchases of alcohol products should be ended.**

**e. The Department of Defense should end its discount pricing policies with regard to alcohol on military bases and terminate any connection between profits on the sale of alcohol and base recreation budgets.**

**f. All other tax and economic subsidies for the production and marketing of alcohol beverages should be identified and ended.**

## Availability Policy

The locations and conditions under which alcohol is available for sale and consumption have historically been regarded and controlled as matters for governmental jurisdiction. By making effective use of these controls, local and state jurisdictions can decrease the likelihood of excessive consumption and of drinking in high-risk settings.

**a. Communities, states, the federal government, and retail associations should work cooperatively to establish curriculum guidelines for model server and management training educational programs appropriate to specific community needs and specific business enterprises.**

**b. A thorough legislative review of Alcoholic Beverage Control (ABC) codes and the funding and operations of ABC agencies should be conducted.**

**c. Substantial power over the issuance, administration, and renewal of licenses to sell alcoholic beverages should be given to local governmental jurisdictions.**

**d. Application for a license to sell alcoholic beverages should require a special "environmental impact" review, wherein policies to reduce potential community injury and risks are proposed by the applicant.**

**e. Statewide provisions should be developed to promote reductions in environmental risks, including but not limited to mandatory server and manager training and elimination of drink promotions such as "happy hours."**

**f. The sale of alcohol through certain high-risk outlets, such as gas stations and drive-up windows, should be prohibited and should be strictly limited in other high-risk settings, such as convenience stores and mass event arenas.**

**g. The Model Alcoholic Beverage Retail Licensee Liability Act of 1985 (the "Dram Shop Act") should be enacted in each state. (See Appendix D for a summary.)**

## Promotion Policy

The content and modes of promotion for the use of alcoholic beverages both reflect and influence public values and practices regarding alcohol. While billions are spent by manufacturers to promote their products, the public remains largely unaware of the well-documented risks associated with alcohol. The volume and content of alcohol promotion should be balanced by approximately equal attention to information about the risks associated with alcohol use and knowledge of the adverse consequences for personal and public health.

a. Federal legislation should be enacted requiring the electronic media to apply the equal time doctrine to alcohol advertising. This would mandate the airing of health messages, including those produced by independent health groups, on an equal time and placement basis with alcohol advertising.

b. The World Health Organization or other international body should establish a voluntary code for restraining the marketing of alcoholic beverages in developing nations, to be followed by transnational corporations and their affiliates.

c. Rotating health warnings regarding inappropriate uses of alcohol should be required on the labels of all alcohol products and in all nonelectronic media alcohol advertisements.

d. Any product containing alcohol should be required to provide information on all ingredients so that those potentially allergic to alcohol will be adequately warned.

e. Federal legislation should be enacted to establish a special fund for public educational campaigns regarding alcohol, to be supported either from savings or income derived from changes in the tax laws or from a surcharge on all alcohol advertising billings.

f. The promotion of alcoholic beverages on college campuses and military bases should be prohibited.

g. Health messages designed to counteract alcohol use and abuse should depict and be addressed to a representative spectrum of individuals with regard to sex, age, and racial-ethnic heritage.

h. Health messages should emphasize that alcohol is equally dangerous whether in beer, wine, or distilled spirits and that every individual is vulnerable to its harmful effects.

**"Health messages should emphasize that alcohol is equally dangerous whether in beer, wine, or distilled spirits and that every individual is vulnerable to its harmful effects."**

# Recommendations Regarding Public Policy on Alcohol Research and Treatment

## Research

"... only $2 per alcoholic is spent for research on alcohol-related problems."

Public awareness of and knowledge about alcohol abuse has been limited and often inaccurate. Both public and professional knowledge are best advanced through the conduct and communication of well-conceived and designed research into the causes, prevention, and treatment of alcohol problems. According to 1982 statistics, $200 per cancer patient is spent on cancer research; $88 per heart patient is spent on research on cardiovascular disease; while only $2 per alcoholic is spent for research on alcohol-related problems.

**a. Research regarding alcohol use and problems should be greatly increased and expanded, with a high priority given to appropriately designed studies of the impact of specific prevention and treatment strategies.**

**b. The research budget of the National Institute on Alcohol Abuse and Alcoholism should be doubled as soon as possible and steadily increased thereafter to promote and coordinate the conduct of critically needed research.**

**c. Grants in aid from denominational agencies and funds should be made available for the exploration of appropriate strategies to prevent and address alcohol abuse, and all funded studies should include explicit plans for how such strategies will be evaluated to determine their impact.**

**d. Provision should be made for the clear and rapid dissemination of relevant and applicable findings of past, current, and future research.**

## Treatment

Effective and compassionate care is the right of every person whose health has been impaired by alcohol. The extent and nature of such care should be guided by the best research knowledge available regarding the effective treatment of alcohol-related problems. A diversity of well-substantiated alternatives is most likely to serve the needs of the largest number of affected individuals.

**a. State and local governments should ensure adequate funds to provide detoxification and treatment services for victims of alcohol problems who are unable to pay for such services.**

**b. In the interest of cost containment, the 1986 determination of a Diagnosis-Related Group (DRG) reimbursement policy for alcohol abuse treatment should reflect current research findings by providing at least equal reimbursement for nonresidential as for residential treatment, and insurance companies should be encouraged to adopt similar practices.**

**c. In the long-range planning of treatment services for a geographic region, priority consideration should be given to the provision of a range of different types of effective interventions rather than to duplication of similar programs in multiple settings.**

**d. The provision of all treatment services should include respect for and attention to the spiritual dimensions and needs of the individual.**

**e. Appropriate treatment should be made available within the criminal justice system to individuals suffering from alcohol problems. Efforts should be made to avoid overuse of the criminal justice system for public intoxicants when treatment would be the more appropriate option.**

**f. The special circumstances of women, older adults, and racial ethnic minority populations should be taken into account in the planning and provision of treatment services, to ensure that such services are accessible, acceptable, appropriate, and sensitive to their diverse needs.**

**g. Rehabilitation should be understood as concerned with more than the treatment of alcohol problems, since recovery and the prevention of relapse frequently require a larger stabilization of employment, relationships, psychological, spiritual, and physical health.**

**h. The needs and involvement of family members of those in treatment for alcohol problems should be recognized and addressed in the rehabilitation process.**

## General Assembly Actions

**The Advisory Council on Church and Society submits the following report on The Social and Health Effects of Alcohol Use and Abuse and recommends that the 198th General Assembly (1986):**

**1. Adopt the policy statement and recommendations and commend the report, with background sections, appendixes, and related documents, for study and action in the church.**

**2. Direct the Office of the General Assembly and all agencies and councils of the General Assembly to implement the policies regarding the use of alcoholic beverages at church-related functions in the planning and conduct of all meetings and activities, including committees, task forces, and program events; and urge other governing bodies and congregations also to adopt these policies.**

**3. Direct the Stated Clerk of the General Assembly to transmit the policy statement and recommendations to members of Congress and appropriate officials of the Departments of Defense, Health and Human Services, and Treasury as well as the Internal Revenue Service, drawing attention to the recommendations relevant to these agencies.**

**4. Direct the Stated Clerk of the General Assembly also to transmit the report and recommendations to the governor of each state, drawing attention to sections relevant to the legislative and administrative authority of the states.**

**5. Request agencies and councils of the General Assembly as well as schools and institutions related to the General Assembly to review the report and its recommendations together with the implementation plan submitted by the Program Agency and General Assembly Mission Board in order to plan, implement, and fund an effective strategy for a churchwide response to the social and health effects of alcohol.**

Financial Implications: The costs for transmitting the policy statement and recommendations to Congress, appropriate federal officials, and state governors would be approximately $600, according to guidelines supplied by the Finance Committee of the General Assembly Council. The budget for the Office of the General Assembly contains an allocation for such mailings, though the committee's guidelines note, "It is important that a particular recommendation for a mailing be seen in the context of total amount budgeted for this type of expense."

Other cost implications will arise in the context of the implementation design presented by the Program Agency and General Assembly Mission Board and will be reported by those bodies.

**"Effective and compassionate care is the right of every person whose health has been impaired by alcohol."**

# Appendix A

THE PRESBYTERIAN PANEL

APPENDIX A

THE NOVEMBER, 1985 QUESTIONNAIRE

| | MEMBERS | ELDERS | PASTORS | CLERGY IN PCUSA SPEC. MIN. | CLERGY IN NON-PCUSA SPEC. MIN. |
|---|---|---|---|---|---|
| Number or Panelists | 1,165 | 887 | 1,094 | 311 | 324 |
| Number of Questionnaires Returned | 737 | 602 | 803 | 228 | 243 |
| Percent Returned | 63% | 68% | 73% | 73% | 75% |

Tne Alcohol Policy Task Force of the Council on Church and Society comes to the Panel this month. It seeks to discover attitudes among Presbyterians on this most important subject, programs underway in congregations and efforts which Presbyterians might support that relate to alcohol use/abuse. Thank you for assisting the Task Force in their efforts.

PART ONE: GENERAL BACKGROUND QUESTIONS

1. In your opinion, is consumption of alcoholic beverages a major national problem, a minor national problem or not a problem at all?

| | A major national problem | A minor national problem | Not a national problem | No response |
|---|---|---|---|---|
| MEMBERS | 72% | 24% | 2% | 2% |
| ELDERS | 69% | 26% | 4% | 1% |
| PASTORS | 82% | 16% | 1% | 1% |
| PCUSA SPEC CLERGY | 74% | 23% | 2% | * |
| NON-PCUSA SPEC CLERGY | 73% | 26% | 1% | * |

2. Has drinking alcoholic beverages ever been a cause of trouble in your family?

| | Yes | No |
|---|---|---|
| MEMBERS | 39% | 61% |
| ELDERS | 33% | 67% |
| PASTORS | 37% | 63% |
| PCUSA SPEC CLERGY | 40% | 60% |
| NON-PCUSA SPEC CLERGY | 35% | 65% |

If "yes," to what extent has it caused trouble?

| | To a great extent | To some extent | To a slight extent |
|---|---|---|---|
| MEMBERS (N=286) | 41% | 42% | 17% |
| ELDERS (N=200) | 36% | 42% | 22% |
| PASTORS (N=296) | 39% | 45% | 16% |
| PCUSA SPEC CLERGY (N=91) | 38% | 51% | 11% |
| NON-PCUSA SPEC CLERGY (N=85) | 41% | 47% | 12% |

3. Have you, in your lifetime, ever been concerned about tne amount or pattern of your own drinking?

| | Yes, very much so | Yes, to some extent | No | No response |
|---|---|---|---|---|
| MEMBERS | 2% | 13% | 84% | 1% |
| ELDERS | 3% | 17% | 80% | 1% |
| PASTORS | 3% | 20% | 77% | 1% |
| PCUSA SPEC CLERGY | 5% | 18% | 75% | * |
| NON-PCUSA SPEC CLERGY | 3% | 17% | 79% | 1% |

4. Have you, in your lifetime, ever suffered physical, psychological or social harm as the result of someone else's drinking?

| | Yes, to a great extent | Yes, to some extent | Yes, slightly | No | No response |
|---|---|---|---|---|---|
| MEMBERS | 10% | 14% | 20% | 55% | 1% |
| ELDERS | 5% | 16% | 19% | 59% | 1% |
| PASTORS | 6% | 18% | 22% | 54% | * |
| PCUSA SPEC CLERGY | 9% | 16% | 23% | 51% | 1% |
| NON-PCUSA SPEC CLERGY | 6% | 19% | 20% | 55% | 1% |

