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A Biblical/Clinical Introduction to the Disease of Chemical Dependency

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CONCORDIA SEMINARY

A BIBLICAL/CLINICAL INTRODUCTION TO THE DISEASE OF CHEMICAL DEPENDENCY

A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF EXEGEICAL THEOLOGY IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR THE MASTER OF ARTS IN RELIGION DEGREE

BY

CHARLES C. SMITH

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ILLUSTRATIONS

THROUGHOUT THIS PAPER I HAVE USED THE MASCULINE PRONOUN FOR THE SAKE OF CONSISTENCY. I HAVE USED IT INCLUSIVELY AS A REPRESENTATION FOR THE HUMAN RACE. NO OFFENCE IS INTENDED TOWARD THE LADIES IN THE READING AUDIENCE.

Now the serpent was more crafty than any of the wild animals the Lord God had made. He said to the woman, "Did God really say, 'You must not eat from any tree in the garden'?" The woman said to the serpent, "We may eat fruit from the trees in the garden, but God did say, 'You must not eat fruit from the tree that is in the middle of the garden, and must not touch it, or you will die.'" "You will not surely die," the serpent said to the woman. "For God knows that when you eat of it your eyes will be opened, and you will be just like God, knowing good and evil." When the woman saw that the fruit of the tree was good for food and pleasing to the eye, and also desirable for gaining wisdom, she took some and ate it. She also gave some to her husband, who was with her, and he ate it. Then the eyes of both of them were opened, and they realized they were naked; so they sewed fig leaves together and made coverings for themselves. Then the man and his wife heard the sound of the Lord God as he was walking in the garden in the cool of the day, and they hid from the Lord God among the trees of the garden. [1]

The same scenario occurs countless times daily in contemporary America with a few twentieth century twists. A personality who has a way with words and an appealing chemical to offer, entices a victim with the promise that using the chemical will make one smarter and also will make them feel wonderfully superhuman. Yet, as in the pericope above, the opposite always occurs. Sometimes it is immediate, more often over a period of time. Instead of wisdom and perception, guilt, loss of self-esteem, and ultimately, powerlessness are the assured results. As chemical abuse becomes an integral part of the user's life, control over the person's lifestyle, even their very being vanishes.

Chemical Dependency is a disease which affects each and every American. Why? Because each dependent person has at least six co-dependents among his family,

friends and acquaintences.[2] Also, the untold billions of dollars in the underground economy have a direct and proportional effect on the taxable economy. Finally, higher insurance premiums(both corporate and individual) and hospital costs are realized by all of the American public.

Consider these statistics. At present, about 15% of all 10th through 12th graders in the country are problem drinkers.[3] More than one out of every ten boys and girls in grades seven through nine could be classified likewise.[4] That translates to over one million adolescents which are alcoholics, and as with all statstics, these represent only the KNOWN numbers.[5] Many other problem children are as yet undiscovered.

"The Navy, which enlists young people at age eighteen, recently discovered that 46% of their recruits have an identifiable history of problem drinking <u>when they enlist</u>."[6]

"In cultures that are predominantly Roman Catholic, or those religions close to Catholicism-Lutheranism, Episcopalianism-alcohol use(and by analogy, drug abuse) is tolerated to the point of condoning abuse. Among those groups, there is a high incidence of alcoholism."[7]

There's more. Right now over one-third of all the young people in America use illegal drugs regularly.[8] In fact, one out of every eighteen high school seniors is smoking an average of three and one-half joints per

day.[9] Sixteen percent of all high school seniors tried cocaine for the first time last year.[10]

Uppers, downers, and a host of other chemicals are as common in school lockers as they are in the medicine chests of the adult population. Culturally, we are so saturated with the notion that there's a pill for every ill that we don't even balk when viewing a current M&M's candy commercial which depicts two grade school-aged boys playing little league baseball and discussing which color of candy one takes to hit a home run!

As with the majority of the rest of our culture, the Church remains astonishingly ignorant and seemingly blasé (Oh, they're just kids having a good time, they'll grow out of it) with regard to this, the greatest social problem that Americans must now face.

There is much in Scripture that parallels the disease and the treatment procedure. This is what we propose to study. It should be mentioned that treatment for chemical dependency is presently state-of-the-art. However, the clinicians themselves admit that the only deterrent to the spread of the disease is a strong educational program, and this is virtually non-existent.

For purposes of educational introduction, I offer this brief exposition. I write from the perspective of a redeemed Christian who has been treated for drug addiction and who has spent much time ministering to my fellow addicts. Hopefully, this humble treatise will

enable those who do not have "the experience" to get a handle on the problem and formulate their thinking to deal with our problem effectively.

MEDICINE AND MAGIC IN THE BIBLE

While comparatively little appears in the earlier biblical writings on the care of the sick, it must be remembered that the Hebrews shared with other peoples of the ancient Near East the tradition of a priesthood trained and equipped to cope with a wide variety of ailments. In the Pentateuch, the priest and the midwife were held responsible for communal health, and it was not until the period of the monarchy that physicians as seperate individuals put in an appearance, which contrasts markedly with what is known of earlier civilizations.[11]

The medical principles of the early Hebrews, as enshrined in the Pentateuch, represent a notable advance upon contemporary theories of disease in that they repudiate magic completely, and sought to consider disease from either an empirical standpoint or else in terms of the personal spiritual relationship existing between the sufferer and his God.[12]

The first reference to physicians outside the Pentateuchal writings is in II Chronicles 16:12, which speaks rather disparagingly of those to whom Asa resorted at the end of his life. The Hebrew רפא originally meant "one who repairs," "one who sews together," and seems to have been used of the tending of wounds and injuries. Since God was the acknowledged Supreme Healer(Exodus 15:26), the physicians of the monarchy can have been little more than practicing apothecaries or herbalists. The reference in Jeremiah 8:22 which associates physicians with therapeutic substances indicates that this state of affairs continued in Israel. The presence of a physician gave some hope of relief from sickness, while his medicaments included the aromatic antiseptic resins and gums popular at the time.[13]

Jesus mentioned the physicians occasionally in his teaching, quoting popular proverbs about them(Matthew 9:12; Luke 4:23), and indicating that they were fairly competent. Periodically, however, they were confronted with a situation with which they were unable to cope(Mark 5:26), when they resorted to a succession of therapeutic expedients without avail. Luke is spoken of as the "beloved physician"(Colossians 4:14), and his writings are notable for the accurate recording of the healing

ministry of Jesus. His special use of medical terms which occur occasionally in the writings of nonmedical authors shows beyond reasonable doubt that he was trained in the Greek medical tradition.[14]

The administration of drugs by amateurs for non-medical purposes was considered to be witchcraft or black magic by the Biblical writers. In fact, the word which literally means "to administer a drug" is translated as "sorcery/witchcraft" in both Greek testaments.

The most prominent theological meaning is rendered in the list of vices that St. Paul gives in Galatians 5:20. In Greek, the term is pharmakeia. Commenting on Paul's usage of the word, Stamm says,"witchcraft, sorcery, was the use of drugs of any kind, whether wholesome or poisonous. Since witches and sorcerers used drugs, the word came to designate witchcraft, enchantment, sorcery, and magic."[15]

Two terms must be surveyed to establish meaning and usage, the verb pharmakeuo and the noun pharmakon. All other grammatical forms are derivitives thereof. These two words will be examined in light of their secular and ecclesiastical usage in the classical world.

Pharmakeia itself is derived from the verb pharmakeuo.[16] The preferred classical meaning of the word is "to administer a drug."[17] This rendering is supported by Plato and Timaeus Locrus.[18] Classical usage also indicates a secondary meaning of "using enchantments or practicing sorcery."[19] Supportive of this definition is Herodotus.[20] Euripedes, Plato, and Astrampsychus

indicate a meaning of "to drug a person" or "to give him a poisonous or stupefying drug" when the verb is coupled with an object.[21] Meanings to be rejected due to their obvious incompatibility when establishing a relationship to Pauline usage are "to season as in cookery" and the metaphorical usage which indicates that something has been treated with preservatives.[22]

Specifically, the classical writers use the word pharmakeia as follows. Hippocrates, Galenus, Aristoteles, and Soranus give a primary meaning of simply "use of drugs."[23] Potions as spells are mentioned in this connection by Plato, Timaeus, and Menander.[24] "Poisoning or witchcraft" are indicated as alternative meanings by Demosthenes, Polybius, and Aristoteles.[25] To summarize at this point, pharmakeia in its classical usage only, bears the meaning of "the use of any kind of drugs, potions or spells: poisoning, witchcraft, sorcery."[26]

The noun pharmakon carries the meaning of "a medicine, a drug, or a remedy" according to the classical writers.[27] The drug may be either "healing or noxious."[28] Homer, Pindarus, Aeschylus, Plato, Philo, and Lucianus use the term in this sense.[29] Such a drug or medicine may be applied outwardly(Homer, Arisophanes),[30] or inwardly, as a potion(Homer, Herodotus, Plato, Euripedes, Theocritus, Aristoteles, Soranus, and Galenus).[31] With the direct object, pharmakon carries a meaning of "a medicine for" or "a remedy against."[32] Aeschylus and Phrynichus show

this construction.[33] Aristedes indicates a meaning of "a medicine to restore or maintain health" for pharmakon.[34] Particularly noteworthy for our consideration are the following two constructions,especially the second:

1. Pharmakon nosou-a medicine against disease
2. Pharmakon lupes-a remedy against grief.[35]

Pharmakon may include pills and herbs.[36] Finally, a broader classical usage produces a meaning which encompasses the following elements:

1. An enchanted or hypnotic potion
2. A charm, spell or enchantment
3. Any secret means of effecting thing
4. A means of producing something(a desired effect).[37]

The term pharmakeia appears only three times in the New Testament.[38] At Galatians 5:20, it is no coincidence that the term is coupled with "idolatry" because the false spirituality that drug abuse produces is, in fact, contrary to the true spirituality that the Gospel intends. The other two occurences are in Revelation where the writer at 18:23 indicates that entire nations will be led astray by such practices. Then, at 21:8, it is stated that the condemnation due all unbelievers awaits those who practice such a false spirituality.

The noun pharmakon appears only once in the New Testament.[39] Kittel makes no mention of either word.[40] Moulton/Milligan concurs with the classical usage giving

the following definitions. For pharmakeia, "in its general sense 'practice of drugging'.....a man states that having taken a dose of medicine he is unable to leave the house."[41] Further, "it has the sinister sense of poisoning."[42] "From this it is an easy transition to 'sorcery', 'witchcraft', as in Galatians 5:20."[43] Defining pharmakon, Moulton/Milligan again confirms the classical usage as follows. "Pharmakon in its only N.T. occurence(Rev. 9:21) has the evil meaning of 'drug' 'enchantment', 'sorcery',....."[44] Bauer, Arndt, and Gingrich allow similar definitions.[45] At Revelation 9:21, the term is identified as a plague which afflicts society.

There is a Hebrew cognate in the Old Testament.

> The law of Deut. 18:10-11, which prohibits all magic art lists.....מְכַשֵּׁף 'a sorcerer'.....Further, the sorcerers are an antisocial group, and are considered as enemies of the people. Their practices are equated with that of the offering of human sacrifices(Deut. 18:10-11; cf. II Kings 17:17; II Chr. 33:6). They are liars and deceivers(cf. Isa. 44:25; Jer. 27:9-10; Ezek. 22:28; Zech. 10:2; etc.). Isaiah(57:3) calls the guild of sorcerers...the 'offspring of the adulterer and the harlot'; and Malachi(3:5) puts them in the same category with those who oppress the widow and the orphan. Micah cherishes the hope that in the near future the Lord will
>
> "cut off sorceries from your hand,
> and you shall have no more soothsayers"
> (5:12---H5:11).[46]

A detailed discussion of the Septuagint's usage and theology follows in a later section of this paper.

The apostolic writers held substantially the same view of magic. Paul called the Jewish sorcerer Bar-Jesus (tr. false messiah) "you enemy of all righteousness, full of deceit and villany"(Acts 13:10); he compares sorcery to immorality, licentiousness, and idolatry (Gal. 5:19-21; and see II Tim. 3:8). John places the sorcerer on the same plane as liars and murderers(Rev. 9:21; 18:23; 21:8; 22:15).[47]

The early Church Fathers use the verb and its forms to connote the practice of sorcery although they do not define it.[48] Obviously, they, like Luther, assume that their audience knew the exact meaning of the term.[49] The Didache and Eusebius support this usage.[50] Insofar as the noun is concerned, patristic usage is again in accordance with the classical meanings as the two common definitions ascribed to pharmakon are:

1. A remedy
2. Medicine as a means.

The first usage is attested by Origen, Clement, Gregory of Nanzianzus, and Chrysostom.[51] Attestation for the second is provided by Ignatius, Clement, and Theodoret.[52]

With this background in mind, we can now proceed to address the question: What did Paul have in mind when including the word pharmakeia in his list of vices?"

Consulting various commentators in conjunction with this question yeilds the following. Luther indicates that pharmakeia is a sin, is contrary to the Gospel, and is a false spirituality; hence idolatry or unbelief.[53] Knippel classifies chemical dependence as an Original Sin sickness for this reason.[54] Betz sheds no additional light on the subject.[55] Ridderbos states, "Sorcery originally means the preparation of medicines; more pregnantly it comes to mean the preparation and application of magical devices. The word accordingly also lies within the sphere of idol-worship and magic."[56] Guthrie says, "sorcery or

witchcraft, which was also a prevalent contemporary practice, is here represented by a word(pharmakeia) which means 'use of medicine or drugs' but which has the derived meaning of the use of drugs for magical purposes."[57] By implication, such usage and purposes would be mood or reality altering thereby producing a false spirituality of powerlessness and unbelief analagous to that produced by the chemical in the fruit spoken of in the Genesis passage at the beginning of this document.

Considering the Scriptural information to this point, the following preliminary conclusions may be drawn before an examination of the contemporary clinical information is conducted. In the positive sense, drugs or medicine, including alcohol(a sedative depressant),[58] have a proper use. Alcohol, properly used serves a social function(discussion to follow later). Drugs(salves, potions, pills, herbs, and by analogy powders---which are unhardened pills), have a proper application in the medicinal/healing sciences. Negatively, any chemical abuse is an actual sin of weakness(a vice). Chemical addiction is an outward manifestation of uncontrolled Original Sin.

THE DISEASE CONCEPT

Thus far, I have spoken of chemical dependency as a disease. Before attempting a discussion of the various chemicals, their effects, and the treatment procedure, it is necessary to delineate the disease concept and to look at the theological ramifications of the same.

Four areas qualify chemical dependency as a disease. First, there are recognizable, predictable symptoms. The symptoms are phenomenological rather than chronological. They include the following.

EXCESSIVE USE of alcohol, any chemical, or any combination thereof. An example of this is the "two-fisted drinker...with a prodigious capacity for alcohol."[59] This person develops a "dependence on alcohol(or drugs) which requires him to drink before lunch, after work, before dinner, before he goes to a movie, a concert, sports event, meeting, wedding, funeral, or while watching television."[60] "He drinks to relieve that tired feeling, because he's worried, depressed, nervous, to help him recover from a tough day at the office."[61]

LOSS OF CONTROL over one's drug of preference is another symptom of the disease. Simply stated, this is when the individual can no longer stay within the limits of usage that one intends.[62]

BLACKOUTS(not to be confused with periods of unconsciousness), occur when the user appears to be functioning normally but has no recall as to his activities.[63] "A blackout is present inability to recall something done recently while under the influence-like driving the car home last night or calling the boss's wife an 'old bat'."[64]

DENIAL is that symptom when the user "denies any problem with substance abuse and makes clear that any

problems he may have are caused by others. He finds explanations to convince himself(and others) that he has not lost control but that he has good reasons to get intoxicated and that he really is able to handle his drug as well as anybody else."[65] This is not to be confused with simple lying. It is a different variety. "But just as they have no control over their drinking(or drugging)-a fact that is subconsciously terrifying-they are forced into lying about what is happening, simply because they are incapable of facing the truth about themselves. This kind of lying is called denial."[66] "The behavior that defines denial is the way the alcoholic(or addict) lives the lie rather than just telling lies. Living the lie means people acting so as to convince everyone around them that they have not been drinking(or drugging) when they have, or that problems that cropped up as a result of drinking(or drugging) were caused by someone else or did not happen at all!"[67]

PREOCCUPATION WITH USING CHEMICALS means that the user lives to get high and plans his every moment or activity around his usage.[68]

HIDING THE STASH AND SNEAKING THE CHEMICAL occurs as the user "begins to increasingly protect his supply and to...lay in a large stock...which he frequently hides in the most unthoughtof places."[69] The user will also use in private, basically for three reasons. They are, to conserve his supply, to keep from being discovered,

or to conceal the quantity and frequency of use.[70]

BLAMING is to transfer responsibility for any irresponsible action away from the user and onto any convenient scapegoat.[71]

UNREASONABLE ANGER AND RESENTMENT especially towards authority figures and immediate friends, loved ones, and collegues occurs as frustration with the user's self increases or is amplified by his usage.[72]

LACK OF OR LOW SELF-ESTEEM is self-explanatory. It is the result of extreme GUILT or HURTING(both inwardly and directed outwardly). "The one thing that invariably motivates alcoholics(and addicts) to do something is pain."[73] "Conscience can cause alcoholics(and addicts) such emotional pain that they can scarcely endure a moment of sobriety, for then their consciences would kill them."[74] Closely related to this manifestation is SHAME for using and from not self-actualizing.[75]

UNREALISTIC FEARS as the user is "frightened by nameless fears. He feels a sense of impending doom or destruction."[76] "Alcoholics(and addicts) are afraid to live and afraid to die. So there we have another definition of an alcoholic(or addict)-a fish out of water, unable to love, unable to live, ready but unwilling to die."[77]

GRANDIOSE BEHAVIOR is the way that the user "seeks to compensate his lack of self worth. He may buy things he doesn't need, run up bills, and pick up checks at the

restaurant. He plays the part of the big shot."[78] Why? "Deep down inside every sick alcoholic(and addict) is a decent, loving person screaming to get out."[79]

A second area qualifying chemical dependence as a disease is that it is chronic. That is to say that the person always has the disease whether or not they are using. Or, to put it another way, the disease is treatable but not curable. It can be arrested but not removed.[80]

Thirdly, chemical dependence is progressive. It runs through definite, predictable stages.

In the EARLY STAGE, and again these behavior patterns are not necessarily chronological, the following phases may be observed. The alcoholic/addict uses his drug of choice regularly to escape problems, relieve tensions, and feel good. The person will promise to quit using when confronted, but not follow through. Tolerance will begin to develop; that is to say that more and more of the user's substance will be required to "get relief". The person will have trouble stopping his consumption once he starts. The early stage user will have gotten intoxicated several times. Also, bragging about the amount consumed and the high received will become a topic of conversation whether encouraged or not.[81]

Father Martin describes it this way. "Alcoholism is addiction to the drug alcohol, and that addiction has two basic components: compulsion and progression.

Compulsion means simply that alcoholics drink as they do, not because of an intellectual decision to drink, but rather because of an inner drive toward the drug and its effect. Progression means simply that the compulsion gets stronger over the passage of time, and the results get worse."[82]

Observable behavior in the MIDDLE STAGE includes the following. The person will deny using alcohol or drugs and will use drug(s) of choice alone/secretly. Hiding the stash occurs in the middle stage. The person will not be able to get through the day without using in this stage. As tolerance builds, the abuser finds it harder and harder to "get off". Morning usage/ usage upon waking will become a regular pattern.[83]

In the LATE STAGE of the disease, the alcoholic/ addict's sole purpose and motivation to live is to use his drug of choice. Loss of ambition occurs at this stage. There will be greater absences from work or school or other obligations particularly on Mondays. The user avoids and distrusts most, if not all people and neglects himself physically: eating and personal hygiene are minimal. Shakes, tremors, physical and psychological suffering become regular occurences.[84]

In the FINAL STAGE of the disease, the user will "hit bottom" in most, if not all areas of his life. These areas include spiritually, mentally, financially, socially, legally, occupationally, sexually, culturally,

and relationally to family, friends, and associates. Naturally, all of these areas have been progressively deteriorating since the outset of the dependent's usage. Now, they are, for all practical purposes, gone. Even though the alcoholic/addict is ruined, he will continue to use right into the grave. In the final stage of addiction, death is imminent. The last stage of the disease is death and it is as certain for the user as life once was.[85]

One other point is necessary to complete the description of the disease's progression. "For reasons not fully known, the addictive process, once begun, progresses in a human being even after the drinking or other addictive behavior stops. When an alcoholic, after ten years of sobriety, drinks again, he does not begin back at the beginning, or even when he left off. Within a relatively short time HE PICKS UP WHERE HE WOULD HAVE BEEN HAD HE BEEN DRINKING THE WHOLE TIME."[86]

It should be mentioned parenthetically, that the disease is the same for any drug from alcohol through cocaine to quaaludes. The intensity of the experience of the addict varies and is relatively proprtional to the intensity of the drug of choice or the drug mix that the person is using. The treatment and prevention of said disease is the same for any drug or drug mix allowing for the aforementioned differences in intensity.[87]

A word now about women alcoholics(addicts).

