

DRUG & ALCOHOL ABUSE A MASONIC RESPONSE

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Introduction

The May 1987 Short Talk Bulletin, "Masons Care About Children", announced that "At the 1986 Conference of Grand Masters of North America in Arlington, Virginia, approval was given for the formation of the National Masonic Foundation for the Prevention of Drug and Alcohol Abuse Among Children". Coincidentally, the Foundation office was opened for business, in downtown Washington, D.C. near the White House, at the time the Short Talk appeared.

Since the original 13 members, eight more Grand Lodges have now joined the Foundation for a total of 21. Several others have announced their intention to join and several more are having the subject on the agenda for their next annual Grand Lodge meeting. Even more exciting, all the present members either have active drug and alcohol abuse programs within their jurisdictions, or are aggressively planning programs. And it is becoming increasingly clear that this effort to save our children from drug and alcohol abuse can also accrue benefits to Freemasonry that we had not looked for at first.

One remarkable example is the fund-raising road race organized by the Grand Lodge of Rhode Island in May 1988. The 5-mile run and 1-mile health walk raised funds both for contributions to the National Foundation and for the Grand Lodge of Rhode Island drug and alcohol abuse program. The effort was well-conceived, energetically conducted, and highly successful. Not only were funds raised, but a high degree of enthusiasm was generated among Rhode Island Freemasons. Curiosity about Freemasonry resulted, from both those who helped organize and those who ran the race, and support for what the Grand Lodge was doing was so positive that several inquiries about membership were also made.

Solutions to the Problem

It is the Foundation's view that there are four main elements to the solution of the drug and alcohol abuse problem in our country: Awareness, Treatment, Enforcement, and Prevention.

Awareness includes private and public information activities, as well as the national information media. Our society is presently blessed with a wealth of information on our drug and alcohol problem (is there anyone who believes that we do not have such a problem?). In Western society, it seems that our first response to a social problem is to rush to inform, and this is good.

Awareness activities can accomplish two absolutely necessary ends: (1) to let us know that there

is a problem and (2) to define the dimensions of the problem for us. This is a necessary and efficient prelude to dealing with it.

But we must be careful not to fool ourselves into believing that awareness is the job. That if we simply publish enough pamphlets and put up enough posters and talk about it enough on TV, the problem will somehow go away. This will not happen. Actions must be taken.

Enforcement and Treatment also are two absolutely necessary elements of a total solution. But they alone cannot get the job done either-and enforcers and treatment professionals will tell you so.

Treatment must be made available by our society for those who have fallen into the trap of drug and alcohol addiction. Many reasons can be given for the necessity of providing such treatment, including many urgently practical ones, but one reason alone suffices: if we wish to consider ourselves a humane civilization, we must offer help to those who have the will to seek it! Enforcement is absolutely necessary to keep the dam from bursting. Simply put, there must be some real threat to those who would profit from human pain and hardship. They must be made to understand that their illegal activities could cause them grievous pain and hardship as

But both those who work in the field of Treatment and those who toil in Enforcement are the first to tell us that these two types of efforts, by themselves, cannot hope to catch up to the dimensions of the drug and alcohol abuse problem. The overwhelming nature of the problem of drug and alcohol abuse is running far ahead of even the most optimistic projections for treatment and enforcement resources.

Existing treatment facilities throughout the country are straining at the seams, even with many who seek treatment--and are willing to pay for it--being turned away.

The story of the failure of enforcement efforts has been repeatedly described in the information media over the last several years. To relate just one striking example, many U.S. enforcement efforts have been directed at interdicting the supply of cocaine at its sources. A major recent project in Colombia spent \$400,000,000 over most of a year -and managed to stop only an estimated one-percent of the flow of cocaine to the United States. And the agricultural experts tell us that only the tiniest fraction of land, where the coca leaves and the opium poppy can potentially be grown, is actually in use. Simple arithmetic tells us that we had better find an answer that works if we are not to be engulfed by what are, in the most practical sense, limitless supplies.

Those children who use mood-altering chemicals, of whatever kind, are looking for a quick fix to the pain they feel (which is sometimes, initially at least, just the very real pain of growing up). It is ironic, then that our society often unthinkingly looks for quick-fix solutions to the abuse problem. This social problem did not develop overnight, and it will not be solved with simplistic answers. But it can be solved. The solution is being implemented now. And it is working.