5. Have you, in your lifetime, ever suffered physical, psychological or social harm as the result of your own drinking?

| | Yes, to a great extent | Yes, to some extent | Yes, slightly | No | No response |
|---|---|---|---|---|---|
| MEMBERS | 1% | 2% | 5% | 91% | * |
| ELDERS | 1% | 2% | 7% | 90% | * |
| PASTORS | 1% | 2% | 7% | 90% | 1% |
| PCUSA SPEC CLERGY | 2% | 4% | 8% | 86% | - |
| NON-PCUSA SPEC CLERGY | 2% | * | 6% | 91% | 1% |

6. If you had a problem with drinking, to whom would you go FIRST for help? (Choose only ONE response.)

| | A friend | My own pastor or staff of my church | Another pastor/ pastoral counselor | My family doctor | A psychologist or psychiatrist |
|---|---|---|---|---|---|
| MEMBERS | 10% | 7% | 2% | 14% | 5% |
| ELDERS | 9% | 10% | 1% | 15% | 3% |
| PASTORS | 9% | 3% | 18% | 10% | 8% |
| PCUSA SPEC CLERGY | 12% | 4% | 10% | 10% | 11% |
| NON-PCUSA SPEC CLERGY | 9% | 4% | 14% | 10% | 10% |

| | Alcoholics Anonymous | My parents | My spouse | Other | No response |
|---|---|---|---|---|---|
| MEMBERS | 30% | 2% | 22% | 4% | 4% |
| ELDERS | 30% | 1% | 24% | 4% | 3% |
| PASTORS | 28% | * | 17% | 4% | 3% |
| PCUSA SPEC CLERGY | 27% | - | 18% | 4% | 4% |
| NON-PCUSA SPEC CLERGY | 25% | - | 22% | 4% | 3% |

7. During a typical month, on how many days do you have one or more drinks of beer, wine, distilled spirits or other beverages containing alcohol? (Give your ONE best estimate please.)

| | None-I do not drink alcohol at all | None-I drink occasionally, but not every month | 1-3 days per month | 4-7 days per month |
|---|---|---|---|---|
| MEMBERS | 22% | 24% | 14% | 13% |
| ELDERS | 17% | 27% | 14% | 13% |
| PASTORS | 22% | 28% | 13% | 13% |
| PCUSA SPEC CLERGY | 17% | 19% | 12% | 16% |
| NON-PCUSA SPEC CLERGY | 16% | 24% | 14% | 15% |

| | 8-14 days per month | 15-21 days per month | 22-31 days per month (almost every day) | No response |
|---|---|---|---|---|
| MEMBERS | 8% | 7% | 12% | * |
| ELDERS | 8% | 9% | 11% | * |
| PASTORS | 10% | 7% | 7% | * |
| PCUSA SPEC CLERGY | 15% | 11% | 9% | * |
| NON-PCUSA SPEC CLERGY | 11% | 9% | 10% | 1% |

8. How many "drinks" do you normally have on a day when you are drinking beverages containing alcohol? ("One drink" is defined here as one 10 ounce glass of beer, a four-ounce glass of wine, or a mixed beverage containing about one ounce of distilled spirits).

| | I do not drink alcohol at all | 1 or 2 per day, when I do drink | 3 or 4 per day, when I do drink | 5 or 6 per day, when I do drink | 7 or 8 per day, when I do drink | No response |
|---|---|---|---|---|---|---|
| MEMBERS | 23% | 65% | 8% | 2% | * | 1% |
| ELDERS | 18% | 70% | 8% | 1% | - | 2% |
| PASTORS | 22% | 72% | 4% | 1% | - | 1% |
| PCUSA SPEC CLERGY | 18% | 73% | 8% | * | - | 1% |
| NON-PCUSA SPEC CLERGY | 16% | 76% | 6% | - | - | 3% |

9. a. In your opinion, how important are each of the following factors in increasing the use of alcohol?

| | Very important | Important | Only slightly important | Not important | No opinion | No response |
|---|---|---|---|---|---|---|
| 1. Advertising of alcoholic beverages | | | | | | |
| MEMBERS | 36% | 36% | 20% | 6% | 1% | 1% |
| ELDERS | 34% | 38% | 21% | 6% | * | 1% |
| PASTORS | 45% | 39% | 13% | 2% | - | 1% |
| PCUSA SPEC CLERGY | 40% | 42% | 16% | 1% | 1% | - |
| NON-PCUSA SPEC CLERGY | 39% | 40% | 15% | 4% | 1% | 1% |

| | Very important | Important | Only slightly important | Not important | No opinion | No response |
|---|---|---|---|---|---|---|
| 2. Availability of alcoholic beverages | | | | | | |
| MEMBERS | 50% | 34% | 11% | 3% | 1% | 1% |
| ELDERS | 45% | 36% | 16% | 2% | * | 1% |
| PASTORS | 48% | 40% | 9% | 2% | - | 1% |
| PCUSA SPEC CLERGY | 42% | 42% | 14% | 1% | - | * |
| NON-PCUSA SPEC CLERGY | 39% | 40% | 16% | 2% | 1% | 2% |
| 3. Business/job expectations that one will drink | | | | | | |
| MEMBERS | 23% | 40% | 24% | 9% | 3% | 2% |
| ELDERS | 21% | 40% | 26% | 11% | 1% | 2% |
| PASTORS | 27% | 50% | 16% | 4% | 2% | 1% |
| PCUSA SPEC CLERGY | 25% | 47% | 20% | 7% | * | * |
| NON-PCUSA SPEC CLERGY | 23% | 47% | 19% | 7% | 3% | 1% |
| 4. Complexity of modern life | | | | | | |
| MEMBERS | 18% | 43% | 27% | 8% | 3% | 1% |
| ELDERS | 13% | 46% | 28% | 10% | 1% | 2% |
| PASTORS | 18% | 48% | 28% | 4% | 1% | 1% |
| PCUSA SPEC CLERGY | 21% | 45% | 29% | 4% | * | * |
| NON-PCUSA SPEC CLERGY | 17% | 44% | 30% | 7% | 1% | 1% |
| 5. Current frustrations with life (home, job, etc.) | | | | | | |
| MEMBERS | 29% | 46% | 16% | 6% | 2% | 1% |
| ELDERS | 24% | 48% | 19% | 6% | 1% | 2% |
| PASTORS | 32% | 48% | 16% | 2% | 1% | 2% |
| PCUSA SPEC CLERGY | 33% | 46% | 18% | 3% | - | * |
| NON-PCUSA SPEC CLERGY | 31% | 48% | 16% | 4% | * | 1% |
| 6. Genetic or chemical predisposition to alcohol use | | | | | | |
| MEMBERS | 27% | 35% | 18% | 8% | 10% | 2% |
| ELDERS | 22% | 36% | 19% | 11% | 9% | 3% |
| PASTORS | 29% | 38% | 21% | 7% | 5% | 1% |
| PCUSA SPEC CLERGY | 27% | 37% | 20% | 6% | 9% | 1% |
| NON-PCUSA SPEC CLERGY | 26% | 32% | 25% | 10% | 5% | 3% |
| 7. Moral weakness in individuals | | | | | | |
| MEMBERS | 20% | 33% | 26% | 14% | 4% | 2% |
| ELDERS | 15% | 43% | 24% | 14% | 4% | * |
| PASTORS | 8% | 25% | 38% | 26% | 3% | 1% |
| PCUSA SPEC CLERGY | 8% | 20% | 34% | 32% | 5% | 1% |
| NON-PCUSA SPEC CLERGY | 10% | 21% | 37% | 26% | 5% | 1% |
| 8. Role models (in childhood or youth) who used alcohol | | | | | | |
| MEMBERS | 32% | 44% | 15% | 6% | 2% | 2% |
| ELDERS | 22% | 50% | 20% | 5% | 2% | 1% |
| PASTORS | 33% | 50% | 13% | 3% | 1% | 1% |
| PCUSA SPEC CLERGY | 27% | 52% | 16% | 4% | 1% | 1% |
| NON-PCUSA SPEC CLERGY | 29% | 51% | 14% | 4% | * | 1% |
| 9. Social pressures from peer group | | | | | | |
| MEMBERS | 51% | 38% | 7% | 3% | 1% | 2% |
| ELDERS | 46% | 40% | 10% | 3% | 1% | 1% |
| PASTORS | 54% | 41% | 4% | 2% | * | 1% |
| PCUSA SPEC CLERGY | 48% | 40% | 9% | 1% | 1% | 1% |
| NON-PCUSA SPEC CLERGY | 46% | 44% | 7% | 2% | - | 1% |
| 10. Unhealthy childhood environment (e.g., abusive parents) | | | | | | |
| MEMBERS | 21% | 37% | 21% | 7% | 9% | 5% |
| ELDERS | 16% | 40% | 24% | 6% | 8% | 5% |
| PASTORS | 18% | 45% | 26% | 5% | 4% | 3% |
| PCUSA SPEC CLERGY | 14% | 45% | 26% | 6% | 5% | 4% |
| NON-PCUSA SPEC CLERGY | 16% | 46% | 24% | 7% | 5% | 3% |

| | Very important | Important | Slightly important | Not important | No opinion | No response |
|---|---|---|---|---|---|---|
| 11. Other (please specify) | | | | | | |
| MEMBERS | 6% | 2% | * | * | 4% | 89% |
| ELDERS | 5% | 2% | * | * | 3% | 89% |
| PASTORS | 5% | 3% | * | * | 2% | 91% |
| PCUSA SPEC CLERGY | 4% | 3% | - | - | 1% | 92% |
| NON-PCUSA SPEC CLERGY | 7% | 2% | - | - | 3% | 87% |

b. In your opinion which ONE of these 11 factors is the most important in leading to heavy drinking or alcohol abuse? Enter the ONE number that appears to the left of this factor in Question #9a...

| | Advertising of alcoholic beverages | Availability of alcoholic beverages | Business/job expecations that one will drink | Complexity of modern life |
|---|---|---|---|---|
| MEMBERS | 3% | 10% | 2% | 4% |
| ELDERS | 3% | 8% | 3% | 5% |
| PASTORS | 5% | 7% | 2% | 4% |
| PCUSA SPEC CLERGY | 4% | 10% | 2% | 6% |
| NON-PCUSA SPEC CLERGY | 2% | 6% | 3% | 6% |

| | Current frustrations with life (home, job, etc.) | Genetic or chemical predisposition to alcohol use | Moral weakness in individuals | Role models (in childhood or youth) who use alcohol |
|---|---|---|---|---|
| MEMBERS | 14% | 11% | 8% | 5% |
| ELDERS | 14% | 10% | 10% | 4% |
| PASTORS | 14% | 16% | 2% | 7% |
| PCUSA SPEC CLERGY | 13% | 15% | 2% | 8% |
| NON-PCUSA SPEC CLERGY | 14% | 13% | 1% | 9% |

| | Social pressures from peer group | Unhealthy childhood environment (e.g., abusive parents) | Other | No response |
|---|---|---|---|---|
| MEMBERS | 26% | 3% | 3% | 10% |
| ELDERS | 26% | 2% | 3% | 12% |
| PASTORS | 27% | 3% | 2% | 12% |
| PCUSA SPEC CLERGY | 20% | 1% | 1% | 18% |
| NON-PCUSA SPEC CLERGY | 20% | 5% | 4% | 16% |

## ART TWO: CONCERNING ALCOHOL USE AMONG MEMBERS AND AT CHURCH FUNCTIONS

3. Which of the following practices apply in your congregation concerning the use of wine, beer or other alcoholic beverages? (Check EACH setting where you know this to be the case.)