> Frequently it is felt that they are "different." They are not. They are people. If they are perceived as being different, the relationship with the woman alcoholic(addict) takes on a different nature and becomes a detriment in the helping process. All that we have said applies equally to the women-the phoniness and all other feeling and behavior reactions. It is a source of pain as well as relief when they discover or are confronted with these realities within themselves, but this process and this experience are essential. Perhaps there is one essential difference, and that is the possibility of more intense feelings of shame.[88]

As mentioned previously, the disease of chemical dependency is treatable but not curable. "The compulsion to drink(or drug) can dissipate with proper care, but addiction remains with the addict for life."[89] "We do know that alcoholism can be arrested and that the symptoms both physical and emotional, can be brought under control. But that takes time, and treatment works differntly for every patient, so relapses may occur."[90] Before moving into a specific delineation of the more popular drugs currently in use, and the forthcoming discussion regarding the treatment procedure, a few observations about recovery and prevention seem in order.

Recovery includes sobriety(as opposed to non-use), sanity, and true spirituality. The best prevention for this disease lies in education. Father Martin says that we must teach our children values, ethics, and then provide specific information regarding such issues that our offspring might make responsible, informed, wise decisions. This involves knowing the disease, its cause and effects, fostering attitudes conducive toward making wise decisions concerning any chemical use, and making a diligent effort

to change society's perspective regarding drug and alcohol use.[91]

Six flow charts are included at this point. They are relatively self-explanatory. The first (Illustration 1), is a graphic regarding the chemical dependency disease in the individual. Illustration 2 depicts the correlation between men and women who have the disease in terms of symptomology. Illustration 3 concerns the disease as found in the addict's co-dependents. Illustration 4 concerns the disease as found in the addict's immediate family, while Illustrations 5 and 6 show the relationship that the disease carries between the dependent and the dependent's spouse.

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ALCOHOLISM/SUBSTANCE ABUSE

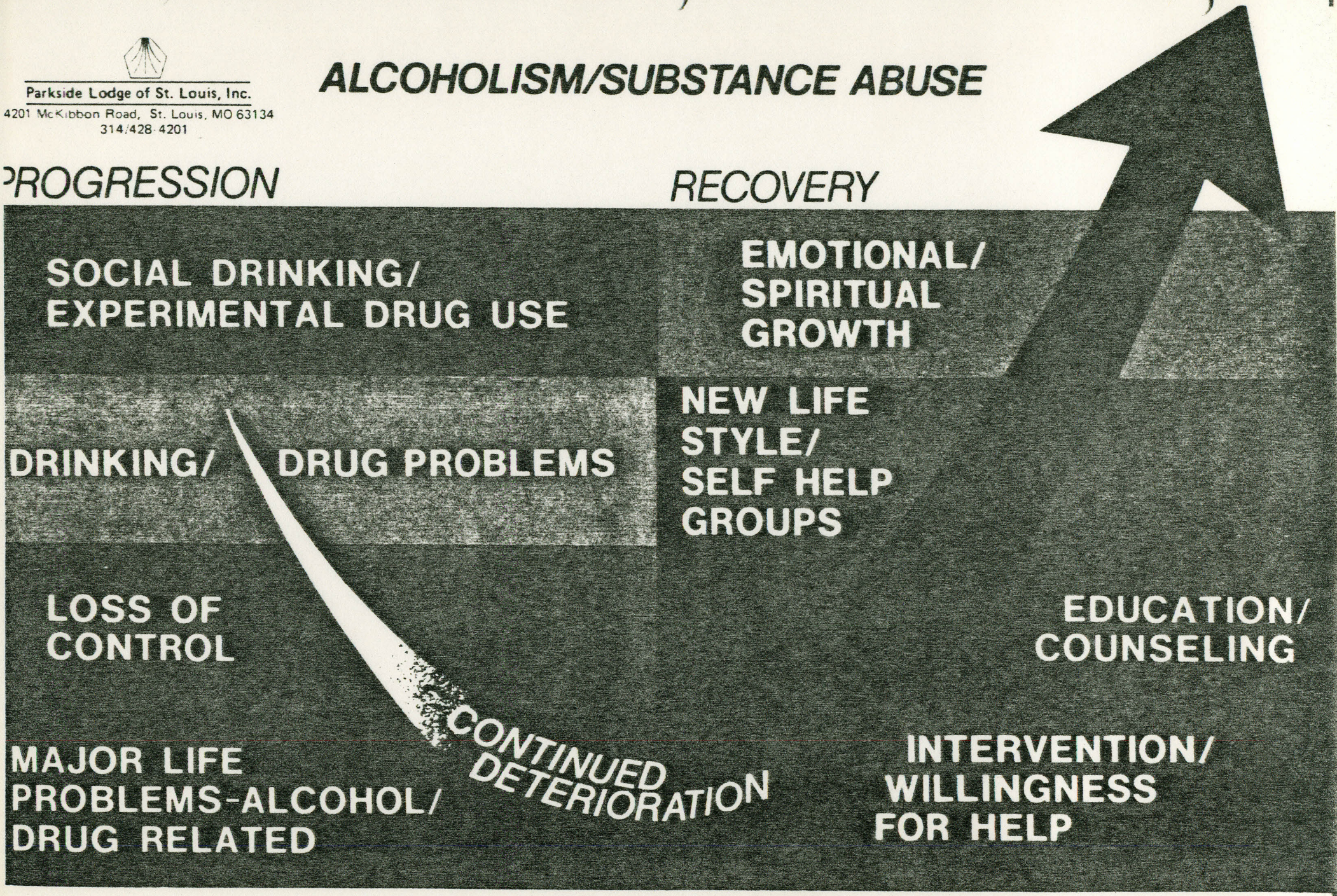
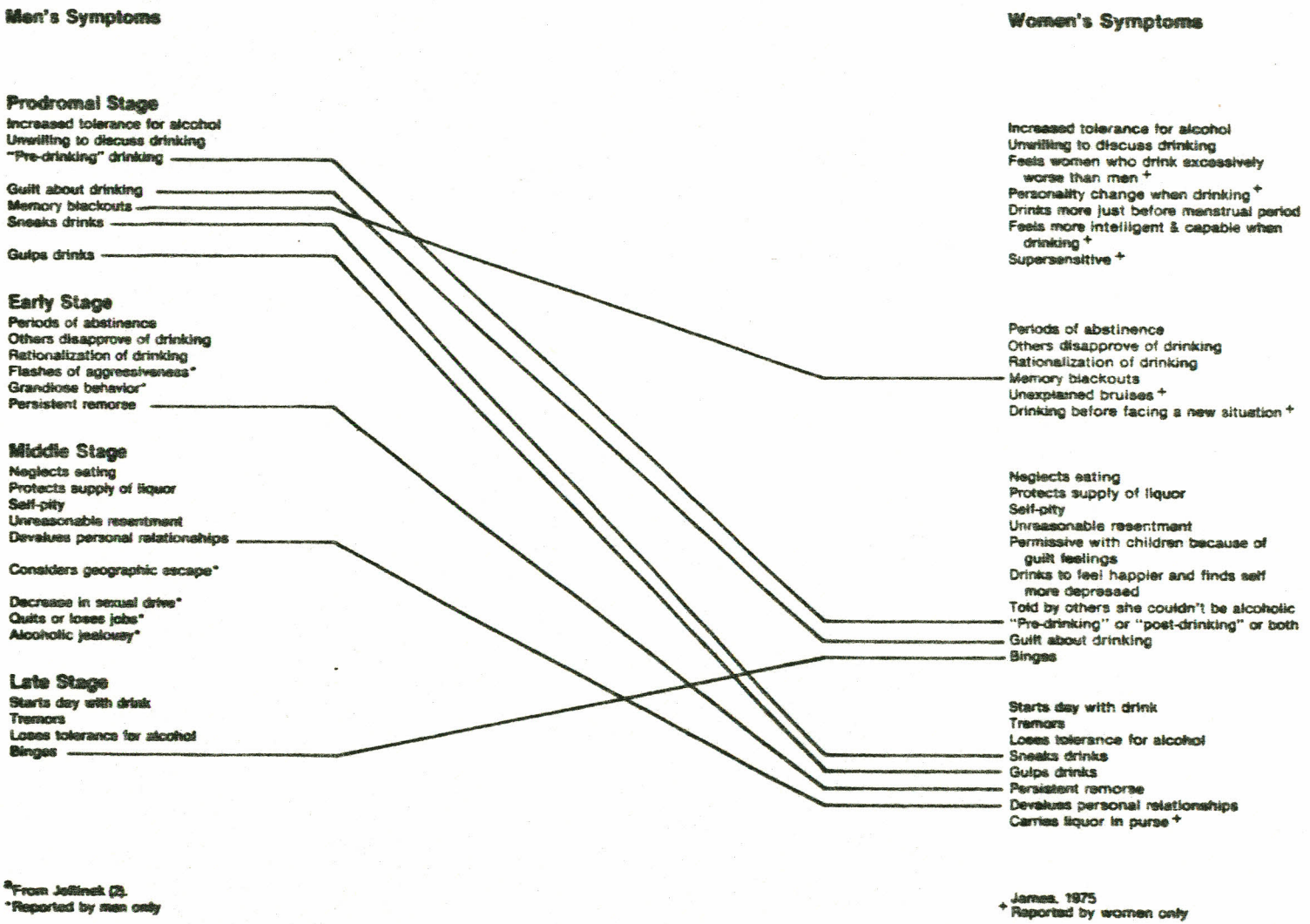


ILLUSTRATION #1

Journal of Studies on Alcohol

Chart 1. — Stages of Alcoholism in Men and Women



[a]From Jellinek (2).
*Reported by men only

+James, 1975
+Reported by women only

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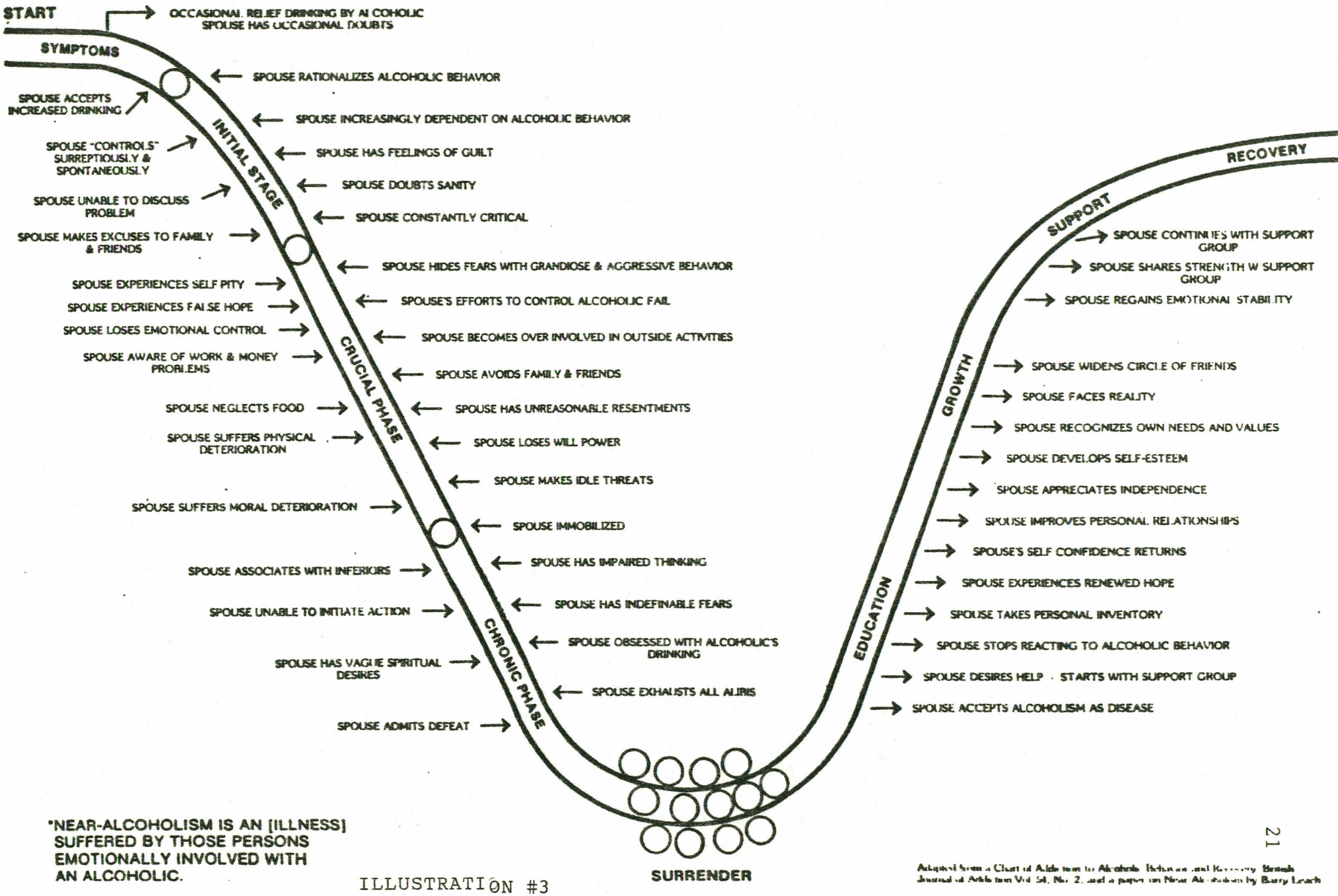
ILLUSTRATION#2

101-5976 6/83

Near Alcoholism* and Its Progression



*NEAR-ALCOHOLISM IS AN [ILLNESS] SUFFERED BY THOSE PERSONS EMOTIONALLY INVOLVED WITH AN ALCOHOLIC.

ILLUSTRATION #3

6/85

Adapted from a Chart of Addiction to Alcohol, Behavior and Recovery, British Journal of Addiction Vol. 54, No. 2, and a paper on Near Alcoholism by Barry Leach

Stages of the Family Illness

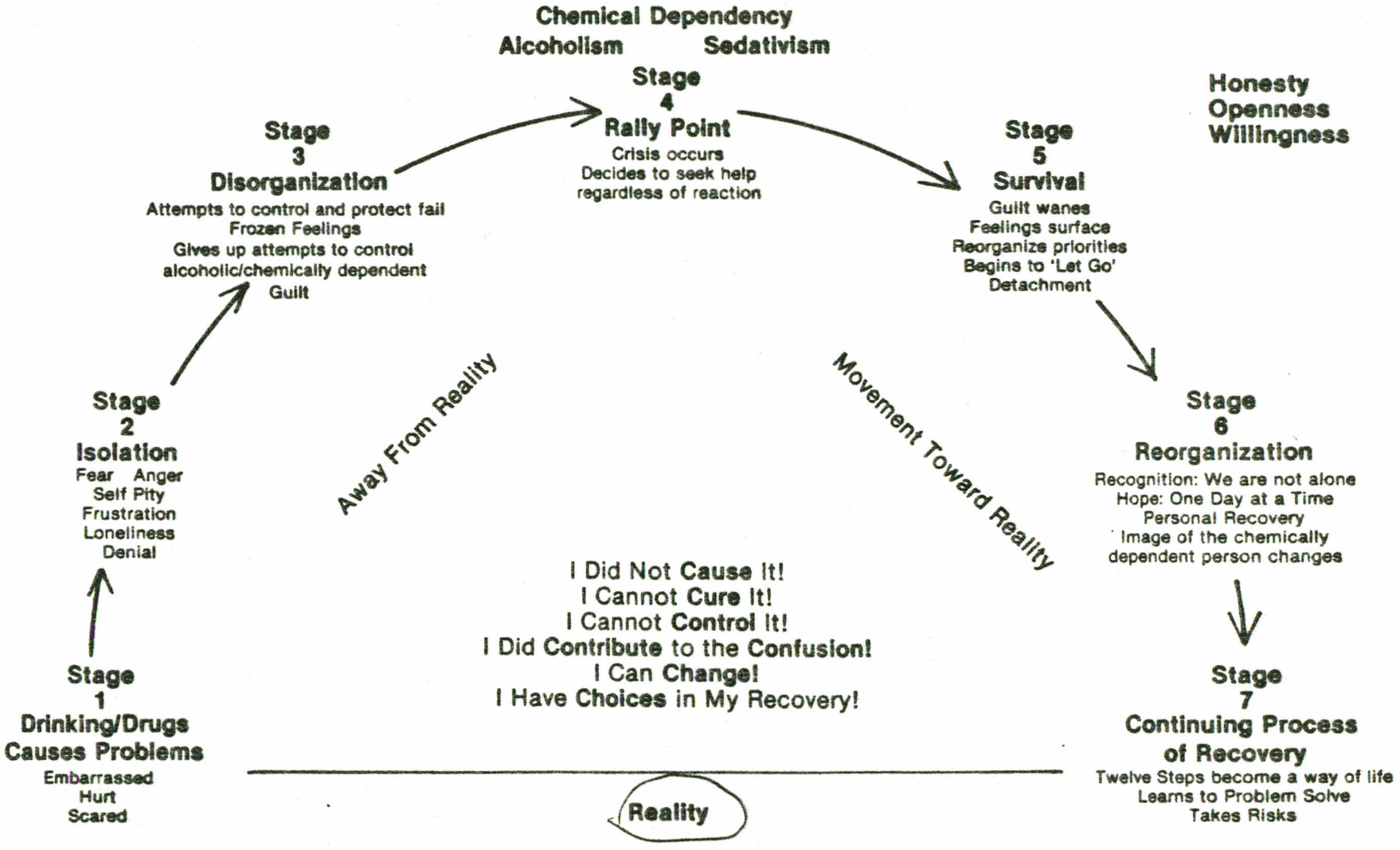


ILLUSTRATION #4

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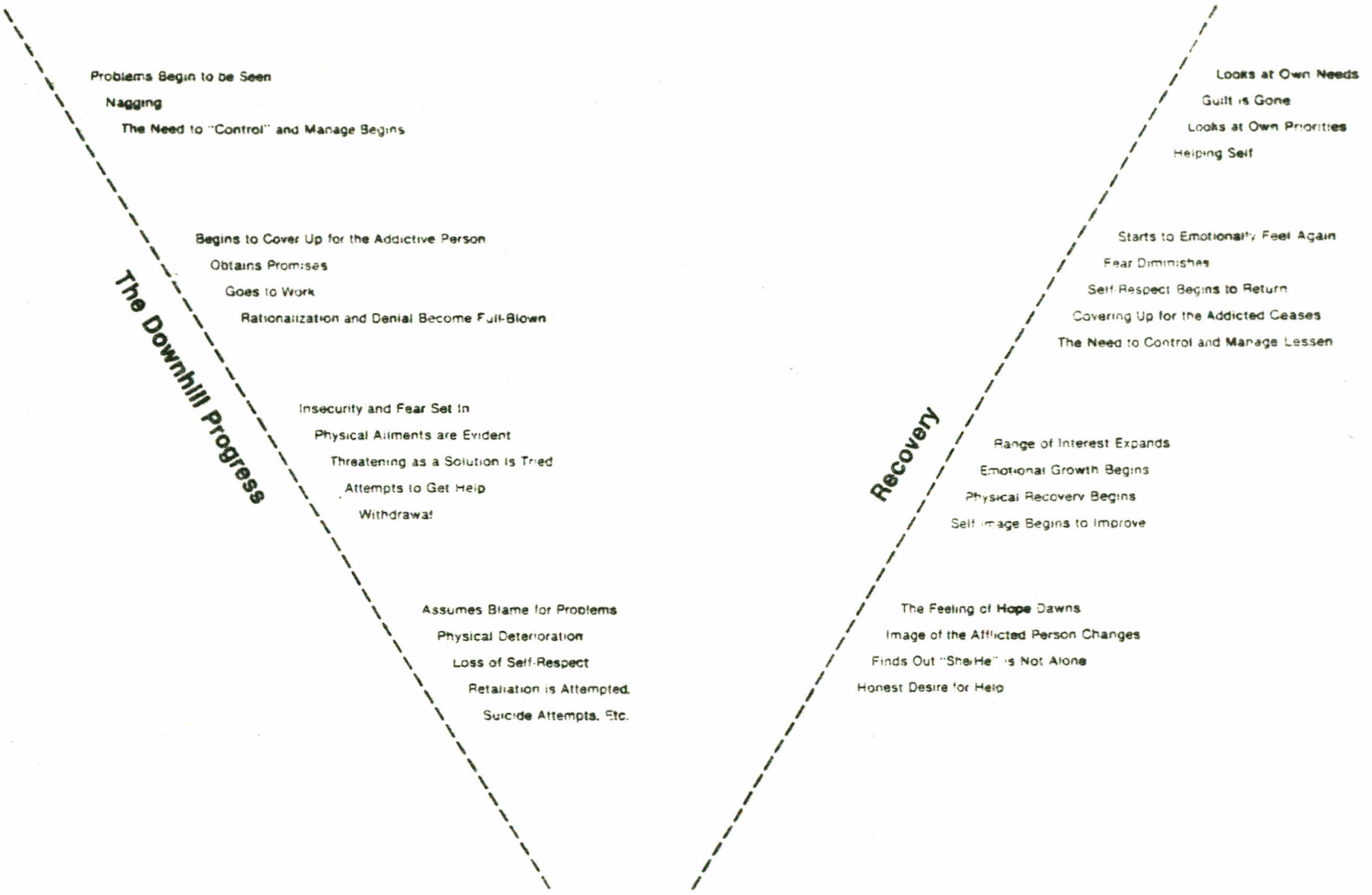
The Progression and Recovery Swing of the Spouse of the Chemically Dependent Person



ILLUSTRATION#5

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Alcoholism Is A Family Illness
"The Progression Within The Family"

Early Stages

The Alcoholic

Extra drinks
Gulping drinks
Sneaking drinks
Blackouts

The Spouse

Awareness of problems:
Money
House
Chores
Sex, etc.
Nagging starts
The need to "control" begins
Begins to deny and rationalize
(or divorce and marry another alcoholic)

Middle Stages

The Alcoholic

Loss of Control
Periods of abstinence to "prove"
Changing drinking style
Alibing
Aggressiveness
Morning Drinking
Withdrawal
Geographical cure
Undoing

The Spouse

Begins to cover up for the alcoholic
Goes to work
Obtaining promises
Loss of self-respect
Insecurity
Fear and anxiety
Begin:
Headaches
Ulcers
Nerves
Begin to threaten
Withdrawal
Possible:
File for divorce
Reconciliation
Attempt to get help

Advanced or Chronic Stages

The Alcoholic

Binge Drinking
Unknown fears
Tremors
Deterioration in all areas:
Physical
Spiritual
Emotional, etc.

