

TANGAZA COLLEGE

CATHOLIC UNIVERSITY OF EASTERN AFRICA

ALCOHOL AND DRUGS ADDICTION A PASTORAL PROBLEM

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT
FOR BACHELOR OF ARTS IN THEOLOGY

STUDENT: FRANCIS NGUMI KAMAU

TUTOR: FR. CHARLES ODENY C.S.Sp

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DEDICATION

I dedicate this work to suffering alcoholics. Those living and those who died in the recent past. I also wish to dedicate it to those people who are affected by the drinking of someone close to them. In a special way I wish to dedicate it to the seven young heroin addicts who were arrested with me around Christmass time and with whom I spent three days and nights in police custody.

STUDENT'S DECLARATION

I declare that the content of this paper has not been submitted for academic credit to any other Institution or University. All sources have been cited in full.

Signed: *Francis Ngumi Kanan*

ACKNOWLEDGEMENTS

I am grateful to Almighty God for the blessings he has given me in my life. To my parents Lawrence and Mary, my brothers, sisters, relatives and friends for their many contributions in shaping my life.

I am grateful for the discovery and admission that I am an alcoholic. I am grateful to those who have supported me in my recovery especially my two dedicated A.A. sponsors Andy and Bill and the A.A. candlelight group that meets at Tangaza College. I thank them for encouraging me to share my experience and insights by writing this essay.

I am grateful to my tutor Fr. Charles Odeny C.S.S.p who has accompanied me in the project from the beginning till now. He has been a great support. I wish to thank also the following individuals for their support and encouragement. Fr. Bill Sinkele O.P. for providing reading material and moral support, Fr. Andre McGrath for introducing me to A.A., for his dedication in my recovery, and his encouragement, Bro. Steve Grazulis, Fr. R. Wanjohi, Fr. Peter Gichure of St. Thomas, Fr. Aylward Shorter, Fr. Harrington, Dean of studies at TCR, and my Lyke Community. The librarians at Tangaza, CUEA and Dominican libraries and finally Kinyua who did the typing and typesetting of my work to make it look as it is. I am also grateful for many other friends who keep encouraging me and urging me to keep going. To all these wonderful people I wish all God's blessings.

GLOSSARY

A.A	:	Alcoholic Anonymous
Alnon	:	Sister Programme of A.A. for <i>Alcoholic</i> Spouces
Alteen	:	Sister Programme of A.A. for Teenage Children
Narcotic Anonymous	:	A Programme for drug Addicts other than alcohol.
F.M.H.	:	Franciscan Missionaries of Hope.

CHAPTER 1

UNDERSTANDING THE PROBLEM

ALCOHOL AND DRUG ADDICTION - A PASTORAL PROBLEM

INTRODUCTION

One of the major discoveries of this century is the fact that alcoholism is a disease. As a result of this, there is so much written on addiction to both alcohol and drugs. In so doing, it is hoped that this will create an awareness to the public who have to live and interact with addicts almost all the time.

Unfortunately most addicted people and a section of the public deny the disease concept of this serious addiction. They treat it as a moral issue rather than what it is, namely a disease. In the meantime, the disease continues to unleash terror on a good percentage of the human race. From America alone, a study carried out in 1965 gives the following information. Of the eight million adults in the United States who drink about seventy one percent of the adults population, between five and six million can be considered "alcoholics" by our definition. For every female alcoholic in the United states of America, there are between four and five male alcoholics.¹ Other books that I read put the figure at 7% of the human race while in A.A. Circles the figure is as high as 10%. whichever the case, the problem of alcoholism is universal and can no

¹Clinebell, Howard J. Jr. Understanding and Counselling the alcoholics What is an alcoholic. Nashville Abingdon Press N.Y. 1956 p. 38

onger be ignored or wished away.

In this essay I hope to shed some light on addiction to alcohol though I will briefly focus on drug addiction too. My aim is to show how much damage alcohol does to its victims and the public at large.

Though my work will be based on the Kenyan situation, I will make reference to other areas in Africa and the world at large with the United States as a focal point. I will show my familiarity with alcohol using my own experience as a recovering alcoholic. I will also show how I have been involved in helping alcoholics and drug addicts in the last seven years as an active member of the alcoholic anonymous.

Finally I wish to propose a rehabilitation program whose model will be that of the Good Shepherd. A good pastoral approach based on Christ who laid down his life for his sheep and who came so that all may have life and have it to the full. (John 10:10). As a member of the Universal church I hope to reaffirm the church's commitment to bringing healing and reconciliation to those afflicted by the disease. This church is the channel through which grace is transmitted to its members especially the sick and in so doing restores their hope. As Christ said, it was to seek the lost and to heal the sick that his mission was directed. (Mt. 18:12ff). This kind of Christian spirituality and approach offers the best foundation for this healing to be effective.

Last but not least, I will show how my own community; the

Franciscan Missionaries of Hope, hopes to be involved in this apostolate. We see our charism as a response to the needs of addicted people, and other people who carry heavy burdens both spiritually and psychologically. We believe it is possible to achieve this goal through the gospel value of hospitality and availability. Cf. Charism Statement FMH.

THE PROBLEM OF ALCOHOLISM

Perhaps I should begin my work by asking a question to provoke some reaction. I hope this will get us all thinking critically of the problem at hand. If alcoholism and drug addiction are posing a major threat to human life, what can be done to control the spread and to help those who are already suffering? Before answering this question, let us hear what addiction is according to Pitirim A. Sokorin the writer of "The American Sex Revolution;

DEFINITION

Addiction is any compulsive, habitual behaviour that limits the freedom of human desire. It is caused by attachment or nailing of desire to specific objects. The word "behaviour" is especially important in this definition, for it indicates that action is essential to addiction. Attachment of desire is the underlying process that results in addictive behaviour.

Personally I think that a lot more could be done than is being done at the moment. Researches in the recent past have

shed light on what was for a long time considered a baffling problem identifying it as a disease. Such a discovery will go a long way in helping to curb the problem whose cure is still unknown though it can be treated and its effects on the sufferer minimized.

One major problem with alcoholism is its diagnosis. While most diseases are easy to diagnose, it is not so with alcoholism. Someone once said that alcoholism is a disease with many faces and can easily deceive those not familiar with it. While it is not sin in itself, it leads to sin thus disfiguring the creative genius of God who in Genesis saw all that he had made and behold, it was very good. (Gen1:31).

When we talk of the problems of alcoholism, we are saying that, that which God created and saw to be good has been disfigured by addiction. Man who was made to subdue creation has been enslaved by the very same creatures. For the addict, something else has taken the place of his creator. This is a form of idolatry whose craving and compulsive behaviour occupies the mind of the addict. He is so obsessed with this addiction that God no longer occupies the central place in his life. The addict is in need of grace to help him overcome his craving and to be able to surrender his will to his creator.

Due to the complexity of it's problem alcoholism is described as cunning, baffling and powerful in A.A. circles. The bottom line of alcoholism is its denial syndrome evident in sufferers and those close to them especially members of

their families. No wonder alcoholism has been termed a family illness whose recovery begins in the family and is a process which involves all the family members.² Praise God that today there are recovery programs not only for the alcoholic person, but also a sister program called alnon. It helps those afflicted by the drinking of a loved one or someone that is close. So far the most successful method of recovery is participation in A.A. meetings where alcoholics try to help each other recover from alcoholism by sharing their experience strength and hope.