My congregation. . . .

| | Uses wine in communion (at least occassionally) | Allows beer and/or wine to be served in church buildings at church functions | Allows distilled alcohol to be served at church functions | Allow beer and/or wine to be served at church functions which are not in church-owned facilities |
|---|---|---|---|---|
| MEMBERS | 8% | 2% | 1% | 14% |
| ELDERS | 10% | 2% | - | 20% |
| PASTORS | 14% | 5% | 1% | 25% |
| PCUSA SPEC CLERGY | 27% | 7% | 3% | 23% |
| NON-PCUSA SPEC CLERGY | 18% | 7% | 2% | 24% |

| | Allows beer and/or wine to be served in church buildings by outside groups | Allows distilled alcohol to be served in church buildings by outside groups | None of the above | I am not sure |
|---|---|---|---|---|
| MEMBERS | 1% | 1% | 71% | 11% |
| ELDERS | 1% | 1% | 72% | 2% |
| PASTORS | 4% | 1% | 65% | 1% |
| PCUSA SPEC CLERGY | 4% | 2% | 48% | 8% |
| NON-PCUSA SPEC CLERGY | 4% | 2% | 59% | 9% |

11. In your opinion, is it appropriate for Christians to consume alcoholic beverages in moderation on family, business and social occasions....

| | Very appropriate | Appropriate | Unsure | Inappropriate | Very Inappropriate | No response |
|---|---|---|---|---|---|---|
| 1. with meals | | | | | | |
| MEMBERS | 10% | 62% | 8% | 11% | 8% | 1% |
| ELDERS | 9% | 66% | 7% | 10% | 6% | 2% |
| PASTORS | 13% | 67% | 6% | 9% | 4% | 1% |
| PCUSA SPEC CLERGY | 20% | 67% | 4% | 8% | 2% | 1% |
| NON-PCUSA SPEC CLERGY | 18% | 71% | 2% | 5% | 2% | 1% |
| 2. in business gatherings | | | | | | |
| MEMBERS | 5% | 47% | 12% | 23% | 10% | 2% |
| ELDERS | 5% | 50% | 12% | 22% | 9% | 2% |
| PASTORS | 6% | 44% | 16% | 27% | 6% | 2% |
| PCUSA SPEC CLERGY | 7% | 59% | 8% | 21% | 5% | 1% |
| NON-PCUSA SPEC CLERGY | 9% | 54% | 10% | 21% | 4% | 2% |
| 3. in private parties and social gatherings | | | | | | |
| MEMBERS | 9% | 64% | 7% | 10% | 8% | 1% |
| ELDERS | 8% | 68% | 8% | 10% | 5% | * |
| PASTORS | 9% | 68% | 8% | 10% | 4% | 1% |
| PCUSA SPEC CLERGY | 12% | 72% | 5% | 6% | 4% | 1% |
| NON-PCUSA SPEC CLERGY | 13% | 73% | 2% | 8% | 2% | 1% |

12. What is your opinion about the availability of alcoholic beverages in connection with church-sponsored functions and activities (assuming non-alcoholic beverages are also available)...

| | | | | | | |
|---|---|---|---|---|---|---|
| a. purchased at church expense as part of meals or scheduled group social gatherings | | | | | | |
| MEMBERS | 1% | 2% | 4% | 26% | 65% | 3% |
| ELDERS | 1% | 3% | 3% | 27% | 66% | 1% |
| PASTORS | 1% | 6% | 2% | 30% | 59% | 1% |
| PCUSA SPEC CLERGY | 4% | 10% | 7% | 43% | 35% | 1% |
| NON-PCUSA SPEC CLERGY | 4% | 9% | 5% | 41% | 38% | 3% |
| b. available for purchase by individuals (at their own expense) during meals or at scheduled group social activities | | | | | | |
| MEMBERS | 1% | 10% | 8% | 28% | 50% | 2% |
| ELDERS | 1% | 12% | 6% | 29% | 51% | 2% |
| PASTORS | 2% | 13% | 7% | 34% | 43% | 1% |
| PCUSA SPEC CLERGY | 5% | 30% | 10% | 32% | 21% | 2% |
| NON-PCUSA SPEC CLERGY | 2% | 23% | 12% | 32% | 28% | 3% |
| c. available for purchase by individuals (at their own expense) at informal gatherings after hours or in their own rooms | | | | | | |
| MEMBERS | 2% | 28% | 12% | 22% | 35% | 2% |
| ELDERS | 3% | 28% | 13% | 21% | 34% | 1% |
| PASTORS | 4% | 37% | 10% | 20% | 28% | 2% |
| PCUSA SPEC CLERGY | 11% | 54% | 5% | 14% | 14% | 2% |
| NON-PCUSA SPEC CLERGY | 5% | 49% | 7% | 17% | 19% | 3% |

## PART THREE: CONGREGATIONAL ACTIVITIES RELATED TO ALCOHOL ABUSE

13. Brief descriptions of several possible approaches to alcohol use/abuse are listed below. In COLUMN A, please indicate whether or not your OWN CONGREGATION is currently involved in each type of activity. In COLUMN B, please indicate your feelings regarding the APPROPRIATENESS of congregations to be active in this way. (PLEASE COMPLETE COLUMN B FOR EACH ACTIVITY, even if your congregation is not doing this now.)

A. IS YOUR CONGREGATION CURRENTLY INVOLVED IN THIS ACTIVITY?

| | Yes | No | Not sure | No response |
|---|---|---|---|---|
| a. giving attention to alcohol use/abuse in worship (sermons, prayers, etc.) | | | | |
| MEMBERS | 26% | 49% | 20% | 5% |
| ELDERS | 25% | 61% | 11% | 3% |
| PASTORS | 48% | 48% | 2% | 2% |
| PCUSA SPEC CLERGY | 32% | 48% | 14% | 5% |
| NON-PCUSA SPEC CLERGY | 29% | 56% | 14% | 2% |

| | Yes | No | Not sure | No response |
|---|---|---|---|---|
| b. providing youth/children with education on this subject | | | | |
| | 24% | 27% | 44% | 4% |
| MEMBERS | 27% | 35% | 36% | 3% |
| ELDERS | 51% | 40% | 8% | 2% |
| PASTORS | 36% | 30% | 28% | 5% |
| PCUSA SPEC CLERGY | 32% | 38% | 27% | 3% |
| NON-PCUSA SPEC CLERGY | | | | |
| c. providing adult study groups on alcohol use/abuse for adult groups | | | | |
| | 15% | 46% | 34% | 5% |
| MEMBERS | 14% | 65% | 19% | 3% |
| ELDERS | 25% | 67% | 5% | 2% |
| PASTORS | 27% | 47% | 20% | 6% |
| PCUSA SPEC CLERGY | 20% | 58% | 19% | 3% |
| NON-PCUSA SPEC CLERGY | | | | |
| d. providing counseling services for persons affected by alcohol abuse | | | | |
| | 44% | 20% | 33% | 4% |
| MEMBERS | 41% | 29% | 27% | 2% |
| ELDERS | 63% | 34% | 2% | 2% |
| PASTORS | 59% | 23% | 13 | 5% |
| PCUSA SPEC CLERGY | 47% | 32% | 18% | 2% |
| NON-PCUSA SPEC CLERGY | | | | |
| e. participating in ecumenical programs to assist persons affected by alcohol abuse | | | | |
| | 20% | 27% | 48% | 5% |
| MEMBERS | 18% | 44% | 35% | 3% |
| ELDERS | 42% | 52% | 4% | 2% |
| PASTORS | 37% | 31% | 26% | 5% |
| PCUSA SPEC CLERGY | 26% | 45% | 26% | 2% |
| NON-PCUSA SPEC CLERGY | | | | |
| f. advocating for public schools to provide education in this area | | | | |
| | 12% | 40% | 45% | 4% |
| MEMBERS | 13% | 56% | 28% | 3% |
| ELDERS | 26% | 65% | 8% | 2% |
| PASTORS | 18% | 40% | 36% | 6% |
| PCUSA SPEC CLERGY | 12% | 56% | 30% | 2% |
| NON-PCUSA SPEC CLERGY | | | | |
| g. advocating for changes in the laws pertaining to the availability and use of alcohol | | | | |
| | 8% | 45% | 43% | 5% |
| MEMBERS | 7% | 69% | 22% | 3% |
| ELDERS | 13% | 77% | 7% | 2% |
| PASTORS | 8% | 60% | 26% | 6% |
| PCUSA SPEC CLERGY | 7% | 68% | 22% | 3% |
| NON-PCUSA SPEC CLERGY | | | | |
| h. working with local agencies (e.g., hospitals, police) to provide services for persons affected by alcohol abuse | | | | |
| | 24% | 28% | 44% | 4% |
| MEMBERS | 23% | 45% | 28% | 4% |
| ELDERS | 47% | 46% | 5% | 2% |
| PASTORS | 44% | 28% | 22% | 6% |
| PCUSA SPEC CLERGY | 25% | 49% | 24% | 2% |
| NON-PCUSA SPEC CLERGY | | | | |
| i. providing facilities for meetings of Alcoholics Anonymous and similar groups | | | | |
| | 35% | 37% | 24% | 4% |
| MEMBERS | 40% | 46% | 12% | 3% |
| ELDERS | 46% | 51% | * | 3% |
| PASTORS | 50% | 33% | 11% | 7% |
| PCUSA SPEC CLERGY | 35% | 47% | 16% | 2% |
| NON-PCUSA SPEC CLERGY | | | | |
| j. other | | | | |
| | 1% | 2% | 4% | 94% |
| MEMBERS | 1% | 1% | 1% | 96% |
| ELDERS | 4% | 2% | * | 94% |
| PASTORS | 1% | 1% | 2% | 95% |
| PCUSA SPEC CLERGY | 2% | 2% | 3% | 93% |
| NON-PCUSA SPEC CLERGY | | | | |

13B. DO YOU FEEL THIS IS AN APPROPRIATE ACTIVITY?