The Spouse

Assumes blame for drinking
Deterioration
No self-respect
Retaliation:
Affairs
Spending
Neglect of family
Possible:
Pills
Attempt suicide

Sincere search

ILLUSTRATION #6

A LOOK AT COMMONLY MISUSED DRUGS

We begin a cursory survey of commonly misused drugs by looking at the sedative depressant drug alcohol.[92] The reason for this is simple. Alcohol is the basic drug.[93] It is the stepping stone to "bigger and better" things in the drug world.[94] If one understands the chemical dependency disease from the baseline of the basic drug, the fuller picture comes into focus quickly and easily.

> Adolescents who smoke and drink are likely to have problems with alcohol and drug abuse later, but teenagers who abstain are often "virtually immune" to later addictions, a researcher in Maryland says.
>
> Writing in the Journal of the American Medical Association, (Dr. Robert) DuPont said the link was so strong that more emphasis should be placed on family education and early detection of teenage abusers, including routine urine tests to detect marijuana use.
>
> Recent studies have shown that the onset of drug and alcohol abuse is almost entirely limited to the teenage years, peaking from 15 to 18, said DuPont, now with the Center for Behavioral Medicine in Rockville, Md.
>
> Heavy alcohol use is a strong predictor of later alcohol and drug abuse in both boys and girls, and early cigarette smoking was an especially strong predictor of later drug abuse in girls, even in the absence of alcohol abuse, he said.
>
> "On the other hand, youths who do not use cigarettes and alcohol during their teenage years are virtually immune to the non-medical use of other dependence-producing drugs," he said.
>
> The road to drug addiction varies little among teenagers.
>
> "Drug use begins with alcohol, progresses to marijuana...and then moves on to dependence-producing pharmaceuticals(barbiturates, amphetimines) and cocaine," he said. "The final step is the most stigmatized and least common drugs, such as heroin."
>
> "Not all youths who use a particular drug go on to the next drug in this progression, but alterations in the typical pattern are uncommon."[95]

Alcoholism is a factor in many diseases, including cancer, liver and heart impairments, and mental disorders. From one medical point of view a person is considered an

alcoholic when he or she drinks 50-80 grams of alcohol daily. This is equivalent to three mixed drinks, or five beers, or one-third pint of whiskey. There are about ten million KNOWN alcoholics in the United States according to this definition. About 35% of the adults who drink are either actual or potential problem drinkers.[96]

An alcoholic is about four times more likely to die in any one year than a non-drinker of the same age, sex, and similar social and economic condition. Frequent causes of death in an alcoholic are accidents, homicide, suicide, liver disease, and alcoholic-related cancers.[97]

Despite quality treatment, chances of recovery (permanent abstinence) for an alcoholic are only about 20%. Another 40% will stop periodically. A final 40% will never respond totreatment and will continue to drink.[98]

About 25% of chronic alcoholics will suffer at least one attack of severe inflammation of the liver(acute alcoholic hepatitis), which usually requires hospitalization; the mortality rate for an acute episode is 10%.[99]

Alcoholics are particularly liable to develop cancers of the mouth, upper airway and upper intestinal tract.[100]

Chronic alcoholics suffer brain damage even before they show evidence of liver disease. About 60% have intellectual impairment, and about half will show actual atrophy(withering) of brain tissue that can be recorded ·

by X-Rays(CAT Scan).[101]

Children born to chronic alcoholic women who continue to drink 4 to 5 drinks per day during the first six months of pregnancy have about a 50% chance of suffering from a condition known as Fetal Alcohol Syndrome. Such children have mental retardation, birth defects, hyperactivity, and slow developmental patterns (physical and mental).[102]

One-third of all non-fatal and one-half of all fatal automobile accidents are alcohol-related. The possibility of alcohol involvement in other accidents is: burns-30%, drowning-20%, falls-45%, homicide-50%, industrial-30%, and suicide-15%.[103]

Alcoholism can be defined as follows. The American Medical Association states: Alcoholism is an illness characterized by pre-occupation with alcohol and loss of control over its consumption, such as to lead usually to intoxication if drinking is begun; by chronicity; by progression; and by a tendency to relapse.[104]

E.M. Jellinek, a pioneer in the treatment field says: Alcoholism is a progressive disease characterized by uncontrollable drinking.[105]

Howard Clinebell, PhD.: "An alcoholic is anyone whose drinking interfers frequently or continuously with any important life adjustments or interpersonal relationships."[106]

Alcoholics Anonymous: "The fact is that most

alcoholics, for reasons yet obscure, have lost the power of choice in drink. Our so-called willpower becomes practically non-existent. We are unable, at certain times, to bring into our consciousness with sufficient force, the memory of the suffering and humiliation of even a week or month ago. We are without defense against the first drink."[107]

The National Council on Alcoholism enumerates three basic concepts: 1) Alcoholism is a disease and the alcoholic is a sick person; 2) The alcoholic can be helped and is worth helping; 3) Alcoholism is a public health problem and, therefore, a public responsibility.[108]

Surveys have shown that almost half of all male high school seniors and nearly 20% of all 9th grade boys can be called "problem drinkers". This means that they're repeatedly drunk, have problems with school authorities, difficulties with family and friends, and have abnormal contact with law-enforcement agencies. Of course, there is also the matter of drinking and driving. Over 5000 teenagers are killed yearly in auto accidents attributable to drunken driving.[109]

The simple fact is that a single can of beer contains the same amount of alcohol as a shot(1½ oz.) of whiskey. That is to say that if one drinks a six-pack, as is fairly common, that person is getting six doses of a very powerful, addictive drug.[110]

"The most used, overused, and abused drug on earth

is alcohol. It is alcohol, a powerful drug, a chemical, that many people use until it kills them. Drinking is our number one drug problem."[111]

Polyaddiction/multiaddiction is another phenomenon occuring with great regularity, especially in the under 40 age group. This syndrome occurs when the user regularly mixes alcohol with other drugs and ultimately becomes addicted to the mix. Obviously the mix is more powerful and more destructive than just alcohol or just the drug(s) mixed. Polyaddiction also occurs when people using prescription drugs drink alcohol.[112]

Some of the drugs in this volatile mix, too numerous to name, include narcotics, barbiturates, and other hypnotic-sedative drugs, amphetimines, and antihistimines.[113]

The drug alcohol can produce a feeling of well-being, sedation, intoxication, and unconsciousness. Since alcohol works on the same brain areas as some of these other drugs, it can multiply the usual responses normally expected from the other drug or alcohol alone, if they are taken fairly close to one another. For example, alcohol and barbiturates in combination increase each other's effects on the central nervous system and can be particularly dangerous. Alcohol in combination with any drug that has a depressant effect on the central nervous system likewise represents a special hazard to health and safety-sometimes to life itself. Some understanding of metabolism, i.e., the way our bodies chemically process things that we eat, drink, or take,

is necessary to explain this reaction.[114]

If drugs were not metabolized within the body their effect would continue for the remainder of a person's life(in fact the metabolism process itself can take weeks or months for the full amount of the chemical or its residue to be processsed out of the system-this is referred to as the drug's half-life and is why after a person appears to be sober, they will still think and act according to their DRUGGED personality). In the metabolic process, drugs are transformed into other substances, which are eventually eliminated through normal body functions. The more rapid the rate of metabolism, the lower the impact of the drug. When drugs are forced to compete with alcohol for processing by the body, alcohol is metabolized first, while the other drug remains active in the blood for an extended period of time. As a result, the drug's effect on the body is exagerrated, since its metabolism is slowed down due to the body's tendency to take care of the alcohol first. When added to the normal depressant consequence of alcohol, further depression of the central nervous system which regulates vital body functions occurs. This is a serious condition that can result in death.[115]

There is another danger, which can also lead to serious problems in persons who habitually drink large amounts of alcohol. As a result of excessive drinking, during periods of sobriety, barbiturates and sedatives will have less effect, since these drugs are now more

rapidly metabolized. It is therefore not uncommon for heavy drinkers to take ever larger doses of drugs, because the usual quantities taken by non-drinkers or moderate drinkers will have little effect. The results of taking the large doses and then drinking can place these persons in even greater jeopardy and can be fatal.[116]

Illustration 7 is a form letter that one treatment facility requires all patients to send home upon their arrival in treatment. The basic personality profile of the alcoholic/addict can be discerned by reading the letter.

AN OPEN LETTER TO MY FAMILY

Dear Family,

I need help. I have a problem with alcohol.

Don't solve my problems for me. This only makes me lose respect for you and for myself. I must learn to do it myself.

Don't lecture, moralize, scold or argue with me, whether I'm drunk or sober. It may make you feel better, but it will make my situation worse.

Don't accept my promises. The nature of my illness prevents my keeping them, even though I mean them at the time. Promises are only my way of postponing pain. Don't keep switching agreements. If an agreement is made, stick to it, even though it hurts.

Don't lose your temper with me. It can destroy you without any possibility of helping me.

Don't let your worry and anxiety for me make you do what I should do for myself.

Don't believe everything I tell you. Often I don't even know the truth, let alone tell it. My thinking processes are messed up.

Don't cover up or try to spare me the consequences of my drinking. It may temporarily reduce the crisis, but it will make my illness worse. I must take the consequences of my own drinking.

Above all, don't run away from reality as I do. Alcoholism, my illness, gets worse as I continue to drink.

Start now to learn to understand, and to plan for our recovery. Find those groups which exist to help families in just your situation. I must find those who can help with mine.

I need help from a doctor, a psychologist, a counselor, and/or from people in a self-help program who have recovered from a drinking problem themselves. I need help from God as a power greater than myself. Neither of us can recover by ourselves.

With Love,

Your alcoholic

ILLUSTRATION#7

ALCOHOL IN THE BIBLE

Alcohol education in the church will naturally also include what the Scriptures say and imply about beverage alcohol, drinking, and abstinence.[117]

Wine, which was the common alcoholic beverage in biblical times, is considered a gift of God by the Psalmist. In Psalm 104, "wine to gladden the heart of man" is included among the blessings for which he praises God. In Ecclesiates 9:7 we read, "Drink your wine with a merry heart." There are many references which make clear that this is a creation of God, the use of which is sanctioned. Our Lord drank wine. He said, "The Son of Man has come eating and drinking. You say, 'Behold a glutton and a drunkard.'" This was not a denial, but rather an evidence of his drinking wine. At the marriage feast, in performing his first miracle, Christ himself sanctioned the use of wine.[118]

The Scriptures also contain some clear, strong condemnations against drinking. Typical of these are the following: Isaiah 5:11-12, "Woe to those who rise early in the morning, that they may runafter strong drink, who tarry late into the evening till wine inflames them"; Isaiah 5:22, "Woe to those who are heroes at drinking wine, and valiant men in mixing strong drinks"; Isaiah 28:7, "These also reel with wine and stagger with strong drink..."; Proverbs 20:1-2, "Wine is a mocker, strong drink a brawler, and whoever is led astray by it is not wise." Proverbs 23:30-32 speaks to those who "tarry long over wine." 1 Corinthians 6:10 lists drunkards together with a group of others who shall not inherit the kingdom of God.[119]

We note, however, that kept within context all these deal not with use but with misuse. The admonitions in Leviticus 10:9 and Numbers 6:3 are limited to special instances and callings. There is strong condemnation of misuse and excess, but nowhere is beverage alcohol branded as "evil" and drinking as "inherently sinful." Actually more scriptural support can be found for moderation than for abstinence if we want to put the Scriptures to such use. Of course, we do not interpret this to mean that we are to drink in moderation rather than abstain. Beverage alcohol is simply accepted as a gift of God and as the common beverage of the day.[120]

The Scriptures, then, do not answer the question, "Should I or should I not drink?" and in seeking an answer we become involved in considering the moral nature of abstinence and moderation. Abstinence and drinking moderate amounts of beverage alcohol are not virtuous in themselves. Because people can abstain or drink moderately for unhealthy reasons, the key to the question is, "WHY do I abstain or drink?" Exploring this question and its possible answers is a vital topic in alcohol education.[121]

The person who abstains because he believes alcohol is "evil" has an unhealthy reason. He is condemning a gift of God and he is also standing in judgement over our Lord, who drank wine. Often inherent in this reason is a "holier than thou" attitude toward people who drink. Any reason that results in such a judgemental attitude is a sinful and unhealthy reason for abstinence.[122]

Abstinence, if it is to be practiced as a Christian virtue, can be seen as a matter of self-denial or as the best expression of personal conviction that this is the best excercise, FOR ME, of my Christian freedom and responsibility in relationship to my neighbor. The person who holds this conviction comfortably allows other people to make a different decision. For some recovered alcoholics abstinence may be viewed also as a Christian virtue, coming as it may from a type of spiritual recovery. Otner sound reasons for abstinence are found in the person who simply doesn't care to drink and in the person who for reasons of health chhoses not to drink.[123]

It is this writer's opinion that in light of all the medical evidence available to us, and the Scriptural word, "Do you not know that your body is a temple of the Holy Spirit within you, which you have from God? You are not your own; you were bought with a price. So glorify God in your body." that we should teach our children to avoid alcohol(and drugs) on the premise that they consitute a health hazard which tears down that body; further, we should practice accordingly.

MARIJUANA

Marijuana contains over 400 known chemicals, 61 of which are known as cannabinoids. Cannabinoids affect the central nervous system. The primary psychoactive or mind-altering ingredient is called delta-9-tetrahydrocannabinol, or THC. Researchers have conclusively shown that marijuana interferes with immediate memory and intellectual performance. It can also impair concentration and reading comprehension. Preliminary research has shown that the extended use of marijuana can produce severe anxiety, apprehension, and fear of others.[124]

Marijuana not only has an adverse effect on the brain, it also affects the heart and lungs. Further, marijuana has a higher concentration of known cancer-causing agents than tobacco.[125]

Studies have shown that males who use marijuana daily have a lower sperm count than those who don't. Grass can also reduce the body's production of testosterone-the hormone that makes men, men. In fact, long-term male users frequently begin to develop enlarged breasts similar to those of a female. Finally, pregnant women who smoke reefer are exposing their children to numerous unnecessary risks.[126]

The source of marijuana is cannabis sativa, a plant grown all over the world.[127]

Last year's harvest of illegal marijuana was worth 18.6 billion dollars, making it the largest cash crop in the United States, according to the National Organization for the Reform of Marijuana Laws.[128]

Marijuana cultivation outsripped the nation's corn crop worth 18.5 billion in 1985. This makes the nation's most valuable crop an illegal one for the

first time in American history.[129]

Three states-California, Hawaii, and Oregon-each had marijuana crops worth more than one billion dollars. According to the organization, the 18.6 billion dollar crop is worth 11% more than 1984's crop of 16.6 billion, and represents a gain of 35% over 1983.[130]

California's crop last year was worth 2.55 billion dollars, leading all states. Marijuana was the leading cash crop in 18 states, the report says. They are: Alabama, Arizona, California, Georgia, Hawaii, Idaho, Kentucky, Louisiana, Mississippi,New Mexico, Oklahoma, Oregon, South Carolina, Tennessee, Virginia, Washington, and West Virginia.[131]

The report says marijuana is the second-largest crop in Missouri, Florida, New York, and North Carolina.[132]

Besides quantity, the quality of homegrown pot continues to increase. The National Institute on Drug Abuse reported that in 1975 the average confiscated sample of marijuana contained 0.4% THC; in 1979, the average THC content was about 4%, which is ten times stronger. Missouri homegrown in 1985 averaged 16-20% THC and it is not the most potent domestic plant available. Obviously, this increases the physical and psychological effects on the user and prolongs the half-life in that person's system.[133]

In the early stages of marijuana usage, the person may appear animated with rapid, loud talking and bursts of laughter. In the later stages he may appear sleepy or dopey.[134]

The pupils may be dialated and the eyes blood-shot. For this reason, pot smokers may be seen wearing sunglasses at inappropriate times. This is not only to hide the eyes, but to compensate for the eye's inability to adjust to sun, bright light, or light

changes.[135]

The user may have distortions of perception and hallucinations.[136]

The marijuana user is difficult to recognize unless he is really under the influence of the drug and even then, he may be able to work reasonably well. The drug may distort his depth perception and time perception, making driving or the operation of machinery hazardous. Long-term use has often been associated with mental deterioration.[137]

COCAINE

It's not unusual to hear about a celebrity or sports star who uses cocaine, but most parents wouldn't dream that their teenager could be on it. For one thing, parents think that a youngster couldn't possibly afford cocaine.[138]

While the use of marijuana is declining somewhat, cocaine use among teenagers is alarmingly high. Price is no longer a deterrent. The price of cocaine has dropped dramatically over the past few years, from more than one hundred dollars to sixty dollars for a small packet-enough for several teenagers to share. As with marijuana, the purity continues to rise. Those who can't afford it on their own, pool their money with friends, steal, deal drugs, or prostitute themselves. In fact, teenage prostitution for drug money is at an all time

high.[139]

For centuries, Indians in South America have chewed coca leaves(the source of cocaine) to fight hunger and fatigue. Cocaine was widely used in patent medicines from the late 1800's to 1914, when the Federal Government restricted its use to stem a growing cocaine epidemic. This did not daunt many musicians and entertainers, who continued to use the "stardust" during the 1920's and 1930's.[140]

Cocaine came back on the drug scene in the 1960's but wasn't used widely until the 1970's when it gained a reputation as a chic, safe, nonaddicting drug. But nothing could be farther from the truth, says Dr. Arnold Washton, research director of the National Cocaine Hotline in Summit, New Jersey. Cocaine is a "time bomb in disguise," known to have serious physical and psychological effects and the potential to cause dependency.[141]

For 10 to 30 minutes cocaine users experience the high-a soaring feeling of energy and self-confidence. They feel smarter, more talkative, euphoric, and sexually stimulated. But this is often followed by depression and jitters. Chronic users eventually build up a tolerance to the drug, and instead of getting high, they experience restlessness, irritability, loss of sex drive and interest in food, insomnia, impaired functioning, and paranoia. They then try to combat these feelings by using other drugs such as alcohol, marijuana, sedatives, tranquilizers or

heroin.[142]

The typical user begins by sniffing cocaine through the nose where it is quickly absorbed into the body through the muccous membranes. When users become addicted they often resort to "free basing"-smoking purified cocaine, or injecting it intravenously with a needle. The health problems associated with using cocaine include a constantly running nose, nasal sores, erosion of the septum, seizures, blood disease, dental problems, and problems with the lungs, liver, vocal chords, eyes and heart.[143]

Since there are intense highs and lows associated with doing coke, many heavy users will take repeated doses of the drug, called a 'run', in an effort to avoid the downs. With heavier doses come suspicious feelings, hallucinations, and other signs of mental disturbance. When large amounts are taken, convulsions and death can occur.[144]

Cocaine usage among young adults has tripled within the last few years. Parents should look for the following general signs which indicate the possibility of drug use or experimentation: abrupt changes in behavior, such as coming in late or avoiding family gatherings; an increase in secrecy or time the child spends alone in his room; a change in the child's friends, especially new friendships with known drug users; a drop in school performance and an increase

in lateness or absenteeism, accompanied by a loss of interest in sports or other extracurricular activities; an increase in the child's need for money or suspicion that the child is stealing.[145]

