



# Glorious Praise Fellowship (H.K.) Ltd.

Tai Wo Hau Center: DD Lot 450 Kwok Shui Road,

Tai Wo Hau, N.T., Kowloon,

Hong Kong

Phone 24816805, Portable Phone: 93572564

Siu Lam Center: 47 Siu Lam Village, 161/2 Castle Peak Road, N.T.

24519802 (Fax the same on call)

E-mail: chasmc@netvigator.com

Charles McKnelly, Director/Pastor

Internet Web Site: <http://www.hkabc.net/~chasmck/>

November 25, 2000

Your Ref: CB2/BC/4/00

Our Ref: LT8921/00

Hon. Cyd Ho Sau Lan,  
Chairman of the Bills Committee,  
Legislative Council Secretariat,

Tel.: 869 9255,  
Fax: 2509 9055

Dear Hon Cyd Ho,

## **Bills Committee on Drug Dependent Persons Treatment And Rehabilitation Centres (Licensing) Bill**

Our comments are as follows:

1. It seems the Hospital Authority (and perhaps Government also?) does not have to carry out the stringent requirements suggested in this drug treatment center ordinance. But many government facilities are most antiquated and dangerous and should be upgraded, and stricter supervision should be applied.

Examples:

- a. I frequently visit Hong Kong's methadone clinics accompanying addicts for treatment. One evening, not too long ago, I saw a young man in the doorway of the Shatin Methadone clinic injecting himself and other addicts outside with needles.
- b. I have personally seen drugs being sold in front of the doorway of the Tsuen Wan Methadone Clinic. For a long time there was an old lady daily dispensing drugs in cigarette packaging. I personally saw her collecting money for these packages that looked like cigarettes. Addicts told me that they had been buying drugs from her.

- c. For twenty years, I have been involved in helping drug addicts. Many addicts have come to me from Hei Ling Chau Drug treatment center. After they have come out, they have come to me for assistance because they relapsed. Over the past ten years, I have had aftercare officers coming from Hei Ling Chau to do urine tests on those who have left this island center. These officers who have come to visit me have confidentially told me that Hei Ling Chau only has less than 5% who do not relapse back into drugs.
- 2. The use of recently rehabilitated drug addicts to help in treatment centers is discouraged by this ordinance because of the 7 year rule you are applying. This is not in the interest of the community, as we have found, as the result of years of experience that a rehabilitated drug addict is best at reaching another addict and can more easily understand how another addict feels and thinks. Ex-drug addicts know best how to handle other addicts.
  - a. A young social worker that has just graduated from university and perhaps lives in midlevels will find it difficult to understand the horrors and suffering of drug addiction. I have had professional staff come and stay for not more than three months because they have not the patience or the no how to deal with the impolite rough behavior of an addict.
  - b. We find many rehabilitated ex-drug addicts that have a sincere passion to help other drug addicts.
    - 1. Our organization has a young man five years off drugs. He was seven years an addict. He has completed two years of Theological training. We have spent \$60,000.00 training him to help other addicts. Next year, he will receive a Bachelor of Theology degree and will be ordained as reverend. However, it seems that he will not be able to use his training when he graduates next year if this bill is passed. He will have to wait another two years to make it to the seven years required before he can start working with addicts. He is desperately needed.
    - c. We train addicts who have been totally rehabilitated to remain with us to work with other new addicts because this gets them out of their self-center ness helping them learn concern for others
      - 1. Drug addicts in rehabilitation need leaders. They will follow another rehabilitated addict much more easily than they will follow someone that is not of their own kind. Most addicts will respond with "You have never been an addict, and you don't understand how I feel."
- 3. We are concerned that the wrong kind of staffing forced on us by this bill will not solve the problem of the addicts in our care, but will great difficult problems of relationships.
  - a. I have a friend who is a member of my organization. He works in a treatment where they are only 10 to 15 addicts in residence. It is small.

Three social workers are employed. A nurse is employed. Clerical staffs are employed. Other counseling staff is also employed. A teacher is employed. This organization is sub vented by government. I have been told by my friend who was employed at this center, that most of the time staff have little to do because of so few addicts in residence. The center requires an addict to pay \$3000.00 for admittance. So, the poor addicts who need help cannot get through the door.

4. I would like to stress one very important point that large numbers of staff are not the answer to drug rehabilitation success. Fine looking buildings will not produce results. Comfortable surroundings will not produce change in behavior. Only the right belief system produces the right behaviour and the wrong kind of believing produces the wrong kind of behaviour. If I am forced into much bureaucracy that takes most of my time away from the people I am serving, I will be defeating my purpose; that is, to spend most of my time with the people I am caring for.
5. My brother workers for the largest drug rehabilitation organization in the world. It is Teen Challenge is Christian organization with over 130 centers in the USA, and another 50 centers around the world. There is one in Macau. Information on Teen Challenge can be found at the Internet web site [www.teenchallenge.com](http://www.teenchallenge.com). This site contains much research information that supports these points I am making.
  - a. Most Teen Challenge centers in the USA operate with volunteer workers from local churches who have much love and concern for the addicts in rehabilitation. I have personally visited Teen Challenge centers in the USA and have seen their excellent program and how they operate. We try to use the Teen Challenge approach and program here in Hong Kong and we are getting the same results they are getting.
  - b. Teen Challenge has a proven 80% success rate with their graduates who are still off drugs after seven years. Most are still employed and responsible people in their communities. This cannot be said about drug rehabilitation in Hong Kong. You may say that the USA is different. However, I believe drug addicts have the same psychology everywhere.

#### Conclusion:

Drug rehabilitation is a matter of love, concern, and understand of drug dependent people. One boy who has now been five years off drugs in our center was speaking to an audience in the Philippines where he told this group that it was the love that he found in our center that changed his life. I feel there are the following problems with the ordinance that you are about to debate.

1. I find it hard to find such people who have love and concern and understand drug dependent behaviour. Most do not want to live with the addicts we help. We require our staff to live in residence. I used to not be able to understand this kind of behaviour. I was frustrated, angry, and depressed most of the time because I expected immediate change. Few are willing to take them to the hospital in the

middle of the night or are they willing to sit with them when they go through withdrawal till early hours of the morning. It is not a matter of just hiring people with professional degrees. Not everyone has the patience or innate ability to work with drug addicts. If you hire the wrong person, you end up with rebellion on the part of inmates.

2. Next, the severe penalties you are to impose for breaking this new law will discourage many sincere people to question whether they should continue helping addicts. I understand that this is to discourage unfit people, but it will also discourage those who really want to serve.
  - a. No one wants a six-month prison sentence and many will not be willing to risk such a sentence to help addicts. Because this, I am sure I will find it hard to find directors for my organization. I myself am concerned about the risks I must take to continue operating our center if licensed. It will be easy to be unjustly accused.
3. We are concerned about those who are presently in rehabilitation centers. We have 10 in residence in our own. What are we to do if we cannot get a license or an exemption? After we have worked so hard to rehabilitate them, are we just to turn them out into the streets again?? What effect will it have on them if they suddenly have to discontinue the program and training they are in?
  - a. We are supporting six who are living in our center in secondary and other training schools as they continue their education.
4. I believe this bill will put many addicts who are in rehabilitation back on the street, and may cause them to go back drug taking. I believe this for the following reasons.
  - a. Many organizations who are successful now, even the larger ones, will have to cut back on numbers to hire increased numbers of professional staff to carry out the stringent requirements of the drug treatment centre ordinance. Most of those non-subverted organizations do not have the sufficient funding to hire more such staff, make changes in their buildings, and they lack space.
  - b. We have been in contact with five young men who have died during the past four months. I believe this bill could push the death rate from drugs even higher, because there will not be enough help for all those addicts seeking assistance. I don't think that anyone in Hong Kong knows the real exact number of addicts, but I know of ten who have died during the past three years.
5. I feel this ordinance is far from sympathetic with those who have worked hard give their lives to serve Hong Kong people with limited resources. I have worked here 40 years assisting Chinese people. Last year our organization contributed \$500,000.00 of private funds to assisting young people. I feel this ordinance gives little mercy to people like myself who have worked so hard to help Hong Kong youth. Many of which would be dead now if they had not received my help.