Still on the immensity of the problem of alcoholism it is striking to note that alcoholism is more than five times more prevalent than cancer. Psychiatrist Karl Menninger has stated that the alcoholics in the United States constitute our largest mental health problem. In speaking at the annual meeting of the National council of churches, department of pastoral services, he said, "Nothing looms as large on the horizon. Everyday we see horrifying examples of men and women who drink up every penny they own and make serious critical errors in judgment that affect you and me. It is a problem which is taking a tremendous mental, social and physical toll."³

It is therefore very important for those dealing with alcoholics especially pastoral agents to be well informed of the nature of this problem in order to adopt a healthy approach

²Wilcocks, Lee, Alcohol Abuse. How to help someone you love. Aspen Vak Associates cc. Pinegorie, Johannesburg S.A 1983 p. 3

³Clinebell, Howard J. Jr. 1956. P. 39

in treating it. It is also equally important that they realise how difficult and at times almost impossible to be absolutely certain that such and such a person is an alcoholic. Never the less the following simple rule has been used as a clue. The unmanageability of one's life and affairs especially in matters that concern his social relations, his role in the family, his job, finance and health. Any impairment in this whole area would be an indicator of one being an alcoholic or one on the verge of becoming one.⁴

As I stated earlier, it is rather unfortunate that many people today still regard alcoholism as a moral defect rather than a disease. They treat alcoholism and even addiction to drugs as sinfulness. As a result of this the addicted person overwhelmed with feelings of shame and guilt withdraws from life, away from God and neighbour. This kind of a situation further complicates the process of recovery and should be avoided at all cost.

THE DISEASE CONCEPT OF ALCOHOLISM

According to the world Health Organisations definition, an alcoholic is any person whose drinking causes impairment of functioning. This impairment may be evident in his mental, emotional, physical, social and occupational functioning. If in spite of this the person appears unable to control or limit his alcoholic intake, he is considered to be alcoholic

⁴Ibid., p. 19

dependent.⁵ Due to the complexity of the nature of this disease, many people especially members of the Alcoholic anonymous tend to agree with an American description of alcoholism as a "Chronic, progressive, life threatening disease with no known cure. This sickness is said to affect people's physical, emotional, spiritual and mental well being and their ability to make choices. The disease can be arrested, treated, but abstinence is only the first step on the road to recovery."⁶

As I had stated earlier many people still think of alcoholism as a vice. Addicted men and women are seen as weak willed individuals whom society should ignore or pretend do not exist at all. We owe gratitude to individuals like Dr. Bob and Bill Wilson the two co-founders of Alcoholic anonymous for shedding light on alcoholism and to many groups and organisations like the American Medical Association which gave formal recognition to the disease concept of alcoholism in 1957.⁷

We know that what begins as social drinking or normal drinking can deteriorate and result in "Chronic Alcoholism which usually refers to advanced stages of the illness. It is during these stages that medical and psychiatric complications

⁵Lee Wilcocks 1983. P. 5

⁶Sean Sammon. Alcoholism's children ACOAS in Priesthood and Religious life. The disease of Alcoholism. Alba House. N.Y. 1989 p.4

⁷Ibid. P. 4

frequently occur.

These complications are the physical and psychological diseases resulting directly or indirectly from the prolonged excessive use of alcohol. They include polyneuropathy, pellagra, cirrhosis of the liver, korsakoffs psychosis, delirium tremens, acute alcoholic hallucinations and others. Such complications are suffered by one out of four alcoholics in our country. An alcoholic who is so afflicted is in need of immediate medical attention and often hospitalization.⁸

CAUSES OF ALCOHOLISM.

What causes alcoholism? Nobody knows in any complete or final sense. Alcoholism is, at least to a degree, a "cryptogenic" disease - a disease of which the basic roots or causes are hidden. A great deal is known however.⁹

Talking to different people on what they thought is the cause of alcoholism, one is left wondering what to believe and vice versa. It is at times difficult to distinguish between facts and the many myths in circulation in our societies. Personally I have found myself wondering what to believe and what not to. Relying on my own experience and from what I have read, I tend to agree with the school of thought which holds that the causes of alcoholism are not in the drink itself but rather in the body of the alcoholic person. I know of

⁸Howard Clinebell J. Jr. 1956 p. 27

⁹Ibid p. 42

alcoholics who drink just a little but enough to trigger a chain of reactions typical of being alcoholics. I also know of people who drink so heavily and almost all the time but who I think are not alcoholic. Some of my confreres in alcoholic anonymous are convinced that alcoholism is genetic. While I cannot affirm their claim, I do not deny the possibility of such a claim especially where scientific researches support such allegations. I tend to agree with the writer who said that we should leave the doors open for further future discoveries on the causes of alcoholism.

At the present stage of research, it is impossible to point at any single or simple cause of alcoholism. On the contrary, the research findings indicate forcefully that alcoholism is a complex disease in which a variety of factors play a role. The late Cowney Handis, from the perspective of a research psychologist, wrote;

"If there is any human disorder which can truly said to be of multiple etiology, it is alcoholism in all its divers forms".

The following types of causative factors seem to be involved in alcoholism; physiological, psychological, cultural, philosophical and religious.¹⁰

¹⁰Ibid p. 42

THE "SOIL OF ADDICTION"

Fundamentally, the alcoholic is not sick because he drinks but... he drinks because he is sick, and then he becomes doubly sick. Carrol A. Wise.¹¹

From America we hear the following; "why is it that of the eighty million people in our country who use alcohol, at least seventy four million do not become alcoholics?" This question inevitable to the search for some Achilles heels which renders 6 percent of the drinkers vulnerable to alcoholism. In as much as 94 percent do not become addicted, alcoholism can not be considered simply a property of alcohol. There must therefore be some "soil of addiction" which is receptive to the seeds of the problem.¹²

From what we have just said above one can conclude that alcoholism is not where in the alcohol but rather is a disposition of the person. The body of an alcoholic therefore is vulnerable to alcohol, some kind of "allergy" that renders him helpless when intoxicated by alcohol. From researches done at Bellevue medical Centre in New York City we hear the following;

"Our laboratory and clinical studies of alcoholism during the past several years have convinced us that alcoholism is

¹¹Ibid p. 43

¹²Ibid p. 43

metabolic disease."

Studies at Bellevue have shown that disturbances or deficiencies of the pituitary, adrenal gonadal trial of endocrine glands are present in many alcoholics. Addressing the New York State Medical Society, Smith said;

"These observations led us to explore the possibility that the alcoholics problem was caused by disturbance of bodily chemistry."

This exploration apparently led Smith and his co-workers to the conviction that the alcoholic suffers from an abnormal endocrin system which predisposes him to alcoholism.¹³

¹³Ibid p.46

CHAPTER TWO

SEEKING A SOLUTION

THE CURRENT SITUATION

Shortly after I chose the topic of my essay, the daily Nation in its Wednesday magazine carried a five page article on: "Drug dealing booms at the coast".

