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CHURCH-BASED ALCOHOL REHABILITATION IN THE FORMER

SOVIET UNION

By Mark R. Elliott

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Drug trafficking and profligate harvesting of antelope receive trenchant condemnation in Chingiz Aitmatov’s 1986 novel, Plakha (The Scaffold). In one of the most notable literary landmarks of the glasnost era, the acclaimed Kyrghyz author lays bare late Soviet moral and environmental degradation. Out of character, censors let pass Aitmatov’s pained airing of the abuse of drugs, alcohol, and nature and his protagonist’s startling proposal of spiritual repentance as a remedy. Ex-seminarian Avdiy Kallistratov, has a muddled but high-minded notion of Christian sacrifice and redemption, as he naively implores dumbstruck drug dealers and game exploiters to foreswear their evil ways. For his troubles he ends up crucified on a Kazakh saxaul tree.

God-seeking Avdiy had no prayer of talking sense to drug and game profiteers. Equally improbable is the notion that a cure for Russia’s current epidemic of substance abuse could come from churches, previously closed or marginalized for seven decades. Despite what one might expect, given limited church resources and expertise, church rehabilitation of alcoholics and drug abusers in the former Soviet Union is working far more effectively than either state or commercial rehab programs. Following an overview of the extent and consequences of alcohol abuse in the post-Soviet period, I will focus this study on church-based alcohol rehabilitation and reasons for its relative success against formidable odds.

¹ Edited excerpts of this article were published under the title, "Quenching the Spirits; How Faith-based Rehab Programs Are Doing Battle with Russia's Drinking Problem," Christianity Today 57 (November 2013): 60-64.
Demographic Decline

Russia today is facing a serious demographic crisis. Between 1993 and 2010 the country’s population declined from 148.6 million to 141.9 million. With an excess of 12.5 million deaths over births in these years, the shortfall would have been even greater but for immigration from Central Asia. Explanations have included deteriorating health care, an unhealthy diet, smoking, declining birth rates, emigration, economic upheaval, unemployment, and social instability contributing to disillusionment and fear for the future. The post-Soviet era has been aptly defined as one of “transition trauma,” meaning economic and social dislocation sufficient to destabilize a nation. Many of the above factors have contributed to an ultimate cause of demographic crisis: a mortality rate so high it is unprecedented in a highly educated, industrialized nation in peacetime. A host of Russian and Western analysts, in turn, argue that alcohol abuse plays a leading role in Russia’s unsustainably high mortality rate.

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5 Brainerd and Cutler, “Autopsy,” 122.
Alcohol Consumption

According to Alexander Nemtsov, one of Russia’s leading specialists on alcohol abuse, consumption patterns in the Soviet Union underwent marked changes beginning in the 1950s. Alcohol purchases increased from 4.5 liters per adult in 1960, to 8.2 liters in 1970, to 10.5 liters in 1980—not to mention home-brewed *samogon* ((moonshine), accounting for perhaps another 3 to 4 liters per person per year. In 2005, the most recent year for World Health Organization comparative figures, Russia’s rate of consumption of pure alcohol per capita stood at 15.8 liters, the equivalent of slightly more than 75 half-liter bottles of vodka per person. For working-age men the figure equaled better than 155 bottles of vodka per year, or an average of three bottles per week. Europe has the world’s highest rate of alcohol consumption, and in Europe Russia’s consumption rate is exceeded only by Moldova, the Czech Republic, and Hungary. Russia’s annual male alcohol consumption rate of 35.4 liters is exceeded only by Ukraine and Estonia.

Compounding the problem of increasing quantities of alcohol consumed has been the decreasing quality of spirits. Drinking often unsafe *samogon* has increased deaths from alcohol poisoning, as has the consumption of industrial alcohol, antifreeze, perfume, cleaning solutions, and other potentially lethal liquids. Whereas fewer than 1,500 Americans die from alcohol poisoning annually, the figure for Russia in a recent year was 23,000. Russia not only has one of the highest rates—if not the highest rate—of alcohol consumption worldwide, it also has the misfortune of a very high rate of consumption of strong spirits in particular: 63 percent in 2005, exceeded in Europe only by Bosnia which has a much lower rate of total consumption. A proclivity to binge drinking, the case for about one-third of Russian males

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at least monthly, heavy consumption apart from meals, and Russian cultural tolerance for heavy drinking further exacerbate the negative consequences of Russian alcohol consumption.\textsuperscript{13}

\textbf{Social Costs}

The unhealthy quantity, quality, and pattern of Russia’s alcohol consumption provide the explanation for alcohol-related deaths of half a million Russians annually.\textsuperscript{14} Russia’s high rate of consumption of vodka and other distilled spirits results in marked increases in alcohol-related homicide; suicide; traffic fatalities; drownings; fatalities from industrial accidents, fires, and falls; and terminal medical conditions including cancer of the mouth, cardiovascular, liver, kidney, and respiratory diseases, in addition to alcohol poisonings.\textsuperscript{15} As examples, 75 percent of murders committed in Russia and 42 percent of suicides occur under the influence of alcohol,\textsuperscript{16} and in one Russian urban investigation, 83 percent of those who died in fires, 63 percent who drowned, and 62 percent who fell to their death were inebriated.\textsuperscript{17} Thus, in the midst of Russia’s demographic free fall, an increasing body of evidence suggests that alcohol-related deaths are especially to blame.\textsuperscript{18}

In addition to deaths, the social costs of Russian alcohol abuse include increased rates of theft, assault, rape, domestic violence, divorce, child neglect, and orphaned children.\textsuperscript{19} Misuse of alcohol is also responsible for fetal alcohol syndrome births\textsuperscript{20} and as much as a 15 to 30


\textsuperscript{13} Nemtsov, \textit{Alkogol’naia istoriia}, 22-23 and 241; S. Tomkins et al., “Prevalence and Socio-Economic Distribution of Hazardous Patterns of Alcohol Drinking: Study of Alcohol Consumption in Men Age 25-54 Years in Izhevsk, Russia,” \textit{Addiction} 102 (No. 4, 2007), 548.

\textsuperscript{14} Brown, “Drinking Games,” 112.


\textsuperscript{17} Nemtsov, \textit{Alkogol’naia istoriia}, 25.

\textsuperscript{18} While drug abuse is a growing problem in Russia, it figures in far fewer fatalities than alcohol to date. Alcohol is a factor in 52.3 percent of all deaths from external causes, including violence, compared to 0.1 percent from drug abuse. Also, in a recent year deaths from alcohol poisoning numbered 40,000 compared to 3,500 deaths from drug overdoses (Nemtsov, \textit{Alkogol’naia istoriia}, 86).


percent loss in worker productivity through industrial accidents, decreased efficiency, tardiness, and absenteeism. Russian émigré Harvard scholar Boris Segal estimates economic losses from alcoholism at one-third of Russian GNP.

**State and Commercial Treatments**

The first of three especially common Soviet and post-Soviet treatments for alcoholism has been—and still is—drug aversion therapy which induces nausea and vomiting with alcohol consumption. Second is “coding” (*kodirovanie*), which employs the use of disulfiram, other alcohol aversion drugs, or placebos in connection with dire warnings of fatal consequences should an alcoholic imbibe before a specified “coded” period elapses. The third treatment, often employed in conjunction with the first two, is hypnosis.

