

Developing a Theology of Drug Abuse

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Theology is the application of Scripture to life's problems. When you discipline your child, you are doing theology. When you take your wife out to dinner, you are doing theology. When you think about drugs, you should be doing theology, but a theology of drug abuse has not been forthcoming.

Is Addiction a Disease?

Our theological confusion arises, in part, because of the influence of the disease model. This model states that most of life's problems can be reduced to biochemical abnormalities. As a result, personal responsibility is either diminished or altogether absent.

For example, many Christians believe that heavy drinking is sin, but when it becomes "alcoholism," it is a sickness and should be treated differently. But the Bible never suggests that there are two categories of drunkenness: drinkers-who-occasionally-get-drunk and heavy-drinkers-who-have-a-disease. Drunkenness is always sin, never sickness. It obstructs self-control; it interferes with our God-given task of subduing the earth; it destroys relationships; it causes exaltation of our lusts. In short, it is slavery.

The way in

How can we approach this conflict between a biblical and a disease view? Perhaps one way is to notice some merit in the disease viewpoint. The medical model captures something of the substance abuse experience, which feels like a disease. Addiction feels like something -- some gene or virus -- has taken over and you are no longer in control. To simply say "stop" seems powerless.

This model stimulates our theological work. To begin with, it forces us to broaden our view of sin. For example, sin feels like a disease. It does victimize. We feel controlled by it. The Apostle Paul uses disease language in describing life with a sin nature (Rom. 7:15,17). The disease, however, is one of the soul, not the body. The biblical position indicates that, in sin, we are all both hopelessly out of control and shrewdly calculating or purposeful, victimized yet morally responsible.

What a breath of fresh air to anyone struggling with substance abuse. No longer must people wait for a medical miracle. Instead, in their helplessness they can follow Paul's strategy in Romans 8. He implores us to acknowledge our need to be rescued, look away from ourselves and to Jesus, rejoice in the fact that there is no condemnation, and set out to be controlled by the Spirit.

This means that "addicts" are no different than ourselves. We are fellow idolaters. For too long the church has been unable to understand chronic drug abusers. When we recognize drug abuse is "normal" sin, we can be confident that the normal means of biblical change (i.e., repentance, faith and obedience) are robust enough to help the substance abuser.

The way out

Help for substance abusers begins with detection. Have you noticed any unusual changes in a person's behavior? problems at work or school? poor concentration? change in peer group? an inordinate amount of time in private? obvious changes in spiritual

life? Are there health problems? Is there weight loss? Does the individual have bloodshot eyes? Changes in these areas are a red light for friends and family. Perhaps the most obvious clue of possible drug abuse in teens is a history of cigarette smoking or drinking. Cigarettes and alcohol are often the gateway to illegal drugs.

Intervention

If there are signs of drug use, it is time to lay out the evidence and confront the person. Counselors must search themselves prior to any confrontation. When they confront, they do so as one addict to another, pointing the way to freedom.

If, after one-to-one confrontation, the evidence for substance abuse is denied or ignored, the next step is to include others in the rescue mission (Prov. 24:11; Matt. 18). (Interestingly, drug counselors hail a strategy called "intervention" that has been lifted from church discipline procedures.) Gather a group that knows of the substance abuse, loves the person (family, good friends) and is respected by the person (elder, employer). This group should prepare by remembering the goal of the confrontation and having a time of personal repentance, then arrange to meet with the substance abuser. The group should be ready to provide follow-up options.

If the person refuses to acknowledge the problem, the group can evaluate, learn from their mistakes (if any) and confront again. If the person confesses the abuse, then the hard work of change can begin. There are many churches that err at this point. Sin, slavery and idolatry don't go away overnight. Drug abusers need daily encouragement and exhortation so they do not become hardened by sin's deceitfulness (Heb. 3:12,13). To our shame, AA seems to be more aware of this fact than the church.

Persons with a history of abuse must get rid of all associations with their chemical idol. They should be encouraged to be vigilant because they will hear the ghosts of abuse whispering in their ears, panhandling for another high. They should be trained in truth-telling. They should repeat the process again and again.

Other counseling approaches follow from your view of sanctification. If you believe that sin is the basic issue and sanctification through faith is the answer, then you can directly apply to substance abuse the biblical strategies that you have learned in dealing with your own sin.

A biblical approach, properly understood and implemented, can become an apologetic to a world that disparages a moral model. We can demonstrate that a biblical model explains the insights of secular substance abuse research better than the researchers themselves. Also, a biblical approach can move substance abusers from popular self-esteem spirituality to a dynamic and powerful faith in the living God.