Other signs point directly to cocaine use. They are: mood changes, the teenager becomes short-tempered and irritable; noticeable changes in speech patterns, babbling, talking excitedly, and skipping quickly from one topic to another; sudden weight loss and an inability to sleep; suspicion that the child is using pills from your medicine cabinet or alcohol from your liquor cabinet.[146]

PCP

There have been documented cases of death resulting from the use of PCP, also known as "angel dust" or "whack". This drug was originally developed as an animal tranquilzer and anesthetic for surgery. It was abandoned for human use when it was discovered what bizarre effects PCP produces.[147]

Since, 1967, it has also been produced in clandestine laboratories, frequently in dangerously contaminated forms. The prevailing patterns of street-level abuse are by oral ingestion of tablets or capsules, containing the drug in powder form alone and in combination with other drugs, and by smoking the drug after it has been sprinkled on parsley, marijuana, or some

form of tobacco. It is sometimes sold to unsuspecting customers as LSD, THC, or mescaline. Reported experiences under the influence of PCP are mainly nondescript or unpleasant. In low doses the experience usually proceeds in three successive stages: changes in body image, sometimes accompanied by feelings of depersonalization; perceptual distortions, infrequently evidenced as visual or auditory hallucinations; and feelings of apathy or estrangement. The experience often includes drowsiness, inability to verbalize, and feelings of emptiness or nothingness. Reports of difficulty in thinking, poor concentration, and preoccupation with death are common. Many users have reacted to PCP with an acute psychotic episode.[148]

Common signs of PCP use include flushing and profuse sweating, analgesia, involuntary eye movements, muscular incoordination, double vision, dizziness, nausea, and vomiting.[149]

NARCOTICS(including heroin, morphine, dilaudid, codeine)

These narcotics produce relatively the same symptoms and are used interchangeably by those addicted to them. In terms of physical symptoms the following may be observed: insensitivity to pain; euphoria; sedation; nausea; vomiting; itchiness; watery eyes; runny nose; scars on the arms or the backs of the hands from injecting drugs(tracks); pupils contricted and

fixed during usage; pupils possibly dialated during withdrawal; loss of appetite; craving for sweets; the user may be lethargic and may "nod"(alternate between dozing and waking).[150]

Narcotics users will often leave syringes, bent spoons, cotton, needles, metal bottle caps, medicine droppers, tourniquets, and glassine bags in their lockers, desk drawers, and other personal storage places.[151]

Anyone dissolving tablets for injection runs a great risk of lung impairment due to deposits of talcum (part of the tablet) obstructing or occluding the lung through the bloodstream.[152]

Other dangers include prolonged lethargy, weight loss, hepatitis, and possible death, especially when narcotics are combined with barbiturates(a common practice).[153]

HALLUCINOGENS

This classification includes LSD(acid), MDA, mesacline, peyote, psilocybin(magic mushrooms), STP, and DMT.[154]

When a person is "tripping", their behavior and mood will vary widely. The user may sit or recline quietly in a trance-like state, be extremely boisterous, or may be fearful or even terrified. The emotions run the gamut from exhuberence, through anxiety, panic,

and paranoia.[155]

The dangers inherrent with hallucinogen usage include unpredictable behavior, flashbacks, emotional instability, and psychosis.[156]

The user will experience an increase in blood pressure, heart rate, and blood sugar. He may also experience nausea, chills, flushes,irregular breathing, sweating, and trembling of the hands. There may also be some changes in sight(particularly seeing tracers), hearing, touch, smell, and time perception.[157]

It is unlikely that a person would use one of these drugs at school or at work(although this is not an impossibility and has been reported), since a controlled environment, often involving at least one other person, to provide care and supervision for the user is generally desired.[158]

A number of users do report being on hallucinogens at social events, particularly parties and concerts.[159]

Things to look for if hallucinogen use is suspected include: clear liquid; capsules; white or brown powder; small papers with psychdelic or other designs apparently printed on it; sugar cubes; and joints.[159]

STIMULANTS(Amphetimines)

This chemical classification includes both real and synthetic speed, diet pills, and decongestants.

Street names used to refer to such drugs include bennies, dexies, uppers, black mollies, black beauties, white crosses, pink hearts, pep pills, toothpicks(because they hold the eyes open), RJS's, crank, speed, and others.[160]

The so-called "speed freak" may be excessively active, irritable, argumenative, or nervous. He will also exhibit periods of excitation, euphoria, and talkativeness. His pupils will be dialated and he will go for long periods of time without eating or sleeping. In addition to these symptoms, the user will have increased blood pressure and pulse rates.[161]

If amphetimine abuse is suspected, look for pills or capsules of varying colors. Another tipoff is excessive chain smoking.[162]

The dangers inherrent with stimulant abuse are: disorientation; severe depression; paranoia; possible hallucinations; and fatigue-related stress.[163]

DEPRESSANTS(Barbiturates)

Commonly abused drugs in this category include quaaludes, doriden, tuinal, valium, and placydil. These are referred to variously as downers, 'ludes, 714's, yellow jackets, reds, blues, greens, rainbows, etc.[164]

When a user is "downing out", the observable physical symptoms will include behavior like that of alcohol intoxication, but without the odor of alcohol

present on the breath. The person can be seen staggering and stumbling. They may fall asleep while working. Their speech may be slurred and their pupils dialated. The user will have a great difficulty concentrating.[165]

If barbiturate use is suspected, look for pills or capsules of varying colors, longer than normal periods of rest or sleep, dizziness, and cold/clammy skin.[166]

Some of the inherrent dangers with depressant abuse include: rigidity and painful muscle contractions; emotional instability; overdose; and possible death (especially when mixed with alcohol or other drugs- again a common practice.)[167]

BUTYL NITRITE(and other inhalants)

Butyl Nitrite is better known by a variety of street names--rush, bullet, and locker room, to name a few. Butyl Nitrite is a vasolidator that expands blood vessels. A liquid, sold in half-ounce bottles or small capsules, butyl is inhaled and produces a high lasting from 3 to 5 minutes. Since it is a relatively inexpensive drug and can be legally sold without a prescription in most places, butyl has become especially popular among young people.[168]

Butyl nitrite is legally available because it is sold as a room odorizer and not a drug. The FDA has no control over products not marketed as drugs and no means of ensuring that such products as butyl nitrite, nitrous oxide, cleaning fluid, or airplane glue are not misused. Legal sale, however, is no indication of safety. In fact, the National Consumer Product Safety Commission has labeled butyl nitrite a hazardous substance, and the sale of amyl nitrite, a close chemical relative of buytl, has been banned since 1968 because of potential harm to users. In Connecticut and Georgia, over the counter sale of butyl is now banned, and a movement to prohibit sales is under way in other states as well.[169]

Butyl nitrite causes blood vessels to expand, and there is a rush of blood through the veins. The heart beats harder and faster to keep the swollen

vessels full. Noticeable effects on the user include rapid heartbeat, flushed face, and lowered blood pressure. There is a real danger of damage to the coronary system. Such other symptoms as headache, nausea, vomiting, and dizziness often accompany butyl use.[170]

While butyl nitrite is not physically addictive, most users must continuously increase their dosage to achieve the same effects. In addition, many people who use butyl as a sexual stimulant find themselves relying on the drug and are often unable to enjoy sex without it.[171]

Because widespread use of butyl is a recent development, little research has been done on its long-term effects. Based on knowledge of other nitrites, however, there is the likliehood of liver damage, anemia, and collapse of blood vessels in the brain. For the user with an undiagnosed heart condition, butyl nitrite could be fatal. The same generally holds true for all inhalants especially the ones mentioned earlier in this section.[172]

DRUG USE IN THE OLD TESTAMENT

Earlier in this paper, an exegetical study was made of St. Paul's usage of the Greek term pharmakeia at Galatians 5:20. Paul used a term from the Septuagint, which is logical, as the LXX is the Old Testament version directly behind the Greek New Testament. For study/discussion purposes, a study of the word, its related forms, and usage in the Septuagint is necessary.

In the Hebrew Old Testament, which is directly behind the Septuagint, fourteen different words are used to express various facets of magic/medical art. These are:

קוֹסֵם קֶסֶם,"one who practices divination"; עוֹנֵן, "a soothsayer"; נַחַשׁ ,"an augur"; מְכַשֵּׁף , "a sorcerer"; חֹבֵר חָבֶר ,"a charmer"; אוֹב ,"a medium"; יִדְּעֹנִי ,"a wizard"; דֹּרֵשׁ אֶל הַמֵּתִים,"a necromancer.....also חֶבֶר or חֲבָרִים,"charms, charmers"; and חַרְטֻמִּים ,"magicians".....Further, חֹבֵר חֲבָרִים and אַשָּׁפִים, חַרְטֻמִּים ,"magicians"; אַשָּׁף, חוֹזִים,"astrologers",

"enchanters"; and בַּעַל אוֹב, "shades of a dead person".[173] The Septuagint renders all fourteen Hebrew words with a form of pharmakeia.

In the Exodus account of Moses' and Aaáron's encounter with the Pharoah during the time of the plagues, usages appear at 7:11, 7:22, 8:7, and 9:11. In each of these citations, a practitioner of a false spirituality performs deeds which are as powerful as those of God's representatives, but nonetheless contrary to true spirituality by their very intent.

At Exodus 22:18, within the context of the Mosaic Law, the term appears in its female form. In Deuteronomy 18:10, again within the context of the moral/ehical precepts of the Law, the term is one of the practices which are considered "detestable before the Lord" and not representative of His people.

In II Kings 9:22, the point is made that there can be no peace when the unspirituality of pharmakeia is allowed. Similarly, in II Chronicles 33:6, the Lord is "provoked to anger" by a persistent practitioner of the same unspirituality.

The prophetic literature also illuminates the Old Testament understanding of the concept under consideration by its utilization of the term. One passage speaks toward this subject in Isaiah. In 47:9-12, the prophet, using an illustration from his everyday experience, predicts the fall of Babylon by comparing it

with the losses suffered by an unspiritual woman who was a practitioner of Pharmakeia. Conversely, Jeremiah predicts enslavement in Babylon for God's people by indicating that they were led astray by the words of unspiritual practitioners of pharmakeia.

There is a Messianic prophecy at Micah 5:12 which states that on the Day of the Lord, all pharmakon will be destroyed.

The prophet Nahum predicts the fall of Ninevah at 3:4 using a motif similar to the one employed by Isaiah. Here, impure sexual practices are connected with pharmakon, as in the Isaiah passage.

While speaking of the future judgement, at Malachi 3:5, the prophet links the pharmakos with adulters and liars, and says that they "defraud laborers of their wages, oppress widows and orphans, and deprive the world of justice."

Finally, Psalm 58:5 speaks of the poisonous nature of such an unpirituality and indicates a point of no return to those who are not truly righteous.

It would be fair to say upon the indications given in this cursory examination, that the Hellenistic Jews who translated the Septuagint, rendered the aforementioned Hebrew forms by the same word or its forms, that being pharmakeia, believed that drug abuse ultimately stood behind such deviant behavior as is enumerated in the passages wherein the term or its forms are contained.

Interestingly, the behavior problems derived from these texts, as found in a contemporary fashion, are the same deviant, irresponsible behavior patterns which are addressed as part of the therapy in most substance abuse clinics.

INTERVENTION AND TREATMENT FOR CHEMICAL DEPENDENCY

Dr. David Ohlms, psychiatrist and director of the Hyland Center of St. Anthony's Hospital in St. Louis for Chemical Dependency, firmly believes in early treatment for victims of drugs or alcohol.

"There's a saying that 'You can't help someone until he wants to be helped,'" he said. "That's garbage! If you wait until youngsters are ready, most of them will die or wind up in mental hospitals. You must intervene."[174]

Intervention, in the jargon of the treatment world, means planned, controlled confrontation, with an eye toward bringing the substance abuser into treatment voluntarily.

> Chances are that your Intervention Session will not be the first time that you and others have tried to confront the chemically addicted person with the reality of his/her situation. You have probably discussed and presented him/her with the facts about his/her chemical use and the harmful consequences of this chemical use before. Some of these confrontations may have included threatening the chemically dependent person with the loss of his/her job or family if he/she did not change. Chances are that many of these past confrontations ended up in family arguments or apologies or tears or promises. As time passed, however, the promises were broken, the discussions forgotten, and/or the threats were not carried out. In short, the confrontations did not seem to bring about any lasting, positive changes.[175]
>
> Intervention is different from these past confrontations and it is these differences which make it effective. First of all, care, concern and support are provided during the intervention. The chemically dependent person's defensiveness is reduced because he/she

can feel that everyone is trying to help and not hurt. He/she does not have to respond in anger or hide behind tears or silence. He/she can listen to what is being said and can be assured that the support will always be there. Because the concerned others do not blame, judge, or criticize, the chemically dependent person does not feel if he/she is being attacked and does not feel the need to shield himself/herself from both the people and the words.[176]

The information which is presented during the intervention is all chemically related data. We focus on the harmful consequences of the chemical use and give specific, accurate and true accounts of these harmful consequences. We do not discuss behaviors or weaknesses which are not related to the chemical use.[177]

By keeping the focus on the drinking/drug behavior, we tell the chemically addicted person over and over again that it is the chemicals which are causing his/her life problems. In essence, we state and document the existence of the disease, and we encourage the addicted person to get professional help for the disease. When the focus is not kept on the disease, we end up telling our chemically addicted person that he/she has many different problems, all of which need a seperate solution. We overwhelm the chemically addicted person with requests for changes. He/she is not only confused by all these requests, but he/she honestly does not know where to begin or what to change first.[178]

Alternatives for the chemically addicted person and for the concerned others are arranged prior to the Intervention Session. In past confrontations, the chemically addicted person may have agreed to get professional help, but may have either changed his/her mind the following day or hour or simply have never followed through with the committment. By prearranging alternatives for professional help, we remove the opportunity for the chemically addicted person to change his/her mind, or to procrastinate. By making arrangements for the alternative which we as concerned others select, we also force ourselves to take positive action and to do rather than to threaten.[179]

Your Intervention Goal is to present to your chemically dependent person data about his/her chemical use in a caring and concerned manner in order to motivate him/her to obtain professional help.[180]

Your Intervention Data are the chemically related facts or events which you are going to present during the Intervention session. Your data should follow the guidelines below.

1. Data should be chemically related behaviors or events. We have to tell the chemically dependent person with every piece of data we present that is is the chemical use which we are concerned about and which is the cause of his/her

problems, harmful consequences and inappropriate behavior; it is the chemicals for which that person needs help.

2. Data should be witnessed or documented chemically related behaviors or events.

3. Data should point out facts about total chemical consumption or usage.

4. Data should specify the date or time when a chemically related event or behavior occurred. If possible, data should be recent. Incidents which happened last week will be easier to recall and have more impact than data which happened ten years ago.

5. Data should be presented with care and concern.

6. Data should include the consequences we experienced and feelings we had as a result of the chemically related behavior or event.

7. Data should be written.

8. Data should point out the contradictions and conflicts in values and behaviors which occur at times of chemical influence/intoxication. You need to point out that your chemically dependent person does not behave "normally" when he/she is under the influence of chemicals. His/her intoxicated self is not the self he/she has been, can be, and honestly wants to be.

Most effective treatment centers operate a basic program of 28 days. Usually, the first 5 to 7 days are spent detoxing the patient, allowing for needed rest, and getting needed vitamins and nutrients into his depleted system.

When the patient is able, he enters and spends the remainder of his time in the educational/counseling phase of the program. Education is given in life skills including communication, assertiveness, disease concept, alcohol and chemical awareness, nutrition, sexuality, anger and depression, humility, resentment, stress, self-honesty, and loving one's self and one's neighbor. Counseling, in terms of behavior modification is done individually and in group sessions. The entire program, educational and counseling, is conducted from the standpoint of effecting positive change in people by substituting a true God-centered spirituality for the false drug-centered spirituality that the patients have been living and practicing. From this beginning point, wholistic health is achieved by enabling the patient to function in a "relatively normal" fashion physically, mentally, emotionally, individually, and corporately.

The spirituality that is taught is that program developed by Alcoholics Anonymous and now used by Narcotics Anonymous, Cocaine Anonymous, Overeater's Anonymous and a host of other self-help groups. The basic framework of this spiritual way of life is the "Twelve

Steps." These will be examined shortly. For the present, suffice it to say that this " way of life calls for:

1. Acceptance of reality
2. Faith
3. Commitment of life to the care of God
4. Honesty with God, self, and others
5. Desire and readiness to change one's way of life
6. Asking God for help
7. Making amends
8. Spiritual growth
9. Sharing."[182]

From this program, an entire school of counseling has developed known as "Reality Therapy". All individual and group counseling in a reputable clinic or hospital will doubtless use this method as it has been proven to be the most effective in terms of desirable behavior modification with a wide range of people and a variety of problems.

Reality Therapy concerns itself strictly with responsible versus irresponsible behavior in terms of moral/ethical situations. The practice of it deals with the patient in the present ONLY with an eye toward the future while ignoring the past. At a glance, it is readily seen that this philosophy of treatment is wholly compatible with the Christian faith.

Reality Therapy differs from other approaches (which in some sense of the word are indebted to Freudian psychology) at six points. "The six points may be considered briefly from the standpoint of involvement.

1. Because we do not accept the concept of mental

> illness, the patient cannot become involved with us as a mentally ill person who has no responsibility for his behavior.
> 2. Working in the present and toward the future, we do not get involved with the patient's history because we can neither change what happened to him nor accept the fact that he is limited by his past.
> 3. We relate to patients as ourselves, not as transference figures.
> 4. We do not look for unconscious conflicts or the reasons for them. A patient cannot become involved with us by excusing his behavior on the basis of unconscious motivations.
> 5. We emphasize the morality of behavior. We face the issue of right and wrong which we believe solidifies the involvement, in contrast to conventional psychiatrists who do not make the distinction between right and wrong, feeling it would be detrimental to attaining the transference relationship they seek.
> 6. We teach patients better ways to fulfill their needs. The proper involvement will not be maintained unless the patient is helped to find more satisfactory patterns of behavior. Conventional therapists do not feel that teaching better behavior is a part of therapy."[183]

Reality Therapy was developed by Dr. William Glasser. To gain a basic understanding of the method, an examination of the method must be made in relation to its view of the person, the role of the counselor, and its basic techniques and goals.

The reality counselor, like the behaviorist, views the individual largely in terms of his or her behavior. But rather than examining behavior in terms of the stimulus-response model as the behaviorist does, or looking at the individual's behavior phenomenologically as the client-centered counselor does, the reality therapist considers behavior against an objective standard of measurement, which he or she calls "reality." This reality may be a practical reality or a moral reality. In either case, the reality counselor sees the individual as functioning in consonance or dissonance with that reality.

"When a man acts in such a way that he gives and receives love, and feels worthwhile to himself and others, his behavior is right and moral," argues Glasser. Throughout his thinking, the criterion of "right" plays an important role in determining the appropriateness of

behavior. He uses such terms as satisfactory, improved, good, and moral to describe behavior, and his view of mental health is directly related to how well one's behavior meets these standards of measurement. The reality counselor's view of the person is continually shadowed by the normative points of these higher goals.

Glasser sees as the main motivation in people's behavior their attempts to fulfill their needs. He suggests that there are two basic psychological needs: the need to love and be loved, and the need for "achievement of self-worth, the feeling that you are worthwhile as a person both to yourself and others." In a later paper, he reduces this to one basic need: the need for identity.[184]

When individuals are frustrated in satisfying these needs, they may lose touch with the objective reality, stray from the imposing confines of the real world, and lose their ability to perceive things as they are. "In their unsuccessful effort to fulfill their needs," Glasser argues, "no matter what behavior they choose, all patients have a common characteristic: they all deny the reality of the world around them."

It is in our strivings to satisfy these basic needs, argues Glasser, that the patterns of our behavior are determined. A person's sense of responsibility for himself or herself helps that individual change and modify behavior, to arrive ultimately at more acceptable and satisfactory standards that, in turn, enable him or her to gratify needs more successfully.[185]

Thus, the reality counselor attaches direct values to behavior, measuring in counseling a person's success orfailure against these values and how well the values have been met. Responsiblity serves as a foundation concept: a value in itself, against which all other calues are measured. It is not so much that the individual is taught to be responsible, but rather that responsibility becomes the means utilized for the therapeutic end.[186]

The view of the individual, then, can be summarized as follows: the healthy person is a responsible being in the process of satisfying his or her basic life needs (to love and be loved; to feel worthwhile), which together give the individual a sense of experiential unity, of personal identity, of purpose in life.