In the glasnost era, from the mid-1980s, state-sponsored rehabilitation programs increasingly faced competition from new commercial, for-profit clinics. One web-based business directory includes 1,123 state and commercial rehab programs, but this figure very likely is conservative. New-wave practitioners negatively characterize traditional treatment methods as “Soviet,” “totalitarian,” “paternalistic,” and “manipulative,” in contrast to their own more “Western,” and “democratic” approaches which are said to foster clients’ “independence” and self-reliance.

**Alcoholics Anonymous**

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27 Raikhel, “Governing Habits,” 147, 275, and 278.
For the most part, old-school narcologists (practitioners of traditional substance abuse treatments) have resisted Western psychotherapies in general and Alcoholics Anonymous (AA) in particular. Gorbachev broke a longstanding ban on AA in the Soviet Union, actually welcoming its emissaries as part of his anti-alcohol campaign (1985-88). These AA missionaries, as Professor Eugene Raikhel calls them, led to the founding of the first Russian AA groups in Moscow in 1987 and in Leningrad shortly after.

House of Hope outside St. Petersburg is perhaps the best-known residential 12-step alcohol treatment center in Russia. Founded in 1997 and largely funded by Louis Bantle, CEO of U.S. Tobacco and a recovering alcoholic himself, House of Hope has seen well over 1,500 residents complete its no-fee sobriety regimen. Graduates now participate in AA recovery maintenance groups in over 100 Russian cities. Today AA counts 370 Russian chapters with a membership of six to seven thousand. While AA growth in Russia has been steady, it pales before the dimensions of the country’s alcohol abuse and in comparison with U.S. participation: 56,000 AA groups, 4,000 in Los Angeles alone.

In the former Soviet Union AA still meets with resistance, not only from establishment narcologists, but also from some Russian Orthodox clergy who consider it to be a religious cult or who distrust its Western origins. Nevertheless, Orthodox suspicions have lessened over the years, in part because in 1993 Patriarch Alexii II gave his formal blessing to AA. The earliest organized Orthodox effort at alcohol rehabilitation, Moscow’s “Old World” outpatient alcohol counseling service, begun in 1992, utilizes AA’s 12-step recovery program.

Any number of characteristics of Alcoholics Anonymous may be observed in Russia’s subsequent church-sponsored residential rehabilitation centers: “the elevation of fellow-suffering experience over expertise,” the understanding that recovery is not achieved by

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28 Nemtsov, “Russia,” 147; Segal, *Drunken Society*, 422 and 452.
30 Raikhel, “Governing Habits,” 229, 259, and 262.
31 Raikhel, “Governing Habits,” 230; Burke (1990), p. ?.
33 Rachel, “Alcohol Treatment,” 2; Brown, “Drinking Games,” 120.
doctors, counselors, or the state, but ultimately by alcoholics themselves taking responsibility for their own self-destructive behavior, deliverance from addiction through the intervention of a “higher power,” and insistence upon total abstinence.\textsuperscript{38} The vast majority of Russian church-sponsored alcohol treatment centers hold these understandings in common with AA, and most Orthodox and Evangelical Christian-Baptist treatment centers consciously implement AA-style 12-step programs. As for Pentecostal and charismatic rehab centers, some, like Kyiv’s New Beginning Center, have been heavily influenced by AA while others are so insistently biblicist that they do not admit to the influence of AA, which can be quite secular in contexts such as Sweden and Iceland.\textsuperscript{39}

\textbf{Church-Based Treatment: By the Numbers}

What for the most part has been overlooked in the scholarly literature is the burgeoning phenomenon of church-based alcohol—and drug—rehabilitation programs: approximately 100 Russian Orthodox and some 600 to 800 Protestant.\textsuperscript{40} A Pentecostal church in Kyiv


\textsuperscript{40} In 2010, Interfax and \textit{Voice of Russia} gave figures of 25 and 30 respectively for Russian Orthodox rehab centers (Interfax, “FSKN, Russian Church to Cooperate on Rehabilitation of Drug Addicts,” 21 December 2010, \texttt{http://www.interfaxreligion.com/print.php?act=news&id=8038}; Milena Faustova, “Russian Orthodox Church to Join Fight Against Drugs,” \textit{The Voice of Russia}, 21 December 2010, \texttt{http://english.ruvr.ru/_print/37401534.html}. In May 2011, Valery Doronkin, director of the Coordinating Center to Support Sobriety and Combat Alcoholism of the Russian Orthodox Synodal Department for Church Charity and Social Work, stated that Russian Orthodox Churches had established approximately 30 alcohol and drug rehabilitation centers (Press Service of the Synodal Department of Church Charity and Social Work, “V tserkvi sozdan koordinatsionnyi tsentr po protivodeistviu alkogolizmu i utverzhdeniiu trezvosti,” diakonii.ru, 2 May 2011). In actuality, the figure would appear to be higher.

In 2004 and 2009 the website of the Department of Church Charity and Social Work posted listings of local Orthodox Church residential and outpatient rehabilitation programs in the Russian Republic. Combining these totals, plus eight other programs identified by email respondents, gives a figure of 35 programs. Adding multiple branch rehab centers of three listed programs in Rostov on Don, Stavropol, and Novosibirsk gives a figure of 54 (miloserdie.ru, “Pravoslavnye tsendry reabilitatsii dla narkomanov,” 19 October 2004; miloserdie.ru, “Reabilitatsionye tsendry pomoshchi alkogolikam,” 3 April 2009). Recognizing that some Orthodox centers may have opened more recently, that some Orthodox programs undoubtedly are in operation in other post-Soviet republics, and that some centers—such as The Mill near St. Petersburg—have been overlooked, it is possible that Orthodox residential and outpatient rehab programs in the former Soviet Union may number approximately 100.

opened the first Protestant residential alcohol rehab center in the former Soviet Union in 1994, with the second, New Life, in St. Petersburg in 1995.41 The overwhelming majority of Protestant centers were founded after 1997.42 The charismatic New Life Center, in the Leningrad Region near the Estonian border, with a residential population that fluctuates between 169 and 400, may be the largest church-based program in Russia.43 Most church-sponsored rehab centers, however, are modest in size, typically working at any one time with 20 to 25 recovering alcoholics.44 Church-based programs vary in length from two45 to eighteen months,46 with an average duration of eight to nine months.47

**Common Characteristics of Church-Based Centers**

Post-Soviet church-sponsored alcohol rehabilitation centers bear striking similarities, even though they almost always were launched through local initiatives, often with little or no knowledge of what others were doing. The great majority of Russian evangelical and Russian Association (ACRCA) has a mostly Protestant membership of 80 (Giblett, “Complete Freedom,” 67), while the website of Sunday Adelaja’s charismatic Embassy of the Blessed Kingdom of God for All Nations Church in Kyiv lays claim to “starting over 300 rehab centers” in Ukraine and Russia (Giblett, “Complete Freedom,” 105; [http://www.godemambassy.org/en/embassy.php](http://www.godemambassy.org/en/embassy.php)). Even though no independent verification exists for various self-reported figures, it still appears safe to conclude that journalist William Yoder’s estimate of over 500 evangelical Protestant rehab centers is on the conservative side (“The Woes of Success: Are Russian Rehabilitation Efforts ‘Too Successful’?,” Assistnews.net, 3 April 2011, 3), with a likely tally for the former Soviet Union of 600 to 800 Protestant, and up to 100 additional Orthodox, rehab centers. See also Stoltzfus and Cecil, “Different Atmosphere,” 3; Giblett, “Complete Freedom,” 104; Raikhel, “Governing Habits,” 159.