I hope your committee will seriously consider the above points that have come from 20 years experience working with addicts. Also that you will study the attached research report that shows that it is possible to have an 80% success rate with addicts, and that this success does not depend on just organization.

Sincerely Yours,

Charles McKnelly,  
Director

P.S.

The copy of this report along with the research report from Teen Challenge will be delivered this morning to your good office by my staff.

# **Teen Challenge's Proven Answer to the Drug Problem**

A Review of a Study by Dr. Aaron T. Bicknese  
*"The Teen Challenge Drug Treatment Program in Comparative Perspective"*

1. [Introduction](#)
2. [Demographics of the Study](#)
3. [Teen Challenge Rebuilds Shattered Lives](#)
4. [Teen Challenge Graduates are Productive Citizens](#)
5. [Teen Challenge and "The Jesus Factor"](#)
6. [Teen Challenge is a Less Expensive Alternative](#)
7. [Conclusions](#)
  - ... [Endnotes](#)
  - ... [About the Study](#)
  - ... [About This Review](#)
  - ... [About Teen Challenge, International](#)

## **Introduction**

The number of federal dollars appropriated for drug treatment has steadily climbed over the past twenty-five years, from \$120 million in 1969, to \$1.1 billion in 1974, to \$3 billion in 1996

(1). This dramatic rise in spending has occurred even though the current group of illicit drug users is half the size of the same group in 1979

(2). Because of this mushrooming of funds in the face of a smaller target audience, in recent years the effectiveness and return on investment of these publicly-funded treatment programs has repeatedly been called into question

(3). How effective are these programs, and what kinds of criteria can be used to say a particular treatment is successful? The answers to those questions may surprise you.

For publicly funded programs, there is a core problem in the data collected to assess treatment effectiveness. Up to the present time, it has not been of a uniform nature, which prevents accurate assessments about program effectiveness. The following exchange in 1992 on the effectiveness of federally-funded treatment programs between Mark V. Nadel, the General Accounting Office's Associate Director for National and Public Health Issues, and Charles B. Rangel, then Chairman of the Select Committee on Narcotics Abuse and Control in the House of Representatives, illustrates the severity of the problem.

Mr. Nadel: As we found in our report, because uniform information is not being collected, we are unable to provide you with that information.

Mr. Rangel: How can we compare the success of one [type of treatment] to

another?

Mr. Nadel: If you had good uniform data and outcome data on a continuing basis, you would be able to do so. We don't have such data now.

Mr. Rangel: So, you haven't the slightest idea as to whether any of these treatments are working?

Mr. Nadel: We are unable to determine that. That's right, Mr. Chairman (4).

Regarding publicly funded treatment programs, Kweisi Mfume, during his days in Congress said, "I just get a little pain thinking about the lack of success rates for many of these drug treatment programs and the fact that there are a lot of people, quite frankly, who are in that business to make money and they make their money and they make it off of us" (5).

The concern about low cure rates of treatment programs funded by public dollars opens the door to questions about whether such rates are all one can or should expect of any method of drug treatment, whether or not the program receives public funding. If low cure rates and minimal changes in behavior are all that can be anticipated, does the public have the right to demand that improvement in drug and alcohol treatment programs be made? On the other hand, if significantly higher rates of success do exist somewhere in the world of drug treatment programs, then perhaps the public does have the right to demand action.

Because of the vast damage done to the individual and society by drug and alcohol abuse, it is crucial that society evaluate the effectiveness not only of publicly funded programs, but also, for the sake of comparison, programs not using public funding. For these reasons, Aaron Bicknese, a researcher at Northwestern University, decided to explore a drug treatment program which, according to a study done in the 1970's, enjoyed unusually high rates of effectiveness (6). The program is Teen Challenge International, a Christian nonprofit addiction treatment ministry with 130 centers (2885 beds) in the United States.

The study, published in June, 1999 is the most comprehensive statistical analysis of its kind to date. The study surveyed several key areas, including freedom from addictive substances, employment rates, productive social relationships and other tangible factors that lead to a better quality of life. The study was designed to determine how Teen Challenge's treatment centers, funded primarily by nonprofit contributions, compared to organizations funded by public dollars or insurers' dollars. Outcomes based on survey data were statistically compared between samples of Teen Challenge graduates and graduates of publicly funded Short-Term Inpatient (STI) drug treatment programs. As the newest type of treatment to capture the attention of addiction program evaluators, 30 to 60 day hospital stays for STIs funded by private or public insurers have become increasingly common since the early 1980's.

The results show that with at least one very popular type of publicly funded secular drug treatment program, Teen Challenge is in many ways far

more effective. The study particularly emphasized Teen Challenge's ability to help students gain new social skills, so that upon leaving the program, the Teen Challenge student, compared to clients of the secular programs surveyed, is productively employed at a much higher rate and has a dramatically lower chance of returning for further residential treatment.

The last statistically significant evaluation of the Teen Challenge program was in 1975, by the National Institute of Drug Abuse (NIDA). Of a sample of 1968 Pennsylvania Teen Challenge graduates, 87.5% of former abusers were abstaining from the use of marijuana seven years after completing the program and 95% of former abusers were abstaining from the use of heroin seven years after completing the program. In 1994, another study was conducted by Dr. Roger Thompson at the University of Tennessee. Dr. Thompson also concluded that Teen Challenge had phenomenal success. Bicknese's research found that 86% of those Teen Challenge graduates interviewed for his study were abstaining from drugs. Says Bicknese, "Society need not write off drug abusers; cures can be expected. Productive participation in society by former addicts is not unrealistic." The study credited the success of the Teen Challenge program to the emphasis on a vibrant faith in Jesus Christ: what some have called "The Jesus Factor." Contrast these research results with the following comments about publicly funded programs from some of today's leading experts in the field of addiction treatment.

Dr. Stanton Peele, of Mathematica Policy Research in Princeton, believes that alcohol treatment lobbyists' assessments of the social costs of alcoholism magnify unrealistically each year, and only serve to create "a costly and ineffective alcoholism bureaucracy" which channels huge amounts of public funding into "the addiction treatment industry" (7). David J. Bellis, author of Heroin and Politicians: The Failure of Public Policy to Control Addiction in America, says lobbying groups of mental health and drug treatment professionals dependent on government funding have created a "social pork barrel" which, through "labor-intensive federal programs," assures the continuation of their livelihood (8).

Professional drug treatment evaluator Edward Senay says, "Just as substance abuse tends to become a career, so does substance abuse treatment. . . . Steps should be taken to orient people to the fact that, while treatment does not need to be applied forever, repeated episodes of treatment are probably necessary for most. . . . People in Alcoholics Anonymous are forever 'recovering', not recovered. This concept applies to the treatment of most intoxicant-related problems" (9). Senay's assessment of the inability of secular programs to create real change in clients is echoed by John Ball and Alan Ross in their book on methadone maintenance treatment. They say, "It seems important to recognize that the goal of complete elimination of criminal behavior among patients in methadone maintenance programs is unrealistic. Such an absolute goal is utopian for this population" (10).