In what I think was a very successful research, the writer Patrick Mayoyo decried the high rate at which Mombasa was becoming a drug transit point. He went on to say that drug barons operating a multi million shillings syndicate were slowly turning the coastal town into Kenya's leading drug centre.¹⁴ According to this same writer, local religious leaders and drug enforcement agents were worried about the upsurge in the drug consumption and warned of far reaching repercussions.¹⁵

Even though my work will be focusing more on alcoholism than on other drugs, I found the contents of this article very appropriate. This is because both alcoholism and drug addiction are a threat to life according to most sources that I consulted. In Kenya as well as in other countries, alcohol is an authorized drug except in cases where it is referred to as illicit brew or the un licenced brew. This kind of brew is associated with the common folk most of whom cannot afford to buy beer (bottled or canned). In some cases the method of distillation or brewing such liquor is very unhygienic and

¹⁴Patrick Mayoyo. "Drug dealing booms at the coast" Daily Nation, 21 May 1997, 1

¹⁵Ibid. P. 1

there have been reported cases of deaths from taking such liquor. While not all such liquors can harm the drinkers, the alcoholic contents of some brands can be too high and the results very dangerous.

With the current political situation in Kenya, there were rumours that the Muslims at the coast were fighting to have alcohol outlawed in Mombasa and other coastal towns. My reaction to this would be to ask them, what about the other drugs in circulation. Are they not as bad if not worse? According to the same Newspaper, the types of drugs that are available in Mombasa and its environs include Heroin, commonly known as brown sugar or Unga in the local dialect, mandrax (Tembe) hashish, cocaine and bhang.¹⁶ One could add to this list by including other drugs like miraa (khat), the sniffing glue common among street children, cigarette smoking and the inhaling of petroleum products all of which give the addicted person a euphoric feeling.

ALCOHOL AND THE MASS MEDIA

Many people do not know what to think of the mass media when it comes to the publicity given to alcohol. There are as many opinions as there are groups of people who are either for or against alcoholism.

From the television to radios and magazines or news paper articles, alcoholic beverages receives so much publicity.

¹⁶Ibid. P. 2

According to my opinion as a sign of success, and happiness. In coloured magazines and the Television one can not avoid the temptation of admiring the colour, shapes and labels on bottles and other containers of alcohol. The radio too has advertisements to the effect that beer or alcoholic drink is what one needs to make life liveable. It is almost unbelievable how much money beer companies like Kenya Breweries pay to advertise their different brands of alcoholic drinks. Even on the road today we see big sign boards advertising one brand of beer or another. It is so tempting for people who have had a tough day when it promises to restore vigour in one's life or fun for the remorseful. For example the following article in Newsweek magazine the other day carried such a tempting advertisement. "Good news for glutons Eat, drink and be merry. You should not skip pleasure for health sake. Forget scientific findings, trust your desire, take alcohol."¹⁷

While it is not my intention to judge or criticise the media, a little truth on the negative effects of alcohol on the consumer should be communicated just as the cigarette companies do. The ministry of health warns the smoker of the dangers to one's life by printing the warning on the packet and in its television and radio advertisement. My concern and I am sure it is also the concern of other people who care about alcoholism is: Why can't they also warn their clients of the dangers inherent in drinking? Instead what we see written on beer or alcohol containers is the alcohol content to attract the drinker. From experience, the higher the alcohol content,

¹⁷Newsweek Dec.22.1997 Indulgence in Alcohol

the better the drink and the more the fun" The other day I was admiring a bottle of Stranvisky Vodka which bore the following message; "Make peace not war, the spirit to keep you cool." Vodka has an alcohol content of 70%. This I consider very dangerous. I have on a few occasions witnessed some young people drink themselves to blackout lasting for hours due to media influence.

I think that the media makes a lot of money from advertising alcoholic beverages. They may not be ready to loose such money even if on the other hand human life is at stake. The East African Newspaper shortly before Christmas carried this message; "Whats thousands of miles at Christmas when there is Tusker Premium.¹⁸ "This makes many people believe that they must drink during Christmas. I do not know how much a government can intervене to correct such a situation but I believe it is partly to blame. Only the other day the television and the Newspapers were telling us how the Kenya breweries was planning to open new plants in Tanzania and Uganda. The situation is similar in all three East African countries. From Uganda we hear that; due to competition from neighbouring countries, Uganda breweries recently commissioned a new Ush 8 billion bottling link with a capacity of 400,000 crates per month, this will bring their total capacity to 600,000 crates per month.¹⁹ This is because it was facing stiff competition from the South African breweries which has taken the Kenyan market by storm. Reliable sources tell us that south

¹⁸The East African Newspaper

¹⁹East African Oct. 27 - nov 2 1997 business page

Africa will open a 2.4 billion brewery in Thika Kenya before September 1998.²⁰ For some people this means more job opportunities, for the government more revenue, and for the beer company more profit. For the active alcoholics more booze, perhaps a reduction in prices. Is this good news? For some people yes; But for those who suffer from the disease, active and those yet to be afflicted, human life is at stake.

Having seen how the mass media plays an important role in the promotion of alcohol, it would be unfair not to mention that this same media has at times though on a lesser scale, alerted the public on the dangers of alcoholism. In the Kenyan newspapers, we have at times in the past seen articles written on alcoholism. In them, the writers try to alert the public on the dangers inherent in alcohol. I remember at one time one of the local dailies carried a whole series of articles on alcoholism. It was good in that many people learnt a lot on alcoholism than they knew previously. I have also seen church magazines and religious articles address the issue of alcoholism for public enlightenment. One such an article was carried in the Seed Magazine posing this question; "Are Catholics drunkards.?" to drink or not to drink"²¹ expressing the concern of our young people. Even the Television and radio have at times ran programmes on alcoholism and drug addiction for public awareness. It is this kind of role that makes people wonder whether the media is not double faced. In one moment, it is busy advertising or trying to sell alcohol and another

²⁰The East African Newspaper.

²¹The Seed Magazine, June 1997 vol. 9. No. 6

moment it is telling us that alcohol can be dangerous. Perhaps that is what the media is all about. It is trying to serve all people and is a respecter of democratic opinions. It does not impose its own opinion on people but gives them information on issues while leaving the decisions to the individual. For the less informed in our society this kind of information is perhaps conflicting and confusing.

SOCIETY AND ALCOHOL

Most people are familiar with popular phrase. "The good old days". For me this brings back memories of the Israelites in the Egyptian captivity. They struggled for survival in the Sinai desert. We hear in the book of (Exodus 16:2ff) how they complained to Moses longing for the food and drinks they had left in Egypt.

This kind of nostalgia for the "perfect past" is echoed in society today in decrying the high rate at which the young people are turning to alcohol. The older people narrate to us how in the traditional African society beer or alcohol was reserved for the elderly people who had attained certain age and status. In most African cultures, the young people never drank beer and if they did, it was with special permission or for cultic reasons. If a young person was caught drunk, it was a disgrace not only for himself but also for his family and age mates and at times for his entire clan. With attainment of certain level of maturity, the young adults were initiated into clan eldership a status which allowed one to drink with other elders and even to make their own brew. One did not just begin

drinking for fun but was ritually initiated into such a status. Different tribes did it differently but most of them forbid beer drinking among the young. No wonder then that from time to time the older generations refer to those days as the "good old days". When faced with the present situation.

But why lament? I think that the answer to this question is obvious. The traditional support system of the African society is no longer as effective as it was those days. The young people have no one to instruct them. In traditional African societies, peer groups discipline members primarily through social ostracism, which consisted of open disapproval of bad behaviour and continues rebukes until the bad behaviour ceases.²² The media in most cases is their number one teacher along with their peers. We hear all the time adults lamenting on alcohol and drug abuse among the young. In some cases the number of girls who are also drinking equals their male counterparts. I hate to exaggerate things but I have carried my own researches and I tend to agree with such a claim. It seems that African youth has been left to its own resources and ^{one} only needs to visit African cities to witness their lack of direction and unruliness.²³ During my seven years in Nairobi, I have discovered that there are more girls drinking alcohol today than most people would imagine.