43 Yoder, “Iron Curtains,” 30; “Obshchaya informatsiia.”
45 Zhenya Losev interview, 14 September 2011.
46 Maxut Yeskaliyev interview, 20 September 2011.
Orthodox alcohol recovery centers 1) operate on miniscule budgets, 2) in primitive, isolated
facilities, 3) led and staffed predominantly by recovered alcoholics, 4) who insist upon
spiritual transformation rather than professional medical intervention as the key to recovery,
5) with reported success rates higher than state or commercial programs. Surprisingly, daily
regimens, rules, and recovery trajectories in centers thousands of miles apart appear to have
been cut from the same mold: Most programs are highly structured, closely supervised affairs
with detailed daily schedules calibrated to give maximum priority to spiritual disciplines,
group therapy, and rehabilitative work. 48

Treatment: First Steps

The first step toward recovery for an alcoholic is a genuine desire for help and
recognition of the need for “fundamental transformation.” 49 Without such an admission, even
the best of programs are of no use. 50 When alcoholics in Russia finally “hit rock bottom” and
are desperate for help, they most often learn of church recovery programs through family or
friends. 51 Centers often have 24-hour emergency hotlines, 52 while The Mill, an Orthodox
rehab center outside St. Petersburg, hosts Tuesday afternoon teas in the city for applicants to
gauge the seriousness of their desire to overcome their addiction. 53

Once alcoholics enter church rehab programs they undergo withdrawal without the aid
of medical palliatives. Most centers, which cannot afford drug regimens, rely instead on
“heavy dosages of Bible, prayer, confession, and fellowship.” 54 Christian rehab worker Alison
Giblett credits, in particular, the “healing power of prayer” for sparing alcoholics withdrawal

48 Giblett, “Complete Freedom,” 26, 259-60, and 278. Russian church rehab efforts also bear striking program similarities to U.S.
church-based centers: John Muffler, John G. Langrod, and David Larson, “‘There Is a Balm in Gilead’: Religion and Substance
50 Edward H. McKinley, Somebody’s Brother: A History of the Salvation Army Men’s Social Service Department, 1891-1985
53 Zigon, HIV, 44 and 46-47.
“Alkogol naia zavisimost’.
at its worst.\textsuperscript{55} Many program participants, for their part, report detoxification that proved “shorter, less intense, or non-existent” compared to previous withdrawals they had experienced.\textsuperscript{56}

**Conversion, Confession, and Character Re-Formation**

Recovering alcoholic residents and recovered alcoholic staff members shower new arrivals with prayers, personal attention, encouragement, advice, and expressions of concern. For the first several days new residents typically receive 24-hour monitoring by longer-term residents who affirm alcoholics, assuring them that they are worth the trouble, that they are persons of worth in God’s eyes, and that the community is there, as much as possible, to prevent their relapse.\textsuperscript{57} “New residents,” Alison Giblett notes, “are often taken aback by the welcome and love they receive on arrival; often for the first time they are meeting people who all have similar desperate stories and yet now seem full of joy and hope.”\textsuperscript{58} “Most have very little understanding or belief in God, but they are offered prayer for their healing and invited to give God a try—to repent and follow him.”\textsuperscript{59}

At the heart of Russian church-based rehabilitation is the conviction that only God can reform an alcoholic and that Bible study, prayer, worship, and Christian community are the practical spiritual conduits for rehabilitation.\textsuperscript{60} In evangelical terms, conversion involves calling upon Christ for forgiveness of sins and the forsaking of any idol, in this case alcohol, separating the penitent from God.\textsuperscript{61} In Orthodox terms, formal confession to a priest marks the alcoholic’s intention to lead a new life. In The Mill, near St. Petersburg, “confession…bordering on unofficial requirement…leads many to confess for the first time in their life to Father Maxim.”\textsuperscript{62} Anthropologist Jarrett Zigon relates from onsite observation,

\textsuperscript{55} Giblett, “Complete Freedom,” 256.
\textsuperscript{58} Giblett, “Complete Freedom,” 130.
\textsuperscript{62} Zigon, *HIV*, 134.
“Every one of the rehabilitants I spoke with has given confession at least once. Most of them said they were glad they did, for it helped to relieve them of many burdens.”

“Confession in the Orthodox view,” Zigon explains, “is a necessary technique for the trajectory of morally remaking oneself. It is for this reason that private confession is introduced to rehabilitants at The Mill and emphasized, even if this emphasis falls on uncomfortable and fearful ears, as an important part of the rehabilitation process.”

Along with conversion and confession, character re-formation is an essential component in church-sponsored recovery programs. Though the alcoholic has fallen, “the Church-run program emphasizes the inherent worth and sacredness of all persons as the foundation for moral transformation.”

Father Sergei in St. Petersburg impresses upon the addicted “the necessity of laboring and working to rebuild who one is.” Means to that end are spiritual disciplines, including corporate worship, Bible study, prayer, fasting, lectures on faithful living, and group therapy.

Rehab Routine

The usual rehab routine involving exercise, regular hours, regular meals, and regular rest is naturally conducive to better health. Program participants regain appetites, regain weight and strength, and regain a sense of normalcy, in contrast to lives and bodies previously taxed by alcohol. As one rehab leader stated, residents need to discover “that it is good to have a structure in your life, that you wake up at the normal time, and that you eat at the normal time. That is something that they haven’t been doing for years. We offer an environment where that structure and discipline can grow.”

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63 Zigon, *HIV*, 41.
64 Zigon, *HIV*, 139.
The daily routine of the rehab center reinforces the importance of spiritual transformation, work, and group therapy. Focus groups of rehab residents led by social work professor Ken Stoltzfus documented “daily schedules which included personal care, domestic responsibilities (including cooking and gardening), and spiritual/religious activities.” As a rule, the routine involves set times for waking, sleeping, and recreation. The only significant variation in schedule from center to center seems to involve the number of daily hours of work. Typically, the larger and better established the center, the fewer hours devoted to work per day. In small, financially strapped programs, time devoted to labor can amount to half or more of each day.

Aftercare

Residents who successfully complete rehabilitation programs and make their way back into society face the danger of relapse unless they take great care. Just as important as the recovery program itself is the need for what Professor Eugene Raikhel refers to as “a new social setting” and what Professor Boris Segal means by “quality…aftercare.” Rehab centers therefore encourage their graduates to steer clear of old drinking friends and old haunts and, instead, urge them to consider spending four to twelve months in halfway houses, transition apartments, and in the case of Orthodox, in monasteries, nunneries, or remote parishes. Centers also try to arrange employment, stress the importance of permanent vows of total abstinence, and encourage attendance at periodic reunions. Recovered alcoholics who have left The Mill and returned home to St. Petersburg have the option of weekly Sunday afternoon meetings at the Aleksandr Nevsky Lavra (monastery). These two- to four-hour sessions provide opportunities for rehabilitants to renew friendships, make new friends, discuss problems, and encourage one another so that they will “feel as though they are not

73 Raikhel, “Governning Habits,” 264; Segal, Drunken Society, 453.
alone in the process” of staying sober. A large storage closet converted into a church on the second floor of St. Petersburg’s Infectious Disease Hospital Number 10 provides Father Sergei a venue to care for recovered alcoholics and addicts through the Divine Liturgy, confession, and counseling.

