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THE COMPLEXITY OF ALCOHOLISM

One of the difficulties in understanding and treating the alcoholic is the complexity of the problem. We probe for the reasons a person becomes an alcoholic and often overlook the fact of addiction itself. We must begin by accepting the fact that addiction to alcohol is the reason for our loved one's bondage and start the road to recovery from there.

When I was at the Open Door Mission in Omaha, the problem of alcohol addiction was being discussed in one of the group therapy classes in the New Life Program. Each of the forty-five individuals present gave a different reason for being addicted to alcohol.

"I drink because I'm lonely," one explained. "Usually when I go into a bar, it's not for liquor. I just want to find someone to talk to. But the first thing I know I've got a glass in my hand and I'm gone again."

"I used to want to be somebody and make something of my life," another told us. "But I haven't had what it takes. No matter what I try or how hard I work at it I fail. I've always been a failure. I suppose that's the way I'll always be."

"I've been a drunk for more than twenty years," still another admitted candidly. "Before I came here I didn't even try to get help. The way I saw it, there wasn't any use. A guy like me could never learn to live without alcohol."

Those three are typical alcoholics. They have their problems figured out. They reach the conclusion that it is hopeless to even try to change. They are doomed to a life of drunkenness and an early grave.

Had we accepted their reasons as the causes for their continued drinking we would have been faced with a staggering number of problems that defied solution. We would have been as helpless in our attempts to point them to lives of sobriety as they were helpless to free themselves.

But instead of accepting what they said, we confronted them with the fact that anyone can become addicted to alcohol. Then they began to understand their own behavior and see that their strange pattern of living was developed to satisfy their addictive drive. It did not necessarily come from personality defects. They saw that the hope of taking their places as useful, upright members of society was within their reach.

Many attribute alcohol addiction to some physical, moral, or psychological defect in an individual's makeup. That theory maintains that a person is an alcoholic even before he takes his first drink. Such a conclusion removes all blame from alcohol and places it on the individual. It implies that the rest of us, who are not so unfortunate, should be able to drink without any risk of running into trouble with alcohol.

WHAT CAUSES ALCOHOLISM?

The term *alcoholism* was first used by Magnus Huss and may be defined as any change in the condition of the body or in its physical or mental activities caused by ethyl alcohol or alcoholic beverages. Alcoholism is literally a poisoning by spirits.

It is the ethyl alcohol in beer, whiskey, and other liquors that causes intoxication. It is ethyl alcohol that causes addiction.

The fact that there are those who drink because of personality defects cannot be denied. Yet basic research does

not hold to the premise that the psychological makeup of a man is the primary cause of his alcohol addiction.

Dr. Robert Fleming, one of the leaders in the World Health Organization, says, "Most alcoholics are not psychiatric cases: they are normal people." The conclusion reached in a fifty-six-page report issued by the World Health Organization is: "First, nobody is immune to alcoholism. Second, total abstinence is the only solution. . . . Alcohol is a poison to the nervous system. The double solubility of alcohol in water and fat enables it to invade the nerve cell. A person may become a chronic alcoholic without ever having shown symptoms of drunkenness."

Dr. Edwin H. Sunderland of Indiana University reached the same conclusion. "The alcoholic could be a sad type or a happy type, an introvert or an extrovert. In short, he could be anybody."

Alcoholism starts with the social drinking of alcoholic beverages, not with a problem personality. All alcoholic beverages—wine, beer, or whiskey—contain ethyl alcohol, a habit-forming drug. It doesn't matter which carrying agent is used; too much of any alcoholic beverage causes the same result—drunkenness.

Dr. Jorge Valles, director of the Alcoholism Unit Treatment and Research Program of the Veterans Hospital in Houston, Texas, in his book *Social Drinking and Alcoholism*, makes this statement:

The cause of alcoholism is alcohol. For many years we have known that alcohol is the agent that produces Chronic Alcoholism. However, for one reason or another this basic fact so important to the understanding of both the disease and the patient, has been ignored or laid aside. We do not mean to be facetious when we say that there has never been a case of alcoholism recorded in which the patient had not ingested alcohol. Furthermore, the reason for a person's drinking an alcoholic beverage does not make him an alcoholic. If one needed a reason or a problem every time he reached for an alcoholic drink the number of alcoholics in our country

would be considerably less than what it is today.