In contrast to publicly or insurer funded STI/AA programs, this study found that Teen Challenge not only was better equipped to help the same people that went to STI/AA programs, but was especially successful with groups such as absentee fathers and some ethnic groups who were severely addicted prior to program entry. In the Teen Challenge sample, these groups emerged much stronger than their STI or Alcoholics Anonymous (AA) counterparts on the outcomes of after-program employment, continued substance abuse, severity of relapse, and severity of depression. On some points, the secular programs showed no positive effect for these groups at all. The study's findings suggest that the concern about low cure rates in publicly funded programs might very well be warranted, because higher rates of effectiveness do exist. This finding has the potential to raise public expectations for treatment, and provides accountability for all drug treatment programs, private or public.

This study's results also raises expectations and provides hope for drug addicts and alcoholics, whose potential is often written off by many social service providers, many researchers, and a large segment of society. Drug treatment specialists in particular may need to revise such assessments as the following: "Given the multiple determinants of a complex physio-psycho-social behavior such as addiction, the generally poor premorbid characteristics of those who become addicted, and the lengthy time course of the addiction, [cures] should not even necessarily be expected" (11). In other words, because of the enormously complex nature of drug and alcohol addiction, these researchers believe it is generally not realistic to expect that a person would ever be cured of one's addiction and be able to lead a full and successful life. Fortunately for those in the grip of addictions, this study's data may pave the way for a new perspective by many treatment professionals.

[Top of Page](#)

## **Demographics of the Study**

The average Teen Challenge respondent was thirty-one years of age at intake. Thirty-one percent of respondents were African American, while eighteen percent were Latino, Native American, or East Indian. Eighty-one percent of the respondents had lived most of their lives in an urban area. Upon entering the program, fifty-six percent had never married, twenty-five percent were married, and the remaining nineteen percent were divorced, separated, or widowed. Fifty-six percent were fathers. Thirty-four percent had not earned a high school diploma before Teen Challenge, fifty-two percent had a diploma only, and fourteen percent had education beyond high school. The average Teen Challenge respondent had been arrested for non-traffic offenses at least three times in the year before entering treatment, while the average comparison group respondent had been arrested twice, and the average member of the aggregate STI pool had been arrested less than once. Before the program, eighty-six percent of Teen Challenge respondents used drugs other than alcohol at least weekly, while forty-seven percent of the aggregate STI pool used nonalcoholic drugs that often.

**Prevalence of Pretreatment Frequent Drug Usage in Teen Challenge Sample and Matched Comparison Group** (For alcohol, percent daily use during year before program; for other drugs, percent weekly use during year before program) Reference

<b>Drug</b>	<b>Teen Challenge</b>	<b>Comparison Group</b>
Cocaine	57.6	45.9
Alcohol	55.9	30.1
Marijuana	49.1	37.1
Stimulants	15.3	4.8
Hallucinogens	15.3	5.6
Opiates	10.2	5.6
Tranquilizers	10.2	13.0
Painkillers	6.8	12.8
Barbiturates	3.4	10.5
Other Drugs	5.1	0.0

The above study data show that far more polydrug users are found in the Teen Challenge sample than in the STI/AA comparison group. The average Teen Challenge respondent used 2.29 drugs frequently, but the STI/AA comparison group respondents used only 1.65 drugs frequently. Further, in all of the illicit drug categories plus alcohol, more Teen Challenge respondents were found to have used frequently pretreatment. However, the three drug categories in which higher numbers of frequent users were found in the STI/AA comparison group were tranquilizers, painkillers, and barbiturates (such as sleeping pills), all three of which are categories of legal drugs, either prescription or over-the-counter. Thus, more polydrug users were found in the Teen Challenge sample than in the matched comparison sample, and more frequent users of illicit drugs and alcohol were found in the Teen Challenge sample than in the matched comparison sample.

This study found several tangible areas where Teen Challenge excelled in comparison to STI/AA programs. This in spite of the fact that the general STI population is generally older, less ethnic, less urban, more educated, less criminal, and less severely addicted pretreatment, while Teen Challenge students have fewer productive pretreatment relationships, are using a greater range of drugs, are more severely addicted, and often come from more difficult to reach groups. After extensive analysis of the study data, Bicknese reached several conclusions as to why Teen Challenge is so effective. One key feature of the Teen Challenge program, Bicknese believes, is that it dispels loneliness and emptiness through building productive social skills and equipping students to utilize those skills once they graduate.

[Top of Page](#)

## **Teen Challenge Rebuilds Shattered Lives**

By the time someone enters Teen Challenge, almost every relationship and family tie that might have been helpful in recovering has been shattered, and the individual has usually formed strong relationships with people and/or groups that actually perpetuate the addiction spiral. Those who go to Teen Challenge for treatment typically score far lower in the quality and depth of healthy relationships than those who go to STIs or AA. In spite of the fact that those entering Teen Challenge are generally far less equipped to deal with the daily issues of life, are far more addicted to a greater range of substances, often come from groups that are extremely difficult to treat, and have few or no productive relationships, Teen Challenge graduates after treatment score as high or higher compared to their STI/AA counterparts in every area studied.

The study provides lengthy evidence regarding the reconstruction of familial bonds at Teen Challenge among a population generally without a strong sense of family. Particularly memorable are quotes which speak of the goodness of "sticking it out and spending time with hard-headed people" which "was the most positive thing I'd ever seen, period." Also mentioned was the transcending of racial barriers: "I loved to be around people from different places, I wished I would have got their numbers; it was a beautiful thing, living with them with no prejudice or racism. We loved one another. It was a beautiful thing. We all learn something from each other; I still learn from them today."

### **What the Teen Challenge Respondents Said About Their Program:**

#### **"What Was Positive, What Was Helpful, What Worked. . ."**

(59 respondents, most cited more than one category)  
Reference

Jesus Christ/God	35
Schooling, teaching, or Bible	31
Advisor, staff, love, encouragement	24
Fellowship, unity, friends, living with others	24
Discipline, structure, work	23
Seeing lives changed	11
You (self-motivation)	11
Time to pray	10
Outings, outreach, helping others	7
Learning to forgive myself	5
Chapels	4
Changed my thinking; gave me hope	4
Length of stay	2

The study data also suggest the following three additional ways Teen Challenge, as opposed to a short-term inpatient hospital program or Alcoholics Anonymous, is more likely to help students build productive social relationships.

### **The Staff Contribute to Forming Productive Social Relationships**

Much of Teen Challenge's success comes from the level of commitment required in the program. If one is in the program, one must learn to participate in community life, with its hardships, benefits and lessons in the forming of productive social relationships.

When graduates were asked the question, "What works?" the third most frequent response after "Jesus" and "the teaching/the Bible" was a group of responses categorized as "Advisor, Staff, Love, Encouragement." One graduate spoke of the "determination of the staff. It takes a lot of patience, a lot of time, a lot of courage and sacrifice to work there. As a worker you put out a lot." Another observed, "Staff members live there. Their commitment stands out." With gratitude, many respondents remembered the staff with comments such as, "available, caring, loving people willing to put forth the effort to help others." The students understand the sense of mission that Teen Challenge staff feel regarding their work.

The commitment to community among staff may spring from the origins of Teen Challenge. Teen Challenge was started by David and Gwen Wilkerson to help counter the feelings of loneliness and alienation found in the street gangs of New York City. Because the program is staffed primarily by former students, there is continuity of community, and students see that the "cure" is accessible to them. The ex-addict-as-staff member who lives with the students in Teen Challenge is a powerful force for the construction of healthy and productive relationships in the students' lives.