| | Very Appropriate | Somewhat Appropriate | Somewhat Inappropriate | Very Inappropriate | No Opinion | No response |
|---|---|---|---|---|---|---|
| a. giving attention to alcohol use/abuse in worship (sermons, prayers, etc.) | | | | | | |
| MEMBERS | 40% | 36% | 10% | 3% | 4% | 7% |
| ELDERS | 36% | 42% | 12% | 3% | 3% | 5% |
| PASTORS | 54% | 35% | 6% | 1% | 1% | 3% |
| PCUSA SPEC CLERGY | 55% | 33% | 4% | * | 1% | 6% |
| NON-PCUSA SPEC CLERGY | 52% | 34% | 5% | 2% | - | 7% |
| b. providing youth/children with education on this subject | | | | | | |
| MEMBERS | 65% | 22% | 3% | 1% | 3% | 6% |
| ELDERS | 63% | 27% | 2% | 1% | 2% | 5% |
| PASTORS | 80% | 16% | 1% | * | 1% | 2% |
| PCUSA SPEC CLERGY | 73% | 17% | 3% | - | * | 7% |
| NON-PCUSA SPEC CLERGY | 78% | 15% | 1% | - | * | 6% |
| c. providing adult study groups on alcohol use/abuse for adult groups | | | | | | |
| MEMBERS | 52% | 32% | 4% | 1% | 4% | 7% |
| ELDERS | 47% | 38% | 5% | 1% | 3% | 6% |
| PASTORS | 72% | 22% | 2% | * | 1% | 3% |
| PCUSA SPEC CLERGY | 72% | 19% | 2% | - | * | 7% |
| NON-PCUSA SPEC CLERGY | 68% | 21% | 2% | * | 1% | 7% |
| d. providing counseling services for persons affected by alcohol abuse | | | | | | |
| MEMBERS | 70% | 18% | 3% | 1% | 3% | 5% |
| ELDERS | 65% | 26% | 2% | 1% | 2% | 4% |
| PASTORS | 82% | 13% | 1% | * | 1% | 2% |
| PCUSA SPEC CLERGY | 82% | 11% | * | - | * | 6% |
| NON-PCUSA SPEC CLERGY | 79% | 11% | 2% | * | 2% | 6% |
| e. participating in ecumenical programs to assist persons affected by alcohol abuse | | | | | | |
| MEMBERS | 55% | 28% | 4% | 1% | 5% | 7% |
| ELDERS | 50% | 36% | 5% | 1% | 4% | 5% |
| PASTORS | 76% | 20% | 1% | - | 1% | 2% |
| PCUSA SPEC CLERGY | 75% | 16% | 2% | - | 1% | 6% |
| NON-PCUSA SPEC CLERGY | 74% | 14% | 3% | * | 1% | 7% |
| f. advocating for public schools to provide education in this area | | | | | | |
| MEMBERS | 50% | 26% | 8% | 2% | 6% | 6% |
| ELDERS | 44% | 33% | 11% | 4% | 3% | 5% |
| PASTORS | 68% | 25% | 3% | * | 1% | 2% |
| PCUSA SPEC CLERGY | 61% | 25% | 4% | 1% | 2% | 6% |
| NON-PCUSA SPEC CLERGY | 57% | 27% | 7% | 2% | 2% | 6% |
| g. advocating for changes in the laws pertaining to the availability and use of alcohol | | | | | | |
| MEMBERS | 36% | 29% | 13% | 7% | 8% | 6% |
| ELDERS | 30% | 34% | 20% | 7% | 4% | 5% |
| PASTORS | 48% | 33% | 10% | 2% | 3% | 3% |
| PCUSA SPEC CLERGY | 42% | 32% | 10% | 4% | 4% | 7% |
| NON-PCUSA SPEC CLERGY | 32% | 37% | 14% | 4% | 5% | 7% |
| h. working with local agencies (e.g., hospitals, police) to provide services for persons affected by alcohol abuse | | | | | | |
| MEMBERS | 54% | 31% | 3% | 1% | 4% | 6% |
| ELDERS | 49% | 38% | 5% | * | 4% | 4% |
| PASTORS | 76% | 20% | 1% | - | 1% | 2% |
| PCUSA SPEC CLERGY | 79% | 14% | * | - | * | 6% |
| NON-PCUSA SPEC CLERGY | 70% | 21% | 2% | - | 2% | 6% |
| i. providing facilities for meetings of Alcoholics Anonymous and similar groups | | | | | | |
| MEMBERS | 65% | 23% | 3% | 1% | 3% | 5% |
| ELDERS | 67% | 24% | 4% | * | 2% | 4% |
| PASTORS | 88% | 8% | 1% | - | 1% | 3% |
| PCUSA SPEC CLERGY | 86% | 6% | * | - | - | 7% |
| NON-PCUSA SPEC CLERGY | 81% | 12% | * | * | - | 6% |

| | Very Appropriate | Somewhat Appropriate | Somewhat Inappropriate | Very Inappropriate | No Opinion | No resp |
|---|---|---|---|---|---|---|
| j. other | | | | | | |
| MEMBERS | 1% | * | * | - | 2% | 96% |
| ELDERS | 2% | * | - | * | 1% | 97% |
| PASTORS | 4% | 1% | - | - | * | 95% |
| PCUSA SPEC CLERGY | 2% | 1% | - | - | * | 97% |
| NON-PCUSA SPEC CLERGY | 4% | - | - | - | 2% | 93% |

14. Have you ever received any training in either the recognition of alcohol-related problems and/or how to counsel persons affected by alcohol abuse?

| | Yes | No | Not sure | No response |
|---|---|---|---|---|
| a. from your congregation? | | | | |
| MEMBERS | 2% | 95% | 1% | 3% |
| ELDERS | 3% | 95% | 1% | 2% |
| PASTORS | 12% | 80% | 1% | 8% |
| PCUSA SPEC CLERGY | 6% | 81% | 1% | 12% |
| NON-PCUSA SPEC CLERGY | 6% | 88% | 1% | 4% |
| b. from other church-related sources? | | | | |
| MEMBERS | 6% | 90% | 1% | 3% |
| ELDERS | 5% | 93% | 1% | 2% |
| PASTORS | 54% | 41% | * | 4% |
| PCUSA SPEC CLERGY | 59% | 35% | * | 5% |
| NON-PCUSA SPEC CLERGY | 44% | 54% | * | 2% |
| c. from schools or other agencies which are not church-related? | | | | |
| MEMBERS | 27% | 70% | 1% | 2% |
| ELDERS | 27% | 73% | * | * |
| PASTORS | 64% | 32% | 1% | 3% |
| PCUSA SPEC CLERGY | 68% | 30% | 1% | 2% |
| NON-PCUSA SPEC CLERGY | 64% | 33% | * | 2% |

PART FOUR: GOVERNMENT AND ALCOHOL ABUSE

15. Currently, there are several proposals to reform state and/or federal laws as means of preventing drunken driving. Please indicate to what extent you favor or oppose such legislation.

| | Strongly favor | Favor | Undecided | Oppose | Strongly oppose | No response |
|---|---|---|---|---|---|---|
| Legislation which ... | | | | | | |
| a. permits police to stop motorists at random to make tests for intoxication | | | | | | |
| MEMBERS | 29% | 28% | 13% | 19% | 8% | 1% |
| ELDERS | 28% | 32% | 14% | 20% | 6% | 1% |
| PASTORS | 24% | 33% | 14% | 22% | 8% | * |
| PCUSA SPEC CLERGY | 28% | 26% | 14% | 22% | 9% | 1% |
| NON-PCUSA SPEC CLERGY | 24% | 23% | 18% | 22% | 13% | * |
| b. requiring immediate suspension of driver's license for drunken driving | | | | | | |
| MEMBERS | 55% | 33% | 7% | 4% | 1% | 1% |
| ELDERS | 54% | 34% | 7% | 4% | * | 1% |
| PASTORS | 60% | 32% | 5% | 2% | * | * |
| PCUSA SPEC CLERGY | 58% | 34% | 5% | 4% | - | - |
| NON-PCUSA SPEC CLERGY | 54% | 34% | 6% | 4% | 1% | 1% |
| c. establishes a federal minimum legal age of 21 years for drinking alcoholic beverages | | | | | | |
| MEMBERS | 60% | 24% | 8% | 5% | 2% | 1% |
| ELDERS | 56% | 28% | 8% | 6% | 2% | - |
| PASTORS | 55% | 26% | 9% | 8% | 1% | * |
| PCUSA SPEC CLERGY | 46% | 28% | 10% | 14% | 1% | - |
| NON-PCUSA SPEC CLERGY | 45% | 29% | 13% | 8% | 4% | 1% |

| | Strongly favor | Favor | Undecided | Oppose | Strongly oppose | No response |
|---|---|---|---|---|---|---|
| d. requires that restaurants and taverns that serve obviously intoxicated or underaged customers share the financial liability for automobile accidents which occur thereafter | | | | | | |
| MEMBERS | 37% | 26% | 21% | 11% | 4% | 1% |
| ELDERS | 33% | 32% | 20% | 11% | 4% | * |
| PASTORS | 42% | 32% | 18% | 8% | 1% | * |
| PCUSA SPEC CLERGY | 41% | 35% | 16% | 6% | 2% | - |
| NON-PCUSA SPEC CLERGY | 34% | 35% | 18% | 10% | 2% | 1% |
| e. requires that householders who serve obviously intoxicated or underaged guests share the financial liability for automobile accidents which occur thereafter | | | | | | |
| MEMBERS | 30% | 23% | 25% | 15% | 7% | 1% |
| ELDERS | 26% | 27% | 25% | 16% | 6% | * |
| PASTORS | 36% | 32% | 21% | 9% | 2% | 1% |
| PCUSA SPEC CLERGY | 38% | 31% | 15% | 12% | 3% | * |
| NON-PCUSA SPEC CLERGY | 29% | 31% | 23% | 12% | 4% | 1% |
| f. imposes mandatory jail sentences of at least 48 hours for all persons convicted of drunken driving | | | | | | |
| MEMBERS | 44% | 26% | 17% | 11% | 1% | 1% |
| ELDERS | 39% | 27% | 21% | 12% | 1% | 1% |
| PASTORS | 44% | 26% | 17% | 11% | 1% | * |
| PCUSA SPEC CLERGY | 46% | 25% | 16% | 12% | 1% | - |
| NON-PCUSA SPEC CLERGY | 40% | 29% | 17% | 12% | 1% | 1% |
| g. prohibits sale of alcoholic beverages in gas stations | | | | | | |
| MEMBERS | 57% | 22% | 10% | 6% | 2% | 1% |
| ELDERS | 56% | 26% | 9% | 7% | 2% | 1% |
| PASTORS | 56% | 27% | 11% | 5% | 1% | 1% |
| PCUSA SPEC CLERGY | 54% | 28% | 9% | 9% | 1% | - |
| NON-PCUSA SPEC CLERGY | 51% | 27% | 11% | 10% | 1% | 1% |
| h. restricts alcohol sales in locations where driving is likely to follow (e.g. sports stadium, outdoor concerts) | | | | | | |
| MEMBERS | 48% | 29% | 12% | 9% | 2% | 1% |
| ELDERS | 44% | 33% | 13% | 10% | 1% | * |
| PASTORS | 44% | 37% | 12% | 6% | * | * |
| PCUSA SPEC CLERGY | 43% | 37% | 8% | 10% | 2% | - |
| NON-PCUSA SPEC CLERGY | 36% | 36% | 18% | 9% | 1% | * |

16. In addition to the legislation mentioned above, numerous other proposals have been made for new and/or stronger laws concerning alcohol. Would you favor or oppose. . .

