

Texas-Louisiana Gulf Coast Synod Addiction and Substance Abuse Guidelines

Addiction and substance abuse are a reality of human life. We define addiction as a “behavior one continues doing compulsively, regardless of the negative consequences.” These guidelines serve as suggestions as to how to handle addiction or abuse. Each situation is different and as such, different actions and approaches may be taken.

While addiction or substance abuse may not appear to outwardly impair one from the pastoral office or rostered ministry, untreated addiction is destructive to individuals and community, and therefore, incompatible with a pastor’s or deacon’s service in this church.

Definitions and Guidelines and *Vision and Expectations* outline the church's standards of conduct for pastors and deacons. Here is a relevant section from *Definitions and Guidelines*:

Addiction and Substance Abuse: *Any addictive behavior that impairs the ability of an ordained minister to perform effectively the duties of the office or the misuse of alcohol, drugs, medications, sex, gambling, or pornography is incompatible with the office of pastoral ministry. The approach of this church to such a problem may be to insist upon effective treatment or to initiate immediate discipline. Refusal to accept treatment or failure to abide by the terms of such treatment is conduct incompatible with the character of the ministerial office. (Definitions and Guidelines, page 5 and page 9)*

Consistent with this standard, the synod has adopted the following general guidelines for handling addiction and substance abuse:

If it comes to the attention of the bishop or bishop's staff that a pastor or deacon is exhibiting addictive symptoms or substance abuse behaviors, the following actions should be taken for the sake of this church and for the sake of the rostered minister:

1. The bishop or their designee will investigate the matter. As part of that investigation, the bishop or their designee will contact the pastor or deacon and discuss the concerns about addiction. As appropriate, the bishop or their designee will ask the pastor or deacon to get an assessment by a mutually agreed upon professional specializing in the area of the addiction and/or substance abuse. Reports of the professional specialist, including verbal discussion, will be shared with the bishop or their designee. If the pastor or deacon refuses, the disciplinary process shall begin immediately. Once the assessment is complete, if indications are that no addiction is present, no further action is necessary. If there is a positive assessment for addiction/abuse, the pastor or deacon must begin the recommended treatment immediately. The bishop or their designee will contact the congregational president and/or vice president for disclosure. The pastor or deacon will authorize the counselor to provide a monthly status report to the bishop or their designee for one year along with verbal consultation.
2. If this is an internet related addiction (i.e. pornography, gambling, or other), the congregation and pastor or deacon may be advised to install internet computer monitoring software with reporting capabilities on all church and personal computers. Periodic reports of internet activity may be requested. An evaluation of the computers may be done by a professional.
3. After a year of continuous healthy behavior and/or treatment, a reassessment should be done. If an appropriate addiction specialist determines recovery is on target, the pastor or deacon will provide appropriate status reports for an agreed upon period. Should the need arise in the opinion of the synod, this reporting schedule may be modified.
4. Known addictions and substance abuse should be disclosed in the *Rostered Minister Profile* and to a congregation when pastors and deacons interview, even after years of service. If the pastor or deacon accepts a call in another ELCA Synod, the bishop of the TX-LA Gulf Coast Synod will disclose to the receiving bishop or appropriate bishop’s staff person both the existence of the addiction or abuse and the pastor’s or deacon’s history of compliance with proper treatment.