In contrast, a doctor in a STI hospital setting, regardless of formal training in addiction counseling and therapy, generally is at a disadvantage in the treatment process compared to the Teen Challenge staff member. The doctor's presence does not necessarily send the message to the patient that the doctor was once in the patient's shoes and that the patient can get out of an addictive situation and become like the doctor. In the hospital setting, the doctor and the patient do not share meals. The doctor would not generally consider the patient as "family" nor have much to do with the patient beyond the interest required by professional duty. The doctor goes home to a family and carries on a set of social relationships with other groups in which the patient is not included. The patient, also, has a personal network which rarely includes the doctor.

At Teen Challenge, on the other hand, because the staff live at the treatment center and become like family to the students, a tight social network develops. Sanctions against bad behavior are effective, obligations are owed

and met, trust and trustworthiness are nurtured, and reputations are at stake. Healthy and productive relationships are built.

The sense of community and character that are built while in the Teen Challenge program is evident in the following quote by a graduate regarding a Teen Challenge staff member: "I really looked up to him. There's a lot of guys that didn't like him because he was hard, and I couldn't stand him at first. And now I look back and I can't help but love the man because I know what he was doing for me, you know, he was guiding me in the right way."

### **The "Social Contract" Contributes to Forming Productive Social Relationships**

"Social Contract" is a term used by social scientists for the written and/or unwritten agreements which groups use to determine what behavior is important to the group, how the group interacts with itself and others, and the group's core values. This study's data indicates that the social contract in STIs/AA is vague compared to Teen Challenge, thus contributing to a lack of group identity, unlike the strong sense of community reported by graduates of Teen Challenge. An observation made by Robert Wuthnow, who documents a recent small group trend in American society, may apply to AA-style support groups. He writes, "Small groups may not be fostering community as effectively as many of their proponents would like. Some small groups merely provide occasions for individuals to focus on themselves in the presence of others. The social contract binding members to each other asserts only the weakest of obligations. For example, 'Come if you have time.' 'Talk if you feel like it.' 'Respect everyone's opinion.' 'Never criticize'" (12).

One Teen Challenge respondent, of several, tells of such an experience: "I went to a Twelve-Step program, but I knew that wouldn't work; I knew I had to get out of the environment. You go to meetings and you come home and you're still the same. I knew I needed Teen Challenge." In fact, some discomfort may result in a greater sense of community being imparted to the student. Says another survey respondent, "You need a change in yourself right away. It helps you cope with daily problems once you do get out. What really stuck out with me was living with 100 other guys, still being able to get along, living in tight quarters. You still have something in common with everybody; whereas in prison or jail you're going to have physical fights. In jail there's not a way to get that person back on track."

### **The Fundraising Structure Contributes to Forming Productive Social Relationships**

Forming a grass roots voluntary association that successfully addresses an entrenched social problem is one of the highest forms of civic engagement. Recognition of the effectiveness of Teen Challenge in dealing with shattered lives is also evident at the grass roots level, demonstrated by the fact that Teen Challenge is funded almost entirely by private contributions. The study also suggests that Teen Challenge donors are more emotionally involved in the

organization, donating more of their time than volunteers of organizations such as the Environmental Defense Fund or even the American Cancer Society.

Teen Challenge students know that the program is funded through voluntary donations made by "ordinary people." They see this happening as the collection plate is passed when the Teen Challenge choirs go out and perform concerts in churches. This seemed to lead to especially meaningful experiences for many Teen Challenge respondents. The mentality that "I am privileged to be here," rather than "I have a right to be here," is commonplace because of the love students see demonstrated by Teen Challenge volunteers who give so freely of their time and other resources.

Extensive social engagement, the dedicated staff, the structure of the program itself, and the love of many who give freely of their time and money all contribute to a unique environment that has demonstrable effects on the graduates of Teen Challenge. Learning how to have productive social relationships, building moral character, having an "attitude of gratitude"; it is this full participation in the life of the program that has such an impact on students after graduation. These are some of the areas in which Teen Challenge so radically differs from STIs. This study demonstrates that Teen Challenge uniquely empowers the former addict, even welcoming many healed graduates to work as staff members.

<b>Source of Referral to Treatment in Teen Challenge</b>		
<b>Sample and Matched Comparison Group</b>		
(Respondents could cite more than one source)		
Reference		

Referral Source	Teen Challenge	Comparison Group
Family	43.9	16.9
Court	22.8	22.9
Friends	21.1	11.0
"Institutions" (totals)	7.10	29.7
<i>Social Worker</i>	3.5	7.6
<i>Physician</i>	1.8	11.9
<i>Mental Health Worker</i>	1.8	10.2
Employer	3.6	1.8

Self (no other sources cited)	1.8	22.9
-------------------------------	-----	------

The next section details the findings of the study regarding student empowerment, which is a key feature of the Teen Challenge program; one which stands in stark contrast to the view held by STIs/AA regarding their clients.

### **Teen Challenge Builds Character and Confidence**

The STI/AA "disease model" of addiction stands in complete contrast to Teen Challenge's "spiritual and moral" model of addiction treatment. This vast difference between STIs/AA and Teen Challenge in defining addictions is embodied in the names given to those served by the respective organizations. STIs, which follow the disease model, call clients "patients"; while in the character-building model of Teen Challenge, where addiction is understood as a matter of values, morality and Christian spirituality, clients are called "students." In the disease model, the drug, not the user, is the agent; the user is a passive host. In the moral model, however, the ex-addict is responsible for building character and deciding to overcome a destructive habit; he or she is the active agent in recovery. Teen Challenge's moral/spiritual model creates an empowering sense of purpose for the individual, while the patient of the disease model may be destabilized when told by experts of the tremendous power the substance has over the patient's life. The first of AA's Twelve Steps to recovery illustrates where the power resides in the disease model: "We admitted we were powerless over alcohol; that our lives had become unmanageable."

The Teen Challenge model is summed up by Steve Janes, Director of Chicago Teen Challenge; "It's not drugs or alcohol; it's moral training. [The Gospel of] Mark, chapter seven says it's not what enters a man that makes him unclean, it's what comes out that destroys him; it's what's in a person's heart that is the problem. Drugs and alcohol can destroy the body, but not the character. They don't make you lie, steal and cheat. We talk very little about drugs and alcohol here. We talk about character."

Most of the Teen Challenge graduates surveyed for this study who had STI/AA experience testified to having been psychologically demoralized by the "once an addict, always an addict" doctrine of STIs and AA. The present survey included the open-ended question. "How would you compare the various programs you have been in?" A typical example of their opinion regarding AA in response to this item is asserted by one respondent: "If I keep saying, 'I'm an addict,' I'm an addict, and I'm going to be in bondage and enslaved to that same thought. So whatever you think you are, that's what you will become." Similar convictions were expressed by another graduate: "I don't care what AA says, 'Once an alcoholic, always an alcoholic,' don't believe that. I don't choose to be an alcoholic. You know, you go down there and you sit around them little tables and you say, 'My name's Danny, and I'm an alcoholic,' that depresses me, and it

gives me an excuse to go drink, and I don't want no excuses to drink, so I choose not to believe that once you are, you always are."