The primary task of the client in reality counseling is to learn to make appropriate choices, to develop a sense of responsiblity, to be able to interact constructively with others, and to understand and accept the reality of his or her existence. Although this appears on the surface to be identical to the role of the client in existential counseling, it differs in two important aspects: the client in reality counseling, unlike the existential client, is not in the process of creating his or her own existence and own destiny through choices; rather, the client is conforming to the counselor's

notions of reality; secondly, the reality client's sense of responsiblity is defined as "the ability to fulfill one's needs, and to do so in a way that does not deprive others of the ability to fulfill their needs."[187]

Clients come to treatment to fill a void in their lives. "Almost [filled with] emptiness...they look to the psychiatrist to supply in a measure what they lack, and in proper psychiatric treatment he does this. When the patient finally begins to establish a real feeling of identity, the empty feeling leaves and the person begins to become alive and vital." Glasser views this emptiness as a lack of genuine involvement with others and attributes many of the major psychological problems to this source.[188]

The counselor, in other words, establishes a relationship with the client in which he or she is able to exert a critical awareness for the client's benefit. The counselor guides the client, directively and dynamically, to a condition of congruence with objective reality; but unlike the client-centered counselor, the reality counselor is unabashedly judgemental(in the sense of making value assessments) and advisory at every juncture. He or she uses his or her own experiences and feelings, when these are appropriate and relevant, to help the client.

The basic technique of reality counseling is a teaching technique, specifically, to teach the client the meaning of reality and to show her or him how to act responsibly within the context of that reality. Prior to this teaching, the counselor must first gain the necessary involvement with the client for "unless the requisite involvement exists between the responsible therapist and the irresponsible patient, there can be no therapy." After the reality counselor gains the necessary involvement, he or she begins to point out to the patient the unrealistic aspects of his or her irresponsible behavior.[189]

Glasser conceptualizes Reality therapy in seven steps, which, taken together, involve all the energies of an individual's ingenuity and creativity. To see the client progress this way is the chief responsibility of the Reality counselor. These steps, we should note, are cooperative endeavors between the counselor and the client:

1. Make friends or get involved, or get along, create a relationship or gain rapport.
2. De-emphasize the patient's history and find out what you are doing NOW.
3. Help the patient learn to make an evaluation of his behavior. Help the patient find out if what he is saying is really HELPING him.
4. Once you have evaluated the behavior, then you can begin to explore alternative behaviors-behaviors that may prove more helpful.

5. Get a commitment to a plan of change,
6. Maintain an attitude of: No excuses if you don't do it. By now the patient is committed to the change and must learn to be responsible in carrying it out.
7. Be tough without punishment. Teach people to do things without being punished if they don't; it creates a more positive motivation.

If we summarize the basic techniques and goals of reality counseling, we note some striking similarities to behavioral counseling, to the psychodynamic approaches, and especially to rational-motive counseling. While it can certainly be argued that the overlap is greater than the differences, in the clinical setting the subtle shades of emphasis make reality counseling a truly unique modality.[190]

Earlier, the "Twelve Steps to Recovery" were mentioned as the framework within which the clinical program for the treatment of substance abuse operated. An enumeration and exposition of these is now in order. The steps are:

> 1. We admitted we were powerless over alcohol or drugs-that our lives had become unmanageable.
> 2. Came to believe that a Power greater than ourselves could restore us to sanity.
> 3. Made a decision to turn our will and our lives over to the care of God as we understood him.
> 4. Made a searching and fearless moral inventory of ourselves.
> 5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
> 6. Were entirely ready to have God remove all our defects of character.
> 7. Humbly asked Him to remove our shortcomings.
> 8. Made a list of all persons we had harmed, and became willing to make amends to them all.
> 9. Made direct amends to such people whenever possible, except when to do so would injure them or others.
> 10. Continued to take personal inventory and when we were wrong promptly admitted it.
> 11. Sought through prayer and meditation to improve our conscious contact with God, as we understood him, praying only for knowledge of His will for us and the power to carry that out.
> 12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to others, and to practice these principles in all affairs.[191]

In Roman Catholic circles, the excercise of these steps is very similar to the Sacrament of Penance. In Lutheran terminology, it would be appropriate to say that the process described by these steps is Repentence and Forgiveness. More on the theology of this spirituality later.

In the clinical setting, a heavy emphasis is placed on the first three steps with particular stress on the

first step. Clergymen, or the clinic's pastoral care staff "do" the fourth and fifth steps with the patient. During the clinical process, it is of utmost importance not to get overly theological with the patient as this may inhibit his recovery. The time for this will come later on as relationships develop.

Each patient on the Chemical Dependency Unit is required to make a list of destructive behaviors caused by his or her

1. powerlessness over mood-altering chemicals.
2. unmanageable life.

This [first] step cannot be overemphasized, because until each one of us accepts the seriousness and totality of this illness, no treatment or recovery is possible. Some guidelines for writing out this step are outlined below.

A. Examples of powerlessness over mood-altering chemicals are:
   1. kinds, amounts, and frequency
   2. loss of memory and blackouts while intoxicated.
   3. destructive behavior
   4. accidents caused and dangerous situations produced
   5. preoccupation
   6. attempts to control alcohol and/or drugs

B. Examples of unmanageability(even when not using or under the influence of chemicals:
   1. physical or medical condition
   2. emotional or feeling life
   3. social and family life
   4. spiritual life
   5. occupational[192]

Steps two and three follow rather naturally from this first step if it is indeed valid on the patient's part.

Step four is the next matter of concern.

Having passed at long last through the baffling barrier of denial of the existence of the illness, the alcoholic reaches the point where the admission contained in Step One can be made in some kind of meaningful fashion. He is powerless, and his life is unmanageable. In this thoroughly depressed and hopeless condition, he finds it necessary(and in a measure possible) to accept a growing institution what while he has proven that he is

utterly incapable of helping himself, there is restoration to be found with a Higher Power(Step Two). He has, at depth, entered the process of surrender which is the central psychological and spiritual factor of the recovery program. He continues this process by making the decision to turn his will, now recognized as unreliable, and his life, whatever it is or is not worth, over to the care of God as he at that moment "understands him"(Step Three).

Here it would appear that many times the alcoholic, feeling as completely estranged from God as he does, tends to bog down in vain attempts at "understanding Him." Here he needs to be reminded that God by definition is beyond man's comprehension and that His ways are inscrutable, and to be turned rather to the other person named in the step. He himself has become such a person as he cannot now recognize. He realizes at this point that quite literally he is a stranger to himself and that here greater knowledge and understanding can be achieved and indeed must first be achieved. In other words, if this decision is to be carried through at any significant level existentially, the alcoholic has to come to know who is that self he wants to surrender; his basic need is for greater self-awareness. (Such self-awareness, he has yet to discover, will tend in fact to reveal what his beliefs concerning God are.)

The technique for developing the ability to rediscover himself is a personal moral inventory wherein the characteristics behind his moral anxiety and guilt are examined as fearlessly and as forthrightly as possible, so that this burden may be reduced to manageable levels.

Here the aim is to help him see that his past behavior is what he has to identify with, and begin his acceptance of that identification. More than that, however, the goal is for him to see his behavior as a revelation of his character. These were the specific defects of character which resulted in the behavior pattern about which he feels guilty(i.e. he did that particular thing because he was proud, or resentful, or sensitive, etc.).

Here, too, care is excercised to help him avoid unnecesary preoccupation with the question of why he became an alcoholic, which remains essentially a mystery. Rather, he is helped to see the continuance of these defects as obstructions to his recovery from the illness.

Moreover, since his condition is one of ambivalence, the aim is to assist him in discovering the conflicts of character which exist within him(I'm not a person, I'm a civil war!) It is not that he is completely devoid of values, but rather it is likely that his is a high value system, with which his behavior has in fact been at odds. His conscience has been and is speaking to real guilt, and that guilt must now be faced with as little evasion as possible(Step Five).

At the same time, his ambivalence should also be explored in the direction of positive attributes of character present in the individual. Often this can be done quite effectively simply by reexamining some of the defects themselves. For example, the sensitivity which led to self-pity and concomitant destructive behavior may also be used in being sensible to and sympathetic with the problems and joys of others and cooresponding positive behavior. Similarly guilt is generally regarded as a negative condition, and yet guilt examined will reveal the nature and reality of his value system, the very existence of which he has been doubting, etc.

Also, it would seem that within this inventory the individual should be guided in the thorough exploration of his identification with the illness concept; not in order to make us of it to "get off the hook" of guilt and anxiety, but to move in the direction of removing all equivocation characterologically. Thus, in facing the truth about himself, he might sum it up: "Then this is I, God help me!" or " I am sick, and not only physically, but mentally and spiritually!" At the same time, he is recognizing that such positive attributes as may be present, and growing in the intuition that, with the help of God, the negative conditions may be changed and these positive elements built upon as he moves toward a relatively normal and healthy life.[193]

Continuing with step five:
The alcoholic has now become reacquainted with himself at some kind of more meaningful level. Next he bolsters his decision to turn himself over to God, as he now understands Him, by revealing himself to Him. His self-awareness is " hammered home" by an act of self-revelation to God and another human being. He admits "the exact nature of his wrongs."

The effect of this new degree of self-awareness has been to create the need for a reduction of the burden of moral anxiety and guilt which it has brought into conscious focus. Communication at a level of such depth as actually to reduce these unwanted symptoms is the suggested procedure.

Here it would seem that most alcoholics require assistance in the recognition of their need so to communicate, as the most effective way to deal with this burden, as well as how to do so. Often their very defects (pride, self-pity, rationalization, etc.), joined with some or many of the personality traits of the anxious person(weak ego, timidity, etc.), make successful communication a most difficult endeavor. Moreover, since their lives have been conditioned for more or less long periods of time to a growing seperation from other persons, their ability to relate verbally to another person has suffered from disuse and needs relearning.

They need help in the acceptance of the truth that such "meaningful communication" is the mark of "normal living"-those who achieve and maintain mental and spiritual health continually engage themselves in such communication.

Here, they should be cautioned, it would seem that real care should be excercised concerning the person with whom the Fifth Step is made. Such a person should be one who is thoroughly acquainted with the Twelve Steps and an experienced counselor. Some members of the clergy semm best to fit these qualifications, for the most part. When clergy are so used, it should be clearly understood by both listener and alcoholic that the aim of this admission is not absolution in the sacramental sense (although this may rightly be encouraged for the proper persons at that or another time) but rather a frank revelation of the character of the alcoholic. In other words, the purpose is not simply to list a long series of wrongful actions or to review a pattern of shameful behavior; though this will undoubtedly happen as either preface or proof, but to reveal the exact nature of the person who did these things. The behavior is in the past tense, but the defects are present and persistent. Here the alcoholic needs guidance both in advance of the step and during it, lest he allow himself, or be allowed by the listener, to continue to evade his confrontation of himself through such forms of communication as can, however insidiously, deny, or rationalize, or project his real character conflicts.

If the listener is experienced enough and aware enough of the goals involved, he will be quick to point out such attempts when they occur. When sentences begin with "When I was drinking I" or "Perhaps it was true I" or "Though it wasn't often I"; "Whenever my wife was angry I" or "Though it didn't hurt the children really, I" the listener will stop the speaker promptly and call attention to what is happening. The goal is to have the alcoholic speak of himself directly and unequivocally. Thus he might summarize with some such though as, I did those things because I am this kind of person, God help me!"(Here perhaps it should be pointed out to the listener that he must allow the speaker to experience the pain he is attempting to describe. This is not the time to reassure or minimize, but rather to draw out what has so long been hidden. What the speaker experiences rather than what the listener says is the therapeutic agent involved.)

In some fashion, the alcoholic begins now to see the truth that these defects of character are the signs of his sickness and that upon their removal his recovery depends. Here, as the process of surrender continues, the next need is created and experienced(Step Six). He will need to become willing to have them removed.

Somewhere around this stage of his progress, he will now have to face and come to grips with the whole

complicated and necesary process of forgiveness as it relates to himself and his divine and human relationships. The alcoholic seems to approach this process with more difficulty than most; undoubtedly because of the unusually depresed state of his self-esteem. The dynamics intrinsic to divine forgiveness, self-forgivenesss, and interpersonal forgiveness need thorough review, since they seem basic to this and the other steps through Nine.

Some Spiritual Dynamics of Forgiveness

I. Forgiveness is a corporate process, requiring at least two persons, since it is based on a relationship. Its goal is to restore broken relationships at a level enhancing to the lives of both persons involved as individuals.

A. A destructive action or negative attitude from one person toward another will tend to weaken or destroy whatever mutual relationship has existed up to that point.

B. Generally speaking, only a process involving some form of inward admission of fault, real remorse, outward expression of guilt, and earnest desire for proper restitution which is acceptable to the injured person(and then actually accepted) can restore relationship.

C. Forgiveness leads to a mutual acceptance by each individual of the other as he is, and implies restored trust and goodwill.

II. Restored relationship is costly to <u>both</u> individuals involved.

A. Both must have a value system known to themselves and recognized by each other.

B. The person whose act or behavior was the immediate cause of the break in relationship is to admit culpability, feel remorse, and act in the direction of communicating guilt and seeking restitution at whatever cost in pride or self-esteem. Basically, his problem is to identify himself with the original destructive action, the destructive reults of the action, and the need to initiate restoration.

C. The injured person is to accept the attempts at reconciliation by paying the price of his own pride, self-image, self-pity, etc. Often this is more difficult because he does not se himself as in any way responsible, much less culpable.(To be unable to forgive is a condition involving not only rigidity but many negative and detsructive factors very difficult to recognize and accept- i.e. self-pity, self-righteousness, envy, etc.) Basically, his problem is to identify with the other person at such depth as will recognize that person's behavior as one that can bring remorse

and this time does, and to accept destructive human behavior in general as something of which he himself is not only capable but often guilty.

III. The payment of these costs results not only in restored relationship but in strengthened(or matured) individual lives.

A. The effect of admitting culpability, feeling actual remorse, and then entering into restorative action is to strengthen the weakened ego of the injurer. He "feels better," which is to say that he is more self-accepting. He is more in a position where he can "forgive himself." His character conflicts can more easily be reduced. He is, therefore, better able to forgive someone else.

B. In his identification with the behavior of the other person, as well as with that person, much the same positive consequence ensues for the injured person. He too "feels better," is more self-accepting, and achieves some reduction of his own character conflicts. In forgiving another he is " forgiving himself" as well.

IV. Over-all, the experience of human forgiveness by either the injurer or the injured has a deeper benefit spiritually. This increased understanding of what is a desirable sense of well-being at the human level has the effect of opening the door to the reception of divine forgiveness.

A. The blocks or obstructions to divine human relationships are very often guilt-centered. Estrangement from God is not caused simply by a scrupulous or righteous "God-image," but by the self-loathing and self-condemnation of the guilt-ridden individual.

B. Reduction of the guilt and moral anxiety allows greater freedom to accept the intuitive insight that God's love and mercy are real and available.("If you, being evil, know how to give good gifts to your children, how much more will the heavenly Father give the Holy Spirit to them who ask Him?" Luke 11:13)

C. Acceptance of divine forgiveness becomes an enabling dynamic in maintaining current and future human relationships whenever they tend toward strain or disruption.("For if you forgive men their sins, your heavenly Father will also forgive you." Matthew 6:14)

V. The actual experience of divine, self-, and interpersonal forgiveness, over a period of time and more or less consistently, tends to provide a climate for "spiritual growth and health."

A. Such attitudes as resentment, pride, self-pity, etc. are more readily recognized as destructive and more directly dealt with as needing removal.

B. Such attitudes as faith, care, or concern for others, love, compassion, etc. are seen as not only possible but desirable, and are therefore sought out and consciously nurtured.

VI. Restored relationship is essential to the securing and maintaining of meaningful and satisfying living for the individual.

A. The essential loneliness of both the unforgiven and the unforgiving is experienced as the hell it describes, and leads to the "sickness unto death."

B. Restoration is experienced as positive emotion and attitude, love, gratitude, joy, etc. which are seen as synonymous with "life," (Cf. Parable of the Pordigal Son, Luke 15:11-end: "Bring the fatted calf; let us eat and make merry for this my Son was dead and is alive again!")[194]

The final six steps represent the actualization in a practical context of the growth accomplished through the first six. For this reason, the discussion here will be limited to the sixth step, after which a Biblical proposition regarding the treatment program will be introduced.

Having dealt with his moral anxiety and guilt in this direct fashion(Step Five), which did have the effect of reducing the long-borne burden, the alcoholic now is better able to view himself critically in an even more dispassionate and contructive way. He sees himself as one whose previous life and specific behavior have resulted from certain definite character conflicts. At this point, he can not only recognize and name many of these conflicts, but he has identified with them. They are his. He can describe himself and his condition-and that pretty accurately. Yet it is not enough. He needs now to be assisted in realizing that he has come only partially into the surrender process that can result in his recovery. His defenses, so elaborately erected over the years, have been destroyed. Self-delusion has been replaced by admission of his condition, and in some real sense acceptance of it. He is capable even of seeing what he has passed off as acceptance in the past was, in truth, simply compliance. Now however he needs help to see that his condition not only <u>was</u> one of compliance, but there is that within him that is fighting to keep it so. If this current condition persists, his recovery will be more than handicapped. It is one thing to "accept"

at a conscious intellectual level and quite another to do so at the unconscious, emotional, characterlogical, or "gut" level as well. The fuller meaning of becoming entirely ready, not only to see the wisdom of a change, but the absolute necessity for it, becomes apparent. Being entirely ready implies being ready with the entire or total being, conscious and unconscious, and not simply "thoroughly" ready. Once again he is faced by the question of the depth of his identification with the illness concept. If he is to recover, this basic conflict must be resolved. He is sick. He can get well. Accomplishing this involves his becoming entirely ready to change.[195] The battle of the ego has yet to be won.

In some way, then, not yet well explained, the depth of his motivations are related to the quality of the surrender he now, hopefully experinces. His cry is, "Oh, that a man might arise in me that the man I am would cease to be!" or "I don't know exactly what, but I'll do anything to change," or "If I don't change, I'm a dead man!"

Now he deepens the intuition of Step Two, where he came to believe in a Power able to restore him to sanity, as well as the decision of Step Three, where he decided to turn will and life over to God as he understood Him. Yet, ready though he may be, in point of fact the power to change is to be found outside himself. With this acknowledged need and the sense of his own inadequacy to meet it alone, he turns to Step Seven and humbly asks Him to remove all these defects of character. He enters into the final stages of the surrender process because he is willing to have these negative characteristics and attitudes removed, as well as actively to cooperate in the building upon his constructive attributes.[196]

Before proceeding, a quick summary of what has been said to this point. The simplest way to construct the personality of the chemical dependent comes from Father Martin. He says that a human normally functions according to the formula I over E. This is to say that the person's intellect controls the emotions; or to put it another way, the conscious rules the subconscious. Taking that equation and introducing any drug into the system, the formula reverses itself: E over I. This is what is clinically referred to as the loss of control syndrome.

"The emotions are on top. This is not, however, just emotional behavior; it is drugged emotional behavior..."[197] This is the false spirituality: it is a spirituality of chemicals. It is a substitute powerful reality, a false god: idolatry. Technically, it is a psychological disease, hence, psychological idolatry.

A BIBLICAL APPROACH TO THE PSYCHOLOGY OF TREATMENT

Similar psychological disorders were prevalent in the ancient Near East. Due to the fact that magic and medicine were more closely intertwined then than now(and religion and medicine for that matter), these disorders are referred to by the Biblical writers as "demon possession". They are also referred to as "possession by an evil[false] spirit". The salient point here is not to argue for or against the existence of objective evil spirits in either the religious or clinical sphere, but rather to notice the consistency with which such behavior patterns have been transmitted through the generations, and the effectiveness of the Biblical approach to healing such disorders in a contemporary world. These incidents are, in fact, manifestations of the same false spirituality that is found in the chemical dependent. The healing process is also identical once one weeds through clinical and theological jargonese and begins to correlate terms from these two worlds.

Exegesis of relevant passages yields convincing results.

At Matthew 8:28-34, Jesus heals two demon-possessed men. Their emotions are talking(as per the formula above) as they taunt Jesus. This is referred to as the demon "speaking" analogous to "the drug" or "the drink" talking in a person in our terminology. In the true spirit of Reality Therapy, Jesus gives them what they ask for and then holds them accountable for the action(the demons are sent into the pigs as they desire but then they die).

At Matthew 15:21-28, Jesus removes another demon. The point is made here that it is the one, true spirituality that causes Him to heal the Samaritan woman's daughter. The fact that this healing occured through the girl's mother, gives testimony to the family disease concept and credence to the practice of treating immediate family members along with the patient.

True spirituality as a means of healing such disorders by virtue of its substitution for unspirituality is demonstrated at Matthew 17:14-21. Also, at verse 18 in this pericope, Jesus, speaking responsibly, heals the irresponsible behavior as per Reality Therapy.

Luke 4:31-37 gives another example of Jesus modifying deviant behavior by demanding responsible behavior and then by removing an evil[false] spirituality by a demonstration of the power of His truthful word.

Again at John 8:48-51, demon possession as a psychological disorder is explicitly mentioned although wrongly applied to Jesus by those who didn't understand the content of his message. The point is similarly demonstrated at John 10:19-21 with an example of the contrast between

the power of right and wrong living.

Believers can effect similar healings as is demonstrated in Acts 16:16-19.