| | | | | | | |
|---|---|---|---|---|---|---|
| a. forbidding the manufacture and sale of alcoholic beverages? | | | | | | |
| MEMBERS | 6% | 6% | 16% | 46% | 24% | 1% |
| ELDERS | 4% | 4% | 18% | 49% | 24% | 1% |
| PASTORS | 5% | 5% | 11% | 51% | 28% | * |
| PCUSA SPEC CLERGY | 4% | 4% | 7% | 58% | 28% | 1% |
| NON-PCUSA SPEC CLERGY | 2% | 3% | 9% | 54% | 31% | * |
| b. prohibiting the advertising of alcoholic beverages on television or radio? . . . . . | | | | | | |
| MEMBERS | 30% | 32% | 15% | 16% | 5% | 1% |
| ELDERS | 25% | 37% | 18% | 17% | 3% | - |
| PASTORS | 29% | 37% | 17% | 15% | 2% | * |
| PCUSA SPEC CLERGY | 25% | 36% | 20% | 17% | 3% | - |
| NON-PCUSA SPEC CLERGY | 22% | 38% | 22% | 15% | 2% | * |
| c. imposing substantial increase in taxes on alcoholic beverages--a portion of which are to be used to prevent/treat alcohol abuse? | | | | | | |
| MEMBERS | 38% | 36% | 13% | 10% | 4% | 1% |
| ELDERS | 36% | 43% | 9% | 10% | 2% | * |
| PASTORS | 44% | 40% | 8% | 6% | 1% | * |
| PCUSA SPEC CLERGY | 39% | 42% | 10% | 8% | 1% | - |
| NON-PCUSA SPEC CLERGY | 41% | 38% | 10% | 9% | 2% | * |

| | Strongly favor | Favor | Undecided | Oppose | Strongly oppose | No response |
|---|---|---|---|---|---|---|

d. requiring that all alcoholic beverage containers list their ingredients and warn the user of potential long and short term effects of their use?

| | | | | | | |
|---|---|---|---|---|---|---|
| MEMBERS | 34% | 38% | 18% | 8% | 1% | 1% |
| ELDERS | 33% | 38% | 18% | 10% | 1% | * |
| PASTORS | 38% | 40% | 14% | 7% | 1% | * |
| PCUSA SPEC CLERGY | 36% | 42% | 14% | 7% | 1% | * |
| NON-PCUSA SPEC CLERGY | 35% | 39% | 13% | 10% | 2% | 1% |

e. require broadcasters to provide free air or equal air time for messages regarding the risks of alcoholic beverage consumption?

| | | | | | | |
|---|---|---|---|---|---|---|
| MEMBERS | 30% | 36% | 16% | 14% | 4% | 1% |
| ELDERS | 25% | 34% | 21% | 16% | 4% | - |
| PASTORS | 32% | 39% | 18% | 9% | 2% | * |
| PCUSA SPEC CLERGY | 30% | 39% | 16% | 14% | 1% | - |
| NON-PCUSA SPEC CLERGY | 28% | 35% | 19% | 13% | 3% | 1% |

f. requiring that institutions of higher education adopt policies regulating to the sale or provision of alcohol beverages for college-sponsored activities?

| | | | | | | |
|---|---|---|---|---|---|---|
| MEMBERS | 39% | 39% | 12% | 8% | 2% | 1% |
| ELDERS | 36% | 43% | 12% | 7% | 2% | - |
| PASTORS | 36% | 41% | 14% | 8% | 1% | 1% |
| PCUSA SPEC CLERGY | 31% | 41% | 16% | 11% | 1% | * |
| NON-PCUSA SPEC CLERGY | 33% | 44% | 12% | 8% | 2% | * |

ART FIVE: DENOMINATION-WIDE EFFORTS TO DEAL WITH ALCOHOL ABUSE

7. The church is faced in every period with many issues of society which demand its attention. What is the priority you believe the church should give to efforts to deal with alcohol use/abuse in comparison to the other social concerns before this denomination?

| | The highest priority | A higher priority than most issues | An equal prioity with most issues | A lower priority than most issues | The lowest priority | No response |
|---|---|---|---|---|---|---|
| MEMBERS | 4% | 17% | 66% | 10% | 2% | 1% |
| ELDERS | 3% | 20% | 62% | 14% | * | * |
| PASTORS | 3% | 30% | 59% | 8% | 1% | 1% |
| PCUSA SPEC CLERGY | 3% | 24% | 63% | 10% | - | * |
| NON-PCUSA SPEC CLERGY | 3% | 26% | 60% | 10% | * | 1% |

3. To what extent would you support the following efforts that might be undertaken by governing bodies, and/or agencies and committees of the Church?

| | Strongly favor | Favor | Undecided | Oppose | Strongly oppose | No response |
|---|---|---|---|---|---|---|

a. Keep congregations informed on the latest developments in efforts to deal with alcohol abuse

| | | | | | | |
|---|---|---|---|---|---|---|
| MEMBERS | 24% | 58% | 13% | 3% | * | 1% |
| ELDERS | 22% | 61% | 13% | 3% | * | 1% |
| PASTORS | 40% | 56% | 3% | 1% | * | * |
| PCUSA SPEC CLERGY | 45% | 52% | 2% | 1% | - | * |
| NON-PCUSA SPEC CLERGY | 35% | 57% | 5% | 2% | * | 1% |

b. Form coalitions with other groups to persuade legislators to support reforms that deal with alcohol abuse

| | | | | | | |
|---|---|---|---|---|---|---|
| MEMBERS | 16% | 46% | 26% | 10% | 2% | 1% |
| ELDERS | 11% | 50% | 22% | 14% | 2% | 1% |
| PASTORS | 27% | 51% | 17% | 4% | 1% | * |
| PCUSA SPEC CLERGY | 26% | 59% | 9% | 5% | 1% | - |
| NON-PCUSA SPEC CLERGY | 23% | 55% | 13% | 7% | 1% | 1% |

| | Strongly favor | Favor | Undecided | Oppose | Strongly oppose | No response |
|---|---|---|---|---|---|---|
| c. Enlist the help of Presbyterian congregations in demonstrations of support of pending legislation dealing with alcohol abuse | | | | | | |
| MEMBERS | 11% | 36% | 30% | 16% | 4% | 2% |
| ELDERS | 7% | 39% | 28% | 21% | 4% | 1% |
| PASTORS | 20% | 46% | 24% | 8% | 1% | * |
| PCUSA SPEC CLERGY | 22% | 50% | 19% | 8% | 1% | - |
| NON-PCUSA SPEC CLERGY | 17% | 46% | 24% | 10% | 1% | 2% |
| d. Adopt policies defining the responsible use and non-use of alcohol. | | | | | | |
| MEMBERS | 20% | 48% | 20% | 9% | 2% | 2% |
| ELDERS | 16% | 53% | 17% | 11% | 1% | 1% |
| PASTORS | 31% | 49% | 12% | 6% | 1% | 1% |
| PCUSA SPEC CLERGY | 37% | 42% | 11% | 9% | - | 1% |
| NON-PCUSA SPEC CLERGY | 31% | 45% | 13% | 9% | * | 2% |
| e. Initiate educational programs that encourage the responsibile use of alcohol | | | | | | |
| MEMBERS | 27% | 56% | 12% | 3% | 1% | 2% |
| ELDERS | 26% | 55% | 10% | 5% | 1% | 2% |
| PASTORS | 43% | 44% | 6% | 2% | 1% | 4% |
| PCUSA SPEC CLERGY | 47% | 46% | 4% | 1% | - | 2% |
| NON-PCUSA SPEC CLERGY | 37% | 49% | 6% | 3% | * | 4% |
| f. Study the marketing of alcoholic beverages in Third World countries | | | | | | |
| MEMBERS | 5% | 17% | 42% | 26% | 7% | 2% |
| ELDERS | 4% | 16% | 43% | 26% | 8% | 1% |
| PASTORS | 11% | 30% | 39% | 15% | 4% | 1% |
| PCUSA SPEC CLERGY | 15% | 32% | 40% | 11% | 2% | * |
| NON-PCUSA SPEC CLERGY | 9% | 35% | 36% | 12% | 5% | 2% |
| g. Approach manufacturers of alcoholic beverages to seek responsible marketing and advertising practices | | | | | | |
| MEMBERS | 18% | 44% | 22% | 12% | 2% | 2% |
| ELDERS | 15% | 44% | 23% | 14% | 2% | 2% |
| PASTORS | 27% | 54% | 13% | 5% | * | 1% |
| PCUSA SPEC CLERGY | 30% | 52% | 11% | 6% | 1% | - |
| NON-PCUSA SPEC CLERGY | 21% | 54% | 16% | 5% | 2% | 2% |

19. In which THREE OF THE FOLLOWING WAYS could this denomination provide the MOST help to you and your congregation in dealing with alcohol abuse? (Please check up to, but not more than, three items.)

| | Providing workshops on this subject for pastors | Working to encourage useful legislation | Encouraging seminaries to provide courses on this subject |
|---|---|---|---|
| MEMBERS | 44% | 35% | 32% |
| ELDERS | 40% | 31% | 36% |
| PASTORS | 53% | 34% | 31% |
| PCUSA SPEC CLERGY | 54% | 33% | 32% |
| NON-PCUSA SPEC CLERGY | 53% | 33% | 30% |

| | Providing resources to increase awareness of this problem among Presbyterians | Mobilizing Presbyterians for a national program dealing with alcohol abuse | Facilitating a newsletter for interested pastors about ministries dealing with alcohol abuse |
|---|---|---|---|
| MEMBERS | 48% | 14% | 19% |
| ELDERS | 51% | 14% | 27% |
| PASTORS | 51% | 19% | 21% |
| PCUSA SPEC CLERGY | 50% | 14% | 15% |
| NON-PCUSA SPEC CLERGY | 51% | 13% | 22% |

| | Identify and support existing resource centers to assist congregations with alcohol abuse problems | Other |
|---|---|---|
| MEMBERS | 65% | 2% |
| ELDERS | 64% | 3% |
| PASTORS | 60% | 3% |
| PCUSA SPEC CLERGY | 64% | 4% |
| NON-PCUSA SPEC CLERGY | 65% | 6% |

THE FOLLOWING QUESTIONS ARE FOR PASTORS:

20. How adequately do you feel your training has prepared you to deal with those who are abusing alcohol and to deal with families of such persons?

| | Very adequately | Adequately | Inadequately | Very inadequately | Not sure | No response |
|---|---|---|---|---|---|---|
| PASTORS | 6% | 38% | 44% | 10% | 1% | 1% |
| PCUSA SPEC CLERGY | 9% | 30% | 30% | 11% | 1% | 19% |
| NON-PCUSA SPEC CLERGY | 12% | 25% | 34% | 9% | 2% | 18% |

21. During the past twelve months, how many persons have sought help from you specifically about their own drinking problems or those of a family member?

| | None | 1 person | 2 persons | 3 persons | 4 persons | 5 persons |
|---|---|---|---|---|---|---|
| PASTORS | 24% | 14% | 18% | 12% | 7% | 5% |
| PCUSA SPEC CLERGY | 28% | 7% | 9% | 4% | 4% | 3% |
| NON-PCUSA SPEC CLERGY | 29% | 7% | 12% | 4% | 2% | 4% |

| | 6 - 9 persons | 10 or more persons | No response |
|---|---|---|---|
| PASTORS | 8% | 6% | 7% |
| PCUSA SPEC CLERGY | 3% | 10% | 33% |
| NON-PCUSA SPEC CLERGY | 2% | 11% | 29% |

Any messages you wish to provide to the Alcohol Policy Task Force would be appreciated and may be sent on a separate page or in the space below:

Thank you for your help. Please return your completed questionnaire to: The Presbyterian Panel, Room 1740 - 475 Riverside Drive, New York, New York 10115.