Prevention. Where prevention and intervention programs have been implemented on a sound basis, they have worked. And they have worked to stop the problem before it starts. That's the

good news. The bad news is that not enough emphasis (read "resources") is being given to the only available solution that has been shown to work. And this is exceedingly frustrating to those few professionals who presently have been given the resources to work with the at-risk children. The children who, given our attention, will dry up the demand for drugs over the coming years.

Not the least of the frustration is this: Prevention programs can be implemented for a fraction of the cost of treatment or enforcement or even publicity programs.

Helping the Kids

The prevention program that is showing the greatest promise is called the Student Assistance Program. It is a program of growing popularity which is designed to assist educators, those who frequently spend more time with our children than anyone else, in stopping addiction tendencies before they start. (NOTE: Write to the Foundation for a copy of the booklet, "Student Assistance Programs: Preventing Chemical Dependency among Children--A Handbook for Masons".) The two types of Student Assistance Programs are the type that have come to be called the Masonic Model, and the Community Intervention Model.

The Masonic Model was instituted by the Grand Lodge of Pennsylvania four years ago. Its operation is simplicity itself, the right program using the right people (educators) at the right place (educational institutions) at the right time (with children, before they become addicted). "Core Groups" of 5 to 7 comprised of an administrator, teachers, school nurse, guidance counselor, etc., are selected from each school and sent to a Training Week, usually 10 to 12 Core Groups for each such week.

The first part of the week is spent in the crucial training of identifying behavioral characteristics. The second part is how to set up an internal policy support system and--the nuts and bolts of this program--how to set up the informal-to-formal intervention system. The third part of the week is spent in "modeling" or practicing the learned techniques. Interspersed throughout the week are lectures on such subjects as the pharmacological effects of drugs, the dynamics of addictive families, etc.

It is an intense week, with an incredible amount of information being transmitted in a concentrated time. And it works. Figures from Student Assistance Programs now in place show that for every thousand referrals (i.e., kids who are identified in the early stages of risk or beginning use), only a handful end up requiring the services of formal treatment facilities. Almost all, in other words, are handled in a preventive manner.

Stopping Drug Use Before it Takes Hold.

The Grand Lodge of Maryland instituted its Student Assistance Program in 1987 and word of its effectiveness spread so fast, particularly in Baltimore's inner city, that the Maryland governor asked for a briefing on this new phenomenon. After hearing the details, he expressed interest in the program and hoped to encourage its expansion into every high school in the State within 5 years. He also committed support from the Executive Office to work toward that goal.

The Grand Lodge of New York began its Student Assistance Program in 1988, with the first training week scheduled for early 1989. New York will use the Community Intervention Model, which is simply the Masonic Model earlier described but with other elements of the community (social institutions, legal institutions, etc.) forming part of the support system.

While representatives of other Grand Lodges are either actively planning or considering supporting not only Student Assistance Programs but also other types of educational programs, the Grand Lodges of Washington, Idaho and Montana have already embarked in Student Assistance Programs.

The Role of the Blue Lodge What can individual lodges do? Lodges that are concerned and motivated to do something about the problem of drug and alcohol abuse can choose any or all of several roles as responses.

Support your National Masonic Foundation for the Prevention of Drug and Alcohol Abuse Among Children. A national effort is an absolute minimum necessity when we are dealing with a problem of the overwhelming magnitude--and international implications--of the drug and alcohol traffic.

If your Grand Lodge has a drug and alcohol committee or representative, support them. Ask them what your lodge can do to help. If your Grand Lodge is one of the 21 members of the Foundation, write to the Foundation for the name of your Grand Lodge Representative to the Foundation.

Devote a stated communication to the subject. Have someone in your lodge identify an outside expert to speak to you, or better yet, you may write to the Foundation for materials with which you can prepare a talk for your lodge.

Identify a local prevention program (the Foundation can help identify local sources for this kind of information) and then have a lodge representative, with some interest in this subject, sit down with them to explore ideas for community support. You will be amazed at the positive reaction you will get from just showing the interest!

And finally, if you have ideas on how the Foundation can do a better job, communicate them! We brethren together can make a difference, a critical difference, in the fight to save our children --and our country from the scourges of chemical dependency and alcohol abuse.

The twentieth century is drawing to a close, and Freemasonry is finding its existence, its very principles, put to the test as never before. We who are its present caretakers must hold these principles to our heart as never before--and begin to address the problems of our age as never before. And we must, for the sake of our children, with renewed energy, begin now.

The mailing address of the National Masonic Foundation for the Prevention of Drug and Alcohol Abuse Among Children is: National Masonic Foundation, 1629 K St., NW, #606, Washington, DC 20006. Phone (202) 331-1933.