He goes on to quote a statement by Drs. L. Goldberg and R. G. Bell in which they say that a person who is healthy in all respects can fall victim to the disease of alcoholism if he ingests great quantities of alcohol over a long period of time. No previous psychological or emotional disorder is necessary.

Dr. Bell also says, "Many patients who have been able to adapt physically to large quantities of alcohol and have spent their adult lives in a setting where it is customary can become seriously addicted without having been psychologically ill at the on-set of drinking."

Dr. Valles identifies three steps in addiction:

1. A substance [alcohol] . . . has less effect when intake is repeated.

2. A prolonged intake.

3. The rise in the minimal effective dose.

When these factors are present addiction may result. In these cases alcoholism is due entirely to the physiological and pharmacological properties of alcohol. The psychological constitution of the victim plays no role. Entirely healthy people can become addicted to alcohol. The same applies to other poisons.²

Before quoting the findings of twenty two studies on the subject, covering a period from 1935-1960 (a series of studies whose conclusions are still valid), Dr. E. M. Jellinek, founder of the Yale Center of Alcohol Studies, wrote, "Most of these formulations will come as a shock to those who believe in the obsolescence of the idea of alcoholism as a true addiction and who do not recognize that alcohol itself plays more of a role in the process of alcoholism than just that of causing intoxication."

One study concluded, "The process of alcohol addic-

1. Jorge Valles, *Social Drinking and Alcoholism* (Tex.: Texas Alcohol and Narcotics Educations Council, 1965), p. 23.
2. *Ibid.*, p. 14.

tion is comparable to the pharmacological processes operative in all drug addictions." Another added, "Loss of control over the use of alcohol, change in tolerance, a withdrawal syndrome and the relinquishing of all other interests in favor of a preoccupation with the use of alcohol are all criteria of an addiction."

TWO TYPES OF ALCOHOLICS

Members of the Committee on Alcoholism of the American Medical Association's Council on Mental Health divided alcoholics into two groups. The first, *primary* alcoholics, are those who drink because of addiction alone. *Secondary* alcoholics are those who begin to drink compulsively because of personal problems or for physical reasons and later become addicted.

The primary alcoholic can be attracted to alcohol from the first drink and keep right on drinking until he is a slave to it.

The wife of a prominent businessman in a city in which we used to live belongs to that group. At a cocktail party she was induced to take a drink for the first time at the age of fifty-seven.

She came home and exultantly told her husband, "I didn't know what I'd been missing. I'll never be without alcohol as long as I live."

She started to drink and continued drinking compulsively. Soon she was living for the bottle, and her marriage was in shambles.

A man in Chicago tells that he was raised in a Christian home, taught Sunday school, and studied for the ministry. "You may find this hard to believe, but I had never taken a drink or smoked a cigarette until I was in my twenties. Then I took one drink and—boom! I was drunk more than I was sober. I plunged to the bottom in a matter of weeks and stumbled from one skid row to another all across the country. I lived that way for ten solid years until the Lord once more got hold of me."

The AMA report also deals with the individual who drinks regularly over a period of years until he develops such a craving for alcohol that he cannot leave it alone. He is the person who started by drinking socially.

Studies made by Jellinek conclude that addiction sets in after a period of seven years of regular drinking. Surveys made by Alcoholics Anonymous reveal that after seven to twelve years of regular drinking many drinkers become alcoholics.

Each of us has a certain capacity for ethyl alcohol without getting into trouble. But no one knows whether his capacity is as large as an oil drum or as small as a teaspoon, and he won't know until it runs over and he is an alcoholic.

A small-town businessman came to our office for help with a serious drinking problem some months ago. His wife admitted, reluctantly, that she was the one who first urged him to drink, for social reasons.

"Everyone in our crowd drank at parties and our bridge club," she said defensively. "I felt stupid asking for a Coke or Seven-Up when everyone else had a martini. So I told my husband that no harm could come from taking one drink with the others."

And she was not aware that harm was being done until, with increasing horror, she saw that her husband was addicted to alcohol.