**Post-treatment Cravings of Alcohol or Drugs: Percent Answering Yes to the Question: "During the last six months have you had problems with craving alcohol or drugs?" (reference)**

	Teen Challenge	Comparison Group
Alcohol	14%	29%
Drugs	19%	35%

A serious side effect of the disease definition for society is the shifting of responsibility for the drug user's behavior from the user to the drug, even to the extent of absolving the user of guilt for any deviant acts committed while under the influence. This absolution of guilt has become a legal statement of innocence. In 1962, six years after the American Medical Association formally endorsed the disease model, the Supreme Court began to view addiction as a disease (13). Researcher Stanton Peele has found many instances in which defendants in criminal cases have had sentences reduced because of the "addiction-as-disease" defense (14).

Beside the costs to the legal system, once addiction problems became "medical problems," an addiction treatment industry emerged, and the treatment costs charged by this industry have increased geometrically over time. When public and private health insurers began to pick up the tab for treatment of medicalized problems, the budgetary consequences for society became immense. The disease definition also tends to reproduce itself in other dysfunctional behaviors. For example, ever more addictions, such as compulsive gambling and sexual promiscuity, are being defined as blameless illnesses for which an expensive treatment and an AA-type support group is the only known cure. This has had a huge budgetary effect on the increase of health care costs for public entities, private and semi-private insurers, and individuals.

The study's empirical findings regarding healthy and productive relationships statistically validates the view that Teen Challenge's model for treatment is much different from the "drug addiction as physical disease" model. The ex-abuser's ability to function socially and productively is repaired in Teen Challenge's family-like environment. The study's quantitative comparisons between frequent AA attendees and Teen Challenge graduates indicate that while AA members must remain a part of a program for the rest of their lives, the vast majority of Teen Challenge graduates lead a new and fulfilling way of life, free of addictions and the constraints of frequent program meetings.

**Teen Challenge Respondents Entering Ministry after Graduating (59 respondents total) Reference**

Works for Teen Challenge (or similar para-church program) full-time	11	20%
Works or volunteers for Teen Challenge part-time	7	13%
Plans to enter church ministry and currently works for Teen	4	7%

Challenge (or similar para-church program)		
Plans to enter church ministry	4	7%

The study shows that Teen Challenge, which is based on moral, biblical principles, has a clear advantage over the disease model programs in two distinct areas. First, addicts are empowered, with the help of Christ, to take control over all addictive behaviors. Second, the recovered addicts do not need a maintenance program of meetings for the remainder of their lives; they are empowered to participate fully in a life they could only dream of before entering the program. The next conclusion of the study, then, comes as no surprise.

### **Teen Challenge Graduates are Productive Citizens**

The study found that Teen Challenge's goal to effect change in a broad range of dysfunctional behaviors is far more comprehensive than the goals of most secular programs, which are generally limited to the reduction or elimination of drug and/or alcohol abuse. The study shows that not only is Teen Challenge very successful in preventing relapse compared to STIs/AA, it is especially successful with groups such as absentee fathers and some ethnic groups who were severely addicted prior to program entry. The study suggests that these individuals form close relationships because of the trust and cooperation fostered with staff advisors and other students. These newfound relational skills impart the ability to form healthy and productive relationships with others upon graduating the program, which in turn provides the social skills necessary in finding and using a network of contacts appropriately to further develop healthy and productive relationships. This creates a healthy "upward spiral" as opposed to the student's formerly dysfunctional downward spirals. The results for these Teen Challenge graduates, compared to their STI/AA counterparts, are a higher abstinence rate, less severe relapses, less severe periods of depression, and significantly increased full-time employment.

The difference in employment rates was one of the most noteworthy findings of the study. It was discovered that Teen Challenge graduates were employed at a far higher rate than their STI/AA counterparts, and that Teen Challenge graduates were much more likely to be living normal lives holding down jobs and not needing further treatment. Only forty-one percent of publicly funded STI clients in the study were employed full-time one to two years after treatment compared to ninety percent of the Teen Challenge sample. In addition, it was necessary for 31.4% of the STI sample to return to treatment in the six months prior to the survey interview, while none of the Teen Challenge graduates returned to treatment in the six months prior to the interview. Says Bicknese, "The much lower-than-standard rates of post-treatment employment and of return-to-treatment reflected by the Teen Challenge sample are probably the most remarkable figures of this study."

The data from this study show that one of the most powerful features of Teen Challenge is the work training and consequent building of moral character.

Graduates feel like they are contributing to the program through their work assignments, and in a very real sense, they do help defray some of the operational expenses that would otherwise be incurred. In light of the above statistics, it is little wonder that Teen Challenge graduates' responses to questions indicate that the year-long Teen Challenge experience is revolutionary for most.

Another important conclusion of this study is that a primary reason Teen Challenge is so successful is because it fills a spiritual void in the lives of addicts. The primary distinguishing characteristic of Teen Challenge's highly effective program is an emphasis on a relationship with Jesus Christ: what some have called the "Jesus Factor."

### **Teen Challenge and "The Jesus Factor"**

Researcher: What works? Teen Challenge Graduate: "Jesus Christ. Stressing a personal relationship with Jesus Christ is the only thing that will make Teen Challenge work. Anybody can run a program and get guys out of jail or whatever, but head knowledge without a personal relationship - you're gonna be back in the same junk."

Bicknese says, "I know of no programs which are both spiritual--in the 'pervasive' sense of Teen Challenge--yet disease-oriented in their understanding of addiction. STI/AA/NA programs may protest, saying they are both disease-oriented and spiritual. I would grant that they are not entirely secular, since they do emphasize a 'higher power.' Yet their position on the secular-spiritual continuum must be a middle one, because the extent to which they are religious is up to the patient and generally not imposed by the program itself."

Responses to survey questions by Teen Challenge graduates confirm that a commitment to Jesus Christ provided them with the moral willpower needed to overcome a wide range of serious addictions. The overwhelming response by graduates to the questions, "Why don't you use drugs?" and "What makes the program work?" was "Jesus Christ." This connection between biblical Christianity and recovery is lent even more credence by the fact that seventy-one percent of Teen Challenge respondents were veterans of other treatment programs. It was also verified in the study that these "career drug treatment clients" are statistically much more likely to end their drug treatment careers after Teen Challenge than they are after a STI/AA program. The study found that according to responses from graduates, the nature of the commitment to Jesus Christ was crucial; it was not enough to have a vague belief in a higher power, one must commit to the Christ of the Bible.

In the AA Twelve Steps credo, God is described with the phrase "as we understand Him"(15). The meaning of this phrase is explained by James Wiley in his supplement to the AA "Big Book." Says Wiley, "The ancient religious writers tell us that God made man in God's own image. Maybe, instead, man made God

in man's own image. Now it may be time to do an overhaul of this idea and discover a new perception of a loving, caring Spiritual Parent that many of us longed for. 'This is the only spiritual program in the world in which you can invent your own God; really invent Him! 'Man, you can make him any way you like!' said Tony C. Yes, you can do what Tony said: Make God any way you want. In inventing a God you can live with, you are taking a long stride toward making your decision to turn your will and your life over to God's care" (16). Contrast this advice with a comment offered by a Teen Challenge graduate, "[Teen Challenge] got me a closer walk with the Lord, to show me the biblical way of the right and wrong way to live, and what God wants me to do." As another Teen Challenge respondent who had been involved in Twelve Step programs commented, "Your higher power could be a chair."

The study also pointed to the crucial significance of the "Jesus Factor" by suggesting that it is not the moral model of treatment alone that is responsible for Teen Challenge's effectiveness. This is proved by the fact, that in comparison with long-term secular therapeutic programs who subscribe to the moral model, but not the disease model, Teen Challenge's treatment success rate is higher. An earlier study reported that 28% of therapeutic community clients registered outcomes of "highly favorable," meaning "no use of illicit drugs except for less-than-daily marijuana use, and no arrests or incarcerations during the past year" (17). The comparable figure for such "highly favorable" Teen Challenge outcomes from the present study is 86%. In a uniform comparison, Bicknese believes it is likely that Teen Challenge would be shown to have higher rates of effectiveness. Such a finding would be strong evidence for the importance of the "Jesus Factor" in substance abuse treatment, since both types of programs share a "moral model" foundation.

