

The Russian Orthodox Church has been engaged in rehabilitation of drug-addicts for over ten years now. Her pastors first confronted these people on a mass scale in the mid-90s. For confessors it was a new development which needed a special approach. Drug addiction is a major component of the non-church youth subculture which was born in the later 20th century and which was initially hostile to the church values system and Christian worldview. For a long time the ideological directives of the ruling Communist Party and the Iron Curtain prevented this subculture from occupying our country. However, in the early 90s new people came and the youth was doomed to be enslaved by this subculture utterly merciless towards its young slaves. The capitulation was rash and almost complete: the enslaver had been long awaited and was hailed as a liberator. One of the bitter fruits of this lost-without-battle war was the emergence of millions of young people ruined by drugs. Some of them, in their search for a way out, began to look to the Church.

Their first experience of communicating with confessors was not especially successful. In some cases this encounter succeeded. In most cases however it ended in mutual misunderstanding and rejection. Initially it was difficult to grasp that the encounter between a priest and a drug-addict would be more productive if viewed not as a meeting of two foreigners speaking a kindred language but an encounter between two aliens. One can say with some exaggeration that spiritually this was actually a contact between two anti-universes. In spite of initial failures, many church workers did not give up the desire to find ways of effective aid to drug-addicts and gradually accumulated a positive experience in their efforts. Those who managed to find a right approach continued to develop rehabilitation with increasing success, while the rest, after several failures, decided to keep aloof. The rate of success achieved by those who persisted in rehabilitation of drug-addicts for a good long time proved incredibly high as they kept bringing into remission from 50% to 70% of their charges. Some claimed an even higher result, but it would be only reasonable to present here only evidence rather than hearsay. The Russian official medicine is more modest in assessing the results of its own efforts for rehabilitation, with only 5% brought into remission. Do church workers seem to overstate their performance? Is their testimony reliable? We will try to answer these questions shortly.

At present it is already possible to draw some preliminary conclusions and to move to an analysis of successful rehabilitation programs. Actually, it is not just now that those engaged in this task have begun exchanging their experiences. But to claim they have managed to come to a unanimous opinion on all the fundamental issues emerging in their work would be premature. Moreover, some Orthodox rehabilitation centers tend to see their own approach as the only right and effective one, while other approaches are a priori believed to be wrong and unworthy of discussion. Still, the dialogue continues and the measure of mutual understanding is growing as the understanding of the problem deepens. It is hoped that a common stand will soon be worked out on the totality of rehabilitation issues. Then it will be possible to share the tested

experience with those who have to face the problem of aid to drug-addicts but do not yet know how to tackle it.

Now we will try to outline briefly the answer to the following questions:

- What are the distinctive features of the church rehabilitation?
- What is the basic complexity of church rehabilitation of drug-addicts?
- Which church organizations are actively involved in the church rehabilitation of drug-addicts; what are their strong and weak points?
- What rehabilitation pattern seems to be the most fruitful?

What does the peculiarity of the church aid to drug-addicts consist in and how does it differ from the secular rehabilitation? In order to answer these questions, let us look at some obligatory elements that are not used by official medicine and non-religious rehabilitation centers but are included in the rehabilitation of drug-addicts offered by parishes and monasteries. These basic obligatory elements are work obediences (tasks), public and private prayer, fasting, as well as individual spiritual guidance over a rehabilitant and his participation in church sacraments. The scope of this article permits only a few words to be said about each of these elements.

Obedience implies not only and not so much the acquiring of the habit of working by former drug-addicts, most of whom are lacking such, as above all the gradual acceptance of a different view of work. The fact that work is the best way to come honestly by some money is clear to everyone. But while acquiring the church view of the world, a person also discovers that work is, firstly, a heavy penance imposed on all the descendants of Adam and a beneficial penance especially for those who were active servants of sin in their lives as drug-addicts. Secondly, work is a joyful and direct service of God and one's neighbours. Thirdly, work is an initial step on the ladder of personal spiritual perfection. Understood correctly, work acquires a lofty spiritual meaning.