What is particularly noticeable in all these passages is that when responsible behavior is expected, even demanded, followed up by an application and/or proclamation of the Gospel, healing occurs: the demon is excorcised by the truth: the psychological disorder disappears.

When I was in a treatment center, and later when I received training in one, I noticed that the removal of guilt and the elevation of self-esteem did not necessarily occur when the philosophical spirituality(which is little more than a substitution of a good-works righteousness for no righteousness at all) that most secular healing institutions teach was the end result of the treatment. However, when a wholistic approach was taken and the Christian spirituality taught, better recoveries with less relapses ocurred. Some of my fellow patients, and later patients where I trained, spent a great deal of time discussing philosophy and theology with me. Out of those discussions comes what follows herein.

Keller puts it this way: "In the same way if his [the addict's] relationship with God is to deepen, if he wants knowledge of God's will, he must do more than pray. There is a place he needs to go and that place is the church to which God has entrusted his Word and Sacraments and in which he reveals himself and his will in Jesus Christ. There is another fellowship to which he must belong-the fellowship of believers. And there is a Word other and greater than the Twelve Steps which he needs to hear-the Word of God. Many recovered alcoholics[and substance abusers], particularly among those who were raised in the church, come to this realization and a meaningful re-

lationship within the fellowship of the church."[198]

To this end, I constructed and field tested a Christianized model of the steps. At the urging of the patients who voluntarily tested the model, I also wrote material which served as a springboard for discussion of Luther's Small Catechism in a genre that would communicate with them and their experience (you will recall that Luther himself complained of widespread religious illiteracy in his day[very much analogous to our day] and felt that is only the basic teachings of Christianity reached the masses that a great accomplishment would be made). 70% of the patients I shared this with requested Bibles that they might read more. 40% attended church with me upon their release from treatment. Although this is not in any way totally scientific, it does demonstrate the potential and viability of a ministry by the church to the chemical dependent as a vehicle for continuing care.

A CHRISTIAN PSYCHOLOGY OF THE TWELVE STEPS AND AFTERCARE

Viewing the Twelve Steps in the manner described

above, we see three goals that they are intended to accomplish. These are: 1) self-help by the power of God's Spirit; 2)self-awareness and self confidence by the truth of God's love; 3)a functional self through the behavior modification effected by Reality therapy.

From these three goals and Scriptural theology emerge a Doctrine of the Steps. This is contructed as follows. Step one says "know and admit the problem." Here two theological points are emphasized namely, the doctrine of Original Sin in connection with the addict's disease, and the doctrine of God as lifemaker.

Step two is "believe that a Power greater than ourselves can restore us." Here the emphasis should be on God in Christ, namely, Christ as lifesaver.

The third step is "trust in God: give Him our will and lives." This involves the Spirit of God, the main point being the Spirit as lifekeeper.

Steps four through twelve can be summarized as "know and live with ourselves and others." This again involves the work of the Spirit. Here the stress is on the Spirit as lifegiver both in the individual and the community.

From this doctrinal base, a practical application of each step in the program can be given. Here is that correlation. Steps one, two, and three: know God. Step four: know yourself. Step five: confess your sins. Step six: repent. Step seven: pray. Step

eight: actualize your confession. Step nine: reconcile yourself to others. Step ten: know yourself daily. Step eleven: meditate. Step twelve: proclamate.

RELAPSE

With a disease such as Chemical Dependency, relapses do occur. Such can be anticipated, therefore, it is beneficial to examine the relapse phenomena.

While the indivdual himself must maintain the disciplines that insure sobriety, there are ways in which others can help. Nearly every person close to the alcoholic is able to recognize behavior changes that indicate a return to the old ways of thinking. Often these individuals and fellow A.A. members have tried to warn the subject, who by now may not be willing to be told. He may consider it nagging or violation of his privacy. There are many danger signs. Most alcoholics, if approached properly, would be willing to go over an inventory of symptoms periodically with a spouse or other confidante. If the symptoms are caught early enough and recognized, the alcoholic will usually try to change his thinking, to get "back on the beam" again. A weekly inventory of symptoms might prevent some relapses. This added discipline is one which many alcoholics seem willing to try. Following is a list of common symptoms leading to 'dry drunk', to possible relapse-or to what A.A. commonly calls 'stinking thinking':

1. Exhaustion. Allowing yourself to become overly tired or in poor health. Some alcoholics are also prone to work addictions-perhaps they are in a hurry to make up for lost time. Good health and enough rest are important. If you feel good, you are more apt to think well. Feel poor and your thinking is apt to deteriorate. Feel bad enough and you might begin thinking a drink couldn't make it any worse.

2. Dishonesty. This begins with a pattern of un-necessary little lies and deceits with fellow workers, friends, and family. Then come important lies to yourself. This is called rationalizing-making excuses for not doing what you do not want to do, or for doing what you know you should not do.

3. Impatience. Things are not happening fast enough. Or, others are not doing what they should or what you

want them to.

4. Argumentativeness. Arguing small and ridiculous points of view indicates a need to always be right. "Why don't you be reasonable and agree with me?" Looking for an excuse to drink?

5. Depression. Unreasonable and unaccountable despair may occur in cycles and should be dealt with-talked about.

6. Frustration. At people and also because things may not be going your way. Remember-everything is not going to be just the way you want it.

7. Self-Pity. "Why do these things happen to me?" "Why must I be alcoholic?" "Nobody appreciates all I am doing-(for them/)."

8. Cockiness. Got it made-no longer fear alcoholism-going into drinking situations to prove to others you have no problem. Do this often enough and it will wear down your defenses.

9. Complacency. "Drinking was the farthest thing from my mind." Not drinking was no longer a conscious thought either. It is dangerous to let up on disciplines because everything is going well. Always have a little fear is a good thing. More relapses occur when things are going well than otherwise.

10. Expecting too much from others. "I've changed; why hasn't everyone else?" It's a plus if they do-but it is still your problem if they do not. They may not trust you yet, may still be looking for furhter proof. You cannot expect others to change their lifestyles just because you have.

11. Letting up on disciplines. Prayer, meditation, daily inventory, A.A.[or appropriate self-help group] attendance. This can stem either from complacency or boredom. You cannot afford to get bored with your program. The cost of relapse is always to great.

12. Use of mood-altering chemicals. You may feel the need to ease things with a pill, and your doctor may go along with you. You may never have had a problem with chemicals other than alcohol, but you can easily lose sobriety starting this way-about the most subtle way to have a relapse. Remember you will be cheating! The reverse of this is true for drug dependent persons who start to drink.

13. Wanting too much. Do not set goals you cannot reach with normal effort. Do not expect too much. It's always great when good things you were not expecting happen. You will get what you are entitled to as long as you do your best, but maybe not as soon as you think you should. "Happiness is not having what you want, but wanting what you have."

14. Forgetting gratitude. You may be looking negatively on your life, concentrating on problems that still are not totally corrected. Nobody wants to be a Pollyanna-but it is good to remember where you started from-and how much better life is now.

15. "It can't happen to me." This is dangerous thinking. Almost anything can happen to you and is more likely to if you get careless. Remember you have a progressive disease, and you will be in worse shape if you relapse.

16. Omnipotence. This is a feeling that results from a combination of many of the above. You now have all the answers for yourself and others. No one can tell you anything. You ignore suggestions or advice from others. Relapse is probably imminent unless drastic change takes place.[199]

Should relapse be suspected, one should immediately get the patient to see a chemical dependency counselor to determine the next phase of treatment for that patient.

WHAT CAN A PARENT DO?

The first thing a parent can do in the fight to have a drug-free child is learn about the kind of drugs kids abuse. Then you're in a good position to have frank, open discussions with your children-the kind of dialogue you both need. You can impress upon your son or daughter that they are being sold a bill of goods by the drug culture; that they are being led to believe that drugs are "cool" when in fact they represent a tremendous health hazard. Armed with the proper information, you can give your kids the help they need to say "no" to drugs.

It's important for you to encourage your children to get involved in activities that can give them a

"natural" high. Sports, recreational, religious, and volunteer activities can be a real substitute for drugs.

It's important for both you and your children to discuss the rules of behavior. You should set clear and distinct limits that they understand.

It's also crucial that you participate. Form groups with other concerned parents. Join your PTA. Invite drug counselors to meetings. Talk with school superintendents, psincipals, coaches, church people, physicians and local politicians to make sure that everyone is not only aware of the drug problems but that they are responsive to them. You should also speak with your community pharmacist who is an expert on drugs and their effects on people.

Remember, we can take heart from the fact that marijuana abuse is decreasing[however cocaine abuse is increasing]. Much of the credit goes to the hard work of concerned parents-but more must be done.

We urge you, for the sake of our children's future, to keep up the assault on drug abuse. Alert everyone you can to the dangers. The more that people know about drug abuse, the better chance we have of making this very real problem a thing of the past.

For those parents who want information on what types of programs can be developed to aid in the fight against drug abuse, you should feel free to call toll free, ACTION/PRIDE, the National Family Resource Center, at 1-800-241-7946, or National Federation of Parents for Drug Free Youth, at 1-800-554-KIDS.

Additional information on drugs can be obtained through the American Council For Drug Education, 6193 Executive Blvd., Rockville, MD. 20852.

You will also find drug and alcohol abuse organizations in your area that are most anxious to work with you and other parents within your community to develop strategies to stop drug and alcohol abuse.[200]

Finally, there is a hospital or a clinic in virtually every community which treats substance abuse. Call them, they will know where to refer you. You can also check your Yellow Pages for the Alcoholics Anonymous or Narcotics Anonymous organization in your region. They too will willingly provide answers and help. Last but certainly not least, READ and PRAY! To this end, I close this paper by including something

that was given to me during treatment. I have likewise passed it on to the patients I have been fortunate enough to know. It appears on the following pages as Illustration #8.

"WHEN RELIGION BECOMES A BURDEN"

ILLUSTRATION #8

By Dr. Oswald C.J. Hoffmann, Lutheran Hour Speaker

Lutheran Braille Workers, Inc., Sight-Saving Division, produced in the Wisconsin workshop 2245 Hayden Avenue, Altoona, Wisconsin 54720

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"Come to me, all who labor and are heavy laden, and I will give you rest." Jesus Christ issued that invitation. It is meant for everyone: those who have struggles and strains in their life, and also those who are beset by difficulties, disappointments, and discouragements.

Many listening today may have those moments when even religion becomes a burden. There is so much to be borne in life, including the baggage of guilt that people carry around with them. There are the problems of our own making. Some of them only took an hour to create, or a half hour, or even a minute. But the damage has been done. We have made our own bed, and we must lie in it, perhaps permanently.

In other cases, we may have burdens and troubles for which we do not seem to be

responsible. A person may lose a job, or
et hurt in an accident right in the home or
n the highway through no fault of his own.
uddenly, without warning, the problem is
here, the tragedy strikes, the damage is
one.

Jesus said, "Come unto me all who labor and
re heavy laden." He is talking about the
oads and burdens people have in common with
ther people. He is also talking about those
urdens people create for themselves. He cer-
ainly was referring to the burdens of con-
cience that were laid upon people by other
eople - not by God but by people. There are
eligious laws to which religious leaders
dded their own do's and don'ts - accompanied
y all kinds of restrictions and regulations.
hey sound pious, as St. Paul once said, but
eally there is no piety in them. They are
ust examples of ambitions of the flesh, as
e put it, instead of the spirituality they
re supposed to represent. As a result, even
eligion can become a heavy burden. To all
hose people, whatever kind, Jesus said,
Come unto me, all you who labor and are
eavy laden, and I will give you rest": relief,
ecovery, repose in serenity of spirit.

Who is Jesus to be saying something like that to anybody? What right has He to promise all of that in the face of the long tradition of religion and the massive oppression it often has brought to the world? When the Ayatollahs put people to death on the charge that they are fighting against God? When certain pitiful little pieties are the test of one's faithfulness to God? When faith and love have to take a back seat to what is essentially the drive of some people to dominate the lives of other people? When religion becomes a burden, difficult if not impossible to bear?

There is a good deal of irony in that striking passage in the Old Testament where the prophet of the exile pictures the proud gods of Babylon, Bel and Nebo, who are unceremoniously carted off in the face of danger. These dumb idols, these inert lumps of wood and stone, with noses in the dust, were supposed to save and protect. Now with the enemy at the gate they had to be hoisted laboriously to the shoulders of the faithful, loaded onto beasts of burden and carted off to safety. It is a vivid picture, not only of the obvious ineptness of human idolatry but

of every kind of religion, which, instead
f lifting and sustaining, becomes just an-
ther piece of life's luggage that has to be
arted along wherever that person goes.

Religion, as much of it was in the time of
hrist, became a ridiculously detailed observ-
nce of jots and tittles. The religion with
hich he was surrounded had become an incred-
ble maze of 600-odd "thou shalts" and "thou
halt nots." The edge in this game of pious
opscotch went to the moneyed class, where
hey had the leisure to work at it and become
oficient. For the poor it was no longer "a
trong defense" or "a Lord's song"...it was
ead weight on their shoulders. Jesus said,
Come unto me all you who labor and are heavy
aden, and I will give you rest."

One might think that people, listening to
esus Christ, would change all of that. Many
enturies later, we still find the simplici-
es and uplifting power of the Gospel cover-
l over and even buried with top-heavy struc-
ires governed by the laws of men rather than
the law of God. Jesus and his apostles
ways asked people why they continued to be
rdened when Jesus had lifted the burden
th His very presence, His atonement for the

sins of the world by redemption through God's grace from the burden of slavery. This is Jesus' own direct invitation: "Come unto me all you who labor and are heavy laden, and I will give you rest."

One might think that Luther and the other reformers had changed all that. But here we are, supposedly religious people, sometimes acting as if our religion is a terrible burden - a deadweight to be carried rather than a saving, renewing faith to carry us along toward salvation.

You can ask someone why he or she joins a church. Too often, discouragingly often, it is because religion strengthens the neighborhood, or out of sense of loneliness because the church is on the right side of issues that trouble people. Eventually, if not right away, Christian faith becomes an expression of discouragement and defeat, a load to be carried, a project to be supported, a thing to be given a helpful shove along the way.

All of that leaves people scratching their heads and rubbing their brains in an endless effort of artificial inspiration to breathe life into a corpse. Denominations become a collection of promotional secretaries. The

church languishes, apparently, because its auses and projects are not being constantly ushed and promoted. For many people, even orship becomes a burden, a habit, or a duty, ather than a holy experience and a delight - chore to be discharged even if it wears eople out doing it.

Jesus Christ put the torch to all that kind f thinking. He pointed people not to religion ut to Himself. "Come unto Me all you who abor and are heavy laden, and I will give ou rest."

That is not just talk. It is a holy invitation. It dispels the foggy thinking that makes burden of religion, a load to be lugged long as a security blanket, a panacea for ll ills, a medicine kit, an investment in ternity.

The real problem is that people have come o think of religion and its blessing as dependent upon their own efforts. This is something altogether different. It is not just ny old kind of faith, it is faith in Jesus hrist. He set His face against the whole reary setting of religion that has become a urden. "Come unto me all you who labor and re heavy laden, and I will give you rest.

Take my yoke upon you, and learn of me; for I am meek and lowly in heart, and you shall find rest for your souls. For my yoke is easy, and my burden is light."
(Matthew 11:28-30)

"I will refresh you," said Jesus. This is not an offer of an occasional nap in the afternoon or the opportunity to put on your slippers and draw up by the TV. It is the offer of new life with new zest and real lift! That was the prophet's point way back there by the waters of Babylon. Instead of dead, dumb, religious idols which have to be loaded and hauled away, he pointed to God and His everlasting arms: "I have made and I will carry," says the Lord.

This is the Gospel of God. It is the Good News of Jesus Christ. The Gospel is Jesus' offer to do for you what you cannot do for yourself. It is good news. It is not a matter of endless duties and failures, but of God's grace and glory relieving people of their burdens and sending them on their way rejoicing.

The great God laid the whole burden on His Son Jesus Christ. That is the meaning of the cross of Christ. He died for our sins, that

they might be forgiven. He died for your
ins, that you might have life direct from
od. The cross is God's eternal pledge in
esus Christ, "I have made and I will carry."

Refreshment of soul comes directly from
od through Jesus Christ. The refreshment is
ike death and resurrection. It is like the
eath and resurrection of Christ Himself. It
akes people say, as St. Paul said, "I have
een crucified with Christ - nevertheless I
ive; yet not I but Christ lives in me. And
ne life that I now live in the flesh I live
/ the faith of the Son of God Who loved me
nd gave Himself for me."

Refreshment of soul comes to people as a
irect response to Christ's invitation, "Come
nto me, all who labor and are heavy laden,
nd I will give you rest. Take my yoke upon
ou, for my yoke is easy and my burden is
ight." It is like cold water on a hot day.
: is like fresh water in a muddy world. It
; like power in the midst of weakness. It is
ke forgiveness in an unforgiving world, love
n an unloving world. It is like forgetting
urself, picking up whatever cross is laid
on you, and following Christ wherever He
es. It is life in the midst of death.

Christ's invitation itself inspires trust and confidence. It is the way the Gospel of Christ works. It produces faith, just as it is doing right now. It's salvation to be caught up by the grace of God through faith in Jesus Christ - and then to live as life was meant to be lived.

That is the yoke, as Jesus Himself said. "Come unto me, and take my yoke upon you." The word yoke has a lot of meanings to people today. To some it means the yellow part of an egg. To others it is a piece of cloth, a part of the shoulder of a dress, shirt, or coat. The yoke Jesus speaks about is the kind you could see in a barn or garage, especially where beasts of burden carry their yoke to draw the load. It made pulling a large load a lot easier.

When Jesus takes the load off your shoulders, your life is linked with His. Your weakness is joined to His strength, His life. Drugs don't strengthen you, alcohol won't help you, and all the other panaceas only multiply your problems. Not even piety will help you, unless it is joined to faith which is genuine because He is genuine. Don't let anything else elbow Christ out of your life.

) Let Christ lift the burden from your
ıoulders; the burden of guilt that everyone
as, the burden of trying to make everything
ɔod, which is impossible without Christ, the
ɹrden of selfishness and hatred which governs
ɔ much of life, the specter of death that
ɔnstantly confronts and terrifies people.

As Jesus said, "I am gentle, patient and
ɔwly in heart." He humbled Himself and became
ɔedient unto death, even the death of a
ɔmmon criminal. For all of that, His Father
ave Him a name which is above every name that
t the name of Jesus every knee should bow.

Life in Christ is not dreary, nor is it
ɹst a lark. It is a yoke to be taken, a bur-
ɜn to be carried. There is no running away
·om responsibilities and duties - no escape.
: a person is in Christ he is not interested
ı escape. The demands are still there - re-
ɔrn with the gladness of spirit that comes
irectly from Christ. For the joy that was set
ɜfore Him, He endured a cross, forgetting
ɔout the shame, and now He sits at the right
ınd of the majesty on high. For the joy set
ɜfore you, with faith in Christ you take the
ɔke that is laid upon you. The burden becomes
ight as He promised it would. Compared with

the other yokes, it is easy to be borne; it can be taken with a light heart and light step.

The yoke of Jesus is easy because it fits. It fits your situation. You need to be put right with God, and Jesus does that. You need to be forgiven, and Jesus does that. You need a new zest for life, and Jesus gives you that. You need to learn how to love, and Jesus loves you not just to death but to life. His yoke is easy, and His burden is light.

"I am gentle and lowly in heart," says Jesus, "and you will find rest for your souls." So you will. Jesus guarantees it. This is not for the proud in heart or for the arrogant in spirit. It is for people whose bodies are fragile, and whose bones can be easily broken. It is for those with a broken heart and a contrite spirit. Jesus said, "Blessed are the poor in spirit, for they shall see God."

The invitation of Jesus has love written all over it. It is like an invitation addressed by a young man to his beloved: "Will you marry me?" Of course, a young man can fall in love with money or good looks. That shows very little sense of responsibility. He is really in love when he falls in love with a

2 person. After that, the edges of life
ake care of themselves.

Heaven knows we have enough burdens with-
ut piling religion on top of them. Fall in
ove with God at the center, my friend, and
ne edges of life take care of themselves.
etter than that, God will take care of those
dges and give you what God has to give: rest
or your souls and peace that comes from God
rough Jesus Christ, with serenity at its
ore.

A little boy once asked his father, "What
oes God do all day?" Father had a lot of
ouble with it: "Come unto me, all you who
abor and are heavy laden, and every day at
very time I will give you rest...I will re-
esh you...and the burden you carry will be-
me light with humility and serenity of soul
at you will directly receive from me."

That's Jesus. Trust Him. Live with faith
Him and what He has to give: the excite-
nt of life, with calmness and serenity of
irit. This is the promise of Christ: "Come
me all you who labor and are heavy laden
.and I will give you rest."

Amen.