It goes without saying that the youth today and this include the newly married adults are immersed into alcohol and

²²Diane, Kayongo, Male and Philista, Onyango, The Sociology of the African family Essex. Longman Group U.K. Ltd. 1984 p. 20

²³Ibid p. 20

all that results from its use. While a good percentage of youth could be alcoholic, even those who are not have gone through a great deal of traumatic experiences. Drunken driving resulting in serious motor accidents, promiscuity, involvement in crimes or gangsterism, a deterioration of moral life, spiritual, mental, psychological defects to mention just but a few are characteristics of youth today. It is rather unfortunate that a good number of potential leaders have been rendered useless by alcohol and some of them may not reach old age. They could die young unless they get help in good time.

Who is to blame for this? It is hard to make a general statement unless one is well informed. It is necessary to do serious research into this matter in order to establish the cause and therefore the remedy to this problem. As a Christian, I take St. Paul's letter to ICor 12ff to express this interdependence of the members of the human society. As organs of the same body, we suffer in solidarity with that organ that is hurting or suffering. We are also called to help carry each others burden. This also reminds me of a song whose tittle is; "No man is an Island".

Though I do not intend to bring in the moral issues at this juncture, it is worth saying here that all is not well with our societies. Something keeps driving man away from his creator. That creature of God severed the channels through which grace is poured on him. That Idol called addiction is at work alienating him from his creator.²⁴ Addiction to whatever

²⁴May, Gezald G., Addiction and Grace. San Francisco Harper 1991

object deprives man of his freedom to respond to his creator and to enjoy the situation that proceeded the addiction²⁵. In religious terminology, man is in need of deliverance. He is in need of one more powerful than himself. "That one is God and may he find him now." Cf A.A

How is this man to be saved? The world today is full of situations some of them enslaving. Since man is a rational being endowed with reason, knowledge, and freedom, he can choose right from wrong, he can choose God or creature or vice versa. The alcoholic person has chosen the latter. He may know or not know that he is sick. Sick people should go for treatment. The alcoholic person should be treated or his sickness arrested.

The proposal I have for a rehabilitation centre in the next chapter is meant for treating people already addicted. Should the society aim at healing or should they aim at preventing the healthy from catching the disease? We have heard it said since we were young that: "prevention is better than cure." There is also a Swahili saying which literally translated goes like this: "If you don't repair a crack, you will build the wall." If so, why should one watch a crack in the wall result in the collapse of the whole wall instead of repairing the crack. "It is also said that a stitch in time saves nine". Those who can help the youth should do it now for tomorrow may be too late.

PREVENTION OF ALCOHOLISM

²⁵Ibid p. 11

Prevention does not necessarily mean prohibition as is the case with some religious groups. It involves educating the people and giving the necessary information on what alcoholism is and what it does to its victims.²⁶

The current interest among the young in nutrition and good health habits, the whole human potential movement, can be capitalized on in prevention efforts. Alcohol is the classic case of "empty calories", 210 calories to the ounce with no protein, no vitamins, no minerals. It attacks every organ and tissue in the human body, especially the brain and liver. It should be stressed that alcohol causes more problems than alcoholism. One does not need to be an alcoholic to kill somebody with an automobile after drinking even moderate amounts. Nor does one have to be an identifiable alcoholic to have their spiritual growth stunted by drinking.²⁷

It is also important to create a psychologically favourable climate and not to treat non-drinkers as strange or funny people. We should endeavour to instill in the young the Christian virtue of temperance.

The young people should know that alcoholism is a disease rather than a vice or weakness; perhaps a change of attitude towards drunkards and drunken behaviour. Plenty of alternatives attractive and readily available, should always accompany alcoholic beverages anytime they are served.²⁸ One should have

²⁶Steven L. Berg, Alcoholism and Pastoral Ministry. Alcohol and other drugs in spiritual formation. Guest House Incorporation Lake Orion M.1989. P. 238

²⁷ Ibid. P. 239

²⁸ Ibid p. 239

a choice between alcohol and soft drinks. People should know that one can have fun and socialize without alcohol. Spiritual directors and those responsible for youth should be able to see the connection between the problems presented to them and possible misuse of alcohol and other drugs.²⁹

PREVENTION; A CHALLENGE TO THE UNITED NATIONS

Over the last decades, the social sensitivity to alcohol consumption and alcohol related problems has been undoubtedly increasing. A growing concern expressed by governments towards their problems has been evident. A series of research institutes were founded, bilateral and regional scientific cooperation in that line was established. An increasing interest in alcohol related problems as well as possibilities of varied preventive and repair actions were noted among international organizations, the WHO and the International Labour Office in particular.

In 1975, the twenty eighth world health assembly requested the WHO General director to direct special attention in the future programme of WHO to the extent and seriousness of individual and social alcohol related problems, concerning mainly public health. In 1979, the thirty second world health Assembly recognised alcohol problems as taking one of the leading places among serious health hazards and stimulated the members states to undertake any steps directed at reducing alcohol consumption.

In 1989, upon application of Norway, the first time in

²⁹Ibid p. 241

history on such a level, the UN economic and social council requested the secretary General to promote studies on the adverse social consequences of alcohol consumption with the participation of the international group of experts. The meeting of the aforesaid group was held in Oslo in 1990, whose results made up the basis for the 45/134 resolution of the General Assembly "On adverse social consequences of alcohol consumption." Recommendations of the Oslo Expert meeting concern both national and international levels. They insist on including questions concerning the negative social consequences of the alcohol use in the United Nations work programmes and some events, the guiding principles for the developmental social welfare policies and programmes; initializing studies, organizing technical meetings; undertaking studies, providing technical advisory services with special reference to developing countries.

The aim of this paper is to consider need for further action, especially in the field of control policies.³⁰

³⁰Dolentium Hominum. Sixth International Conference. Drugs and Alcoholism Against Life. Vatican city p. 76

CHAPTER THREE**JESUS THE GOOD SHEPHERD**

The key word in recovery is HOPE. This hope is offered by Christ who laid down his life for his sheep. Jesus came into the world to reconcile man to his creator after the original sin had dealt him a death blow. Man who was created in God's image and likeness was destined for eternal life. During his earthly sojourn he has to face and overcome many obstacles one of which as we have seen is addiction to drugs and alcohol. Since man was created for eternity with God, he is aided with grace so as to overcome sin or any impediments that separated him from God. To overcome addiction, he requires a spiritual programme that offers hope for a better way of living. The aim of such a goal is to restore man's lost dignity as a child of a loving and caring God. It is here that the church using her pastoral agents should use all the means at her disposal to offer the addict another chance in the Father's house. This is in line with her salvific ministry in "seeking and restoring those who are lost" as in St. (Luke 15:1ff).