“Prayer is endless creativity which is higher than any other art or science. Through prayer we enter into communion with the Pre-eternal Being. Prayer is an act of the highest wisdom, all-surpassing beauty and dignity... Through prayer our reborn spirit begins to wonder at the great mystery of Being” (Archimandrite Sophronius Sakharov, On Prayer). Coming in touch with prayer and exercising in prayer, a person undergoes a radical change in his self-awareness, conscience and view of the surrounding world. Even timid, constrained, awkward communication with God changes a person’s whole view of life. Just as a mother devours the first prattle of her baby with trepidation, so God the Father hears every word uttered by a sinner seeking reconciliation. Prayer necessarily enters a rehabilitant’s life at parish.

Fasting intimidates only those who have never fasted, but those who have succeeded in measuring their eating according to church rules have found, unexpectedly for them, a greater fullness of life. Fasting is one of the basic instruments of spiritual perfection. Through eating restrictions, just as through eating with thanksgiving, a person feeds his soul and builds beneficial relations with God. The observance of fasts usually comes easily to rehabilitants, since in this period of their life everyone around them is fasting. What is more difficult to come to is the right understanding of fasting, but if it comes, fasting will accompany them for the rest of their lives.

Living a church life, a person has a happy opportunity to confide in a confessor, sometimes developing such profound and trusting relations with him as he never experienced with anyone before. It is not always, actually not even often, the case, but people do appreciate even mere consideration and compassion coming from a person with a certain experience of religious life, who can give a saving counsel and answer a difficult question about life. If a confessor manages to win a rehabilitant’s favor, if the rehabilitant, sure of the confessor’s experience, gives him access to his soul, the confessor will be able to cure his soul of every passion including drug dependence. The Orthodox tradition has a rich experience of struggle with passions.

“The essence of religion is sacraments” (Losev A.F. Dialectics of Myth). The principal privilege of every member of the Church is the opportunity to participate in sacraments. A drug-addict is not deprived of this opportunity. Access to other sacraments is given through the sacrament of Penance, and, if a person has not been baptized, through the sacrament of Baptism. The central sacrament is the Eucharist. A former drug-addict can be permitted to take communion after an appropriate preparation. Through the sacrament God prepares people for life eternal, while healing their wounds inflicted by sin. It is not necessary to say the evident: there is no wound that cannot be healed by the Creator.

We will add to this basic list of opportunities for former drug-addicts the opportunity to read religious literature, to listen to sermons and talks on spiritual themes, to communicate with monks and monastery workers and to share their life or to live close to them. Many of those who are engaged in rehabilitation offered by monasteries and parishes can enlarge this by no means exhausted list.

What happens to a rehabilitant's soul when he takes these opportunities? Let us call upon one of them. He says, "The greatest discovery I have made is that there is a different world – a spiritual world, different interests, a different sphere of life. It was far and unreal before. It seemed a half myth to me. I felt superior to such people, but now I have realized how much more superior they are to me. This change of stereotypes was hard won for me". With a change in their stereotypes, their view of the world around them and their view of themselves and a radical change in their worldview, these young people begin to feel the need to ask the most important questions of life, first of all, the question about the meaning and goal of their own life. "More and more people no longer see any meaning in life. Hardly had young people opened their eyes to become conscious of life given to them by God as despair grips them over the absurdity reigning in the world they see, and then their hearts become aggrieved... Therefore, one of the most important problems for us is to discover the true meaning of our coming to this world." (Archimandrite Sophronius Sakharov, Letters). One's discovery of the principal meanings of life, which happens during one's life at a parish, is extremely important for one's deliverance from drug addiction. Let us cite a renowned psychologist V. Frangle who said that if Stanley Crippner is to be believed, 100% of drug-addiction cases are associated with the feeling of lost meaning. Hence, he concludes, it is clear why Freizer, director of a rehabilitation center in California who uses logotherapy (which helped patients find the meaning of life –H. M.) has managed to achieve 40% recovery in comparison to average 11% achieved through traditional treatment methods.