In the case of Protestants, journalist William Yoder, visiting Baptist and Pentecostal churches in Siberia, reports a common sight: “rows of silent men between the ages of 20 and 50 unaccompanied by women or children.” These are rehab residents and graduates. Moscow Pentecostal pastor and rehab director Andrei Blinkov has observed that former alcoholics who stay active in church are the rehab program graduates most likely to stay sober. Eugene Raikhel, rehab director Andrei Belozerov, and Alison Giblett all agree that church participation is a key component of successful aftercare. In the same vein, Orthodox rehab centers strive not only to see their residents free of addiction, but to see them realize “enchurchment” (votserkovleniia), to see those freed of addictions become true Orthodox believers. Conversely, in The Mill “it is very rare that anyone is able to gain true sobriety without having become enchurched.”

**Church Care and Church Growth**

Churches are both organizing agents of recovery and products of rehab programs: Churches start rehab programs and rehab programs start churches. Churches not only start and support rehab centers, they provide safe transition environments for recovered alcoholics. Conversely, rehab graduates join and strengthen the ranks of churches or form the nucleus of

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76 Zigon, *HIV*, 49.
81 Zigon, *HIV*, 146 and 76.
82 Giblett, “Complete Freedom,” 233, 279, and 336; Correll interview, 27 October 2012; Danilov interviews, 6 and 21 September 2011; Cecil Eshelman interview, 6 September 2011; David Maxey interview, 6 September 2011; Eduard Genrikh interview, 13 September 2011.
new churches. Alison Giblett contends, “Drug and alcohol rehab ministry in Russia and Ukraine is the strongest determining factor of church growth.”

In Tyumen in western Siberia academic Roman Poplavsky has also identified improved relations with local officials, even government special project grants, as byproducts of Pentecostal social work, including rehab programs. Nevertheless, Novosibirsk Baptist rehab director and pastor Andrei Belozerov insists that the goal of recovery programs should not be pragmatic, instrumentalist calculations to secure better relations with authorities, rehab clients’ help in building churches, and church growth. Rather, the purpose should be “the spiritual value” provided to “the people served. Rehab is not ‘in order to’ but ‘for the sake of.’ Our priority is all people of all ages. Non-alcoholics and non-drug addicts need salvation just as much.” Still, alongside compassion to alleviate human suffering, a desire for church growth has motivated many existing churches to become involved in alcohol rehabilitation. In the opposite direction, the charismatic rehab program *Iskhod* (Exodus), founded in Krasnodar in 2000, and now expanded to 70 centers in four countries, makes a point of opening new churches for its program graduates—25 in its first few years of operation.

**Church Rehab Keys to Success**

Four features of church-based alcohol rehabilitation programs in particular appear to have contributed to their success. 1. Their leaders and staff are themselves predominantly recovered alcoholics. 2. The programs are by design residential, rather than outpatient. 3. Their remote, isolated locations are far removed from destructive lifestyles and environs. 4. Finally, their finances are typically low-budget and are rarely encumbered by the outside control that comes with outside funding.

1. **Ex-Alcoholic Leadership and Staff**

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85 Belozerov interview, 14 September 2011.
Recovered alcoholics are nearly ubiquitous as directors and staff in church-based rehab centers. Time and time again, my interviews with directors and sponsors of programs across vast distances confirmed this point—from Khabarovsk to Novosibirsk to Almaty to Moscow to Kostroma. Fourteen of 20 rehab center directors interviewed by Alison Giblett were themselves graduates of recovery programs, as is the case with all 40 leaders of Evangelical Christian-Baptist Good Samaritan rehab centers. Rehab graduates who stay on to staff recovery centers work in various capacities as counselors, cooks, drivers, work supervisors, and transition home directors. Whatever their function, they all serve as role models: In The Mill, Father Maxim and his workers urge residents to look to Christ and the saints for lives to emulate, “but rehabilantants most often spoke about the staff members as examples of what they could become.”

2. Residential Treatment

A second key to success has been the residential nature of recovery centers. The trouble with day programs, Alison Giblett argues, is that addicts “are still surrounded by all the same temptations.” In contrast, in settings like The Mill, “separated space” provides “moral disciplining of a marginal population.” Great value comes from community living, with staff and residents eating, sleeping, working, and worshiping together, all of which fosters a healthy lifestyle, one byproduct of which is sobriety.

3. Remote Treatment

87 Maxey interview, 6 September 2011; Alexander Ivanov interview, 14 September 2011; Belozerov interview, 14 September 2011; Andrei Borkov interview, 14 September 2011; Yeskaliyev interview, 20 September 2011; Dorothy Murphy interview, 19-20 September 2011; Blinkov interview, 25 May 2010; Danilov interviews, 6 and 21 September 2011.
91 Zigon, HIV, 110.
92 Giblett, “Complete Freedom,” 94. See also Ivanović, Pierced, 244.
93 Zigon, HIV, 225.
Third, churches almost invariably locate their rehab programs in the remote countryside where temptations prove harder to indulge.\footnote{Zigon, \textit{HIV}, 37; Nadyuk interview, 18 July 12; Ivanović, \textit{Pierced}, 149 and 244; Giblett, “Complete Freedom,” 24-25. Andrei Blinkov’s New Life Center in Moscow and the Embassy of God’s New Beginning Center in Kyiv would appear to be exceptions to the rule (www.newliferus.ru; Wanner, \textit{Communities}, 226).} Alison Giblett recalls, “It was often in the small ‘family-run’ isolated homes located far from the cities and modern life where I sensed the strongest commitment to change and joy in their transformed lives.”\footnote{Giblett, “Complete Freedom,” 35.}

4. Low Budgets

As for income, very little, if any, derives from client fees or government funding.\footnote{Giblett, “Complete Freedom,” 32 and 344-46; Yoder, “Iron Curtains,” 30. For rare government funding exceptions see Poplavsky, “Pentecostal Churches,” 119; Wanner, \textit{Communities}, 229.} The Mill and post-Soviet branches of such transnational rehab programs as Teen Challenge and Betel have sometimes received overseas help with startup costs.\footnote{Yeskaliyev interview, 20 September 2011; Giblett, “Complete Freedom,” 279.} However, to date, most church-based rehab centers have garnered little or no operating support from either the government or Christian sources abroad. That may be changing as Putin and Medvedev recognize the increasing threat that substance abuse poses for the nation. On 22 November 2012 the Russian Federal Drug Control Service announced funding of one billion rubles ($32.2 million) for 2013 in support of rehab centers, apparently including church-based programs.\footnote{“Negosudarstvennye reabilitatsionnye tsentry, v tom chisel-sozdannye religioznymi organizatsiiami, poluchat gospodderzhku,” blagovest-info.ru, 4 December 2012.}