PASTORAL SOLUTION

Since it is true that alcoholism and drug addiction pose a major pastoral problem, pastoral agents should seek a pastoral solution. This should not be very difficult to do since we have Christ as the best model of a pastor to the sheep entrusted to him by his father. As the good shepherd he offers protection and hope where insecurity and despair threaten the sheep. To the weary and those about to despair he says "come

to me all you who are troubled and are carrying heavy burdens and I will give you rest" (Mt 11:28). This is the content of the good news of Christ which gives hope and offers another chance to those about to despair or give up. This same ministry has been entrusted to his church whose duty is to further the salvific work of Christ. The church goes forth in his name to restore man to the creator in this life and the life to come. She is the messenger of Hope in situations like the one in which addicted people find themselves.

It is very encouraging to see how the Catholic Church has included in her many ministries a pastoral council for pastoral assistance to health care workers. This council which was created in 1985 by the Holy Father Pope John Paul II has succeeded in making itself heard in every corner of the world. It is guided by cardinal Fiorenzo Angelini. In its sixth International conference in the Vatican held on November 21-22-23, 1991, and addressed by the Pope, the conference had as its theme "Drugs and Alcoholism against life".³¹ This conference was a follow up of another one held on September 23rd, 1989 and since then several other conferences have been organised to address the serious problem. In his opening address, the Holy Father gave a very moving speech quoting St. Paul's Phrase: "Contra spem in spem" (hoping against hope).³² The holy Father went on to say: "Drug addiction and alcoholism, in view of their intrinsic seriousness and devastating spread, are two phenomena which threaten the human race, shattering in the

³¹Ibid p. 8

³²Ibid p. 7

individual, in the family environment, and in the social fabric the deepest motives for the hope which, to be such, must be hope in life hope of life."³³

This message of the Holy Father is echoed through the entire church. It has prompted those interested in this field to work out a programme meant to control the spread of addiction and to rehabilitate those already affected by it. Here in Nairobi a few priests who are in the A.A program have not remained passive. They are active where alcohol and drug addiction seem to threaten some of their members and members of the public at large. For the last few years, they have managed to convince some members of the AMECEA bishops of the need to open up a rehabilitation centre in Nairobi. Such a centre will help to face the problem in the AMECEA countries. As I said earlier the aim of such a centre is to offer help to members of the clergy, youth and the religious people but it will also be open to the public. The idea of such a centre is to reduce the cost of treatment for those who up to now were being sent abroad. It is hoped that the centre will offer a conducive environment and the necessary support to recovering addicts at an affordable cost.

A HEALTHY PASTORAL APPROACH:

RELIGION AND ALCOHOLISM

The Bible and the teaching of different churches do not offer absolute rules on the use of alcohol though they offer

³³ Ibid p. 7

certain guiding principles.³⁴ They do not have a common mind in the approach especially to alcoholism and they have been known to change from one position to another. Some Protestant churches advocate for total abstinence and accuse the Catholic church and some Protestant groups of high tolerance and permissiveness. As a result some Protestants drink in secret and this category of people will never ask for help for fear of exposure and ridicule. On the other hand, many people find it easier to be Catholics or members of those churches that allow drinking among their members.

The Catholic church being older than the Protestant churches adopted a Jewish attitude to the use of fermented drinks. This attitude was conditioned by the essential characters of Jewish religion, which is neither ascetic nor orgastic. The former type repudiates drink altogether along with all the delights of life. The latter utilizes drink in order to stimulate religious emotions.³⁵ Drunkenness in Judaism whether connected or unconnected with religion, met with the sternest rebuke. Noah, Lot and Naboth were subjected to reprobation for their lapses.³⁶ In Judaism, Drunkenness is reproved, moderation is commended. Total abstinence is represented only by rigoristic minorities.³⁷ Early Christianity inherited this ethic and very largely reproduced its pattern.³⁸

³⁴ Steven L. Berg 1989. P. 34

³⁵ Ibid p. 20

³⁶ Ibid p. 20

³⁷ Ibid p. 21

³⁸ Ibid p. 21

In our times, different religions and denominations have adopted different approaches in dealing with alcoholism among them:

- 1) The evangelistic - authoritarian approaches of the rescue mission and the salvation army,
- 2) A psychologically oriented approach, the Emmanuel Movement, and,
- 3) A permissive self help approach, Alcoholics anonymous.³⁹

Many religions or denominations adopted any of the above attitudes and approaches in dealing with alcoholism and drug addiction.

The Catholic church is inclined more towards the last approach which we saw is permissive and self help. This way avoids unnecessary criticism and accepts unconditionally those afflicted by alcoholism offering them all the possible means at their disposal the way to sobriety. "Do not criticise, do not judge" is their policy borrowed from alcoholics anonymous. This was the approach of Christ when they brought him the woman caught in adultery. "I do not condemn you, go but do not sin again." (Jn. 8:11). That phrase from Jesus must have lifted the weight off her shoulders and probably given her confidence while at the same time safeguarding her dignity. For this is what Christ expects of his followers; "to bear with one another's burden" Gal 6:2, and not to pass judgement." (1 Cor. 4:4-5).

³⁹Clinebell, Howard J. 1956. P. 79

THE PASTORAL AGENTS

A good recovery programme without good pastoral agents might not be very effective in treating alcoholism and drug addiction. It is important that the pastoral agents may not just be trained which is necessary but also that they imitate the character and personality of their master. "Christ the Good Shepherd." He is to be their model and inspiration. His love and concern for those who are suffering should prompt them to lay down their lives for their suffering brothers and sisters. Through prayer and the study of the scriptures, they are to foster in themselves the qualities of Jesus the source of life which they are called to transmit. As his co-workers and channels of grace they are to offer service like Jesus who came to serve and not to be served" washing the feet" of their brothers and sisters. (Jn 13:14ff).

Due to their vulnerability and at times marginalization, the addicted people feel very insecure and in need of compassion. They require unconditional acceptance especially by those helping them recover. The pastoral agent who is not ready to offer such help might not be successful in what he or she has set out to achieve. His approach and method in dealing with addicts can only be successful if based on the mind and heart of Christ, "learn from me for I am meek and humble of heart", (Mt 11:29b). His attitude towards sinners and the rejects of our society. For he came to reconcile the world to His, Father who created everything and behold looking at the master piece of his creation; man he saw that he was very good, (Gen. 1:31).

A SPIRITUAL PROGRAMME OF RECOVERY

The A.A. spirituality on recovery is based on a loving and caring God referred to as the "higher Power". Man alone unaided by grace is bound to fail in his attempts to detach himself from addiction. He has to submit his will power to someone greater than himself. God, the all loving and all powerful one who created man not only for this life but for eternity as well. God who is at work in all his creation but in a special way inside his church has inspired man and equipped him with the necessary knowledge and the tools to work out a programme of recovery. This is what God has done for A.A. and for the church where such a programme exists.

In the United States the National Clergy Council on Alcoholism and related drug problems is one such a body. This organisation has succeeded in bringing together a powerful programme that works closely with A.A. in facing and dealing with the problem. It also receives support from the pontifical council for pastoral Assistance to health care workers and other related bodies. The United Nations, UNESCO, and others also help to control the spread and in rehabilitating those who are already addicted.

Here in Africa, we are still far behind mostly because alcoholism has not been addressed seriously as a disease. It is just beginning to dawn on us that the problem is more complicated than we thought. We can learn from countries like the United States and some European countries how to deal with this problem.