"We live in a drinking society," said Phyllis Snyder, executive director of the Alcoholic Treatment Center in Chicago, "and therefore society is responsible for the problem involved therewith. When I was a girl, guests were usually served coffee. Now, as soon as they arrive, the host asks, 'How about a drink?'"

Pressure is constantly put upon people to drink in order to be sociable. And, with the increase of drinking, addiction increases as well.

To understand the secondary alcoholic we must understand that his problem is progressive. Jellinek describes the descent in this manner:

Alcoholism begins with occasional relief drinking while the drinker constantly needs its relief. Soon he urgently wants his first drink. Then he feels guilty and he can't discuss the problem. Memory blackouts begin and increase in frequency. Men often develop various degrees of aggressive behavior and some women act sensually. Before long the alcoholic develops work and money problems. He denies he has a problem by blaming others and rationalizing his drinking.

In this crucial phase the alcoholic avoids family and friends. Because alcohol contains empty calories he feels warm and full and therefore neglects proper food. Malnutrition sets in. His descent accelerates and the physical deterioration becomes more pronounced. Then he begins drinking with inferiors, has undefinable fears and vague spiritual desires. He hits bottom and will stay at the bottom until he admits his alcoholism and the need of help.³

The secondary alcoholic, according to the AMA, is an entirely different type of individual from the primary alcoholic. The secondary alcoholic is trying to escape from his personal problems by hiding in the bottle.

That category is the one into which I once fit, at least partially. I started drinking conventionally enough, using alcohol as a sales tool in the advertising and sales promotion business. When I experienced a few business reversals, I remembered the way a cocktail had relaxed me, so I began to drink for a different reason. I was tense and worried and looking for release. It wasn't long before I was addicted.

An older man we'll call John was another fellow who drank because of personal problems. He didn't drink at all until after his wife died. Left with four small children and a limited income that made it all but impossible to hire a housekeeper, he saw no way to escape—except through alcohol. It had a numbing effect on his mind and made it possible for him to forget his troubles for a few hours. If he

3. *Ibid.*

got drunk enough he could temporarily forget that his children were in foster homes.

John's bouts with the bottle only increased his problems, which in turn caused him to drink more often. First he lost his job. Next he lost his home. Then, in addition to his personal problems, before he even realized what was happening, he was caught in the savage vise of alcohol addiction.

The guilt complex can play a big part in sending the secondary alcoholic on the downward road of alcoholism. One young man who came for help admitted that he was an alcoholic and wanted to be set free. He had a good background and was well educated, with outstanding ability as a private secretary. He had held such a position with a leading businessman and civic leader. Under the influence of alcohol this young man had committed a crime and spent two years in prison. Because of his ability and fine family background everyone wanted to help him make a new start. But he could not maintain any degree of success for any length of time. Just as he would reach his goal, he would go on another drunk. Prayerful study of his problem showed that he had a guilt complex he could not overcome. He felt that he did not deserve success because he had disgraced his family.

Vernon E. Johnson, well-known author of *I'll Quit Tomorrow* and a number of articles on alcoholism, states, "The most startling observation has been that alcoholism can not exist unless there is a conflict between the values and the behavior of the drinker."

Roy E. Hatfield writes in *Christianity Today*, "Today social drinking has become quite acceptable in many segments of the evangelical church. Forty eight percent of the Baptist community, for example, use alcoholic beverages. But it is interesting to note that 18% of those got into trouble. The reason is probably guilt. Baptists and others from similar backgrounds are more likely to get into difficulty

simply because they suffer more guilt when they use alcohol."⁴

Earlier I made reference to the fact that I was a secondary alcoholic. I drank socially in connection with my business but had feelings of guilt because of it. When I was a child I was taught that drinking was not proper for me. My father never drank. In fact, he wore a white ribbon he had received from the Women's Christian Temperance Union when he was a small boy for pledging never to drink. He kept that commitment and never did.

I was raised in the Methodist church during the days when drinking alcoholic beverages was taboo for members of that denomination. I heard frequent messages on the value of abstinence. So when I started drinking I knew it was wrong and that my behavior would not be accepted by the people I grew up with.

Guilt plays a big part in leading evangelical church members into trouble when they start drinking socially. In general, once they start drinking such people fall into the grip of alcoholism much more easily than those from other backgrounds.