The remarkable degree of self-sufficiency that characterizes most church-based rehab programs stems in good measure from a wide range of small business projects and farming. New Life near St. Petersburg, for example, derives income from residents employed in auto repair; carpentry; and sawmill, electrical, plumbing, and construction work. New Life also tends cattle, sheep, pigs, chickens, and rabbits; operates a Gulf of Finland fishery; harvests and preserves fruits and berries; and grows and sells flowers and ornamental plants.\footnote{Obshchaia informatsiia;” Maxey interview, 16 September 2011.} The Mill, also near St. Petersburg, grows vegetables, raises cattle, sheep, chickens, and geese for meat and milk, and makes furniture for its own use and for sale.\footnote{Zigon, \textit{HIV}, 35. See also “Zabyt’ narkotik,” miloserdie.ru, 11 January 2012.}
Pastor Andrei Danilov’s rehab center near Kostroma raises most of its own vegetables, secures meat and milk from its own livestock, and breeds bulls for sale. An Operation Mobilization rehab center near Novosibirsk runs a potato truck-farm operation to provide cash for program needs. As a final example, residents of Dorothy Murphy’s three rehab centers in the vicinity of Almaty, Kazakhstan, cover their expenses through a taxi service, a guest house, brick-making, vegetable gardens, raising goats and rabbits, making and selling peanut butter, salsa, jams, and preserves, and marketing honey.

Rich Correll, a church-planting missionary working in Ukraine, has modeled his work with 34 Ukrainian rehab programs on the approach used by Betel rehab centers. This charismatic substance abuse ministry, which began in Spain, now operates 90 rehab programs in 55 countries—including four in Russia (starting in 2002), one in Ukraine (from 2008), and one in Kazakhstan (from 2012). Betel develops rehab centers that are financially independent by means of small business ventures, for example, through second-hand furniture repairs and sales.

Caveats in Calculating Success

Church-based alcohol rehabilitation programs in the former Soviet Union are unquestionably prolific and give every appearance of success. However, measuring the effectiveness of various rehab efforts, even defining what constitutes their success, proves to be a difficult enterprise. Still, in order to evaluate alcohol rehab centers, defining and measuring program outcomes is essential. Issues that complicate attempts to identify credible success rates for post-Soviet, church-based alcohol rehabilitation programs include lack of

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102 Danilov interviews, 6 and 21 September 2011.
103 Jonathan Thiessen interview, 14 September 2011.
104 Murphy interview, 19-20 September 2011.
105 Correll interview, 27 October 2012.
107 Critchlow, “First Steps,” 348; Rosylyn Harris-Offutt, “Inside Russia: A Look at Alcohol and Other Drug Use, Treatment Methodologies, and Effectiveness of Treatment,” Addictions Nursing 7 (No. 3, 1995), 73.
independent verification of statistics and lack of time and funds for rehab centers to underwrite follow-up of program graduates.\textsuperscript{108}

The degree to which centers maintain waiting lists and screen out poorly motivated applicants also clearly affects claimed success rates.\textsuperscript{109} Another challenge stems from the fact that since many church-based rehab programs work with drug users as well as alcoholics, procuring statistics for recovered alcoholics alone can be difficult.\textsuperscript{110} In addition, lack of agreement on what length of sobriety constitutes “success” and differing definitions for “rehabilitation,” “remission,” “improvement,” and “success” also make for widely divergent estimations of effectiveness.\textsuperscript{111} “In Soviet times,” Professor Raikhel notes, “a remission was considered effective if the patient didn’t drink for two months,” whereas today in church-based rehab programs, total abstinence for life is the yardstick for success.\textsuperscript{112}

At least one volunteer at The Mill, Sasha, holds to a middle ground in defining success. Permanent abstinence from alcohol or drugs certainly is the preferred goal of this Orthodox program, but few of those who complete its regimen remain substance-free for life. Nevertheless, Sasha sees value in the time its residents are alcohol and drug-free, however short that may be: “Most of the people who come will return to the city and start using again. Everyone knows this. So more than anything, in my opinion, what is possible here is the chance to live a normal life, even if for only a few months.”\textsuperscript{113} As anthropologist Jarrett Zigon understands Sasha, this volunteer means that “rehabilitation can be seen...as the possibility of living, even if for a very short period, some semblance of what might be called a normal life.”\textsuperscript{114}

**Success Rates**

\textsuperscript{109} Raikhel, “Governing Habits,” 245.
\textsuperscript{110} Giblett, “Complete Freedom,” 172. New Life Center near St. Petersburg and Out There Center in Ivanovo Region are examples of the many programs that treat both alcoholics and drug addicts (“Alkogol naia navisimost’;” “Reabilitatsionnyi tsentr;” Colin and Bron Cleaver interview, 14 September 2011).
\textsuperscript{111} McKinley, *Somebody’s Brother*, 212-13; Harris-Offutt, “Inside Russia,” 73; Critchlow, “First Steps,” 348.
\textsuperscript{112} Raikhel, “Governing Habits,” 245.
\textsuperscript{113} Zigon, *HIV*, 230.
\textsuperscript{114} Zigon, *HIV*, 3.
Anecdotal evidence from rehabilitants suggests a disparity between secular and church-based program success. A church-based program graduate in a focus group organized by Ken Stoltzfus shared: “A few times I went to the government hospital to clean up and of course it didn’t serve any real purpose. Sometimes it was a day later, I was using again.”

Alison Giblett reports similar findings, citing the prior experience of men completing Christian rehab programs: One had been in a state narcology hospital 29 times, another, 11 times. The latter recalled, “I lay in the Army hospital academy for treatment. I was ‘codified,’ replaced all my blood, psychologist sessions, hypnosis, but nothing helped.”

Even though quantitative success rates are problematic for all the reasons previously cited, available figures do appear to have some value, at least in comparing state and commercial rehab programs with church-based centers. One of the most successful secular treatments has been a program developed by psychiatrist Evgénnii Zubkov, employing group therapy in a controlled, rural environment, with reported success rates of 30 to 50 percent. A four-month waiting list helps bolster positive outcomes in this case. Researchers Boris Segal and Philip Fleming note sobriety rates in Russian secular programs in the neighborhood of 33 percent one year after discharge.

House of Hope, near St. Petersburg, with its Alcoholics Anonymous orientation, sees 30 percent of its graduates free of alcohol dependence, with Russian AA programs overall reporting 25 percent sobriety two years after participants have completed their 12-step regimen. By way of comparison, two U.S. AA surveys indicated sobriety rates of one or more years’ duration for 50 to 69 percent of members. However, independent researchers have suggested a much more modest one-year AA success rate of 8 to 12 percent.

In the mid-1990s rehabilitants of St. Petersburg’s famed Bekterev Institute succeeded in remaining substance-free in 5 to 17 percent of cases. Other sources give a state rehab

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117 Raikhel, “Governing Habits,” 245.
119 Brown, “Drinking Games,” 120.
121 Raikhel, “Governing Habits,” 245.
success rate of three to five percent, while journalist William Yoder repeats claims of church rehab program directors that long-term success rates in secular programs are about two percent. Novosibirsk church rehab director Andrei Belozerov believes sobriety rates for state and commercial treatment regimens may even be as low as one percent one to two years out. Probably closest to the average success mark for secular alcohol rehab centers is the oft-repeated estimate of “less than 10 percent.” Reflective of the poor showing of secular programs is the following recent admission of a narcologist with 50 years of experience: “I know how to get a man out of drunkenness, but to teach him how to live sober, I am powerless.”