At this point we should remember the deferred question of trust and try to answer it with a counter question. If the discovery of meaning of life can raise the bringing of patients into remission to 40%, how much will this percentage increase if the rehabilitation includes work obediences, prayer, fasting, spiritual guidance and church sacraments? The figures concerning remission given by church rehabilitation centers are trustworthy, and the experience they have accumulated is worth studying.

Thus, the principal actor in the Orthodox rehabilitation is the Creator, Provider and Saviour of the world. The first and foremost task of the other participants in rehabilitation process is to let God interfere in the situation authoritatively and powerfully. What can "rob God of His power"; what can prevent Him from showing His love that desires to heal a young creature from

drug-addiction? “The power of love is great and victorious, but not to the full. In human life there is a realm where even love has limits, where even love cannot reach the fullness of power. What is it? – It is freedom” (Archimandrite Sophronious Sakharov, “Starets Siluan”). God will use His full power to heal the suffering human soul only if he fully agrees to let God enter his life. It is necessary at the same time that a person should be discreet in building his relations with God. In the Gospel, examples of saving resort to Christ are given in the persons of the bleeding woman, the woman of Canaan, the publican and the wise robber. Therefore, the second but no less important task of rehabilitation organizers is to help a drug-addict to present himself before God faithfully. But it is the same task that confessors have to tackle in relation to any Christian. That is then the peculiarity and complexity of this task in dealing with drug-addicts?

It should be realized clearly that in the church fold a drug-addict is an alien from an anti-universe, from an anti-Christian world. If it is an exaggeration, it is a slight one. A drug-addict is separated from the church flock by a completely different experience, a different, overturned system of values, a different vision of the world and a different understanding of laws ruling society. A drug-addict is motivated by different goals and aspirations. In the spiritual space of youth sub-culture, a drug-addict imbibes a different “dogmatics”, sometimes covertly, sometimes overtly anti-Christian. In spite of their young age, many drug-addicts have already brought to perfection the skill of lying, tasted sophisticated lechery and made crime an inseparable companion in their lives. Typically, while indifferent to the suffering of their closest relatives and friends, they would promptly detect compassion toward themselves and try to turn it into cash. The fact that they have come to church should not mislead us, for they have not been led by a search for God or desire to repent of their numerous crimes. For most of them, the rush to church is not a yearning for something but an escape from something. It is an escape from the chaos and destruction which drug-addicts spread around them and which they are the first to suffer from. It is a flight from death which has already started chasing after them, as the average lifespan of a drug-addict counted from the beginning of addiction to the tragic conclusion is from 5 to 6 years. When one becomes fully aware of the reality involving drug-addicts, one realizes how naïve it is to try to save them with the help of words and a set of several spiritual pieces of advice. There is no universal algorithm for establishing productive communication with a person enslaved by a drug. “We keep speaking in ‘different languages’. Why different? – Simply because it is our entire life and experience that lies behind our every word” (Archimandrite Sophronius, Letters).

However, there is no reason for utter pessimism. A drug addict who comes for help has realized at last that he has got into trouble and is looking desperately for a way out. He is ready to listen but not yet able to understand. He agrees that something should be radically changed, but does not know what exactly and what efforts and sacrifices this change many entail. He gives some credit to a servant of God, since he has no other choice. All this makes an encounter possible and it should have a continuation. The first sacrifice a drug-addict should make to gain freedom from the power of a drug is to agree to leave his habitat, stop for a time his contacts with his