APPENDIX 1

A LUTHERAN UNDERSTANDING OF ALCOHOLISM

AS A SIN-SICKNESS

(To Provide a Theological Frame of Reference for the Doing of Pastoral Care and Counseling for Alcoholics)

Alcoholism is the condition of a person which is characterized by his loss of control over the use of ethyl alcohol. He finds that he is consistently unable to refrain from drinking or to stop drinking before becoming intoxicated. In brief, alcoholism is uncontrolled drinking of beverage alcohol.

In turn, this uncontrolled drinking is classified as an illness. Even though uncontrolled drinking causes many physical, emotional, mental, social and spiritual ills, the essence of the alcoholism illness is the loss of control phenomenon. Alcoholism is basically an illness because of loss of control.

People apparently become alcoholics for a variety of reasons. Some may become alcoholics apart from any abuse of beverage alcohol. They may simply have some biochemical sensitivity to ethyl alcohol as an addicting chemical and thus become addicted to drug alcohol as they use it. As is the case with all human illness, this origin of alcoholism has its roots in human brokenness which results from human alienation from God.

The alcoholism of other people seems to emerge more immediately out of the condition of original sin. As some persons use beverage alcohol, they begin to rely on it to satisfy deep human needs, including those created or intensified by the alcohol use. They drink to meet needs that can be met only by God and the life He provides. In effect, beverage alcohol becomes for them an inauthentic and destructive resource for the meeting of authentic spiritual/religious needs.

The selection of alcohol for meeting human needs and solving human problems seems to happen especially to people whose social-cultural environment makes alcohol readily available and encourages its use as a way of dealing with the problems of life. Highly influential are the examples of parents and pressures of peers. As such people drink more and more alcohol and drink more often to deal with the pain of life, and the difficulties their drinking causes, they often become victims of alcohol addiction. It thus becomes apparent that this involvement with alcohol not only stems from original sin, but it demonstrates how fallen people misuse whatever freedom they have to make choices about how to live life appropriately. Also, it shows how impossible it is for people to find the good life apart from the intervention of God. This kind of inappropriate drinking that frequently leads to alcoholism (and if not to alcoholism, then to chronic drunkenness) is actual sin.

But is alcoholism a sin? We can safely say that alcoholism is the result of human fallenness and separation from God and His life. Also, we can confidently say that alcoholic drinking, no matter what its causes, is actual sin, as well as is the act of drunkenness. If, however, alcoholism is essentially the loss of control over beverage alcohol, perhaps we most accurately speak of alcoholism not as a sin but as sinful, in that it is a manifestation of original sin That which is actual sin is alcoholic drinking and behavior that comes

forth from the malady of alcoholism. According to this belief, we can see how alcoholism can be called a sin-sickness.

The understanding that we are setting forth means that the alcoholic person needs to recognize his sinfulness and his sin. He is in need of Christian repentance in order to obtain God's forgiveness in Christ for his sinfulness and sin and in order to receive the power of the Holy Spirit to amend his life by way of making use of a wholistic mode of treatment to deal with his loss of control and all of the complications of his alcoholism. Forgiven, the alcoholic will work, by the power of the Spirit, to reshape his life according to God's purpose.

On the basis of this theological understanding of alcoholism, are we able to believe that an alcoholic person can be a Christian? We believe that a person who deliberately and persistently lives a life of drunkenness without repentance is excluded from the kingdom of God. On the other hand, if the drinking of the alcoholic, and his drinking behavior, are the result of the loss of control phenomenon, then the drinking and behavior may be looked upon as sins of weakness which may not necessarily, at least immediately, destroy faith. Thus, an alcoholic person can conceivably be a Christian, albeit a weak Christian who is continually growing weaker in faith because alcoholism progressively alienates people from God. The very real danger of alcoholism is that the alcoholic falls from faith as he increasingly replaces God in his life with alcohol and his use of it.

The loss of control concept of alcoholism does not intend to absolve the alcoholic from being responsible for his recovery. But it does help him understand alcoholism and why he continually engages in sinful alcoholic drinking and behavior.

We do not ask the alcoholic to become preoccupied with prolonged feelings of guilt about how he has sinfully contributed to his alcoholism and how he has sinfully behaved as an alcoholic. He will never know fully; nor does he need to. We ask him only to accept responsibility for whatever his sin is, both known and unknown, and to request and receive God's forgiveness in Christ as comfort and power in order to make use of that treatment which will bring recovery and new freedom for responsible Christian living.

The loss of control concept not only provides an accurate way of understanding the sin-sickness of alcoholism; it assist us in shaping a realistically helpful pastoral ministry characterized by the absence of punitiveness and hostility. Ours will be a caring ministry that rightly applies Law and Gospel for the healing of alcoholics in body, mind, and spirit--an application based on where the alcoholic is in his very own world of pain and disorganization.

Let us be clear about this: Alcoholics are not alcoholic because they are more sinful, more stubborn, more lacking in willpower than others. Indeed, they are sinful and sinning human beings just like everyone of us. And just like each of us they are the objects of God's love, as well as His judgment. They are people for whom God provides forgiveness and new life through the death and resurrection of Jesus Christ. We are called to be mediators of that forgiveness and new life.

Charles T. Knippel
11-17-81

"...Relief from the Almost Incurable Disease of Being Alive."

The reason people take drugs is no mystery. Drugs give pleasure. If they didn't, if they produced only the misery we associate with the down-and-out street addict, there would be no drug problem. People who abuse drugs do so to feel good, not to feel bad.

A Veterans Administration hospital official with several decades of experience in treating narcotics addicts described it this way: "*Imagine you have had a long and difficult day with nothing to eat. Finally you are able to relax with a very dry martini. Magnify the effect of that martini on your empty stomach three or four times and you have some idea how a heroin addict feels after his fix.*"

There are, obviously, vast differences between that relaxing martini and the syringe of heroin. Should that martini lead to another and another and another, it can lead to a problem as serious as heroin addiction. But most people can enjoy the pleasure it gives without that danger.

The heroin user, however, can quickly develop a dependence on this drug. The body rapidly builds a tolerance so that more and more of the drug must be taken to achieve the desired effect. The body also builds up a certain tolerance to alcohol, but not nearly as fast as it learns to tolerate heroin.

The heroin user can quickly go from taking 20 to 30 milligrams a day to requiring 400 or more milligrams. If alcohol tolerance grew proportionally, that martini would need to contain a quart or so of gin before it became relaxing.

The comparison between alcohol and heroin or other drugs is imperfect, and carried too far can be misleading. But to understand why we have a drug problem it is first necessary to understand why people take drugs. Except, of course, for medical use, pleasure is the common denominator – pleasure sometimes so intense for a short time that it effectively blocks the anticipation of the miserable consequences that can follow.

Chronic drug abuse is complicated because the desire for pleasure is combined with the desire to avoid the agonies of withdrawal to produce a compulsion difficult to fight. It is a vicious circle most often associated with heroin that is equally a problem for the chronic abuser of barbiturates.

Not all dangerous drugs create tolerance or dependence. Some have no severe after effects. They are dangerous not because they are addictive, but because of the harm they can bring to the user under their influence. Addiction is only one of the hazards of drug abuse.

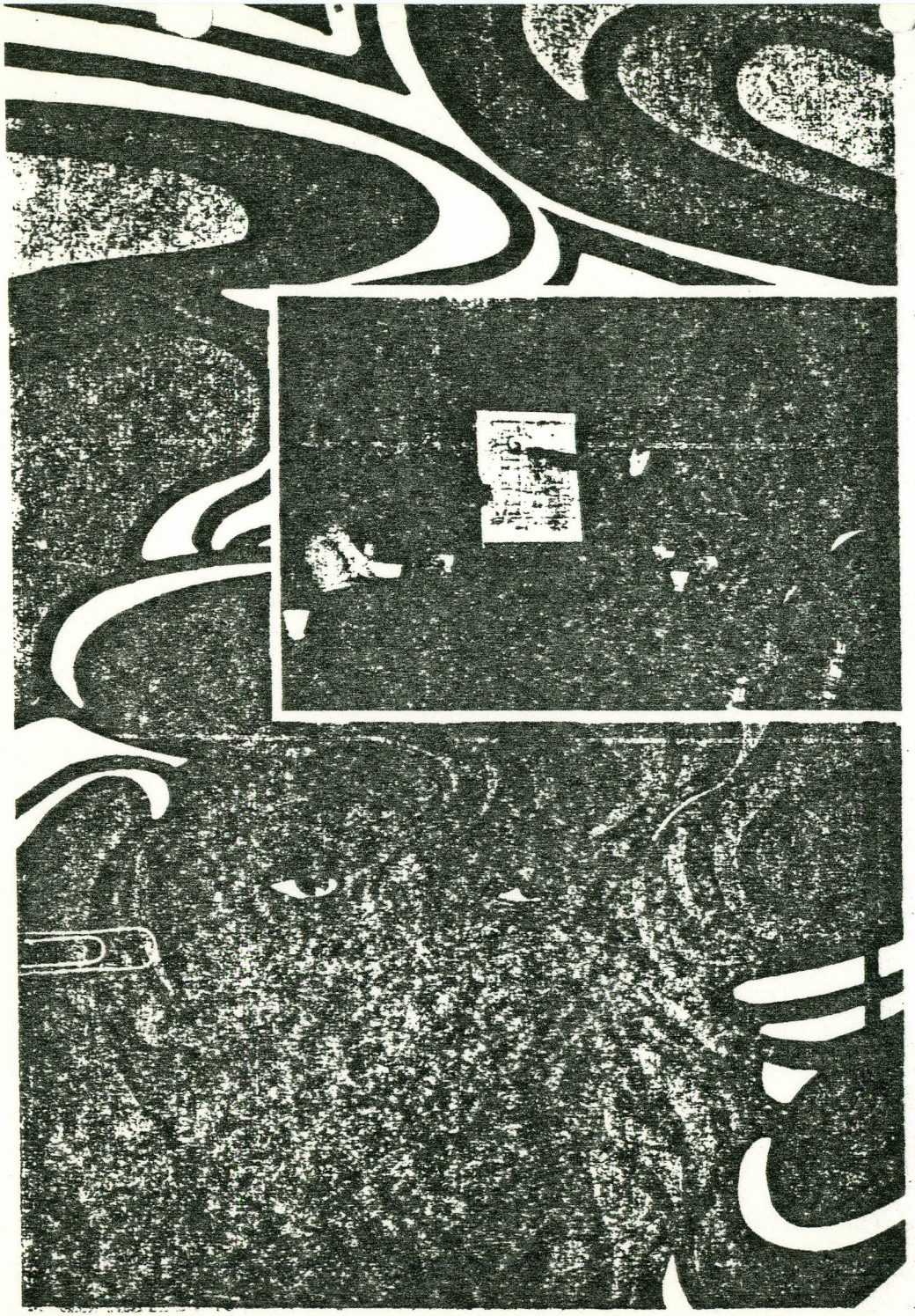
The psychosocial forces that influence drug abuse have filled the pages of magazines and newspapers in recent years. In searching for a root cause of the problem, it has not been enough to say merely that people take drugs to seek pleasure. More penetrating questions are being asked: Why do some people use drugs even when they know the dangers, and others don't? Why have drugs such a strong attraction to the young? What is the connection between social issues and drug abuse; between dissatisfaction with modern lifestyles and drug abuse; between the decline of certain traditional values and drug abuse?

Answers have been elusive, but it is evident that a number of forces are at work. First is the availability of a variety of drugs today. The best enforcement efforts haven't kept illicit drugs off the street, and the most stringent controls on medications haven't kept them from being abused.

Secondly, ours is a risk-taking society. Fifty-thousand highway deaths a year – many of them resulting from drunkenness – is one example. The knowledge that a drug is harmful, even potentially lethal, is insufficient to halt its abuse. More Americans than ever before smoke cigarettes in spite of abundant statistical evidence that it causes cancer, heart disease and emphysema. Knowledge is quite a different thing from wisdom, and the best drug education efforts can't assure that the latter will flow from the former.

Also, we live in a society in which the use of many unprescribed drugs is accepted as perfectly normal. Each year Americans smoke some 608 billion cigarettes and drink four and a half billion gallons of alcoholic beverages. The truck driver who uses amphetamines to get from Pittsburgh to Chicago and the harried housewife who needs barbiturates to pull the shades on a hectic day of cooking and carpools and mud on the living room rug are not objects of social disgrace.

Sociologists have conducted exhaustive studies on why youngsters turn to drugs. They haven't found the single answer; rather they have uncovered a bevy of motives. A recent government study included a survey of college drug users who gave the following reasons:



- **To feel less afraid or more courageous**
- **To find out more about oneself**
- **To have a religious experience or come closer to God**
- **To satisfy a strong craving or compulsion**
- **To relieve boredom**
- **To increase or reduce appetite**
- **To feel less dull or sluggish**
- **To improve sex**
- **To reduce sexual desire**
- **To keep from being panicked or going crazy**
- **To feel less depressed or sad**
- **To relieve tension or nervousness**
- **To make a good mood last longer**
- **To relieve anger or irritability**
- **To make one more friendly or loving toward others**
- **To commit suicide**
- **To improve intelligence or learning**
- **To improve physical performance**
- **To prepare for stress**
- **To shut things out of one's mind.**

The importance of peer pressure could be an important addition to this list. Another study of adolescent narcotics addicts in New York City sought to document the characteristics of the families from which they came. Five were charted:

- **Absent or weak father**
- **Overprotective, overindulgent and domineering mother**
- **Inconsistent standards of behavior; lack of definition of limits**
- **Hostility or conflict between parents**
- **Unrealistic aspirations for children.**

The reasons cited for drug abuse are as varied as the available drugs themselves. Great Britain's Special Commission on Internal Pollution looked at the dependency of all industrial nations on chemicals of one kind or another and dubbed our epoch "*The Chemical Age.*" In assessing the reason for the current level of drug use, the commission concluded succinctly: "*Each year, perfectly healthy men, women and children in the developed nations swallow hundreds of tons of pharmaceutical products, presumably for relief from the almost incurable disease of being alive.*"

APPENDIX 2

WELDON SPRING HOSPITAL

CHEMICAL DEPENDENCY SCREENING TEST

Directions: Below you will find a number of statements which deal with drinking/drugging. Read each statement carefully and circle the Y if the statement applies to you and N if the statement does not apply to you. Some of the statements may be difficult to answer, but we want you to answer each statement. Work quickly and do not spend too much time on any question.

		YES	NO
1.	Do you feel your drinking/drug use is abnormal?	Y	N
2.	Have you ever awakened the morning after some drinking/drugging the night before and found that you could not remember a part of the evening before? Example: 1) Friends tell you something you did or said at a party and you don't remember doing it. 2) Couldn't remember how you got home.	Y	N
3.	Do your parents ever worry or complain about your drinking/drugging?	Y	N
4.	Do you have difficulty limiting your drinking (alcoholic beverages) to one or two drinks?	Y	N
5.	Do you ever feel bad about your drinking/drugging?	Y	N
6.	Do friends think you are a heavy drinker or drugger?	Y	N
7.	Do you ever try to limit your drinking/drugging to certain times of the day or to certain places?	Y	N
8.	Have you ever been unable to stop drinking/drugging when you wanted to?	Y	N
9.	Have you ever attended a meeting of Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)?	Y	N
10.	Have you gotten into fights when drinking/drugging?	Y	N
11.	Has drinking/drugging ever created problems with you and your girl or boyfriend?	Y	N
12.	Has anyone in your family ever gone to anyone for help about your drinking/drugging?	Y	N
13.	Have you ever lost friends or girlfriends/boyfriends because of drinking or drugging?	Y	N
14.	Have you ever gotten into trouble at school because of drinking/drugging?	Y	N
15.	Have you ever been suspended from school because of drinking/drugging?	Y	N

		YES	NO
16.	Have you ever felt that your obligations, your family or your school work were not important to you for two or more days in a row because you were drinking/drugging?	Y	N
17.	Do you ever drink or take drugs before noon?	Y	N
18.	Have you ever been told you have liver trouble or other physical problems from drinking/drugging?	Y	N
19.	Have you ever had delirium tremens (DT's), severe shaking, heard voices or seen things that weren't there after heavy drinking/drugging?	Y	N
20.	Have you ever gone to anyone for help about your drinking/drugging?	Y	N
21.	Have you ever been in a hospital before because of drinking/drugging?	Y	N
22.	Have you ever before been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking/drugging was part of the problem?	Y	N
23.	Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergyman for help with an emotional problem in which drinking/drugging had played a part?	Y	N
24.	Have you ever been arrested, even for a few hours, because of drunk or drugged behavior?	Y	N
25.	Have you ever been arrested for drunk driving, driving under the influence, or careless or reckless driving after drinking/drugging?	Y	N
26.	Does it take less alcohol/drugs to get you just as high as when you first started drinking/drugging?	Y	N
27.	Are holidays more of a nightmare than a celebration because of your behavior?	Y	N

If you have answered yes to 3 or more of these questions it may be an indication that there is a problem with your drinking and or drugging. For further information please call WELDON SPRING HOSPITAL 441-7300 CHEMICAL DEPENDENCY UNIT.

The following is known at New York City Adult Children of Alcoholic Al-Anon Group as the "Laundry List".

THE PROBLEM: We seem to have several characteristics in common as a result of having been brought up in an alcoholic household.

a. We became isolated and afraid of people and authority figures.

b. We became approval seekers and lost our identity in the process.

c. We are frightened by angry people and any personal critism.

d. We either become alcoholics, marry them, or both, or find another compulsive personality such as a workaholic to fulfill our sick abandonment needs.

e. We live life from the viewpoint of victims and are attracted by that weakness in our love, friendship and career relationships.

f. We have an overdeveloped sense of responsibility and it is easier for us to be concerned with others rather than ourselves; this enables us not to look too closely at our faults or our responsibility to ourselves.

g. We get guilt feelings when we stand up for ourselves instead of giving in to others.

h. We became addicted to excitement.

i. We confuse love and pity and tend to "love" people we can "pity" and "rescue".

j. We have stuffed our feelings from our traumatic childhoods and have lost the ability to feel or express our feelings because it hurts so much. This includes our good feelings such as joy and happiness. Our being out of touch with our feelings is one of our basic denials.

k. We judge ourselves harshly and have a very low sense of self-esteem.

l. We are dependent personalities who are terrified of abandonment and will do anything to hold onto a relationship in order not to experience painful abandonment feeling. We received this from living with sick people who were never there emotionally for us.

m. Alcoholism is a family disease and we became para-alcoholics and took on the characteristics of that disease even though we did not pick up the drink.

n. Para-alcoholics are reactors rather than actors.

THE SOLUTION: By attending Al-Anon meetings on a regular basis we learn that we can live our lives in a more meaningful manner; we learn to change our attitudes and old pattern and habits, to find serenity, even happiness.

a. Alcoholism is a three-fold disease: Mental, physical and spiritual, and our parents were victims of this disease which ends in insanity and/or death. Learning about and understanding the disease is the beginning of the gift of foregiveness.

b. We learn the three C's - We didn't cause it, we can't control it, and we can't cure it.

c. We learn to put the focus on ourselves and to be good to ourselves.

d. We learn to detach with love and to give ourselves and others tough love.

e. We use the Al-Anon slogans: "Let Go and Let God", "Easy Does It", "One Day at a Time", "Keep it Simple", "Live and Let Live". Using these slogans helps us begin to lead our day-to-day lives in a new way.

f. We learn to feel our feelings, to accept them and to express them, and to build our self-esteem.

g. Through working the steps we learn to accept the disease, realize that our lives have become unmanageable, and that we are powerless over the disease and the alcoholic. As we become willing to admit our defects and our sick thinking, we are able to change our attitudes and to turn our reactions into actions. By working the program daily and admitting that we are powerless, we come to believe eventually in the spiritually of the program - that there is a solution other than ourselves: the group, a Higher Power, God, as we understand Him, it. By sharing our experiences, relating to others, welcoming newcomers and serving our group(s), we build self-esteem.

h. We learn to love ourselves. In this way we are able to love others in a healthy way.

i. We have telephone therapy with people we relate to - very helpful at all times, not just when problems arise.

j. By applying the Serenity Prayer to our daily lives we begin to change the sick attitudes we acquired in childhood.

FACT SHEET

ALCOHOL-IMPAIRED DRIVER

The following facts reveal the economic and social impact impaired (drunk) drivers have on our citizenry today.

Total U.S. Fatalities/Fatality Rates:

- 250,000 people have died in alcohol-related accidents in the last 10 years.
- Presently, 25,00 people are killed each year in alcohol-related accidents.
- One American life is lost every 20 minutes in alcohol-related auto crashes.
- It is estimated that one out of every two Americans will be involved in an alcohol-related accident in his or her lifetime.

Cause of Death:

- Alcohol-related crashes are the leading cause of death for young Americans between the age of 16 and 24.
- For all Americans between 5 and 35 years of age, motor vehicle accidents are the number one cause of death. More than 50 percent of these accidents involve persons who have been drinking alcoholic beverages.

Recent Alcohol-Involvement:

- More than 50 percent of all fatal highway crashes involving two or more cars are alcohol-related.
- More than 60 percent of all fatal single car crashes are alcohol-related.
- More than 36 percent of all adult pedestrian accidents are alcohol-related.
- 68 percent of all fatal alcohol-related auto crashes occur between 8 p.m. and 4 a.m.

