

Drug Abuse - A Biblical Analysis

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In the 1960s, the drug culture became a part of American society. But what was once the pastime of Timothy Leary's disciples and the habit of poverty-stricken junkies went mainline to the middle class. A culture that once lived in the safe world of Ozzie and Harriet awoke to the stark realization that even their son Ricky used cocaine.

The statistics are staggering. The average age of first alcohol use is 12, and the average age of first drug use is 13. According to the National Institute on Drug Abuse, 93 percent of all teenagers have some experience with alcohol by the end of their senior year of high school, and 6 percent drink daily. Almost two-thirds of all American young people try illicit drugs before they finish high school. One out of sixteen seniors smokes marijuana daily, and 20 percent have done so for at least a month sometime in their lives. But Americans have changed their minds about drugs. A Gallup poll released on the 20th anniversary of Woodstock showed that drugs, once an integral part of the counterculture, are considered to be the number-one problem in America. Two decades before, young people tied drugs to their "search for peace, love and good times." But by 1989, Americans associated drugs with "danger, crime and despair." A similar conclusion could be found among the nation's teenagers. A Gallup poll of 500 teens found that 60 percent said concern over drug abuse was their greatest fear—outranking fear of AIDS, alcohol, unemployment, and war.

Nationwide surveys indicate that about 90 percent of the nation's youth experiment with alcohol—currently teenagers' drug of choice. An annual survey conducted by the University of Michigan has revealed that over 65 percent of the nation's seniors currently drink, and about 40 percent reported a heavy drinking episode within the two weeks prior to the survey.

Another survey released by the University of Colorado shows that the problem of

drug use is not just outside the church. The study involved nearly 14,000 junior-high and high-school youth. It compared churched young people with unchurched young people and found very little difference.

For example, 88 percent of the unchurched young people reported drinking beer compared with 80 percent of churched young people. When asked how many had tried marijuana, 47 percent of the unchurched young people had done so compared with 38 percent of the churched youth. For amphetamines and barbiturates, 28 percent of the unchurched youth had tried them as well as 22 percent of the churched young people. And for cocaine use, the percentage was 14 percent for unchurched and 11 percent for churched youth.

Types of Drugs

Alcohol

Alcohol is the most common drug used and abused. It is an intoxicant that depresses the central nervous system and can lead to a temporary loss of control over physical and mental powers. The signs of drunkenness are well known: lack of coordination, slurred speech, blurred vision, and poor judgment.

The amount of alcohol in liquor is measured by a "proof rating." For example, 45 percent pure alcohol would be 90-proof liquor. A twelve-ounce can of beer, four ounces of wine, and a one-shot glass of 100-proof liquor all contain the same amount of alcohol.

In recent years, debate has raged over whether alcoholism is a sin or a sickness. The Bible clearly labels drunkenness a sin (Deut. 21:20-21; 1 Cor. 6:9-10; Gal. 5:19-20), but that does not mitigate against the growing physiological evidence that certain people's biochemistry makes them more prone to addiction.

Some studies suggest that the body chemistry of alcoholics processes alcohol differently than that of non-alcoholics. Acetaldehyde is the intermediate by-

product of alcohol metabolism, but the biochemistry of some people make it difficult to process acetaldehyde into acetate. Thus, acetaldehyde builds up in the body and begins to affect a person's brain chemistry. The chemicals produced (called isoquinolines) act very much like opiates and therefore contribute to alcoholism.

Other studies have tried to establish a connection between certain types of personalities and alcoholism. The general conclusion has been that there is no connection. But more recent studies seem to suggest some correlation between personality type and drug abuse. One personality type that seems to be at risk is the anti-social personality (ASP), who is often charming, manipulative, impulsive, and egocentric. ASPs make up 25 percent of the alcohol- and drug-abuse population, yet only comprise about 3 percent of the general population.

The social costs of alcohol are staggering. Alcoholism is the third largest health problem (following heart disease and cancer). There are an estimated 10 million problem drinkers in the American adult population and an estimated 3.3 million teenage problem drinkers. Half of all traffic fatalities and one-third of all traffic injuries are alcohol-related. Alcohol is involved in 67 percent of all murders and 33 percent of all suicides.

Alcohol is also a prime reason for the breakdown of the family. High percentages of family violence, parental abuse and neglect, lost wages, and divorce are tied to the abuse of alcohol in this country. In one poll on alcohol done for *Christianity Today* by George Gallup, nearly one-fourth of all Americans cited alcohol and/or drug abuse as one of the three reasons most responsible for the high divorce rate in this country.