Among the AMECEA countries Kenya is very lucky because

A.A. has been around for about 20 years. We are also lucky because some of our missionaries from America and Europe have shed more light on the problem. This has helped some local clergy and religious to come out and declare openly in A.A. circles that they are alcoholic. That admission and the willingness to work the suggested twelve steps of A.A. has helped those in the programme to be at ease with a once baffling problem. This recovering alcoholics both men and women wish to bring healing to their confreres who are still suffering. It is in this light that some of them came up with the idea of establishing a treatment centre in Nairobi. This centre will be under the umbrella of AMECEA using the A.A. programme and a Christian Approach in its treatment of alcoholism.

In order to do so, there is need to form a council preferably from among recovering alcoholics and drug addicts as they can identify with the victims and also because they understand the problem better. To such a council I wish to make the following recommendations;

SITE OR LOCATION OF REHABILITATION CENTRE

Having toured the proposed rehabilitation centre in Tigoni in the company of two priests in the A.A. program, I think the size of the property, 53 acres plus and the buildings (there in, I have no other suggestions to make because what we have there) is exactly what I thought we needed. The house is spacious and has the required privacy for people in treatment. Since the property is extensive, it is possible to cultivate

part of the field and to keep some animals to minimize the cost of running the centre.

The other thing that I think requires serious planning is how to run the place. We shall need well trained personnel to cover all areas of the treatment process like nurses, counsellors, spiritual directors and the management staff in charge of administration work. Since the centre will be Catholic sponsored, I hope that the church will use all available resources in terms of qualified personnel, equipment, and all other requirements to make the centre efficient and self reliant.

My idea of making the centre as homy as possible is to invite some religious groups and this is where the Lyke Community comes in to offer a hospitable environment and an atmosphere which will be needed by those in treatment. To be able to do so it will be necessary to train some of its members in various fields like counselling, spiritual directors, public relations, and administration to mention but a few. This does not exclude the involvement of other people who would want to work in collaboration especially those interested and qualified for various responsibilities within the set up.

Talking of a homy environment, most people feel displaced in their own homes or communities in which they live. Addicted people are among them. They require an understanding and supportive community ready to make sacrifices so that others may benefit from them.

In our short existence as a community within Langata area of Nairobi, we have learnt a lot on offering hospitality and

the experience has been very enriching. Aware of all the problems that the young people are going through including former religious and people on the verge of losing hope, we have come to understand our mission as one of bringing or restoring hope. Though not always successful, our mission has made us aware of what we are called to do and we can claim to be doing it.

It is here that we take up the invitation of Christ as our motto; "come to me all you who are carrying heavy burdens and I will give you rest and again" Blessed.. for I was a stranger and you took me in...." These words are to be found very explicitly in our charism statement where it reads...." The F.M.H wants to expressly dedicate itself to bringing hope through pastoral care of people who carry heavy burdens both spiritual and psychological, through the gospel value of hospitality and availability".

Without restricting ourselves to addicted people only, the community will have among its members people trained for alcoholism and drug addiction but we believe there is no limit to areas where we can be called upon to bring hope. It is with this kind of ideas that we wish to go about using the image of the good shepherd in our mission of bringing hope. Since this charism is to be lived and exercised within the Catholic church, we have great hope that it will get all the necessary support and backing that it requires.

A part from working in the centre we would wish to be available country wide in giving talks, organising seminars and workshops where our services may be required. In the past some

of our brothers have been invited to give talks on Alcohol and drug addiction and the results were very rewarding following the evaluation of such talks. We have given talks to parishes, youth groups, school and colleges but we believe that a lot more could still be done especially where the backing of a treatment centre is available.

NATIONAL CLERGY COUNCIL ON ALCOHOLISM

I once heard someone say that the best way to catch a thief is to send another thief. This is what A.A. does; one alcoholic tries to help another alcoholic recover from alcoholism.

In the United States and some European countries, the Catholic church has supported the formation of National Clergy Councils of Alcoholics to deal with the problem of alcoholism. Most if not all the members of such a council are recovering alcoholics. Most of them are in alcoholic anonymous and they do commendable jobs in this field especially as pastoral agents or people entrusted with spiritual welfare of their respective congregations. Together as a team they have excelled in combatting the threat posed on society by alcoholism and drugs.

My appeal to the Kenyan church and the AMECEA region is to form such a council to facilitate the work of rehabilitating alcoholics. Since such a council would have the blessings of the Roman Curia, this would boost the mission of the church in its ministry to the sick in our society. The common Christian is humbled by a clerical person who openly declares himself an alcoholic. A priest who is in recovery can be an asset for the

church when it comes to dealing with or helping suffering alcoholics. Steven L. Berg has the following to say;

"Because alcoholics are frequently known for their character defects, it seems unlikely that an alcoholic could make a competent priest. However participating in Alcoholic anonymous brings spiritual renewal. When thinking of alcoholic clergy, it is important to remember that recovery is possible and that nuns, seminarians, deacons and rabbis, like priests, can return to full effective ministry."⁴⁰

In two separate articles, Dean Marr has claimed that alcoholics make better pastors.⁴¹ Similar attitude can be found in Bishop Michael Dempsey's observation that "Some of the greatest priest in America are priests who have had an alcoholic problem"⁴² On the surface, such a position seems foolish.

The irony of such a claim comes from the fact that Mr. Marr, Bishop Dempsey, and others who recognize the gifts which alcoholic priests bring to the ministry are not referring to the alcoholic who is still drinking. Instead they are talking about recovered alcoholic priests, men whose alcoholism visited upon them the trials of Job and who like Job, survived with a strengthened spiritual base. They are men who "were great priests before they had they had problem and often it was their

⁴⁰Ibid p. 224

⁴¹Ibid p. 224

⁴²Ibid p. 225

dedication to their ministry, their hours of untiring service that brought on the problem.⁴³

⁴³Ibid. p. 226

CHAPTER 4

PROGRAMMES OF RECOVERY

PERSONAL EXPERIENCE

For a very long time, I used to wonder why employers asked job seekers for some prior experience. I thought it was unfair to ask a job seeker for a letter proving that they were experienced before offering them the job they were looking for. How could one who is fresh from school or college have some experience unless they are offered an opportunity to gain the required experience I had argued. One man that I approached for a driving job told me frankly that it was a big risk giving a car to an inexperienced licence holder like me. He was afraid I would wreck his car and probably get killed in an accident. My response to him was the old classical saying "Experience is the best teacher", or as they say in kiswahili; "Mtoto akililia wembe mpe ajikate" which when literally translated means; "If a child cries for a razer blade, give it to him". That is the experience I want to share about my alcoholic drinking and eventual recovery.

HOW I BECAME AN ALCOHOLIC

During my drinking career which lasted about ten years nobody ever called me an alcoholic nor did I think that I was one. All I knew was that my drinking which started out of curiosity and peer pressure was causing me problems and I wanted to stop but could not.

From the time, I was young I saw my father and his friends drinking and from time to time I was given a little but I never

quite liked the taste though I liked the feelings that followed. At first I thought it was fun till I saw drunken people do strange things or behave very abnormally. I also recall hearing that so and so was killed by drinking too much changaa or whatever booze they were addicted to. As a youngster, I was scared of death and so I refused to drink for a good number of years.

When next I picked a drink, I was a young adult with a salary of my own and surrounded by drinking friends. At first I resisted their attempts to have me drink but eventually I gave in. Though I loathed alcohol and had seen how much destruction it could cause in peoples lives, I soon found myself where I never wanted to be, in drinking places.