By way of contrast, quantitative estimates of success for church-based alcohol rehabilitation efforts in Russia and Ukraine range from 25 to 96 percent, again with the caveats that alcohol and drug statistics are often mixed, self-reported program effectiveness is problematic, and definitions of success vary wildly. Sixteen individual church-based alcohol and drug rehab centers have an average reported success rate of 62 percent. Nine additional sources, reporting on anywhere from 20 to hundreds of church-based rehab centers each, indicate success rates ranging from 40 to 80 percent, for an average of 60 percent. It would appear then that 61 percent would be the approximate average reported success rates for church-based rehab program graduates in the former Soviet Union. Thus, one may compare average state and commercial rehab success rates of “less than 10 percent” with average church-based success rates in the neighborhood of 61 percent. Since independently verifiable

124 Belozorov interview, 14 September 2011.
125 Alison Giblett heard this very percentage repeatedly from narcologists, doctors, social workers, and substance abusers themselves (Giblett, “Complete Freedom,” 286). Studies of government and commercial alcohol rehab efforts in the U.S. indicate success rates averaging 20 to 40 percent (Segal, *Drunken Society*, 453). In general, Soviet and post-Soviet short-term detoxification frequently has worked, but rates for “continuing recovery” following the completion of secular regimens have been “poor to minimal” (Harris-Offutt, “Inside Russia,” 73. See also Brown, “Drinking Games,” 115).
126 Xenia Salihyanova, “О любви, обетах и работе общественной трезвости,” diakoniia.ru, 12 November 2012.
figures are so rare and definitions of success are so infinitely variable, it would be safest to state that church-based rehabilitation appears to be decidedly more effective than state and commercial recovery programs, but without basing that conclusion solely upon quantitative estimates of success and failure.

**Non-Quantitative Assessments**

In comparing secular and church-based rehab treatments, perhaps more telling than purely quantitative measurements are non-quantitative assessments and evidences amenable to independent verification. Positive outcomes of church-based programs quite visible to outside observers include the aforementioned widespread employment of rehab graduates as treatment directors and staff, the prevalence of rehabiliants in new church leadership positions,\textsuperscript{128} and the frequency with which recovered alcoholics marry and raise families in churches connected to rehab programs.\textsuperscript{129} In addition, Kostroma city officials refer alcoholics to Pastor Danilov’s rehab center.\textsuperscript{130} The director of one Russian church-based rehab center related the outcome of an unannounced visit by state officials and narcologists: “The police made certain no laws were being broken here and calmed down, but the doctor couldn’t quieten down for a long time, having seen the change [in residents]…clearly visible to an onlooker: intelligent, bright eyes, genuine interest in everything, and confidence in their own strength.”\textsuperscript{131} A medical doctor in Ukraine with nearly 30 years of employment in state rehab programs, made the same observation. Whereas she came to the painful conclusion that her past efforts had been “hopeless and senseless,” she now volunteers in retirement in a successful church-based program: Kyiv’s charismatic New Beginning Center sponsored by Sunday Adalaja’s Embassy of God ministry.\textsuperscript{132}

Also in Ukraine, a joint commission of the state ministries of health, family and youth, and sport and leisure, after evaluating various drug and alcohol rehabilitation programs, designated the church-based “Know the Truth” curriculum used by the 80-member All-

\textsuperscript{128} Stoltzfus and Cecil, “Different Atmosphere,” 16.
\textsuperscript{129} Blinkov interview, 25 January 2010; Danilov interview, 6 September 2011; Giblett, “Complete Freedom,” 155, 264, and 335; Vladimir Pak interview, 7 September 2011; Belozerov interview, 14 September 2011.
\textsuperscript{130} Danilov interview, 6 September 2011.
\textsuperscript{132} Wanner, Communities, 227.
Ukrainian Christian Rehabilitation Centers Association (ACRCA) as one of four approved resources for substance-abuse treatment.\textsuperscript{133} In Russia an outside specialist judged the success of the church-based New Life Center near St. Petersburg “on a par with…the very best Russian centers for addiction treatment.” In 2005 in a Kremlin ceremony President Putin awarded a medal to Sergey Matevosyan, director of this same center.\textsuperscript{134}

**Church-Based Program Hindrances**

Notwithstanding positive evaluations of church-based recovery programs, a comprehensive understanding of the movement requires examination of marginal and unsuccessful as well as successful efforts. Harassment by officials undermines the effectiveness of many church-based centers.\textsuperscript{135} Sergey Ryakhovsky, head of the Union of Christians of Evangelical Faith (Pentecostal) says church-based rehab centers function “despite, not in cooperation with, local authorities.”\textsuperscript{136} In November 2010, on charges of forced detention, mistreatment and death of a client, and unsanitary conditions, the Ministry of Justice ordered the closure of the Protestant charity, “Transformation of Russia,” which reportedly administered almost 400 rehab centers.\textsuperscript{137}

Some alcoholics enrolled in rehab centers sponsored by Protestant churches speak of their past failures in church-based, as well as state and commercial programs.\textsuperscript{138} The Russian Orthodox Church, for its part, appears to have been less aggressive to date than Protestants in addressing alcohol abuse. Whereas Patriarch Alexis II endorsed Alcoholics Anonymous, his successor, Patriarch Kyrill, has resurrected the charge that AA’s “supreme being” is no substitute for the God of Christian faith. While some Orthodox churches host AA meetings, other especially conservative and nationalistic Orthodox are suspicious of AA because of its

\textsuperscript{133} Giblett, “Complete Freedom,” 259-60.
\textsuperscript{134} Yoder, “Woes,” 4.
\textsuperscript{136} Yoder, “Iron Curtains,” 30.
\textsuperscript{137} Kirianova, “Prosecutor,” 1-2; “Russian Supreme Court Finds Suspension of Activity of ‘Transformation of Russia’ Legal,” Rossiiskaia gazeta, 7 June 2011. Translated by Paul Steeves, Russia Religion News, www2.stetson.edu/~steeves/relnews/.
Western and Protestant roots. Also problematic is the estimation of a priest at Moscow’s Danilovsky Monastery, who runs AA meetings for Orthodox clergy, that perhaps one quarter of all Orthodox priests are themselves battling alcoholism.

In addition, some Orthodox priests, for example, Father Maxim who directs a St. Petersburg rehab center, dismiss Protestant rehab programs as the replacement of one addiction for another: “They may be saving people from drugs, but these people display a dependency on the sect very similar to narcotic dependency.” Similarly, Father Alexander (Novopashin) in Novosibirsk warns against “sectarian” rehab centers as “scams that hide behind good intentions.” Therefore, he maintains, it is “very important in every diocese to have data centers or offices for sectarianism which would quickly disseminate information on the activities of sectarian and other scams allegedly involved in rehabilitation.” It is true that successful church-based residential rehab programs—in Russia and elsewhere—rely heavily upon strict and demanding house rules. However, since spiritual disciplines and rigorous daily routines characterize Orthodox as much as Protestant rehab programs, both could be said to be fostering new dependencies—and, in fact, neither would care to disavow fostering dependence upon God. Conversely, on a positive note, Orthodox scholar Sergei Filatov of the Russian Academy of Science contends that Protestant rehab work in Siberia and the Russian Far East serves as a positive incentive for greater Orthodox efforts to aid alcoholics.