Since the publication of Janet Geringer Woitiz's book *Adult Children of Alcoholics*, society has begun to understand the long-term effect of alcoholism on future generations. Children of Alcoholics (COAs) exhibit a number of traits including guessing what normal behavior is, having difficulty following a project from

beginning to end, judging themselves without mercy, and having difficulty with intimate relationships.

The toxic effects of alcohol are also well known: they often cause permanent damage to vital organs like the brain and the liver. Death occurs if alcohol is taken in large enough amounts. When the blood alcohol level reaches four-tenths of 1 percent, unconsciousness occurs; at five-tenths of 1 percent, alcohol poisoning and death occurs.

Marijuana

Marijuana is produced from the hemp plant (*Cannabis sativa*), which grows well throughout the world. Marijuana has been considered a “gateway drug” because of its potential to lead young people to experiment with stronger drugs such as heroin and cocaine. In 1978, an alarming 10 percent of all high-school seniors smoked marijuana every day. Although that percentage has dropped significantly, officials still estimate that about one-third of all teenagers have tried marijuana.

Marijuana is an intoxicant that is usually smoked in order to induce a feeling of euphoria lasting two to four hours. Physical effects include an increase in heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Marijuana can impair or reduce short-term memory and comprehension. It can reduce one’s ability to perform tasks requiring concentration (such as driving a car). Marijuana can also produce paranoia and psychosis.

Because most marijuana users inhale unfiltered smoke and hold it in their lungs for as long as possible, it causes damage to the lungs and pulmonary system. Marijuana smoke also has more cancer-causing agents than tobacco smoke. Marijuana also interferes with the immune system and reduces the sperm count in males.

Cocaine

Cocaine occurs naturally in the leaves of coca plants and was reportedly chewed by natives in Peru as early as the sixth century. It became widely used in beverages (like Coca-Cola) and medicines in the nineteenth century but was restricted in 1914 by the Harrison Narcotics Act.

Some experts estimate that more than 30 million Americans have tried cocaine. Government surveys suggest there may be as many as 6 million regular users. Every day some 5,000 neophytes sniff a line of coke for the first time.

When the popularity of cocaine grew in the 1970s, most snorted cocaine and some dissolved the drug in water and injected it intravenously. Today the government estimates more than 300,000 Americans are intravenous cocaine users.

In recent years, snorting cocaine has given way to smoking it. Snorting cocaine limits the intensity of the effect because the blood vessels in the nose are constricted. Smoking cocaine delivers a much more intense high. Smoke goes directly to the lungs and then to the heart. On the next heartbeat, it is on the way to the brain. Dr. Anna Rose Childress at the University of Pennsylvania notes that “you can become compulsively involved with snorted cocaine. We have many Hollywood movie stars without nasal septums to prove that.” But when cocaine is smoked “it seems to have incredibly powerful effects that tend to set up a compulsive addictive cycle more quickly than anything that we’ve seen.”

Cocaine is a stimulant and increases heart rate, restricts blood vessels, and stimulates mental awareness. Users say it is an ego-builder. Along with increased energy comes a feeling of personal supremacy: the illusion of being smarter, sexier, and more competent than anyone else. But while the cocaine confidence makes users feel indestructible, the crash from cocaine leaves them depressed, paranoid, and searching for more.

Until recently, people speaking of cocaine dependence never called it an addiction. Cocaine's withdrawal symptoms are not physically wrenching like those of heroin and alcohol. Yet cocaine involves compulsion, loss of control, and continued use in spite of the consequences.

The death of University of Maryland basketball star Len Bias and an article by Dr. Jeffery Isner in the *New England Journal of Medicine* that same year have established that cocaine can cause fatal heart problems. These deaths can occur regardless of whether the user has had previous heart problems and regardless of how the cocaine was taken.

Cocaine users also describe its effect in sexual terms. Its intense and sensual effect makes it a stronger aphrodisiac than sex itself. Research at UCLA with apes given large amounts of cocaine showed they preferred the drug to food or sexual partners and were willing to endure severe electric shocks in exchange for large doses. The cocaine problem in this country has been made worse by the introduction of crack: ordinary coke mixed with baking soda and water into a solution and heated. This material is then dried and broken into tiny chunks that resemble rock candy. Users usually smoke these crack rocks in glass pipes.

Crack (so-called because of the cracking sound it makes when heated) has become the scourge of the war on drugs. A single hit of crack provides an intense, wrenching rush in a matter of seconds. Because crack is absorbed rapidly through the lungs and hits the brain within seconds, it is the most dangerous form of cocaine and also the most addicting.