The faith of Teen Challenge students in Jesus Christ is relevant to their successful re-entry into society in two ways. First, that faith imparts a new and positive meaning-in-life, and second, it occurs in a healthy social context. Using terms which correspond to these two points, the NIDA report characterized the theology of Teen Challenge: "Christ within you gives the power to overcome the loneliness and nothingness that previously filled your life." The study shows conclusively that Teen Challenge is extremely effective at helping a person with life-controlling problems. The next fact is thus all the more stunning.

### **Teen Challenge is a Less Expensive Alternative**

Those who come to Teen Challenge have generally exhausted whatever resources they may have had, including finances. They often have no place to lay their heads, and are usually not gainfully employed. For people such as these, the enormous costs of STIs are beyond reach.

The financial cost of treatment for an STI compared to Teen Challenge is remarkable, especially considering the difference in treatment results. An individual's year-long stay at Teen Challenge costs the organization about \$11,000, the source of these funds being, for the most part, voluntary charitable

contributions. By contrast, one thirty-day STI stay costs between \$7,500 and \$35,000 (18). This cost is borne either by the general public (if the client is funded by Medicaid or Medicare, as is the case for those in this study) or by a segment of the broader public if the client is privately insured. In either case, the public-at-large, as the source of third-party payment, is affected by the costs and outcomes of treatment.

While third-party payers such as Medicare, Medicaid, and insurance firms spend in the five-digit figures for each STI hospital stay, and in many cases, more than one stay is needed, Teen Challenge expenses are met by voluntary charitable contributions. If short-term STI clients must undergo repeated costly episodes of treatment, as findings here suggest, the attractiveness of a socially convenient 30-day drug treatment diminishes. But does Teen Challenge cost in other ways? It certainly must be a more attractive alternative for an abuser to look at a program lasting one month instead of one year. Unfortunately for those choosing a short-term program, they have far less hope statistically of remaining drug free than their Teen Challenge counterparts.

The length-of-program consideration was paramount in the design of the "Minnesota Model," which consisted of a short-term program allowing the addict to return home after an abbreviated inpatient stay with the hope that the patient would be able to return to work and attend regular AA meetings. The strain on the public budget would, according to the model, be reduced by a shorter-term hospital bill. and by the client's rather than the welfare programs' support of the clients' family. The one-month option appears to work for some, but only forty-one percent of publicly funded STI clients were employed full-time one to two years after treatment, while ninety percent of the Teen Challenge sample were employed full-time during the same period.

## **Conclusions**

The study shows conclusively that Teen Challenge graduates, whether returning to a productive lifestyle or living in society in a healthy way for the first time, are far more successful than their publicly funded STI/AA counterparts. Despite the fact that those entering Teen Challenge are generally far less equipped to deal with the daily issues of life, are far more addicted to a greater range of substances, often come from groups that are extremely difficult to treat, and have few or no productive relationships of quality and depth, after treatment, Teen Challenge graduates score as high or higher compared to their STI/AA counterparts in every area of the study. The study shows that, in contrast to their STI/AA counterparts, most Teen Challenge students lead normal lives after graduating, holding down full-time jobs and very rarely needing to return to treatment. The study also noted that Teen Challenge graduates, unlike their STI/AA counterparts, are free from the constraints of having to attend frequent AA meetings, though 84% of Teen Challenge graduates do attend church.

The study demonstrates that while STIs are far better funded, with highly trained doctors on staff, the Teen Challenge student experiences a far greater

sense of community, with the "cure" to their addictions made real to them through caring and committed live-in staff who are graduates of the program. The study found that addicted individuals attempting to fill an emptiness in their lives are not likely to possess social capital (healthy and productive relationships), or the ability to exercise it. The study shows that, while STI/AA programs are lacking in the ability to rebuild in this crucial area, the Teen Challenge environment provides individuals who complete the program with a rich abundance of social capital. The students learn to exercise trust, so that once out of the program, they can find or create a network of healthy and productive relationships. Equipped with such a network, the graduate's functioning in the broader society is much more effective and rewarding.

Many individual survey respondents testified to changes having taken place in their lives in revolutionary-sounding language, crediting Jesus Christ as the primary factor in overcoming their previous feelings of emptiness and loneliness. When asked what worked for them in the program, a response about Jesus filling a void in their lives was given more frequently than any other response category. Responses to the "what worked?" question also indicated that the loving dedication of Teen Challenge staff, the discipline of the program, and the friends made while in the program were vital factors in their success.

Finally, the study found Teen Challenge to be far more effective in working with the whole person. Teen Challenge's holistic approach to treatment was often cited by graduates as something that stood out from other programs they had tried. Respondents said things like Teen Challenge dealt with "the whole man," helped them to lay "a foundation," worked on "what's inside," and challenged them with "biblical teaching" to place their faith in Jesus Christ, the only true answer to the drug problem.

The "Jesus Factor" is still the only true answer to the drug problem.

### **Endnotes**

1. In constant 1996 dollars, adjusted for inflation. Source: United States Executive Office of the President, Office of National Drug Control Policy, The National Drug Control Strategy, 1996: Program, Resources and Evaluation (Washington, DC: Government Printing Office, 1996), p. 319; David J. Bellis, Heroin and Politicians: The Failure of Public Policy to Control Addiction in America (Westport, CT: Greenwood Press, 1981), p. 181.
2. United States Bureau of the Census, Statistical Abstract of the United States: 1998, 118th edition (Washington, D.C.: Government Printing Office, 1998), p. 151; United States Office of National Drug Control Policy, *ibid.*, p. 9.

3. "Executive Summary," Congressional Quarterly Researcher, January 6, 1995; Editorial, Wall Street Journal July 18, 1994, p. A12.
4. United States House of Representatives, Select Committee on Narcotics Abuse and Control, Drug Abuse Treatment: A Review of Current Federal Programs and Policies: Hearing, 102nd Congress, 1st session (Washington, D.C.: Government Printing Office, 1992), pp. 73-74.
5. United States House of Representatives, Select Committee on Narcotics Abuse and Control, Efficacy of Drug Abuse Treatment Programs, Part II (Washington, D.C.: Government Printing Office, 1990), pp. 36-37.
6. United States, Department of Health, Education, and Welfare, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse, "An Evaluation of the Teen Challenge Treatment Program," Services Research Report (Washington, D.C.: Government Printing Office, 1977).
7. Stanton Peele, *Diseasing of America: Addiction Treatment Out of Control* (Lexington, MA: D.C. Heath, 1989), pp. 238-239, 268, 115ff.
8. David J. Bellis, *Heroin and Politicians: The Failure of Public Policy to Control Addiction in America* (Westport, Connecticut: Greenwood Press, 1981), p. 208, 177.
9. Edward C. Senay, "Clinical Implications of Drug Abuse Treatment Outcome Research," in Frank Tims and Jacqueline Ludford, eds., *Drug Abuse Treatment Evaluation: Strategies, Progress, Prospects* (Rockville, Maryland: National Institute on Drug Abuse, 1984), p. 143.
10. John C. Ball and Alan Ross, *The Effectiveness of Methadone Maintenance Treatment: Patients, Programs, Services, and Outcome* (New York, NY: Springer-Verlag, 1991), pp. 241-242.
11. M. Douglas Anglin and William H. McGlothlin, "Outcome of Narcotic Addict Treatment in California," in Frank Tims and Jacqueline Ludford, eds., *Drug Abuse Treatment Evaluation: Strategies, Progress, Prospects*

(Rockville, Maryland: National Institute on Drug Abuse, 1984), pp. 106-107.