# Appendix B

**Survey of Synod and Presbytery Programs, Resources and Services Related to Alcoholism and Alcohol-Related Problems**

In the summer of 1985, the task force circulated a questionnaire among the 20 synods and 190 presbyteries of the Presbyterian Church (U.S.A.). The original circulation and a follow-up reminder resulted in returns from 17 synods (85 percent) and 140 presbyteries (74 percent). The initial compilation of the data and draft of the findings was prepared for the task force by the Reverend John H. Sinclair.

I. FINDINGS

1. One fourth of the governing bodies have a specific committee that relates to alcohol concerns, while another one fourth include alcohol concerns as a function of a larger committee. Over one half have made no assignment of the concerns to a committee or a staff person. Only seven governing bodies indicate any specific staff services assigned to their program area.

2. One half of the governing bodies do not address alcohol concerns in their mission statement.

3. Nearly nine tenths of the governing bodies do not have stated guidelines regarding the use of alcoholic beverages at their meetings. Only eight governing bodies did not respond to this question.

4. The one fourth of the governing bodies which report a designated committee that deals with alcohol concerns reflect, in the committee membership, professionals in the chemical dependency fields, pastors, lay persons, men, women and some persons from the recovering community.

5. Less than one tenth of the governing bodies have a section in their personnel policies for chemically dependent members and their families: four fifths do not and one tenth did not respond to this question.

6. Over two thirds of the governing bodies have access to professional services for chemically dependent personnel: less than one tenth do not have access; one fourth did not respond to this question.

7. One fifth of the governing bodies report workshops for clergy and lay leadership on alcohol concerns and less than one tenth report continuing education courses for pastors. One fourth carry media and printed resources in the governing body office on alcohol issues.

8. About one third of the governing bodies publicize workshops or training events, but nearly three fourths have no specific plan to encourage pastors to acquire training in chemical dependency field.

9. About one half of the governing bodies responding indicate that they relate either with funding, board membership or program connection to ecumenical or secular alcohol-related agencies, treatment centers or Clinical Pastoral Education programs.

10. Thirty percent of the governing bodies report that they refer specific requests for assistance to ecumenical/secular bodies.

II. RESEARCH INSTRUMENT AND DATA
(Responses from 17 Synods and 140 Presbyteries)

1. How does your governing body relate to alcoholism and alcohol abuse?

35 Through a committee of the presbytery/synod

38 As function of a larger committee of the presbytery/synod

7 Through staff assigned to this concern

18 Through an ecumenical or non-denominational agency of which our governing body is a member which assists persons affects by alcoholism

75 There is no assignment of this responsibility to a committee or a staff person

70 The mission statement of our governing body does not address this issue

2. What other committees of your governing body may also relate to alcohol problems? (example: Committee on Ministry, Social Concerns Committee, etc.)

3. What activities or services does your governing body carry out in the field of alcoholism and alcohol abuse?

29 Workshops to train clergy and lay leadership

12 Continuing education courses for pastors

42 Referral of specific cases and requests for assistance to ecumenical and secular bodies

39 Media and printed resources available to congregations through your office

29 Other

4. If your governing body has a specific committee on alcoholism, what categories of persons are involved in its membership?

12 Professionals involved in chemical dependency

12 Active Pastors

17 Lay Persons

10 Persons from the recovering community

16 Men 15 Women 8 Youth

5. List some representative media and print resources which are available to congregations through your office or a presbytery/synod-sponsored resources center.

6. To which ecumenical bodies or non-denominational agencies does your governing body relate in the field of alcoholism? (Relationships such as funding, board membership, program cooperation)

13 State Council on Alcoholism

20 Task Force of a State Council of Churches

24 Regional Treatment Center

24 Clinical Pastoral Education Programs, which include chemical dependency training

21 Other

7. How does your governing body encourage pastors to acquire training in the field of chemical dependency?

46 Publicity of workshops and special training events through your newsletter

14 Scholarship assistance offered to pastors for training

6 Participation in intensive training programs, such as Rutgers School of Alcohol Studies, Hazelden Institute, etc.

101 No specific plan

8. Does your governing body have a section in its personnel policies related to the chemically dependent employee and his/her family?

13 yes 121 no 23 no response

9. Does your governing body have access to professional services in the field of chemical dependency to assist committees in dealing with such personnel problems?

97 yes 10 no 50 no response

10. Are you aware of specific programs in congregation in your presbytery/synod which are related to chemical dependency/awareness? Please list the number of churches and pastors?

11. Does your governing body have stated guidelines regarding the use of alcoholic beverages at its meetings? If so, what are these guidelines?

8 yes 120 no 29 no response

## III. Tables

The responses to the first section of question one produced the names of 35 presbyteries and synods that have a specific committee, task force, or subcommittee to deal with alcohol concerns. And the responses to question 10 produced the names of 33 congregations in all parts of the church that have developed specific programs related to alcohol and chemical dependency. These represent a very significant resource for other governing bodies and congregations as they initiate alcohol-related program strategies. Both lists are reproduced here in their entirety.

### Table A:

### Governing Bodies with Specific Structure for Alcohol Program

1. The following synods and presbyteries have specific committees to deal with alcohol problems:

*Synods*

Alaska-Northwest
Florida
Lakes and Prairies
Southeast

*Presbyteries*

Athens
Atlantic
Beaver-Butler
Blue Ridge
Cimarron
Cincinnati
de Cristo
East Tennessee
Elizabeth
Fairfield-McClelland
Genesee Valley
Geneva
Grand Canyon
Heartland
Middle Tennessee
Milwaukee
Minnesota Valleys
Missouri River Valley
Muskingum Valley
New Castle
New Covenant
North Puget Sound
Northern New York
Northern Plains
Northumberland
Olympia
Redstone
Sacramento
San Gabriel
San Joaquin
Upper Ohio Valley
Washington

2. The following synods and presbyteries deal with alcohol problems as a defined function of a larger committee.

*Synods*

Covenant
Mid-America
North Carolina
South
Trinity

*Presbyteries*

Albany
Atlanta
Boulder
Cascades
Donegal
East Iowa
Eastminster
Grafton
Hudson River
Inland Empire
Indian Nations
Kendall
Long Island
Missouri Union
New Brunswick
Newton
Northern New England
Riverside
San Diego
Santa Barbara
Seattle
Shenandoah
Shenango
South Dakota
South Louisiana
Southern Kansas
Wilmington
Wyoming

### Table B:

### Congregations with Specific Alcohol-Related Programs (As Reported By The Respondent Presbytery and Synod)

*Synod of Alaska-Northwest*
First Presbyterian, Snohomish, WA
First Presbyterian, Wasilla, AK
First Presbyterian, Sitka, AK

*Synod of the Covenant*
Springdale Presbyterian, Springdale, OH

*Synod of Florida*
Faith Presbyterian Church, Tallahassee, FL

*Synod of Lakes and Prairies*
Westminster Presbyterian, Minneapolis, MN
North Como Presbyterian, Roseville, MN
Wauwatosa Presbyterian, Wauwatosa, WI
Westminster Presbyterian, Dubuque, IA

*Synod of Mid-South*
First Presbyterian, Nashville, TN

*Synod of the Northeast*
New Vernon Presbyterian, New Vernon, NJ
United Presbyterian, Stillwater, NY
Mount Kisko Presbyterian, Mount Kisko, NY
Little Britain Presbyterian, Rock Tavern, NY
First Presbyterian, Plattsburgh, NY
First Presbyterian, Trenton, NJ

*Synod of the Pacific*
Davis Community, Sacramento, CA
Roseville Presbyterian, Sacramento, CA
Fremont Presbyterian, Sacramento, CA

*Synod of the Piedmont*
Green Hill Presbyterian, Wilmington, DE

*Synod of the Rocky Mountains*
First Presbyterian, Anaconda, MT
St. Andrew Presbyterian, Billings, MT
First Presbyterian, Bozeman, MT
First Presbyterian, Deer Lodge, MT
First Presbyterian, Great Falls, MT
First Presbyterian, Cut Bank, MT
First Presbyterian, Libby, MT
Presbyterian Church, Moorcroft, WY

*Synod of Southern California and Hawaii*
Mira Mesa Presbyterian, San Diego, CA
Fletcher Hills Presbyterian, El Cajon, CA
Graham Memorial Presbyterian, Coronado, CA
Palm Desert Community, Palm Desert, CA

*Synod of Puerto Rico*
Guanica Presbyterian
Hormigueros Presbyterian

# Appendix C

### Alcoholics Anonymous

In recognition of the significant contributions of Alcoholics Anonymous (AA) over the past fifty years, during which this self-help movement has given healing and hope to countless alcoholics and their families, the Task Force on Health and Social Effects of Alcohol has prepared this brief statement to remind the General Assembly and the Presbyterian family of the purpose of this fellowship, its spiritual emphasis and compatibility with Christianity, and the Twelve Steps of AA that continue to help men and women to attain and maintain sobriety in their lives.

The spiritual emphasis of AA is compatible with the Christian faith. The steps recognize human weakness and the need for a higher power; they emphasize the necessity of surrender to God's will, an honest moral inventory, a confession of one's wrongs, and a sincere desire to change one's life. The necessity to make amends for one's past misdeeds is stressed and the need for a continuing fellowship with God is advocated. Finally, there is the admonition to carry the program to others, to give away what one has been given. These tenets are all fully consonant with essential elements of Christianity. While Jesus Christ is not explicitly mentioned in the program, the Spirit of Christ is there, and Christians can and will find Christ as the center of the program.

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; it is self-supporting through members' contributions. AA is not allied with any sect, denomination, political belief, organization, or institution, does not wish to engage in any controversy, neither endorses nor opposes any causes. Its members have one primary purpose: to stay sober and help other alcoholics to achieve sobriety.

### The 12 Steps of AA

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

# Appendix D

### The Model Dram Shop Act: Introduction

*Background and Purpose*

The Model Dram Shop Act (officially entitled the "Alcoholic Beverage Retail Licensee Liability Act") represents the culmination of an eighteen-month research project on dram shop liability laws conducted by the Prevention Research Group (PRG), located at the Prevention Research Center, and funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

"Dram shop liability" is a term of art referring to the potential legal liability of servers of alcoholic beverages for injuries caused by their intoxicated and underaged patrons. The concept of server liability has had a major resurgence since 1979, concurrent with the recent wave of concern for the societal costs of drunk driving. Currently, thirty-seven states and the District of Columbia impose dram shop liability in some form (either through statutes or State Supreme Court opinions), and several additional states have adopted it through lower court decisions. Moreover, numerous governmental, public interest and private groups support the imposition of liability, with the Presidential Commission on Drunk Driving being the most notable group to do so in the recent past.

The Model Dram Shop Act provides a structured, comprehensive guide for drafting a server liability bill and fully addresses the uncertainties in current law. It establishes a "responsible business practices" defense, which provides a defendant a means of protection from liability if, at the time of the service of alcoholic beverages, the drinking establishment and its employees were following responsible business policies, procedures and actions. This defense encompasses the recent efforts by the retail industry, educators, and others to develop server intervention programs. "Server intervention" refers to reforms by retail establishments which are designed to reduce the risk of serving alcoholic beverages to intoxicated or underaged patrons.