Another major difference is not physiological but economic. According to Dr. Mark Gold, founder of the nationwide cocaine hotline, the cost to an addict using crack is one-tenth the cost he would have paid for the equivalent in cocaine powder just a decade ago. Since crack costs much less than normal cocaine, it is particularly appealing to adolescents. About one in five 12th graders has tried cocaine, and that percentage is certain to increase because of the price and

availability of crack.

Hallucinogens

The drug of choice during the 1960s was LSD. People looking for the “ultimate trip” would take LSD or perhaps peyote and experience bizarre illusions and hallucinations.

In the last few decades, these hallucinogens have been replaced by PCP (*Phencyclidine*), often known as “angel dust” or “killer weed.” First synthesized in the 1950s as an anesthetic, PCP was discontinued because of its side effects but is now manufactured illegally and sold to thousands of teenagers.

PCP is often sprayed on cigarettes or marijuana and then smoked. Users report a sense of distance and estrangement. PCP creates body-image distortion, dizziness, and double vision. The drug distorts reality in such a way that it can resemble mental illness. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries.

Chronic PCP users have persistent memory problems and speech difficulties. Mood disorders, such as depression, anxiety, and violent behavior, are also reported. High doses of PCP can produce a coma that can last for days or weeks.

Synthetic Drugs

The latest scourge in the drug business has been so-called designer drugs. These synthetic drugs, manufactured in underground laboratories, mimic the effects of commonly abused drugs. Since they were not even anticipated when our current drug laws were written, they exist in a legal limbo, and their use is increasing. One drug is MDMA, also known as “Ecstasy.” It has been called the “LSD of the ’80s” and gives the user a cocaine-like rush with a hallucinogen euphoria. Ecstasy was sold legally for a few years despite National Institute on Drug Abuse fears that it could cause brain damage. In 1985 the DEA outlawed MDMA, although it is still widely available.

Other drugs have been marketed as a variation of the painkillers Demerol and Fentanyl. The synthetic variation of the anesthetic Fentanyl is considered more potent than heroin and is known on the street as “synthetic heroin” and “China White.”

Designer drugs may become a growth industry in the '90s. Creative drug makers in clandestine laboratories can produce these drugs for a fraction of the cost of smuggled drugs and with much less hassle from law enforcement agencies.

Biblical Analysis

Some people may believe that the Bible has little to say about drugs, but this is not so. First, the Bible has a great deal to say about the most common and most abused drug—alcohol. Scripture admonishes Christians not to be drunk with wine (Eph. 5:18) and calls drunkenness a sin (Deut. 21:20-21; Amos 6:1; 1 Cor. 6:9-10; Gal. 5:19-20). The Bible also warns of the dangers of drinking alcohol (Prov. 20:1; Isaiah 5:11; Hab. 2:15-16), and, by implication, the dangers of taking other kinds of drugs.

Second, drugs were an integral part of many ancient Near East societies. For example, the pagan cultures surrounding the nation of Israel used drugs as part of their religious ceremonies. Both the Old Testament and New Testament condemn sorcery and witchcraft. In those days, drug use was tied to sorcery (the word translated “sorcery” comes from the Greek word from which we get the English words *pharmacy* and *pharmaceutical*). Drugs were prepared by a witch or shaman. They were used to enter into the spiritual world by inducing an altered state of consciousness that allowed demons to take over the mind of the user. In our day, many use drugs merely for so-called recreational purposes, but we cannot discount the occult connection.

Galatians 5:19-21 says:

The acts of the sinful nature are obvious: sexual immorality, impurity and

debauchery, idolatry and witchcraft [which includes the use of drugs]; hatred, discord, jealousy, fits of rage, selfish ambition, dissensions, factions, and envy; drunkenness, orgies, and the like. I warn you, as I did before, that those who live like this will not inherit the kingdom of God.

The word *witchcraft* here is also translated “sorcery” and refers to the use of drugs. The Apostle Paul calls witchcraft associated with drug use a sin. The non-medical use of drugs is considered one of the acts of a sinful nature. Using drugs, whether to “get a high” or to tap into the occult, is one of the acts of a sinful nature where users demonstrate their depraved and carnal nature. The psychic effects of drugs should not be discounted. A questionnaire designed by Charles Tate and sent to users of marijuana documented some disturbing findings. In his article in *Psychology Today* he noted that one-fourth of the marijuana users who responded to his questionnaire reported that they were taken over and controlled by an evil person or power during their drug-induced experience. And over half of those questioned said they have experienced religious or “spiritual” sensations in which they met spiritual beings.

Many proponents of the drug culture have linked drug use to spiritual values. During the 1960s, Timothy Leary and Alan Watts referred to the “religious” and “mystical” experience gained through the use of LSD (along with other drugs) as a prime reason for taking drugs.