To cut a long story short, my drinking habits got so bad though I managed to hide it from the people that mattered in my life. Many areas of my life were affected but the worst was my spiritual life. I was always a staunch Catholic, the son of a former, catechist with high moral life. This my drinking shattered and left me wondering whether God still loved me and why he was not doing anything to help me out. My spiritual life like the rest of my life was in disarray and I knew I needed help but it was not coming.

CRYING FOR HELP

One of the people who commented about my drinking and sounded very worried was my own mother. She expressed her concern over my drinking urging me to stop or else die like this man or that woman that I knew of. I told myself that I had

to stop but it took me quite a long time to do so.

On the feast of Corpus Christ in 1984, I drank so much and I went to sleep so drunk. Sometime during the night I woke up trembling and sweating thinking I was hearing some voices but I think I had a night-mare. I could no longer sleep and as I lay on my bed that night till morning I decided to stop drinking and to join the pioneer movement. This is a group of Catholics who never drunk or who quit drinking to appease the sacred Heart of Jesus. The members atone for the sins of alcoholics by total abstinence. I was resolved to join them that week but never did so. I could hear myself crying from deep within for help but none came because I carried on with my drinking. In the next few years I made the same attempt but only for a short period of time because I would soon go back to drinking. At this time I hated myself and almost convinced myself that I could not stop drinking without external help.

As a very spiritual man I prayed over the problem and my moral life which was also bothering me as well. I became very involved in church activities to win God's approval and to convince myself and others that I was still good and capable of doing many good things as before. I was able to fool many people including myself but from deep within the cry for help made me very uncomfortable. My song during all this time was a Kiswahili hymn from one of the psalms which says; "Nakulilia nikiwa chini, isikilize sauti yangu". (Ps 130:1ff).

ALCOHOLIC ANONYMOUS

One day when I had almost given up and my life was in

serious jeopardy, I met a Catholic priest who was in A.A. though I did not know that at the time. Somebody had told him about my problem though he did not tell me so himself. He surprised me by telling me that he was in his 13th year of recovery as an alcoholic. He went on to share with me his drinking experience and how he had sobered up. When he finished telling the story, I was so touched by his sincerity, openness and courage that I declared myself an alcoholic before the man who from that moment on became a great friend in my recovery. That was on January 10th 1991.

On January, 11th 1991, I attended my first A.A. meeting in Nairobi and this is what I came to learn of the fellowship as we call it.

For those who may never have heard of this fellowship, the following preamble may help explain the nature of this organisation.

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 recover from alcoholism.

- The only requirement for A.A. membership is a desire to stop drinking. There are no dues or fees for A.A. membership, we are self-supporting through our own contributions.

- A.A. is not allied with any sect, denomination, politics, organisation or institution, does not wish to engage in any controversy, neither endorses nor opposes any causes.

- Our primary purpose is to stay sober and help other

alcoholics achieve sobriety.⁴⁴

This organisation which has proved to be the best program for recovering alcoholics was founded by two alcoholics; Bill Wilson and Dr. Bob back in the United States in 1935. A.A. claims a membership of 1 million alcoholics worldwide with 48,000 groups in 110 countries. Its membership includes 30 % women, 15% young people under 30 years of age and 25% are dually addicted.⁴⁵ From the national clergy council on Alcoholism and related drug problems of the United States, it is reported that the number of alcoholic priests is about 5.6% and the fact that clergy alcoholism seems to have ameriolated...⁴⁶ from the same report from the guest house a lay directed apostolate founded in 1956 by Austin Ripely, a Catholic layman and recovered alcoholic, they have treated over 3,000 priests, brothers, and seminarians from 126 dioceses, 50 religious congregations in the United States and seventeen other countries through out the world.⁴⁷

So far the best information on alcoholism and recovery programs is from the United States. The American people due to their openness in this area have managed to make some real progress and achievement on alcoholism. From the other

⁴⁴Copyright by the A.A. Grapevine Inc.

⁴⁵Hunter Kodney, J. Dictionary of pastoral Care and Counselling. Alcoholic Anonymous. Background, growth and Effectiveness. Abingdon Press. P 21-22 1990.

⁴⁶The Blue Book. National clergy Council on alcoholism and Related drug problems San Francisco. 37th Anual symposium vol. XXXVII p. 15

⁴⁷National Clergy council on Alcoholism and Related Drug Problems. The blue book San Francisco 1985 Vol XXXVII

continents we have little information though we know that the problem of alcoholism is a universal one. From Africa, I would wish to concentrate on the Kenyan situation as one of the countries where A.A. is very active.

According to the Alcoholics anonymous directory, Kenya has over 30 registered groups though there could be new ones not entered.⁴⁸ Here in Tangaza College I was a co founder of the candle light meeting started in 1992. We meet every tuesday from 7.45 pm for one hour to share our experience, strength and hope with each other and to receive new members who come to us for help. The Tangaza group to which I belong though I am free to attend any other A.A. meeting anywhere currently has about fifteen members both men and women. Among them, we have a few priests and religious people but the majority are lay people most of them whites.

HOW A.A. WORKS

THE TWELVE STEPS AND TWELVE TRADITIONS OF ALCOHOLIC ANONYMOUS.

During my seven years of recovery in the A.A. program I have come to agree with the motto; send a thief to catch another thief". In A.A our motto is "Only an alcoholic can help another alcoholic" This is in line with what I said earlier on experience. Most alcoholics have much in common and our advice to new comers is always." Do not compare but try to identify". We look at what is common rather than what is different between us. The bottom line for all alcoholics is contained in step one

⁴⁸Alcoholics Anonymous Where to find an A.A Meeting in Kenya March 1994

which states.

1. We admitted we were powerless over alcohol - that our lives had become unmanageable".⁴⁹

Anyone who comes to us and acknowledges what step one says has admitted and therefore taken a step on the road to recovery. If not, the person may be still convinced that they can still handle the drink. It may be that such a person has not "hit the rock bottom" and needs to get there to realise the mess they are in. If so, our doors are always open to come in and go out as they wish till they decide to stick with A.A.

Since I do not intend to go step by step over all the steps and I also do not intend to talk about the twelve traditions, I will say something on the steps in general. The twelve steps of A.A. are based on a spirituality whose foundation is God though they do not claim at the same time to be religious. Since alcoholism is a disease whose effects destroy our relationship with God and other people, the twelve steps are geared towards reconciliation in those areas. To work the steps as we call it means to begin a journey of restoration first to God and then to neighbour. Our alcoholism has hurt not only us but others and God to whom we now surrender ourselves. Since our fellowship is open to anybody even to those who do not believe in God and agnostics as well, step 3 refers to this God emphasizing as each member may understand him. Therefore each person can choose their own concept of God as they may

⁴⁹Alcoholics Anonymous Twelve Steps and twelve traditions world services Incorporation. N.Y. 1952. P. 21-24

feel free with. It is to such a God that we submit our wills and lives to, asking him to remove all our shortcomings. By prayer and meditations we also seek to improve our conscious contact with God praying only for his will for us and the power to carry that out. When and where possible we make amends to those we have wronged always seeking peace and reconciliation. A sincere and honest working of the steps affords us a spiritual awakening prompting us to carry the message or good news of our recovery to sufferings alcoholics. To crown the steps we are called to practice this principles in all our affairs.⁵⁰ (cf. twelve steps of Alcoholic Anonymous).