The Model Dram Shop Act is designed to reduce the terrible toll of serious injuries and deaths resulting from drunk driving by encouraging retailers of alcohol to act responsibly in the conduct of their business. Incentives found within the Model Act can potentially encourage licensees not to serve minors and to intervene with problem drinkers so that they do not become intoxicated or operate a motor vehicle. The Model Act also serves as a means to compensate innocent victims of drunk drivers. In many cases, victims have no recourse against such intoxicated parties because they are "judgment-proof" (no assets available to compensate plaintiff adequately). The Model Act places the burden of compensation upon those licensees who acted irresponsibly with knowledge that their actions directly endangered others.

### The Model Dram Shop Act: Summary

*Purpose of Act:* (1) To prevent intoxication-related traumatic injuries, death, and other damages; (2) To provide compensation to those suffering damages as a result of intoxication-related incidents.

*Plaintiffs* (who can sue): Any person who suffers injury, except that the intoxicated adult is not permitted to recover for self-inflicted injuries. (Note that several jurisdictions have allowed suits brought by intoxicated *minors*. The Model Act takes no position on this issue)

*Defendants* (who can be sued): Any alcohol beverage retailer (and their employees and agents), who, at the time of the furnishing of the alcohol, was required by law to hold an alcoholic beverage license.

*Acts Which Give Rise to Civil Liability:* The negligent or reckless service of alcoholic beverages to a minor or an intoxicated person.

*DEFENSES:* (1) Any defenses generally applicable to tort actions under (state) law; (2) Responsible business practices defense.

The full text of "The Model Alcoholic Beverage Retail Licensee Liability Act" is available from:
Prevention Research Center
2532 Durant Avenue
Berkeley, CA 94704
(415) 486-1111

# Appendix E

**Books, Journals, and Organizations**

*Books*


Conley, Paul C., and Andrew A. Sorensen, *The Staggering Steeple: The Story of Alcoholism and the Churches,* Philadelphia: Pilgrim Press, 1971. A history of the church's responses to alcohol problems.

Grateful Members, *The Twelve Steps for Everyone Who Really Wants Them,* Minneapolis: Compcare, 1977. A clear presentation of the spiritual program known as "The Twelve Steps," which grew out of Alcoholics Anonymous but has much wider potential applications.

Jacobson, M., G. Hacker, and R. Atkins, *The Booze Merchants,* Washington, D.C.: CSPI Books, 1983.

Miller, William R., and Kathleen A. Jackson, *Practical Psychology for Pastors: Toward More Effective Counseling,* Englewood Cliffs, NJ: Prentice-Hall, 1985. Includes an extensive chapter on how pastors can understand and help individuals with alcohol and drug abuse.

Miller, William R., and Ricardo F. Munoz, *How to Control Your Drinking,* (rev. ed.), Albuquerque, NM: University of New Mexico Press, 1982. A self-help resource for problem drinkers.

Moore, Mark H., and Dean R. Gerstein (Eds.), *Alcohol and Public Policy: Beyond the Shadow of Prohibition,* Washington, DC: National Academy Press, 1981. Up-to-date perspectives on the nature and prevention of alcohol problems in our society.

National Institute on Alcohol Abuse and Alcoholism, *The Fifth Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health and Human Services,* Rockville, MD: NIAAA, 1983. A recent report to Congress on alcohol's impact on our society.

Peele, Stanton, *The Meaning of Addiction: Compulsive Experience and Its Interpretation,* Lexington, Mass.: D.C. Health, 1985. A contemporary analysis of drug addiction including alcohol, tobacco, and illicit drugs.

Spickard, Anderson, and Barbara R. Thompson, *Dying for a Drink: What You Should Know about Alcoholism,* Waco, TX: Word Books, 1985. A Christian physician's perspective on the disease of alcoholism.


*Journals (Available in Public and University Libraries)*

Addictive Behaviors
Alcohol Health and Research World
Alcoholism: Clinical and Experimental Research
Alcoholism Treatment Quarterly
British Journal of Addiction
Drug and Alcohol Dependence
International Journal of the Addictions
Journal of Alcohol and Drug Education
Journal of Drug Education
Journal of Public Health Policy
Journal of Studies on Alcohol

*Organizations*

National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, MD 20852; (301-468-2600). Provides an extensive range of informational and program materials including *Updates* listing print, audio-visual and organizational resources; *Research Reviews; Fact Sheets;* and *Directories.* A complete list of available titles is available free.

Alcoholics Anonymous World Services, Inc., Box 459 Grand Central Station, New York City, NY 10163.

Center for Science in the Public Interest, 1501 16th St. NW, Washington, DC 20036.

The Comprehensive Care Corporation, 660 Newport Center Drive, Newport Beach, CA 92660.

Hazelden Educational Services, Box 176, Center City, MN 55012.

Mothers Against Drunk Driving, 5330 Primrose, Suite 146, Fair Oaks, CA 95628.

National Council on Alcoholism, 12 West 21st St., New York, NY 10010.

Rutgers Center of Alcohol Studies, Rutgers University, New Brunswick, NJ 08903.

# Report 2:

## Implementation of an Expanded Churchwide Address to Alcohol Related Problems

**Joint Report of the General Assembly Mission Board and the Program Agency**

# Introduction

The 196th General Assembly (1984) directed the Advisory Council on Church and Society to undertake a new study of alcohol-related issues and requested the advisory council to design its process of study in such a way that the Program Agency and Mission Board could present to the same 198th General Assembly (1986) a proposal for implementation of an expanded churchwide address to alcohol problems to correlate with the Advisory Council on Church and Society report and policy recommendations on this issue. (See Minutes, 1984, Part I, pp. 347-348.) The following is an implementation proposal. The report and recommendations of the Advisory Council on Church and Society's study is in their report to this General Assembly.

The General Assembly Mission Board and Program Agency recommend to the 198th General Assembly (1986) the adoption of the implementation design for an expanded churchwide address to alcohol-related problems, with its recommendations.

In response to the General Assembly mandate the Program Agency through the Office of Social Welfare Program Relations, in consultation with the Mission Board, convened a churchwide staff team in April 1985. The staff team was selected to be representative of governing bodies and theological institutions, as well as General Assembly programs—in particular, professional development, church education, and social welfare.

The following staff persons prepared this report: Roxanna R. Coop, Associate for Social Welfare Program Relations, Program Agency; Samuel L. Edwards, Associate for Education Services, Geneva Presbytery; Edgar M. Grider, Associate for Mission, Atlanta Presbytery; W. Ben Lane, Educational Media Consultant, Program Agency; Philip U. Martin, Consultant for Vocations and Ministries Development, Cascades Presbytery; Carlos Santin, Coordinator of Professional Development, Vocation Agency; John H. Sinclair, Associate for Social Witness and Global Awareness, Synod of Lakes and Prairies; and Jane L. Searjeant Watt, Associate Executive, Presbytery of Twin Cities Area. William B. Johnson, Executive Director of Recovery Place of Savannah, served as consultant.

The staff team met April 8, 1985, and December 16, 1985, in New York City and convened a consultation October 31—November 2, 1985, at Marine-on-St. Croix, Minnesota. The thirty-two persons who attended the consultation represented various groups with an expressed interest in the outcome of this effort. The chairperson and two members of the Alcohol Policy Task Force of the Advisory Council on Church and Society (ACCS) were present to interpret the policy study and to receive comments on their work to date.

Four members of the Board of the Presbyterian Network on Alcohol and Other Drug Abuse (a special organization reporting under Chapter IX) participated along with six additional staff persons of governing bodies, including two executive presbyters.

The Advisory Council on the Church and Chemical Health of the Synod of Lakes and Prairies not only acted as host but recruited others from the synod with expertise in alcohol program development. Among those recruited by the synod was the executive director of the Milwaukee Council on Alcoholism, an organization with four years' experience in developing alcohol awareness and training programs in congregations.

The consultation was designed by four staff team members together with the ACCS task force chair to provide data for both the policy study and the implementation proposal. Participants based their recommendations on theological reflection and on their experience of workable effective program in governing bodies. Results of the consultation are the basic material for this report.

Recommendations relevant to the Vocation Agency and theological institutions were submitted to the Vocation Agency Board and the Council on Theological Education for their comment and action, as appropriate.

During the course of its deliberation, the staff team maintained a working relationship with the Alcohol Policy Task Force of the Advisory Council on Church and Society to insure that its efforts would reflect the policy orientation and program recommendations of the task force.

The Program Agency and Mission Board approved the following approaches to implement a churchwide address to alcohol and drug-related problems and recommend adoption of this design with its recommendations to the 198th General Assembly (1986):

# I. Congregations

Alcohol abuse is a major public health problem that affects not only the individual abuser but also the entire community. As a social institution embracing all ages, the congregation has a unique potential for influencing the total community. The congregation has the opportunity to reverse the social attitude that "there is no problem" and to create a climate in which the risks and consequences of alcohol use and abuse can be dealt with effectively.

The following organizing model for concerned individuals and congregations is based on the program development experiences of several regional and national organizations:

**Organize a leadership group:**

1. Identify and convene members of the congregation with personal and professional concern and knowledge about alcohol use and abuse, who are open to addressing alcohol and drug-related problems in the church and community. They may include members of self-help groups (e.g., Alcoholics Anonymous and Al-Anon), law enforcement officers, teachers, school guidance counselors, health professionals, and ministers. Do not make a general announcement asking for volunteers.

2. Establish the leadership group's identity, the language or terminology that will be used, basic theological perspectives, and program functions. Make sure there is careful consideration of the policy adopted by the 198th General Assembly (1986).

**Formulate goals and objectives:**

1. Obtain as much information as possible about alcohol use and abuse, bringing in outside resource persons if necessary.

2. Establish connections with presbytery and church-related advocacy groups such as the Presbyterian Network on Alcohol and Other Drug. Find out if similar efforts are under way in other churches.

3. Build relationships with community organizations or regional groups actively addressing alcohol use and abuse: for example, Mothers Against Drunk Driving and affiliates of the National Council on Alcoholism.

4. Identify public policy issues related to local availability of alcohol and other drugs and to advertising and pricing of alcoholic beverages.

5. Determine long-term strategies for congregational action. These may include the following:

a. proposal and adoption of a policy statement,

b. determination of program functions—for example, community education, outreach, referral,

c. selection and distribution of literature,

d. education of church leadership,

e. identification, interpretation, and advocacy of public policy issues.

6. Designate spokespersons for public relations, honoring anonymity of persons who request it. Assign other individual tasks.

7. Establish a timeline for action, including a timetable for securing support from the pastor(s) and session.

**Plan and present a start-up proposal for session approval. This may include the following:**

1. Congregational workshops.

2. Bulletin inserts and other worship materials.

3. Literature for literature racks.

4. Speakers for congregational events.

5. Budgetary provisions.

**Implement long-term strategies by initiating such activities as the following:**

1. Public forums.

2. Educational events for church organizations.

3. Newsletter with current information.

4. Community survey of available treatment programs and self-help programs (e.g., Alcoholic Anonymous, Al-Anon, and Alateen).

**Integrate the program into the overall mission program of the congregation:**

1. Draft a policy statement for the consideration of the congregation based on the policy statement of the 198th General Assembly (1986).

2. Include the program in the congregation's annual budget.

3. Evaluate the program and report annually to the congregation.

4. Select and provide curriculum for church educational programs, giving particular attention to study materials prepared by General Assembly agencies and other government bodies.