How Parents Can Keep Their Children Off Drugs

Drugs pose a threat to our children, but parents can protect them from much of this threat by working on the following preventive measures.

An important first step in keeping children off drugs is to build up their self-esteem. Children with a positive self-image stand a better chance against peer pressure. Parents must help their children know they are a special creation of God (Ps. 139: 13-16) and worthy of dignity and respect (Ps. 8).

Parents must help them see the dangers of trying to conform to some group's standards by going along with its drug habits. Kids often think drugs are chic and cool. Parents must show their children that drugs are dangerous and work to counter the clichés of kids who will tempt their children to use drugs.

Second, parents should monitor their children's friendships. Before they allow their children to spend too much time with another child, parents should get to know the other child's family. Does the child come home to an empty house after school? Is there adult supervision of the children's activities? An unsupervised home often invites drug experimentation.

A third thing parents can do is to promote alternatives to drugs. Schools and church groups should develop "Just Say No" clubs and programs. Parents should provide alternative activities for their children. Sports, school clubs, the arts, and hobbies are all positive alternatives to the negative influence of drugs. At home, children should be encouraged to read books, play on a computer, or be involved in other activities that use the mind.

Fourth, parents should teach their children about drugs. Drug education cannot be left to the schools. Parents have to be personally involved and let their kids know that drugs will not be tolerated. Parents themselves should be educated about drugs and drug paraphernalia.

Fifth, parents must set a good example. Parents who are drug-free have a much better chance of rearing drug-free children. If parents are using drugs, they should stop immediately. The unconditional message to our kids must be that drugs are wrong and they will not be tolerated at home.

How Parents Can Recognize Drug Abuse

Most parents simply do not believe that their child could abuse drugs. But statistics suggest otherwise. Each year, thousands of young people get hooked on drugs and alcohol. Parents must learn to recognize the symptoms of drug abuse.

The organization Straight, Inc., has produced the following checklist of eighteen warning signs of alcohol or drug abuse:

1. School tardiness, truancy, declining grades
2. Less motivation, energy, self-discipline
3. Loss of interest in activities
4. Forgetfulness, short- or long-term
5. Short attention span, trouble concentrating
6. Aggressive anger, hostility, irritability
7. Sullen, uncaring attitudes and behavior
8. Family arguments, strife with family members
9. Disappearance of money, valuables
10. Changes in friends, evasiveness about new ones
11. Unhealthy appearance, bloodshot eyes
12. Changes in personal dress or grooming
13. Trouble with the law in or out of school
14. Unusually large appetite
15. Use of Visine, room deodorizers, incense
16. Rock group or drug-related graphics, slogans
17. Pipes, small boxes or containers, baggies, rolling papers or other unusual items
18. Peculiar odors or butts, seeds, leaves in ashtrays or clothing pockets.

What Parents Should Do If Their Children Are on Drugs

All the preventive measures in the world cannot assure that our children will not experiment with drugs. If parents suspect that their child is already using drugs, the following practical suggestions should be followed.

First, don't deny your suspicions. Drug addiction takes time but occurs much faster with a child than an adult. Some of the newer drugs (especially crack) can

quickly lead to addiction. Parents should act on their suspicions. Denial may waste precious time. A child's life may be in danger.

Second, learn to recognize the symptoms of drug abuse. The warning signs listed above are important clues to a child's involvement with drugs. Some readily noticeable physical symptoms include a pale face, imprecise eye movements, and neglect of personal appearance. Some less noticeable symptoms involving social interaction include diminished drive or reduced ambition, a significant drop in the quality of schoolwork, reduced attention span, impaired communication skills, and less care for the feelings of others.

Third, be consistent. Develop clear rules in the areas of curfew, accountability for an allowance, and where your teen spends his or her time. Then stick with these rules. Consistent guidelines will allow for less opportunity to stumble into sin of any kind. Fourth, open up lines of communication with your child. Ask probing questions and become informed about the dangers of drugs and the potential risk to your child.

Finally, be tough. Fighting drugs takes patience and persistence. Don't be discouraged if you don't make headway right away. Your unconditional love is a potent weapon against drugs.

What the Church Can Do about Drug Abuse

The family must be the first line of defense for drugs, but an important second line should be the church. The church staff and individual members can provide much-needed answers and help to those addicted to alcohol and other drugs.

Practical Suggestions for the Church Staff

First, the pastor and staff must be educated about drug abuse. Substance abuse is a medical problem, a psychological problem, and a spiritual problem. The church staff should be aware of how these various aspects of the problem interrelate.