relatives and friends, take up residence in an Orthodox rehabilitation center and agree to observe its rules. Many agree to “take the risk”. On the basis of a certain experience a rehabilitant gains coming into contact with the church world and provided his former experience has been reduced to a minimum, a counselor can try to get him determine his attitude to certain vital things, to “talk through” his problem in a constructive way and to indicate for him a religious escape from his slavery to drugs. Experience has shown that such an approach is fairly fruitful. After a time, this approach helps a patient to give meaning to work, to gradually and consciously accept prayer, fasting and church sacraments as part of his life and to develop a need for spiritual guidance. Does every patient make this decision? No, of course, not. Many do not develop any interest in religious life, but they at least come to understand what it involves. Perhaps, they will be called by the Lord later.

Who is engaged in the rehabilitation of drug-addicted young people in the Orthodox Church? Every Orthodox rehabilitation center can be put in one of the following three groups:

- Secular centers, which are public organizations established by Orthodox lay people
- Parishes and monasteries engaged in rehabilitation
- Rehabilitation centers united for taking a systemic approach: after the initial stage in a secular center, patients are referred to parishes and monasteries.

Let us outline briefly the distinctive features of each group and its strong and weak points.

Secular rehabilitation centers. Each of these centers is established by a group of Orthodox enthusiasts who make up the nucleus of the organization. A team of specialists gather around them. They are professionals including physicians, narcologists, psychologists, social workers, work organizers and the necessary support personnel. These centers are located both in and outside cities, the latter case clearly more preferable. The center staff work according to an ordinary timetable, dealing with patients only in the process of rehabilitation. Their families never come into contacts with patients. The whole life in these organizations is built around their patients. The staff look after them continually as it is not safe to leave without control so many young people (from 10 to 30) who have just been cleaned. The rehabilitation process lasts from 2 to 3 months. Centers accept both young men and women, though some of them prefer

separate rehabilitation. Some secular centers have a chapel or even a church. The priest patronizing the center serves in it.

What are advantages and disadvantages of rehabilitation offered by secular centers? Among the advantages are their considerable capacity and a possibility for them to give each rehabilitant all the necessary time he or she needs. Among their merits are also the ability of the staff to communicate with patients on the low spiritual and cultural level comprehensible for drug-addicts, quite good medical control and ability to give a moral and religious instruction concurrently to a large group of young people. Among their disadvantages are the inability of most of the staff, who are adequately in-churched, to give rehabilitants a clear idea of religious life, inadequate presence and sometimes even absence of an Orthodox priest who can act as spiritual guide in the rehabilitation process, infrequent administration of church sacraments within the center or their absence altogether.

Monasteries and parishes. Though rehabilitation is not the focus of work for these church structures, but rather a form of their social service, a patient lives together with or next to church workers or a monastic community, watching their life closely and participating in it. The optimal time for rehabilitation in them is from 6 to 12 months, sometimes even longer. Orthodox communities prefer to segregate young men from young women in rehabilitation, which is customary for parishes and the more so for monasteries. Male monasteries admit young men, convents admit young women. Sometimes monasteries lodge their charges together with monastery workers, but for the most part they prefer to lodge them separately from workers, in close proximity to the monastery. At parishes, rehabilitants live together with church workers. In this case, it is only reasonable that the number of rehabilitants should not surpass that of permanent dwellers. Those who, after a prolonged and successful rehabilitation, choose to stay at a parish should be regarded as workers rather than “perpetual” patients.