5. Welcome Alcoholics Anonymous and other self-help groups into the church.

**Consider some other practical matters:**

1. Continuing education or professional training for the pastor(s), elders, and other concerned persons in the congregation.
2. Survey of community needs.
3. Public service announcements.
4. Formation of groups in other churches.

# II. Presbyteries and Synods

Presbyteries and synods are called to address issues of alcohol use and abuse because of their close relationship to pastors and sessions.

They have a unique opportunity to act as advocate and catalyst to assure that the many-faceted challenge of alcohol abuse is addressed systematically in the life of the church. A designated committee of presbytery and synod can provide resources to other units of the governing body and can organize projects and services that will assist and strengthen efforts by congregations. Presbyteries and synods may also act on behalf of congregations to address state and local public policy issues regarding the marketing of alcoholic beverages and the unmet needs for treatment programs in the community.

Moreover, the presbytery has a pastoral role to fulfill in relation to candidates, ministers, and sessions by helping them break "the conspiracy of silence" on this issue and by caring enough to take appropriate action when alcohol and drug-related problems are recognized.

The Program Agency and Mission Board affirm governing bodies that have already assigned alcohol and drug-related problems to a functional unit (a committee or task force) and strongly encourage others to do so. They recommend the following steps as a model for governing body action:

A. Inclusion of alcohol and other drug-related problems among the program goals and objectives of the governing body for the next five years.

B. Adoption of a policy statement regarding the use and nonuse of alcoholic beverages at meetings of the presbytery or synod to be included in the administrative manual.

C. Assignment of this concern to an appropriate group within the structure for study, gathering of resources, and identification of public policy issues.

D. Identification of competent professionals, programs, advocates, and resources already within the bounds of the governing body.

E. Designation and training of an intervention team responsible to the governing body with authority to address alcohol and drug-related problems in the lives of pastors and sessions.

F. Education of pastors—in particular, the training of some pastors and counselors to deal with alcohol and other drug-related problems.

G. Education of committees on ministry and other units and committees, preparing them:

1. to recognize the risks of alcohol consumption;

2. to address alcohol and other drug problems when they emerge in the life of the church.

H. Education of committees on candidates, urging them to explore training possibilities for candidates in consultation with seminaries.

I. Adoption of presbyterywide employee assistance policies and procedures for clergy and other salaried staff persons (see Appendix).

J. Support for pilot projects in congregations:

1. to assist victims of alcohol abuse;

2. to initiate programs of education, advocacy, and referral.

K. Provision for educational programs at meetings of the governing body, including camps and conferences.

L. Participation in regional or ecumenical efforts that address alcohol use and abuse.

# III. General Assembly Agencies

In 1977 General Assemblies began to recognize the need for a multi-dimensional response to alcohol and other drug problems in the church and society and for the first time called upon all governing bodies to develop strategies for prevention and treatment.

Every governing body has a unique role to play in implementing a churchwide program, and the principal role of General Assembly agencies is to give functional priority to this issue.

General Assembly agencies should assist middle governing bodies by coordinating resources and policy, by providing consultation for strategy development, and by generating finances for community-oriented programs. Further, they should encourage committees on ministry, committees on candidates, and personnel committees by becoming a model for the pastoral care of troubled employees.

The following steps should be taken by General Assembly agencies during the next five years to help implement a churchwide program addressing alcohol and other drug problems:

**Leadership Training:**

1. Identify no more than six consultants to work with presbyteries and synods for strategy development. Cost would include one meeting of the consultants to develop a uniform approach for strategy development. Consultants should represent General Assembly policies and be prepared to interpret:

(a) theological themes

(b) the role of the church

(c) social and cultural patterns of drinking

(d) systems of denial

(e) alcohol and drug prevention as primary health care

(f) public policy alternatives

(g) programmatic options. (Cost: $12,000)*

2. Develop a set of guidelines and suggestions for committees on candidates to use when conferring with candidates about their knowledge of alcohol and other drug-related problems and their understanding of the policy position of the General Assembly.

3. Provide workshops for consciousness-raising in connection with periodic leadership events, such as young pastors' seminars, educators' conference, churchwide staff meetings, the youth triennium, national meetings of Presbyterian Women and Presbyterian Men, and synod training events for committees on ministry and committees on candidates. (Cost: $2,000)*

4. Examine special needs and patterns of alcohol use and abuse among Blacks, Hispanics, Native Americans, Asians, women, youth, and older persons. Identify resources available to these groups.

**Employee Assistance Policy and Program:**

1. Develop an education and training program implementing the employee assistance policy contained in the Personnel Policies for the General Assembly agencies (see Appendix) to be fully implemented by 1988. (Cost: $5,000)*

2. Promote the General Assembly's policy and program in such a way that it can be used as a model by presbyteries and synods.

3. Identify consultants across the church who can be utilized by governing bodies for the purpose of developing an employee assistance policy and program.

4. Develop training programs that will train unit directors in the implementation of the employee assistance program.

5. Develop pilot training programs for Synod and Presbytery Executives. This could be a part of the Annual Staff Conference.

**Awareness Education:**

1. Develop a graded learning approach to alcohol and other drug-related problems, within the context of primary health care, to be included in the Presbyterian and Reformed Educational Ministry resources.

2. Produce a resource packet for strategy development and program implementation by presbyteries and synods, with both video and print materials. (Cost: $2,000)*

3. Promote study materials produced by General Assembly agencies and other governing bodies.

**Public Policy Advocacy:**

1. Testify before the U.S. Congress on national public policy issues related to tax policy and advertising of alcoholic beverages.

2. Equip individuals, congregations, presbyteries, and related organizations to respond to national public policy issues related to these concerns.

**Churchwide Implementation and Communication:**

1. Convene biennial staff consultations beginning in 1987, with representation from every synod, to review implementation of this design and make recommendations for additional program strategies as appropriate. (Estimated cost: $11,000)*

2. Collaborate with governing bodies and educational institutions to support demonstration programs for awareness education and leadership training.

3. Maintain a resource exchange among governing bodies facilitating the regular flow of information on program models and public policy issues.

4. Identify advocates in each presbytery and synod.

*[NOTE: Estimated costs contained in these implementation steps total approximately $32,000 which can be provided through existing budgets.]

# IV. Related Bodies

The use and abuse of alcohol and other drugs and the denial of beverage alcohol as a problem are all so deeply entrenched in our cultural life that all church-related institutions and organizations need to consider approaches to this complex social problem. Moreover, all of these need to consider ways in which they can integrate their efforts with those of other church-related bodies and community groups already offering support to recovering persons, their families and others affected by alcohol and other drugs.

The following groups are important for churchwide program development: women's networks, men's groups, youth programs, theological institutions, church-related colleges, racial and ethnic caucuses, Mariners, special organizations reporting under Chapter IX, Presbyterian Health, Education and Welfare Association, councils of churches, self-help groups (e.g., Alcoholics Anonymous), public policy groups (e.g., Mothers Against Drunk Driving and Center for Science in the Public Interest), treatment facilities, business and industry, and special communities (e.g., battered women, Native Americans, and other persons).

Rather than propose a generic model to fit all of these organizations, the staff team chose to recommend program strategies for three, believing that a role of the churchwide staff consultations would be to develop strategies for integrating efforts with other church and community groups.

**Strategies for Theological Institutions:**

1. Enrich the practical theological course work with modules on alcohol use and abuse, including practical experience with programs addressing alcohol-related problems.

2. Offer opportunities for field work and seminary internships related to programs addressing alcohol and drug-related problems.

3. Adopt clear policy regarding use and nonuse of alcohol at seminary-related functions.

4. Adopt and implement an employee assistance policy (see Appendix) that deals with problem drinking among faculty and other salaried staff.

5. Help seminarians present the gospel of healing grace through preaching on personal and social issues related to alcohol and drug abuse.

6. Develop seminary courses that lead to degrees and credentials in the field of alcohol and other drugs.

7. Include in social ethics offerings the presentation of systemic and social factors related to alcohol and other drug abuse and how these factors reflect values and attitudes of our society.

8. Raise the awareness of the seminary community regarding alcohol and drug-related problems, and assist the community in assessing its attitudes toward these issues.

**Relations with the Presbyterian Network on Alcohol and Other Drug Abuse:**

Governing bodies should endorse the Presbyterian Network on Alcohol and Other Drug Abuse as an advocacy group of the church and encourage the development of network groups.

**Strategies with Self-help Groups:**

1. Welcome Alcoholics Anonymous (AA) and other self-help groups into the church and

receive them as compatible with the church's mission.

2. Cooperate with AA and other self-help groups as one viable ministry to persons suffering from alcohol abuse.

3. Attend open meetings of AA and other self-help groups to develop a full understanding of this ministry.

# V. General Assembly Actions

**That the 198th General Assembly (1986):**

**1. Adopt this design for implementing a churchwide address to alcohol and drug-related problems.**

**2. Affirm the intention of the Program Agency, Mission Board, and Vocation Agency to convene a staff consultation in 1987, with representation from every synod, to review implementation of this design and make recommendations for additional program strategies as appropriate.**

**3. Direct that appropriate ministry units of the General Assembly convene churchwide staff consultations in 1989 and 1991 to review implementation of this design.**

**4. Recommend that presbyteries and synods provide for budget allocations beginning in 1987 and that staff time also be allocated; that budgets include funds for demonstration projects in congregations and for strategy development conferences and consultations that may be organized in cooperation with General Assembly agencies.**

**5. Recommend that General Assembly agencies establish budgets for resources development, consultative services, and demonstration projects in governing bodies, and that ample staff time be allocated by General Assembly agencies to fulfill their functional role in addressing this life and death issue.**

**6. Encourage the Program Agency and Mission Board, in cooperation with community organizations and agencies addressing alcohol and other drug-related problems, to prepare comprehensive proposals and applications to major funding sources for the development of church-related projects in communities across the nation consistent with the policy position of the General Assembly.**

**7. Conduct a youth conference at the 199th General Assembly (1987) which addresses the issues of chemical dependency that is geared toward the young people of the church and their leaders and document this conference in such a way that it will generate audio and visual aids that can be presented in churches throughout the denomination.**

# APPENDIX

## Employee Assistance Policy
## (From the Personnel Policies for the General Assembly agencies, 19.21)

The Presbyterian Church (U.S.A.) has a concern for individual employees and recognizes that employee health can adversely affect an employee's job performance. The employee assistance program may involve physical, mental and/or emotional illness, marital or family distress, alcoholism or other drug dependencies, financial, legal or other stressful problems. Each employing body should offer contact with referral services for appropriate treatment of conditions as described above which may affect job performance. The employee is free to accept or reject the treatment offered. Such a program should be confidential, taking great pains to protect the employee's record. The cost of the program should be in keeping with present benefit guidelines.

The employee assistance program offered by each employer should provide:

a. A referral service for appropriate treatment of health conditions affecting job performance.

b. An assurance that employment will not be jeopardized while the employee is receiving appropriate treatment in order to maintain satisfactory job performance.

c. Confidential records.

d. Respect for employees who have been referred to the program.

e. An atmosphere that encourages, but is not limited to, self-referrals.

f. Assurance that the program does not result in any conflict with existing policy or agreements.

g. Training for supervisory personnel to implement the intention of the employee assistance program.