12. Robert Wuthnow, *Sharing the Journey: Support Groups and America's New Quest for Community* (New York: Free Press, 1994), p. 6.
13. Stanton Peele, *Diseasing of America: Addiction Treatment Out of Control* (Lexington, MA: D.C. Heath, 1989), p. 31. See also, Beth A. Weinman, "Treatment Alternatives to Street Crime (TASC)," in James A. Inciardi, ed., *Handbook of Drug Control in the United States* (New York: Greenwood Press, 1990), p. 139.
14. Stanton Peele, *Diseasing of America: Addiction Treatment Out of Control* (Lexington, MA: D.C. Heath, 1989), p. 203ff.
15. Alcoholics Anonymous (New York, NY: Alcoholics Anonymous World Services, 1955), p. 59.
16. James Wiley, *Power Recovery: The Twelve Steps for a New Generation* (New York, NY: Paulist press, 1995), p. 42.
17. Dwayne Simpson, "National Treatment Systems Evaluation Based on the Drug Abuse Reporting Program (DARP) Follow-up Research," in Frank M. Tims and Jacqueline P. Ludford, eds., *Drug Abuse Treatment Evaluation: Strategies, Progress, and Prospects* (Rockville, MD: National Institute on Drug Abuse, 1984), p. 31.
18. Stanton Peele, *Diseasing of America: Addiction Treatment Out of Control* (Lexington, MA: D.C. Heath, 1989), pp. 126-128.

---

### **Statistical References**

Prevalence of Pretreatment Frequent Drug Usage in Teen Challenge Sample and Matched Comparison Group: *Table 2.1, page 30, "The Teen Challenge Drug Treatment Program in Comparative Perspective" by Dr. Aaron T. Bicknese.*

What the Teen Challenge Respondents Said About Their Program: *Table 5.10, Page 181, ibid.*

Source of Referral to Treatment in Teen Challenge Sample and Matched Comparison Group: *Table 2.2, Page 34, ibid.*

Post-treatment Cravings of Alcohol or Drugs: *Table 5.7, Page 163, ibid.*

Teen Challenge Respondents Entering Ministry after Graduating: *Table 5.11, Page 188, ibid.*

---

### About the Study

The study, published in June, 1999, is a comparison of treatment effectiveness in drug and alcohol rehabilitation centers, and was conducted by Aaron T. Bicknese, then a Ph.D. student at Northwestern University, in partial fulfillment of the Doctor of Philosophy degree in Political Science. Dr. Bicknese conducted his study with an experimental group, the clients of Teen Challenge (TC), and a comparison group, the clients of Short Term Inpatient Programs (STIs). (This group is commonly referred to as the "STI/AA" group because the clients of STIs are encouraged to attend Alcoholics Anonymous upon graduation.) Only graduates from both groups were compared.

The Teen Challenge graduates were selected from a nationwide sample comprised of adult non-adolescent male graduates of the three largest Teen Challenge programs: Rehrersburg, Pennsylvania, Cape Girardeau, Missouri, and Riverside, California. While there is variation between these three centers, the curriculum, rules and general program structure between the sites are uniform.

The comparison group consisted of publicly funded clients of STIs who had been interviewed by New Standards, Inc. (NSI), 1080 Montreal Ave., Suite 300, St. Paul, Minnesota. All pretest and posttest comparison group data were collected by NSI, and NSI granted Bicknese access to its CATOR database for purposes of his study.

Using many survey items and procedures from NSI, Dr. Bicknese collected pretest and posttest Teen Challenge data to ensure the Teen Challenge dataset and the CATOR/NSI dataset were as comparable as possible. Teen Challenge subjects were matched with subjects from the aggregate dataset of Medicaid or Medicare-funded clients on five variables: (1) gender (males only), (2) ethnicity, (3) age, (4) severity of addiction, and (5) whether the individual was court-referred to substance abuse treatment.

Fifty-nine Teen Challenge survey respondents were interviewed. The median length of the interviews conducted with the Teen Challenge graduates was 57 minutes. The bulk of the interviews were conducted during October 1995. The Teen Challenge graduation cohorts of October 1993, April 1994, and October 1994 (a total of 150 students), were sampled in order to provide three interview cohorts of 12, 18, and 24 months post-treatment. The respondents sampled from the aggregate CATOR dataset matched for comparison with the Teen Challenge

data were likewise collected into 12-month, 18-month, and 24-month follow-up cohorts.

### **About this Review**

Teen Challenge International is very grateful to Dr. Bicknese for his dedication and research. Dennis Griffith, Executive Director of Teen Challenge International, Southern California, saw the need for a written review of the original 330-page doctoral dissertation. Andrew Kenney, a professor at Vanguard University, was commissioned to write the review.

### **About Teen Challenge International**

Teen Challenge International is the largest program of its kind in the world. Established in 1958 by David Wilkerson, Teen Challenge has grown to more than 130 centers in the United States and 175 centers in 62 other countries. You will find a wealth of information about Teen Challenge on the Internet at <http://www.teenchallenge.com>. For information about Teen Challenge in the United States, contact: Teen Challenge International, USA, P.O. Box 1015, Springfield, MO 65801, phone: (417) 862-6969. For information about Teen Challenge in other countries, contact: Teen Challenge International, P.O. Box 745, Locust Grove, VA 22508, phone: (540) 972-8223.

**Reprint from the South China Morning Post Magazine. July 1995**



# In The Name Of The Father

t is not often in Hong Kong that you meet someone who believes in miracles. So Pastor Charles McKnelly expects a degree of skepticism when he recalls they many instances of divine intervention that have punctuated his 36 years in the territory (H.K.). "You may find this hard to believe but it's true," he insists as he describes how a handicapped child was cured overnight, how he himself recovered within hours of being near death and how help often expediently arrived in times of great need.

Given that Mr. McKnelly's life has been devoted to caring for the needy, the hard times have been many. Even at the post of exhaustion, as he was a few years ago when he retreated to Cheung Chau Island for a brief respite, the 57-year-old pastor won't rest for long. He has too much on his mind, particularly now when he is about to lose the sanctuary for the homeless Filipinas for which he campaigned so vigorously. The shelter part of the Hing Tin Transit Centre in Tuen Mun which accommodates up to 35 people was provided by the Hong Kong Government in 1994 after years of petitioning by Mr. McKnelly for a suitable hostel. Now the Housing Department wants to move Chinese families in and the Filipinas out. It looks as though nothing sort of a miracle will prevent homeless Filipinas from ending up back on the streets.

"How can the move? They have nowhere to go. I cannot put these women on the streets, I will go to prison first," vows McKnelly, and there can be no doubt he means it. But the powers-that-be in this case are adamant that the women must leave. Senior housing manager of the Tuen Mun (East) Housing Department, Chan Wing Cheong, was not unsympathetic to the Filipinos plight but stressed the shelter had been granted on a temporary basis, initially only for three months. "The women have already been there a long time. We now require the space to be vacated as it is needed for those affected by clearance of temporary housing on in case of natural disasters. Of course, we will not force the women out ...we will persuade them to go." There are around 30 Filipinas currently staying at Hing Tin, some have been sacked by their employers some have walked out after being subject to abuse or violence, some are pregnant – all have nowhere to go and no money to support themselves. Human rights campaigner Anne Smyth, is a long-time friend of Mr. McKnelly's who also helps Filipinas. She says that sometimes the women are in a desperate state. "We have picked up vastly pregnant women

sleeping in the subways and parks. There was one woman who had been at Kai Tak Airport for days, when anyone asked what she was doing there she'd say that she had just missed a flight and was waiting to get on another one.