The pastor should also know the causes, effects, and treatments. He must be aware of the responses of both dependents and co-dependents. Sometimes the abuser's family prevents recovery by continuing to deny the problem.

The church staff can obtain good drug information through the local library and various local agencies. Fortunately more Christians are writing good material on this issue, so check your local Christian bookstore.

Second, the congregation must be educated. The church should know the facts about substance abuse. This is a worthy topic for sermons and Sunday-school lessons. Ignorance puts young people in particular and the congregation in general at risk. Christians must be armed with the facts to combat this scourge in our nation.

Third, a program of prevention must be put in place. The best way to fight drug abuse is to stop it before it starts. A program that presents the problem of substance abuse and shows the results is vital. It should also provide a biblical framework for dealing with the problem of drugs in society and in the church.

Fourth, the church might consider establishing a support group. The success of non-church-related groups like Alcoholics Anonymous points to the need for substance abusers to be in an environment that encourages acceptance and accountability.

Biblical Principles for Counseling Drug Abusers

In establishing a church program or providing counsel for a substance abuser, we should be aware of a number of biblical principles Christians should apply.

First, Christians should help abusers see the source of their problem. It is not the drink or the drug that is ultimately the problem. Jesus said in Mark 7:19-20 that "whatever goes into the man from outside cannot defile him, because it does not go into his heart." Instead, "That which proceeds out of the man, that is what

defiles the man." Evil lies in the human heart, not in the bottle or drug.

Second, Christians must be willing to bear one another's burdens and provide comfort and counseling. Paul says in Galatians 6:1, "Brethren, even if a man is caught in any trespass, you who are spiritual, restore such a one in a spirit of gentleness; looking to yourselves, lest you too be tempted."

Third, Christians must have an appreciation for the compulsive, irrational, and even violent nature of substance abuse. The Apostle Paul in his epistle to the Romans noted this tendency in our nature: "For that which I am doing, I do not understand; for I am not practicing what I would like to do, but I am doing the very thing I hate" (7:15).

How Society Can Fight the Drug Problem

In addition to what the family and the church can do, society must fight America's drug epidemic on five major fronts. Each one has to be successful in order to win the overall battle.

The first battlefield is at the border. Federal agents must patrol the 8,426 miles of deeply indented Florida coastline and 2,067-mile border with Mexico. This is a formidable task, but vast distances are not the only problem.

The smugglers have almost unlimited funds and some of the best equipment available. Fortunately, the federal interdiction forces (namely customs, the DEA, and the INS) are improving their capability. Customs forces have been given an increase in officers, and all are getting more sophisticated equipment.

The second battlefield is law enforcement at home. Police must crack down with more arrests, more convictions, longer sentences, and more seizures of drug dealers' assets. Unfortunately, law enforcement successes pale when compared with the volume of drug traffic. Even the most effective crackdowns seem to do little more than move drugs from one location to another.

Drug enforcement officers rightly feel both outgunned and underfunded. In the 1980s, the budget for the city of Miami's vice squad unit for an entire year was less than the cost of just one episode of the TV show *Miami Vice*.

An effective weapon on this battlefield is a 1984 law that makes it easier to seize the assets of drug dealers before conviction. In some cities, police have even confiscated the cars of suburbanites who drive into the city to buy crack.

But attempts to deter drug dealing have been limited by flaws in the criminal justice system. A lack of jail cells prevents significant prosecution of drug dealers. And even if this problem were alleviated, the shortage of judges would still result in the quick release of drug pushers.

A third battlefield is drug testing. Many government and business organizations are implementing testing on a routine basis in order to reduce the demand for drugs.

The theory is simple. Drug testing is a greater deterrent to drug use than the remote possibility of going to jail. People who know they will have to pass a urine test in order to get a job are going to be much less likely to dabble in drugs. In 1980, 27 percent of some 20,000 military personnel admitted to using drugs in the previous 30 days. Five years later, after drug testing was implemented, the proportion dropped to 9 percent.

A fourth battleground is drug treatment. Those who are addicted to drugs need help. But the major question is who should provide the treatment and who should foot the bill. Private hospital programs are now a \$4 billion-a-year business with a daily cost of as much as \$500 per bed per day. This is clearly out of the reach of addicts who do not have employers or insurance companies who can pick up the costs.

A fifth battleground is education. Teaching children the dangers of drugs can be an important step in helping them to learn to say no to drugs. The National



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Institute on Drug Abuse estimates that 72 percent of the nation's elementary- and secondary-school children are being given some kind of drug education.

The battle for drugs will continue as long as there is a demand. Families, churches, and the society at large must work to fight the scourge of drugs in our country.

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