Accidents and Injuries:

- Every year, 650,000 persons are injured in alcohol-related crashes; 65,000 of those people suffer serious injuries.
- 2 million alcohol-related collisions occur each year.

Youth:

- Persons between 16 and 24 years old comprise only 20 percent of the total licensed population and 20 percent of the total vehicle miles traveled in the U.S. by all-aged licensed drivers. They cause 24 percent of all fatal alcohol-related crashes.
- Teenage drivers are involved in 1 out of every 6 fatal accidents that occur, with close to 6,700 teenagers (15-19 years old) killed in motor vehicle accidents in 1982.
- Almost 60 percent of fatally injured teenage drivers were found to have alcohol in their blood systems prior to their crash, with 43 percent at legally intoxicating levels (i.e., greater than or equal to .10 percent blood alcohol content in most states).
- 11 teenagers die each day in alcohol-related accidents.

Economic Costs:

- Insurance companies estimate that alcohol-related teenage driving accidents cost society about $6 billion per year in damage, hospital costs, lost work, and so forth.
- In a recent Allstate Insurance Company study, alcohol-impaired drivers are estimated to cost American taxpayers $21-24 billion dollars each year.

Department of Mental Health:

The Department of Mental Health, Division of Alcohol and Drug Abuse is responsible for approving Alcohol Related Traffic Offenders' Programs (ARTOP) for convicted drunken drivers. There are 51 ARTOP agencies with 107 locations throughout the state. Approximately 15,000 persons complete these programs annually in Missouri.

References:

National Highway Traffic Safety Administration, Department of Transportation.
Department of Mental Health.

MISSOURI DEPARTMENT OF MENTAL HEALTH
Division of Alcohol and Drug Abuse
2002 Missouri Boulevard, Box 687
Jefferson City, Missouri 65102

HOW MUCH IS TOO MUCH TO DRINK IF YOU'RE DRIVING?

First, you should understand that drinking any amount of alcohol can impair your ability to drive.

The generally accepted way to measure intoxication is by your Blood Alcohol Concentration (BAC). In most areas, the legal definition of intoxication is .10 percent BAC and above. However, long before you reach .10 BAC, your judgment and motor skills deteriorate rapidly. In fact, some states include the definition of impaired driving ability, which usually begins at .05 percent.

Important factors to keep in mind are how much you've drunk in a given period of time, how much you weigh and whether you've been eating. Your age, individual metabolism and experience with drinking are also factors. However, it simply is not true that beer or wine is less likely to make you drunk than so-called "hard" drinks. A 6-ounce glass of wine, a 12-ounce can of beer or 1½ ounces of 86-proof whiskey have about the same amount of effect on you.

How to estimate your Blood Alcohol Conentration. Although the effects of alcohol vary a great deal, the average effects are shown in the accompanying chart prepared by the National Highway Traffic Safety Administration. Find your weight in the left-hand column and then refer to the number of drinks you have had or intend to have over a two-hour period. For example, if you weigh 160 pounds and have had four beers over the first two hours you're drinding, your Blood Alcohol Concentration would be dangerously beyond .05 percent, and your driving ability would be seriously impaired - a dangerous driving situation. Six beers in the same period would give you a BAC of over .10 percent - the level generally accepted as proof of intoxication.

It is easier to get drunk than it is to get sober. The effects of drinking do taper off as the alcohol passes through your body, but the drop is slow. In the example above, the person who had six beers would still have significant traces of alcohol in his blood six hours later. Having a full stomach will postpone somewhat the effects of alcohol, but it will not keep you from becoming drunk.

Black coffee, cold showers, or walking around outddors will do nothing to make you sober. Of course, someone who claims, "I'll be okay as soon as I get behind the wheel," may be making a fatal mis-judgment.

Weight	DRINKS (TWO-HOUR PERIOD) 1½ ozs. 86° Liquor or 12 ozs. Beer											
100	1	2	3	4	5	6	7	8	9	10	11	12
120	1	2	3	4	5	6	7	8	9	10	11	12
140	1	2	3	4	5	6	7	8	9	10	11	12
160	1	2	3	4	5	6	7	8	9	10	11	12
180	1	2	3	4	5	6	7	8	9	10	11	12
200	1	2	3	4	5	6	7	8	9	10	11	12
220	1	2	3	4	5	6	7	8	9	10	11	12
240	1	2	3	4	5	6	7	8	9	10	11	12
	Be careful driving BAC to .05%				Driving impaired .05 to .09%			Do not Drive .10% & up				

The chart shows average responses. Younger people generally become impaired sooner, while older people have more vision problems at night. Tests show a wide range of responses even for people of the same age and weight. For some people, one drink may be too many.

TWELVE THINGS TO DO IF YOUR LOVED ONE IS AN ALCOHOLIC

Don't regard this as a family disgrace. Recovery from alcoholism can come about as in any other illness.

Don't preach, nag, or lecture to the alcoholic. Chances are he has already told himself everything you can tell him. He will take just so much and shut out the rest. You may only increase his need to lie or force him to make promises he cannot keep.

Guard against the "holier than thou" or martyr-like attitude. It is possible to create this impression without saying a word. An alcoholic's sensitivity is such that he judges other people's attitudes towards him more by small things than outspoken words.

Don't use the "if you loved me" appeal. Since the alcoholic's drinking is complusive and cannot be controlled by willpower, this approach only increases his guilt. It is like saying, "If you loved me, you would not have tuberculosis."

Avoid any threat unless you think it through carefully and definitely intend to carry it out. There may be times, of course, when a specific action is necessary to protect children. Idle threats only make the alcoholic feel you don't mean what you say.

Don't hide the liquor or dispose of it. Usually this only pushes the alcoholic into a state of desperation. In the end, he will simply find new ways of getting more liquor.

Don't let the alcoholic persuade you to drink with him on the grounds that it will make him drink less. It rarely does. Besides, when you condone his drinking he puts off doing something to get help.

Don't be jealous of the method of recovery the alcoholic chooses. The tendency is to think that love of home and family is enough incentive for seeking recovery. Frequently the motivation of regaining self-respect is more compelling for the alcoholic than resumption of family responsibilities. Or you may feel left out when the alcoholic turns to other people for help in staying sober. You wouldn't be jealous of the doctor if someone needs medical care, would you?

Don't expect an immediate 100% recovery. In any illness there is a period of convalescence. There may be relapses and times of tension and resentment.

Don't try to protect the recovering alcoholic from drinking situations. It's one of the quickest ways to push him into a relapse. He must learn on his own to say "no" gracefully. If you warn people against serving him drinks, you will stir up old feelings of resentment and inadequacy.

Don't do for the alcoholic that which he can do for himself or which must be done by himself. You cannot take his medicine for him. Don't remove the problem before the alcoholic can face it, solve it, or suffer the consequences.

Do offer love, support, and understanding in his sobriety.

THINGS I CAN DO WHEN I FEEL LIKE A DRINK

1. JOIN A.A. AND ATTEND MEETINGS.
2. CALL SPONSOR OR A.A. MEMBER.
3. CALL A.A. FACILITY SUCH AS CENTRAL SERVICE.
4. CALL HYLAND CENTER (DOCTOR, STAFF, ETC.)
5. CALL A FRIEND.
6. SERENITY PRAYER
7. OTHER PRAYERS
8. READ 24 HOUR BOOK.
9. READ BIG BOOK.
10. EXERCISE
11. HOBBIES
12. YARD (OR HOUSE) WORK
13. EAT
14. TALK WITH SPOUSE, SOMEONE FAMILIAR WITH A.A. OR AL-ANON.
15. EAT CANDY, SWEETS
16. SEEK HELP FROM HIGHER POWER
17. JOIN IN ACTIVITY (SPORTS, ETC.) WITH PEOPLE
18. CARRY A "WHERE AND WHEN "
19. VISIT A CHURCH
20. STOCK UP ON UNUSUAL TEAS, FOODS, ETC.
21. REGULAR MEALS
22. VISIT SOMEONE
23. SHOP (WINDOW)
24. VISIT PLACES I WANT TO VISIT OR USED TO VISIT (MUSEUM, ZOO)
25. CALL MY DOCTOR. _____
TELEPHONE NUMBER

01-5937 REV. 10/80

Drug War Being Lost, Report Says

10-28-85

WASHINGTON (UPI) — The war against drugs is being lost, a report from a committee representing seven nations says.

The draft report, disclosed last week, was written by delegates of the seven leading industrial nations that attended the Western summit meeting in May.

The draft report states:

"All the efforts undertaken so far have failed to reduce significantly the illicit production, trafficking, smuggling and abuse of drugs. On the contrary, in most regions of the world there is an observable increase in the drug problem with all its repercussions."

The cocaine problem is especially serious and is spreading rapidly through Europe, the report says. With the North American market relatively stable, the increased production of cocaine from South America is now apparently going to Western Europe, where there has been a dramatic increase in confiscations.

The side effects of the drug trade, the report says, include corruption, disruption of societies and support of organized crime and terrorism.

The draft report was approved by the foreign ministers of the seven countries — Britain, Canada, France, Germany, Italy, Japan and the United States. It will be presented to the annual economic summit meeting next year in Japan.

The report suggested intensifying and expanding collective actions against narcotics production, trafficking and abuse, including the arrest of drug smugglers in international waters.

"The illicit production of narcotics," the report says, "can be reduced only by means of close cooperation by producer, transit and consumer countries."

It suggested that the seven countries help train and equip police forces of drug-producing countries and develop a network of narcotics liaison officers among themselves to enforce a coordinated policy that includes efforts to deal with organized crime.

The report recommends that all the nations enact laws to deprive drug traffickers of the assets obtained through drug trafficking and to punish the laundering of money gained through drugs.

APPENDIX 3

Appendix B

GROUP THERAPY HANDBOOK

The purpose of this paper is to discuss the assumptions and techniques we are using in conducting group therapy. To begin with, let's look at some of the similarities within our group. In addition to our alcoholism we all have two things in common. First, before we came to the point of seeking outside help, we each tried our own *do it yourself* program in an effort to change ourselves. The second similarity is that we all failed. A basic assumption of group therapy is that a major reason for this failure is that our most determined efforts can't change what we can't see, and that there is a great deal that we are not seeing clearly.

For this reason our *goal* in group therapy is:

To discover ourselves and others as feeling persons, and

To identify *the defenses that prevent this discovery.*

While change is the ultimate goal, our immediate purpose is to see more accurately what needs change. This requires seeing ourselves—*discovering ourself*—and at a feeling level.

In examining our purpose one of the things that stands out is our emphasis on feelings. We stress feelings for several reasons. First of all, our behavior in the past has been so opposed to our value system that considerable feelings of remorse and self-loathing have been built up. It appears that we have accumulated a pool of negative feelings and walled them off with a variety of masks or *defenses that prevent this discovery.* This began with mild disapproval of ourself, then growing remorse, and finally a deep self-loathing. Statements such as: "I'm no damn good!" or "The world would be better off without me," reflect these negative feelings and attitudes. It is important to be in touch with these in order to take the First Step of the Alcoholics Anonymous Program where: "We admitted that we were powerless over alcohol—that our lives had becomes unmanageable."

Being in touch with the hostile feelings we have toward ourselves and the sense of helplessness and hopelessness that accompany them, make the First Step a moving a description instead of simply an abstract theory. We *feel* the *powerlessness* and the *unmanageability.* One of the important functions of the group is

to help us *identify the defenses that prevent this discovery.* We will say more at this wall of defense later on.

Another reason for stressing feelings is that many of the character defects that have disabled us for years are reflected in our feeling states or attitudes. As a result of the conflict between our value system and our repeated chemically-induced behaviors, we have formed rigid negative feeling states called attitudes toward ourselves and others. Most of us have become one or more of the following persons: Hostile, Resentful, Angry, Self-pitying, Fearful, Defiant, Phony, Arrogant, Superior. While these are represented as feelings, some have become so thoroughly a part of us as to be attitudinal in nature. They substantially color the way we see life and react to it. No longer are we persons who simply at times feel resentment; we are resentful persons. We may discover that we are not simply persons who feel self-pity; but we have become self-pitying persons. What was once a feeling has now hardened into an attitudinal posture —a character defect. If we are to change we must first become ourselves at this feeling level.

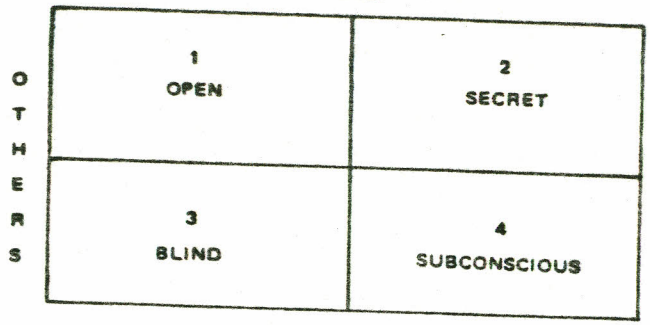
Most of us are badly out of touch with our feelings, particularly the ones we have been describing. But as you will see, it is not just these negative feelings that are hidden and controlled. Our positive feelings of joy and love are also locked away by the defenses that seek to hide the negative feelings from view. It appears that our defenses are not selective. The man who has hidden away his anger is also crippled in any spontaneous display of affection or gratitude as well. While our main focus in group therapy is on identifying our destructive negative-feeling selves, the acceptance of these feelings frees the positive ones as well. "I never could tell anyone I really liked him before, unless I was drinking," is one example of this phenomenon.

Most of us have ignored our feelings for years in an effort to see the facts. In group therapy *feelings are facts.* "How does that make you feel?" is a question asked frequently to help us focus on these facts.

Since our feelings are new to us, let's look at the ones we use everyday: Mad, Sad, Glad, Afraid, Ashamed, Hurt.

Our immediate purpose is to discover and identify in order to see clearly who I am and what needs change. Acceptance of *what is* precedes change. Seeing and accepting *what is* is very difficult, however, because we don't know that we don't know. We are in many ways blind and self-deluded, but we insist that: "I know who I am and where I'm going," or "I know what's best for me." We are deluded and don't know it. In fact, most of us deny it. This is what allows us to fall back into the same destructive behaviors again, not having learned anything from the last one. How many times has a friend or relative said: "I saw you building up to it, but you insisted everything was OK!" The assumption that self-delusion is a fact is basic to group therapy.

The way we illustrate this self-delusion is with the Johari Window:



The window's four panes represent four aspects of our total self. As the diagram indicates, only the top two panes are visible to myself. Nos. 3 and 4 are hidden from my view. This is descriptive of the self-delusion that keeps me from seeing what I'm *really* like and allows my slow disintegration to continue with only a slight, if any, recognition on my part of how bad things have become. A more accurate picture of myself is essential to recovery.

Window No. 1 is open. This is visible to "Self" and to "Others" and contains material I am willing to share with you—my interests, vocation, and virtues, to name a few. This is open information about myself.

Window No. 2 is secret. I know things about me that I don't want you to know. I fear the loss of esteem if you see me as having such feelings as hostility, suspicion, inferiority, resentment, or self-pity. Revealing these feelings is called *leveling.* I level with you when I take the risk of letting you really know me by spontaneously reporting my feelings. Leveling is one of the two most important techniques in self-discovery.

We are blind to Window No. 3, and yet it is seen by others. The tone of our voice, the tilt of our head, tell others things about us that we don't see. Many times a perfect stranger can see more in us in half an hour than we have discovered in years of self-examination. When someone tells us how we appear to them, they are *confronting* us. Confrontation is the second vital technique in breaking through self-delusion to self-discovery.

The existence of the large blind area illustrated by Window No. 3 means that we are dependent on others taking the risk of confronting us with this material if we are to ever come to know it. "It takes at least 2 to know 1."

Window No. 4 is subconscious and not visible. While leveling and confronting often result in a glimpse into the unconscious, this is a bonus and not a goal of group therapy.

Confrontation

It takes courage to risk confronting. We have all traded our honesty for the approval of others in the past. However, if we care about our fellow group members, and if we want them to be honest with us in return, we will present them with our picture of them.

Confrontation is defined as: *presenting a person with himself by describing how I see him.* Confrontation is most useful when spoken with concern and accompanied with examples of the confronted behavior or *data.*

"You seem self-centered to me because you only talk about yourself. . . ."
"You seem hostile because of the sarcastic answers you give. . . ."
"Your voice sounds so sad I see you feeling sorry for yourself. . . ."
"Your face is so red you seem very angry . . ."
"John, each time Joe confronts you, you explain yourself instead of leveling with him. How do you *feel* about what Joe told you?"

or

"John, you go into a long silence after each confrontation instead of leveling. How are you feeling when you withdraw in silence?"

For the most part defenses, including attitudinal postures, are unintentional and automatic shields against a real or imagined threat to our self-esteem. By pointing out the defenses we are using, we are given a better chance of letting down this wall that is locking others out and keeping us prisoners. For this blocks our getting close to others as well as getting closer to ourselves. Coming to recognize these blocks to self-discovery may enable us to look behind them to discover the feelings concealed from view. Long explanations may hide feelings of inadequacy and guilt. Since defenses and attitudinal postures do hide us from ourselves as well as others, it is important to identify them. A lot of this is new, so while you are getting used to it, just *trust your impulses.* Spontaneous expressions tend to be much more honest. It is more helpful to be *revealing* than to be *right.*

Most of us tend to think we already know ourselves and are afraid of looking bad, so it is hard for us to take the risk of being revealing and genuine. But what have we really got to lose? Remember how unsuccessful our previous attempts to change have been? Since we can't change something until we really see it and accept its existence, we should ask ourselves: "Do I really accept something if I keep it a secret?" Risking openness is the key. When you are tempted to withdraw into silence, remember that we are all in the same boat, and a common feeling of everyone when he is introduced to the group is *fear.*

Frequently, in place of confronting a person with some data that we have

observed (what they said—how they look, or sound, etc.) we make the mistake of guessing—of asking questions.

"I bet you fight a lot with your wife."

"Did your parents raise you very strictly. . . ?"

A guess or a question is not confrontation.

Another mistake is advice-giving in place of confronting:

"Don't let people walk all over you so much . . ." To state this as confrontation would be:

"You seem like a doormat, the way you let people walk all over you." This way we are not playing God by advising, but we are letting the person see himself from another point of view and trusting him to seek advice if he wants it.

Confrontation is descriptive of what we have observed in the person we are confronting. Guesses, advice, or discussions about something we have not witnessed is not confrontation. In a sense, when we confront, we hold up a mirror to let another person know how he appears to us.

We are most useful as confronters when we are not so much trying to change another person as we are trying to help him see himself more accurately. Change, if it comes, comes later when the person chooses it and enlists the spiritual help that the Sixth and Seventh Steps of the AA Program describe.

Picture a gardener preparing a proper environment within the soil so that the seeds he plants may receive the gift of *growth* from a Power greater than himself. Imagine a physician cleaning a wound to provide an environment to receive the gift of *healing*. The change we are all seeking might be more correctly labeled *healing* or *growth*, and while it is largely a gift of a Power greater than ourselves, the necessary environment for the gift is an honest picture of who and what we are like now. Because of our egocentric *blindness* and self-delusion, we are *all* dependent on others for that completed picture. Confrontation provides it.

Leveling

To respond openly to being confronted is to *level*. We *level* when we take the risk of being known by spontaneously reporting our feelings. For example: We *level* when we let someone know we are hurt—or afraid—or angry.

Using these feelings as an example of leveling is probably useful for two reasons. Anger bottled up, or fear that is kept hidden, seem to lead to more relapses than any other feelings. Also, anger and fear (along with affection) are usually the hardest feelings for us to report. Frequently, people make the mistake of assuming that the purpose of group therapy is to make someone angry. Anger is an important feeling. But it is only one feeling among many that we want to discover and level with.

If, instead of leveling, we respond without naming a feeling, we are hiding. The ways we hide our feelings are many, and we call them *defenses*. Each defense serves to avoid naming the feelings we are *now* experiencing. This prevents us from being known. One of the most helpful things that the group can do is to help a member identify his defenses.

Defenses which we all use to some extent are:

Rationalizing
Justifying
Projecting
Blaming, accusing
Judging, moralizing
Intellectualizing
Analyzing
Explaining
Theorizing
Generalizing
Quibbling, equivocating
Debating, arguing
Sparring
Questioning, interrogating
Switching
Denying
Being smug, superior, or arrogant
Minimizing
Evading, dodging
Defiance
Attacking, aggression
Withdrawing
Silence
Verbalizing, talking
Shouting, intimidating
Threatening
Frowning
Glaring
Staring
Joking
Grinning, smiling, laughing
Projecting
Agreeing
Complying

Try leveling with that feeling of fear for a starter and discover how that makes you feel. You'll probably find, as others have, that when you report a feeling you modify and reduce it. Keeping it a secret seems to increase its power. If we don't begin now to risk being genuine and self-revealing, when will we ever really do it?

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