Unfortunately, misuse of funds can also be the case in church-based programs. A pastor in Central Asia formerly worked in an alcohol rehab center that “pretends to be a Christian group. They recruit new clients, invite U.S. sponsors, get money, and steal it. The leaders were buying new cars and houses and clients got nothing.” Similarly, some ex-alcoholics serving as pastors of new churches spawned by rehab centers have suffered relapses, leaving their congregations in disarray.

140 Brown, “Drinking Games,” 113. See also Vinogradov, “V sinodal’nom otdel’nom.”
141 Yoder, “Iron Curtains,” 30. See also “Negosudarstvennye reabilitatsionnye tsentry,” 4 December 2012, for the same warning by Father Igor (Podositnikov) of the Stavropol Diocese.
143 Sergei Filatov interview, 1 June 2010.
144 Anonymous interview, Kyrgyzstan, 16 September 2011.
Many church-based treatment centers must also cope with some combination of periodic budget shortfalls, staff shortages, staff conflicts, pressure to pay bribes, and crowded, primitive accommodations. Centers often sleep six to ten persons per room and lack modern utilities, forcing residents and staff to make do without running water, indoor bathrooms, washing machines, or central heating. Only two of thirty church-based rehab centers personally inspected by Alison Giblett between 2000 and 2009 had indoor toilets. Such dire conditions would hardly seem conducive to successful recovery, but in rural Russia at least, such rudimentary living conditions are not unusual.

Ted Mole, a professionally trained alcohol abuse counselor with 12 years of missionary experience in Ukraine and Siberia, plans to launch an alcohol rehab center for native peoples in Yakutia. Nevertheless, he harbors no illusions about the difficulties before him. Mole relates the account of one rehab program’s collapse: “Well-meaning evangelical believers in Yakutsk…started a 12-step type program for alcoholics. After six months of work, the participants did not return and the vast majority of participants relapsed.” Similarly, Father Georgi (Edelstein) has successfully assisted recovering alcoholics in his parish outside Kostroma, but other alcoholics have failed to make good on his help. On occasion this enterprising priest has offered recovering alcoholics housing in newly constructed cabins, with the promise of giving them their homes outright if they stay sober for a year. I remember arriving one morning in June 2004 in the village of Karabanovo to visit Father Georgi only to see smoke rising from the ashes of an izba that had burned overnight. An alcoholic under Father Georgi’s tutelage had squandered his chance: in a drunken state he had smoked in bed, catching fire to his home. As anthropologist Catherine Wanner notes in detailing the successes of the Embassy of God’s New Beginning Center in Kyiv, rehab program advocates “stress the number of individuals freed from addiction, not those who dropped out of the program.”

To date, a key question that remains unanswered looms large: How extensive are unreported instances of failure, in contrast to better-documented rehab successes?

Church Charity: No Longer “Obsolete”

147 Ted Mole, email to author, 5 October 2012. Clavdiya Parfunova reported another rehab failure in Nikolaevsk in the Russian Far East (Interview, 6 September 2011).
148 Father Georgi (Edelstein) interview, June 2004.
149 Wanner, Communities, 223.
Notwithstanding its hindrances and handicaps, the church-based alcohol rehabilitation movement in Russia and Ukraine constitutes perhaps the most ambitious social outreach undertaken by Protestants in the wake of the Soviet Union’s demise.\textsuperscript{150} The present rehabilitation work of Protestant and Orthodox churches marks a dramatic departure from Soviet marginalization of religion. Michael Bourdeaux’s chapter on “The Quality of Mercy” in his book, \textit{Gorbachev, Glasnost and the Gospel}, was one of the earliest Western revelations of this stunning reversal of fortune for believers. With the advent of \textit{glasnost}, the word \textit{miloserdie} (charity) was no longer obsolete as it previously had been designated in Soviet dictionaries.\textsuperscript{151} Mikhail Gorbachev not only tolerated, he even publicly appealed to believers for assistance with the country’s pressing social ills and moral free fall.\textsuperscript{152}

\textbf{Church-Based Rehab and Civil Society}

The church-based rehab movement may also be understood in the context of the reemergence of civil society in Russia and Ukraine. Volunteerism in support of the betterment of society has been seen as a concomitant of emerging democracies at least since Alexis DeTocqueville’s 19\textsuperscript{th} century \textit{Democracy in America}. While Putin and Medvedev have decried Russia’s alcohol abuse, they presently seem more intent on thwarting independent NGO initiatives than in facilitating the work of non-governmental rehab centers which, after all, are quintessential grassroots enterprises. Whether or not current state harassment and suppression of Russian secular NGOs will constrict the church-based rehab movement as well is an open question. Only time will tell if the November 2012 announcement of state funding for private rehab programs might portend a more favorable climate for at least this category of NGOs.

\textbf{Church-Based Rehab: Indigenous and Independent}

\textsuperscript{150} Andrei Savin interview, 14 September 2011.
\textsuperscript{151} Michael Bourdeaux, \textit{Gorbachev, Glasnost & the Gospel} (London: 1990), 189.
A striking feature of the church-based rehab movement in the former Soviet Union is the spontaneous character of its emergence without direction from, foreknowledge of, or approval from the state—or even church leaders for that matter. Pentecostals on the local level, who have launched the greatest number of church-based rehab programs, have undertaken the recovery of alcoholics without any appreciable Western influence, direction, or funding. What makes the essentially indigenous character of the post-Soviet Pentecostal (and Baptist) rehab story all the more remarkable is that church-based rehab centers first emerged in the 1990s in the very same years as the dramatic influx of overseas missionaries and their multi-faceted support for Russian Protestant endeavors. In the last decade of the twentieth century Western evangelicals had extensive, even overpowering, involvement in the reinvigoration of Slavic Protestantism. While Western missionaries and church emissaries took substantive roles in shaping post-Soviet Protestant evangelism, church planting, theological education, publishing, and ministry to children at risk, Protestant rehab centers have managed to proliferate mostly on their own with, initially, minimal involvement of Western Christians.

**Church-Based Rehab: Growing Professionalism**

From the start, most church-based alcohol rehab centers lacked almost everything needful except compassion and the moral conviction that every drunk was “somebody’s brother,” deserving a chance for reformation. Most church programs have made do without decent housing, decent funding, and professionally trained staff and resources. Today, buildings and budgets still lack much to be desired, but professional development is now increasingly in evidence.