Every new comer who comes to the program is encouraged to work the steps with the help of a sponsor, an older member who is like a god parent. If they can, they are encouraged to share step 5 which follows a fearless moral inventory themselves by "admitting to God, to themselves and to another human being to exact nature of their wrongs"⁵¹. If they wish they can choose even a stranger but the requirement is to share. The key word in working the steps is to share our Hope which we do at every meeting. We tell our stories. We share what it used to be like, what happened and what we are like now.

In A.A. meetings we have no leaders and any member is free to lead a meeting and to express their opinions. We do not judge, criticize or condemn. We are all in it together though some may have been sober longer than others. In our sharing we

⁵⁰Ibid p. 106 - 125

⁵¹Ibid p. 55 - 62

encourage people to attend meetings and to share with others. Our other advice to each other is to live one day at a time and to avoid the first drink. We also respect the anonymity of our members and do not discuss personalities outside A.A. realising that once alcoholic we are always alcoholics, "we claim spiritual progress rather than spiritual perfection"⁵² so as not to fall back into the former trap, we always close our meetings by reciting the following;

Our description of the alcoholic, the chapter to the agnostic, and our personal adventures before and after make clear three pertinent ideas.

- a) That we were alcoholic and could not manage our own lives.
- b) That probably no human power could have relieved our alcoholism.
- c) That God could and would if he were sought.⁵³

We join hands and recite the following prayer.

"God grant me the serenity, to accept the things I cannot change, courage to change the things I can, and the wisdom to know the difference."⁵⁴ Then we close the meeting by saying to one another; "keep coming back, it works if you work it"⁵⁵. In some meetings though I have not experienced it they close with the recitation of the Lord's prayer.

⁵²Cf. A.A. preamble recited after the twelve steps.

⁵³Ibid cit. Op

⁵⁴Ibid

⁵⁵Ibid

TWELVE STEPPING OR CARRYING THE MESSAGE TO OTHER ALCOHOLICS

"Freely you have received, freely give" and "never say no to A.A." are some of our slogans. In gratitude for the recovery given to a once hopeless situation, every recovering alcoholic is commissioned to reach out to suffering alcoholics. Even though A.A. is based on attraction rather than on promotion, we are on the look out for 24 hours in case of emergencies and necessities. We exchange our telephone numbers and even operate a help line or a hot line as some people call it. Our head office in Nairobi is in touch with treatment centres around the world in case of referrals who on completing treatment are required to attend A.A. meetings back home.

In the treatment centres alcoholics are given medical treatment which also include detoxication and counselling. They also participate in A.A. meetings at the centres. In centres related to the church, they go on retreat and are involved in other spiritual exercises. They also attend seminars and workshops where they get more enlightenment on alcoholism and other addictive substances.

Most treatment centres are expensive and few people can afford to go there. Those who can afford to spend between 3 weeks and eight weeks after which they take part in A.A. as a follow up program, an exercise that takes a life time. Here they interact with other alcoholics some old timers and some very new. They soon learn to talk very freely about their problem which outside the fellowship is shunned and called by other names to conceal the bitter reality. They call themselves

alcoholics and share their experience strength and hope.

It was here a few years after, I sobered up that I found myself embarking on twelve stepping suffering alcoholics and people addicted to other drugs. As a recovering alcoholic, I found it easier to work with fellow alcoholics because I could identify with them and using my own experience could also offer some help. Most of those people that I helped met me in our meetings and chose me as their sponsor on our common road to recovery. Some of them are doing so well while a few others keep running in and out. Some have gone back to drinking but our doors remain open for them. In receiving them back, we keep an open mind and do not lecture or preach to them. "We live and let live" another one of our many slogans. We are like the prodigal father watching and waiting for the prodigal son who is always welcome back home. Those of us who are Christians are lucky to have Jesus as our model. He offers us many examples to practice christian charity in many capacities. Sometime like the Good Shepherd, at others like Christ the teacher and leader of prayer. Our attitude like his in dealing with sinners and tax collectors, Zacchaes, the woman caught in adultery to mention just a few. We are his co-workers in restoring life in the broken hearted, giving sight to the blind and in healing the sick.

AL-NON, ALTEENS, NARCOTICS ANONYMOUS

Since A.A is meant only for alcoholics, we have other sisters organisations where we refer people who may have been affected by a close alcoholic. Since alcoholism is a family

disease through contact and sharing life with an alcoholic, members of their families or close friends also need some help. This necessitated the formation of other recovery programs like Al-non for spouses of alcoholics or close associates or family member whose life was affected by the drinking partner or companion.

We also have a group for Al-teens which is a meeting for teenagers from alcoholic families or background. They follow almost the A.A. method of recovery by sharing among themselves. Then we have Narcotic anonymous for those addicted to other drugs other than alcohol. In Kenya especially Nairobi all these groups are well represented and are doing commendable jobs in areas of rehabilitation. This way of sharing experience, strength and hope have proved very effective. With my narcotic friends two of whom are on heroin and a third one on marijuana, I have not succeeded in getting them to join narcotic anonymous though I am convinced they need it. I have been trying my alcoholic approach but the progress is rather slow and they keep telling me they are soon stopping. I wish I could do more for them but for the time being I can not. I hope to take some serious course in counselling after completion of my Theological studies in the area of alcohol and drug addiction. I am very excited about the upcoming rehabilitation centre and I hope to devote most of my time, skills and talents helping there and wherever I may be required. In the past seven years also I have been able to give talks on the same topic in many places. I hope that one day we will have a team of us going around giving more talks organising seminars, workshops and

retreats. The Irony of the matter is that I no longer consider my alcoholism a stigma in my life, on the contrary I think I am proud to be an alcoholic and to offer help to suffering alcoholics.

CONCLUSION

The purpose of this essay was to show that there is a Christian approach in dealing with alcoholics and drug addicts. It is an appeal to those caring for addicted people to show more understanding and to give support to such victims following the example of Jesus Christ the Good Shepherd.

It is my sincere hope that pastoral agents and those entrusted with the care of human souls have found in these pages a clearer understanding of the problem. That alcoholism is a disease and not a moral weakness should be very clear to them. Our change of attitude towards alcoholics and addicted people will create a workable atmosphere for all who are involved.

Most alcoholics are a pointer to a functional society or the environment in which they grew up and eventually became chemically dependent people. That their addiction has contributed to a situation known as co-dependence to their families and those close to them. The alcoholism of the victim therefore has serious repercussions on his family or community thus the term "family disease".

My appeal once more to all people is to try and understand and where possible offer support to alcoholics. We should be ready to use all the means at our disposal to bring healing rather than aggravating the situation.

As we enter the year 2000 let us join hands reaching out where we can. For the alcoholic and those close to them, human life is at stake. Let us not watch them destroy themselves if

we truly believe in the sanctity of life and that life is a gift from God. There is so much help around if only we are willing to ask for it. There are people ready to help no matter what the cost.

For the pastoral agents never grow tired of doing what is right and good. Be real agents of the Good Shepherd who has called you to be his co workers. In our African situation and Kenya in particular, I hope that more attention will be given to the disease concepts of alcoholism and along with this the improvisation of some preventive measures. More support should be put into founding rehabilitation centres and other similar facilities for those of us who may need to use them. For the church, a little more patience and tolerance when it is discovered that some of its members especially the priests and religious have also been afflicted. Expelling alcoholics should be the last resort after everything else has failed. For Christ reminds us time and again that "Whatsoever you do to the least of my brethren, that you do unto me" (Mt. 25:40).

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