

Policy on Substance Abuse and Addictions

Missionaries of the Precious Blood

Atlantic Province

- 1. When a member finds himself in the clutches of any kind of addictive behavior it is the duty of those who are in leadership to assist him in recovery. Sometimes the member may be unaware or in denial about the gravity of the situation. In those times it is important for more intense pressure to be brought to bear so that his health and safety (of himself and those around him) may be insured.**

- 2. Addiction is by its very nature communal. It is NOT just the problem of the individual. It impacts those that a member lives with and serves, as well as his own self-worth and health. For this reason, all are best served when the addiction can be addressed as soon as possible.**

- 3. Addiction can take many forms. It is seen most readily in those who experience loss of function and social graces through alcohol or drug abuse, but it can also be dangerous in other forms, sexual addiction, money addiction, including gambling, control or anger management difficulties. Power and authority abuse are forms of addiction, as is road rage and food compulsions. There are many roads to this kind of behavior. All either immediately or eventually impact people around the members. For our men who are seen as role models and constantly before the public eye, there is an even greater urge to “appear perfect” or hide any areas that show the human side of ourselves. This can be dangerous and may lead to real trauma and even the death of a member or those innocent within his reach.**

- 4. For this reason, the Province has enacted this policy on substance abuse. The Province should have a committee of abuse which has as its membership:**
 - The provincial director,**

- **Another member of the council,**
- **A health-care professional,**
- **And at least one member who has or is currently dealing with an abuse-related situation.**

These committee members are to be consulted regarding behavior of a member that is alarming.

- 5. If one or more members notice that another member is experiencing problems in any of the above-mentioned areas, they are to notify one of the members of the committee. That member is to consult with the Provincial who will then convene a meeting of the committee where he will ask two members to make contact with the member to ascertain if, in their opinion, there is merit to the concern.**
- 6. If it is seen that indeed there is reason for concern those members of the committee, make a report (written or verbal) to the Provincial who then meets with the member (usually with members of the committee present) to see what may be done.**
- 7. If the meeting with the member meets with opposition, an intervention may be decided upon. If the meeting with the member ends in an amicable manner and the member chooses to submit himself to a program (detox, therapy, change of assignment, etc) then a mentor/monitor will be assigned, and quarterly updates shared with the Provincial and committee.**
- 8. It is important to note that this is not necessarily a matter for the Provincial Council unless it includes a change of assignment. A member is entitled to his reputation and his health confidentiality.**

9. In the case where there is opposition but proven concern for the member an intervention should be done so that the member not only understands the severity of the situation but also is held accountable for his actions. It is important that the Provincial take a pro-active role in making sure that the proper care is received by the member who may not be in a mental or physical state to accept or appreciate it. In cases like this, the need for obedience to the superior may come into play, as well as the threat of just penalties if there is obdurate intransigence. Above all the safety and restoration of good health of the member and those around him is the desired objective.
10. It is the Provincial after hearing from his committee and mentor/supervisor that decides if and when treatment should end for the member.
11. All expenses of treatment, therapy and institutionalization (where warranted) are born by the Province (or plan of employment if part of a health-care package).

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