What are the advantages and disadvantages of rehabilitation at parishes and monasteries? An obvious advantage is the opportunity for patients to participate fully in divine services and sacraments and to benefit from guidance provided by an experienced confessor. No less important for rehabilitants is the opportunity for them to share in the everyday life of a large community of church people whose way of life stands in a sharp contrast with what they had seen in their former life. It enables them to assimilate this new way of living in the world through experience. Among disadvantages is weaker control over rehabilitants and the fact that their progress in religious life depends entirely on their own initiative – something many of them are not quite ready to show. Noteworthy is also the small capacity of parishes and monasteries, since the rehabilitation period in them is long, while the number of patients they can take at the same time is small. Any attempt to increase the number of rehabilitants has proved to degrade radically their coming into a stable remission, since with overcrowding and poor control, drug-dependent patients tend to reproduce the youth subculture realities at a parish instead of

trying to enter into church life. The situation may take such a bad turn that the parish will have to stop its work with drug-addicts for a time in order to save their own parish life. The task of rehabilitation demands that a parish take a sober view of its own power and resources. The greatest difficulty however lies elsewhere. If a drug-addict comes to a parish or monastery directly from the world, he will find it difficult to understand religious life and join it correctly, while the clergy have neither time nor experience to help him make the first right steps on his way to religious life. Whatever a person does not understand is difficult for him to do. This may result in mutual alienation and resentment. It sometimes happens that a drug-addict ends his stay at a parish with such an act as to make the parish clergy rather afraid of taking up another one. But everything may turn up all right if at the parish there are successfully rehabilitated patients who, with their advice and example, can help a newcomer make a smooth transition into a new world. One cannot help noticing a vicious circle here: for a parish to initiate an effective rehabilitation of drug-addicts it has to have already successful rehabilitants. This circle may be broken by a special action of God's grace. Or, there is another way to avoid this difficulty. The author of this article knows a parish rector who first took up six "graduates" from a secular Orthodox rehabilitation center and then, using their help, began to admit patients directly from the world. In this way he established continuity in his rehabilitation effort, which he continues to this day.

Finally, let us consider a systemic approach to rehabilitation in which the initial stage takes place in a secular center and then its "graduates" can be taken up, if they wish, by parishes or monasteries. After the initial stage is completed, a secular center recommends those who are eager for religious life to continue their in-churching at a parish or in a monastic community. Those whose first interest in the Church has withered away during their secular rehabilitation are prepared by the center for a return to the world. One secular Orthodox center can cooperate with several monasteries and parishes, since its capacity is greater than that of a monastery or parish. This systemic approach enables rehabilitation workers to offset the weak points of both approaches we have just considered. As the secular center workers responsible for distributing its "graduates" are well aware of the peculiarities of each church structure in the system and well acquainted with the peculiarities of each of its charges, they seek to send each of them to the place most suitable for him or her. In some cases when the first distribution has proved a failure, a rehabilitant can be transferred to another parish or monastery in the network. The author of this article had an opportunity to enter into rehabilitation work according to this pattern from the very beginning. It appears that this systemic approach has considerable advantages over the other two, since it makes it possible to reinforce their strong points and to neutralize their weaknesses.

In conclusion of this brief review of characteristics of the Orthodox rehabilitation of drug-addicts it should be stated that the Church should not deny help to those who appeal to her seeking deliverance from their slavery to drugs. At the same time, the Church has no right to impose her help on those who are against her intervention. The experience accumulated by Orthodox rehabilitation centers, both secular and ecclesiastical, should be analyzed and offered to church

workers who deal with this problem. Let us give the last word in this article to the patient who began his rehabilitation at the Melnitsa (Mill) Rehabilitation Center near St. Petersburg and continued it at an Orthodox parish: "Melnitsa is a vector. It makes a beginning. One breaks away from drugs there. During these three months a turning point occurs, but it is not enough. It only shows the direction, while a parish can give strength, because everything becomes clear only at a parish. Melnitsa and parish have different functions. One's attitude to the religious world has to be changed. I was a non-believer, or rather, like everybody else I believed that there is some power out there. Now the religious world means for me to go to church, try to observe the commandments and to commit as few sins as possible. You should begin with minor things and then gradually load yourself with major ones. Your circle of friends will change, and your ways of life too, and everything else will stem from this. At present I am not ready yet. I need an inner pivot. It is not there yet, but I hope and work to make it develop. That is why I am here, at a parish".