In the United States, the Salvation Army’s blending, over time, of “the traditional evangelical approach to alcoholism” and “medical, social, and psychiatric treatment” parallels trends toward greater professionalism in post-Soviet, church-based substance abuse rehab programs. Isolated rehab centers that typically germinated spontaneously across the vast

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154 The Russian Orthodox rehab center, The Mill, is an exception to the rule of little Western influence. From the start it blended “sacred” and “secular therapeutics,” including borrowings from Alcoholics Anonymous, group psychotherapy, and art and film therapy (Zigon, *HIV*, 97-99 and 224).

expanse of the former Soviet Union have, in recent years, come to see the benefits of shared training, curricular resources, and networking through conferences, email, and Skype.\footnote{Marina Yegorova interview, 10 September 2011; Giblett, “Complete Freedom,” 253.}


British citizen Alison Giblett, formerly an \textit{Izkhod} staff member in Krasnodar now working for ISAAC, is the embodiment of the growing professionalism of the post-Soviet Christian rehab movement. Working in Russia and Ukraine in rehab ministry since 2000, she helped establish and then worked for the Ukrainian Christian Rehab Association. She participated in Russia’s first national consultation on Christian rehab ministry, and she teaches an annual modular course in rehab ministry at the Moldovan College of Theology and Education. Giblett frequently attends and participates in regional conferences on rehab ministry in Russia, Ukraine, and Moldova. She also facilitates the introduction of Western rehab training programs including the British-originated “Light of the World” and the U.S.-
originated “Genesis” rehab counseling programs and serves as a liaison between a host of Western ministries and post-Soviet rehab centers.\footnote{160}{Giblett, “Complete Freedom,” 22-24 and 27; Giblett, “Interview,” 1-2.}

In addition to Protestant resources and conferences, the Russian Orthodox Church is increasing its efforts to combat alcoholism through education, training, and preventive measures. Overseeing and encouraging all such efforts is Valery Doronkin, head of the Coordinating Center for Combatting Alcoholism and Supporting Sobriety under the Synodal Department for Church Charity and Social Work.\footnote{161}{Press Service, “V tserkvi,” diakoniia.ru, 2 May 2011.} In September 2012 Doronkin taught a distance learning course for parish social workers on local church work with alcoholics.\footnote{162}{A recording of the course may be accessed at diakoniia.ru, the Church Charity and Social Work website. Dmitry Ribs, “Tri printsiipy prihodskii pomoshchi alkogolikam,” diakoniia.ru, 25 September 2012.} Archpriest Igor (Bachinin), head of the St. John the Baptist Sobriety Brotherhood, with its 70 parish temperance societies in 34 dioceses in Russia, Ukraine, Belarus, and Kazakhstan, led a webinar in November 2012 on parish temperance efforts.\footnote{163}{Leonid Vinogradov, “V sinodal’nom otdele;”; Salihyanova, “O liubvi.”} Since 2006 Father Pavel (Dorofeev) and rehab director and counselor Ekaterina Savina have taught substance abuse workshops and seminars at Moscow’s Church of Tikhon Zadonsk.\footnote{164}{Irina Redko, “Zhazhda Boga,” miloserdie.ru, 22 April 2010.} As another sampling of diverse Orthodox efforts, 21 Moscow parishes host five Alcoholics Anonymous groups, eight Narcotics Anonymous groups, two schools of sobriety, two residential rehab programs, various outpatient clinics and counseling centers, and celebrate liturgies and hold prayer services for substance abusers and their families.\footnote{165}{Synodal Department for Church Charity and Social Service, “Alkogolikam i narkomanam pomogaiut v 21 khrame Moskvy,” diakoniia.ru, 20 October 2010; miloserdie.ru, “Praoslovaia Moskva—zhertvam alkogolizma i narkomanii,” 3 January 2004.} Total abstinence, a consistent core principle of both Orthodox and Protestant rehab programs, is now being promoted by some Orthodox clerics for the church as a whole. At a roundtable conference on “Personal Sobriety,” 25 May 2011, Metropolitan Kliment of Kaluga and Borovsk, maintained, “We need to revive the tradition of a lifestyle of abstinence.” At the same gathering Archpriest Vladimir Sorokin from the St. Petersburg Theological Academy gave a report on “Personal Sobriety of the Clergy—The Basis for Sobriety in the Russian Orthodox Church.”\footnote{166}{Cyril Milovidov, “Bor’ba s p’ianstvom nachinaetsia s lichnogo trezveniia,” diakoniia.ru, 25 October 2011.}
What Is To Be Done?

Alcohol abuse inflicts widespread damage upon Russian society and upon the Russian economy. It seriously undermines the nation’s health, safety, family integrity, and economic productivity. As a major contributor to Russia’s demographic crisis, alcoholism also ultimately threatens Russia’s strategic security, no more dramatically than in the case of a depopulating Siberia adjacent to China’s burgeoning billion. Finally, as alcoholism increasingly erodes the foundation of Russia’s social fabric, its demographic viability, and its strategic security, it poses, in turn, a threat to the nation’s long-term political stability. The question remains: What is to be done?

Overcoming Indifference

In combating alcoholism in Russia, government measures have proven ineffective in good measure because the public is little exercised by its own pandemic inebriation. “The difficulty,” Alexander Nemtsov explains, “is that the alcohol problem in this large and heavily drinking country evokes almost no reflection in the national consciousness. Millions of personal tragedies attributable to drinking do not coalesce into a public sentiment against alcohol; heavy consumption has become a part of the daily life of a large section of the population. This sustains official indifference.”

It is likely the case that no less than a sea change in Russian culture would be required to effectively rein in alcohol abuse. That, in turn, would be possible only as a result of a newfound respect for human life that has been cheapened by devastating revolutions, wars, and famines. Patriarch Kyrill has argued that “Freedom is truly possible only when society and every individual respects the God-given dignity of every other person.” Similarly, on an individual level, lasting freedom from alcoholism requires a deep-rooted respect for one’s own person, a belief church-based rehab advocates derive from St. Paul’s admonition that the body deserves care because it is God’s temple (I Corinthians 6: 19-20).

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Before the 1917 Revolutions, an Orthodox priest addressed a national conference on alcohol abuse as follows: “Some say that drunkenness is a consequence of lack of civil rights, poverty, and hunger; others place it purely in relation to conditions of lifestyle….But, gentlemen, it is not for us to create paradise on earth. And we cannot ever find a place where the wind does not blow and sorrows have not reached man. And we will not abolish all the circumstances which could upset an emotionally unstable person.” The only possible solution, he argued, was “an aroused religious consciousness” and the moral teachings of Tolstoy. Another conference delegate questioned the effectiveness of recreational diversions and education as antidotes to alcoholism. He pointed out that “education had not prevented the intelligentsia from heavy drinking, while the rigid moral code of the generally uneducated Old Believers and sectarians was effective in preventing drinking.”\textsuperscript{169}

\textbf{Church-Based Rehab Graduates as Models of a Healthier Life}

In light of the long trajectory of Russian cultural history, it would appear highly unlikely that the Russian population would forego alcohol in favor of abstinence as practiced by some Old Believers and most Russian Protestants. Still, it might be plausible to imagine that out of self-interest the Russian state and the Russian public might come to better appreciate and make allowances for its various religious and ethnic minorities that either abstain from or better hold their liquor, including Old Believers, Protestants, and practicing Muslims and Jews.\textsuperscript{170} By some miracle, should that come to pass, sober graduates of church-based alcohol rehabilitation programs would stand ready as models for the nation of the possibility of a healthier existence free from enslavement to alcohol.

\textsuperscript{169} Boris M. Segal, \textit{Russian Drinking: Use and Abuse of Alcohol in Pre-Revolutionary Russia} (New Brunswick, NJ: 1987), 327 and 331-32.

\textsuperscript{170} Treml, “Soviet and Russian Statistics,” 225; Treml, \textit{Alcohol}, 74-75; Martin McKee, “Alcohol in Russia,” \textit{Alcohol and Alcoholism} 34 (No. 6, 1999), 825.
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