"The Filipinas make up the largest expatriate community in Hong Kong, yet there is not support for them. They are considered insignificant. They are a tranquil people and they seem to accept the most awful treatment. The abuse has to be terrible before they will willingly walk out on the street."

Prejudice against the Filipino community in Hong Kong appalls McKnelly, who was horrified when pornographic pictures were mysteriously stuck up on walls at the Hing Tin shelter several days ago. Who could have been responsible? I don't know, but someone obviously doesn't want us here," says McKnelly. Meanwhile he is actively seeking an alternative shelter. "I cannot believe that there is not somewhere we could use. Most of the transit camps in Hong Kong are empty – why should it be so difficult to find room for us?"

There are those in Hong Kong who regard McKnelly as nothing less than a saint. J.J. a now unemployed Filipino domestic worker, is one of them. "I was in hospital and my family terminated my contract. I had nowhere to go. Pastor McKnelly took care of me," she explains. One of the many children McKnelly has fostered over the years, Chan Chung Wai, still sees his "father" regularly. Now 32 and working for a fiberglass company, he says, "I don't know what I'd have done without him. He has helped me tremendously and taught me right from wrong. He is a good person, always willing to help anyone in need, whether they are Chinese, English or any other nationality.

Anne Smyth even goes so far as to describe McKnelly as "Christ-like". "He is the single most unselfish person I have ever met. He is totally fearless. I feel ashamed at how little I do when it is stacked against what he does."

Praise indeed. But looking back at the pastor's charitable career, perhaps such reverence is not out of context.

That McKnelly forgot our appointment for this interview at least make as him human. A phone call and profuse use apology later, we arranged to meet at his church, the Glorious Praise Christian Center in Tai Wo Hau (.N.T.). A little drop of succor in the midst of the industrial ocean that Kwok Shui Road, this cheery blue and white building provides a refuge for several homeless people of all Nationalities, most of whom sleep on the floor. Literature dotted about the room and pinned on the notice board, describes the Centre as the "place where people get their hurts healed".

Sitting at the center's well-worn table, McKnelly born in Illinois, describes how he became a Methodist pastor at 17. His first congregation numbered 10 until he ways, "I had a bit of a miracle." More and more people started turning up at his church and within two years his flock had swollen to 250. He came to Hong Kong with the Oriental Missionary Society in 1960, after being moved to act by a magazine article about refugees in Asia. He spent eight hours a





day studying Cantonese, founded a kindergarten near Yuen Long, established two churches in Kam Tin area and heard about a Chinese woman who was also spreading the Word of Christianity in local villages. McKnelly went to investigate. Over her door were the works "Canaan House of Prayer", inside and in the surrounding wooden shacks he found some 45 refugees, children, prostitutes and vagrants whom she had taken under her wing. "I asked how she was loosing after all these people – and she said, "Every day I pray and somehow God brings us someone who provides us on me. This woman was using every cent she had to care for suffering people and I thought

why can't I do the same?"

Some weeks later a fellow pastor knocked on McKnelly's door. "He was crying. He Had 15 children he'd found on the street but he already had seven himself and could not take them in." Nor could McKnelly turn them away, and so he fostered the first of his 135 children. He found a cheap house to rent near Yuen Long and began teaching English at the Baptist College to help pay for the cost of their upbringing. Over the years many more waifs and strays were given shelter in his home: either McKnelly would stumble upon them sleeping rough on the streets or the police would bring them to his door.

I used to walk the streets at night and see so many children sleeping rough, many of them sick, village in China would send their child to find jobs in Hong Kong and many of them would end up working in garages for \$1 a day and sleeping in the back of the cars they had been repairing. It was like something out of the Dark Ages. I once found 20 homeless Children on Kwun Tong Ferry pier, most of them were runaways. Then I took in four children whose mother was a prostitute and drug addict. Over the time I knew her she had 11 children. The other seven died from drug addiction at birth.

Lots of the Children had emotional problems: their parents were often drug addicts or alcoholics. Many of them recovered, some continued to have problems," says McKnelly. The story of Leung Kam Hei is one that McKnelly obviously finds painful to tell. Leung's brother and step-brother, both drug addicts had locked him up and injected him with heroin to get him to

work as a rug pusher. He was 18 years old. "he came to me crying, and I tried to help him get off drugs," says McKinley. But over the years Leung's struggle with the addiction proved too much to bear. When he was admitted to hospital after drinking week killer, McKinley was at his bedside. "He said to me," You are the best father I could have ever had." He was shouting that there was a bright light in the room and that he saw Jesus standing in the corner. The next day he died."



But if McKnelly has many sad memories, he say he has "many pleasant and happy ones too". Such as when his family had grown to around 30 and he simply had not room to take more. Then another miracle occurred. "A lady knocked on my door and offered me a house in As Kung with an acre of land. So I took all the children and moved there." Soon he had 40 youngsters but no kitchen and no laundry which he "desperately needed". Then another benefactor came forward with a gift of \$70,000.00 Hong Kong dollars and lo, the laundry was built with the help of prisoners from the local Pik Uk Prison. On another occasions, recalls McKnelly, there was nothing to feed the children. They sat down at mid-day and prayed to God for lunch. One o'clock came and went, then at 2 PM there was knock at the door. "It was a group from St. Andrews Church in Tsim Sha Tsui, their cars filled with frozen chickens, canned food, rice, vegetables..."

Then there was the five year old handicapped girl. "Her mother did not want her. Both her eyes were crossed. I felt such compassion...I prayed for her eyes to be healed. The next morning when she woke up, her eyes were straight. All the other children were so shocked they made her sit in the living room and would not let her move while they sat and watched her for two hours."

In between miracles, children came and went some staying for 10 to 15 years, others for a shorter term. But by 1982, McKnelly was ill with exhaustion. "I was burned out. Most of the children had brown up and I gave up. I had been looking after children for 20 years and thought it was time I got some money for my old age. I also wanted to train some of the older boys, so I started a computer company in Shamshuipo. For the first three years, the computer company Mr. McKnelly started was extremely successful. But as McKnelly's health failed, he was able to work only a few hours a day. Severe stomach and heart problems meant he was averaging six stays a year in hospital.

Then, a month later after Leung Kam Hei died drinking weed killer, McKnelly had heart attack. "I had been grieving so hard. I knew I was going to die. Business was failing, I was in debt. I new I'd been doing the wrong thing. I said, "God, I will go back to taking care of children, anything you want me to do, just don't let me die." It was a miracle. Three hours later I sat up in bed. I had a new heart. They did tests in the hospital and could find nothing wrong."

True to his word, McKnelly has gone back to helping those in need. This time they include Filipino domestic workers, Hong Kong's ex-convicts and drug addicts as well as children. He turned an abandoned church in the Glorious Praise Christian Center for displaced people, But the hostel is only small, says McKnelly, and the Tuen Mun Centre only temporary. He eyes a vacant building through the window of the center. It is Kwai Chung transit camp. "Most of it is empty. You could accommodate 250 people in there. I think we could maintain it. Another piece of church literature catches my eye. It reads "Psalms 66:1-2 Make His Praise Glorious. Awesome are His Deeds."