It is not always a psychological problem that gets the secondary alcoholic in trouble. With some it may be a physical problem.

A nervous, sensitive person, Steve stuttered terribly. As an impressionable boy, however, he discovered that it didn't hurt so much if people laughed at him after he had had a drink or two. In fact, liquor loosed his inhibitions until he could make sport of the infirmity himself. His drinking soon caused addiction, which was aggravated while he served a stretch in the army during the Korean War. He lost his wife and family and everything he considered worth living for and continued to drink heavily until ethyl alcohol finally took his life.

Another such individual came into my office and ad-

4. Roy E. Hatfield, "Closet Alcoholics in the Church," *Christianity Today*, 18 August 1981, p. 28.

mitted miserably, "Liquor has complete control over me."

"What is your problem as far as alcohol is concerned?" I asked him.

"That's just it. As far as I know I don't have any personal problems that would cause me to drink the way I do. My business is good, and we're not in any financial difficulties. I have a fine wife and family, and we get along very well together. I don't have any problems I can think of," he said sheepishly, "except that I can't sleep at night. I've got undulant fever, and insomnia seems to go with it."

Although he didn't realize it, that was his problem. He wouldn't be able to sleep for several nights in a row. Tension would begin to build. Then he would drink so that he could sleep. He soon became addicted. The weakness that induced him to drink in the first place was soon succeeded by the greater weakness of his insatiable, acquired thirst for ethyl alcohol.

WHO ARE AMERICA'S ALCOHOLICS?

Depending on whose statistics we read, the number of known alcoholics in the United States ranges anywhere from ten to fifteen million. Half of that number are women, and more than 95 percent still have their jobs and families.

The National Council on Alcoholism in 1981 stated that 10 percent of America's work force has drinking problems that affect job performance. Drinking workers make poor decisions, spoil materials, or don't show up at all. Ironically, many of them are relatively high-ranking employees with twenty years or more on the job.

Dr. Eric D. Davis, Medical Director of Seattle's Shadle Hospital, adds this comment: "The vast majority of alcohol addicts have families, homes and steady employment." As a matter of record, only 3 to 5 percent of the known alcoholics in America ever reach the skid-row level.

The amount of drinking done by women has risen rapidly in recent years. Cocktail parties are taking the place

of afternoon coffee parties, and liquor is more and more often served at bridge clubs. Some drink because they have a great deal of leisure time and are bored. Some drink because it has become the thing to do in their circle of society. Whatever the reason, addiction starts with social drinking. The results are exactly what one would expect. An article in the January 1985 issue of *Reader's Digest* quotes a Gallop Poll that found a slight downward trend in the amount of drinking that is being done in the United States. Sixty-five percent indicated that they drank wine, beer, or hard liquor at least once in a while. A 1977 poll stated that 71 percent interviewed said that they drank at least occasionally.

In addition, 29 percent of those who admitted to drinking said they were drinking less than they were five years ago, whereas only 11 percent said they were drinking more. In the 18-to-29 age group, however, a disturbing 21 percent said they were drinking more.

In the same poll, 81 percent of those interviewed said they regarded alcohol abuse as a major problem and wanted the government to do more in the way of controlling it.

Whether these changes in the drinking habits of Americans is an indication of a long-term trend is difficult to know. It could well be caused by the public outcry against drunken driving and might reverse itself when the present push to get drunks out of cars and off our highways begins to run out of steam. We should be much in prayer that the American people finally wake up to the devastating effects of alcohol on us as individuals and as a nation.

DEFINITION AND EFFECTS OF INTOXICATION

There was a time when an individual was judged to be intoxicated or sober by his ability to walk a straight line and to speak distinctly. That is no longer the case.

Dr. Harvey Wiley said it this way: "A man can be intoxicated without tottering or without disclosing in any way to the ordinary sense the fact that he is intoxicated."

Dr. Yendell Henderson, professor of applied psychology at Yale University, said, "Since the introduction of the automobile, however, the definition (of intoxication) may be changed to that which appreciably impairs the ability of a man or a woman to drive an automobile with safety to the general public."

Dr. Morris Fishbein wrote his own convictions on the same subject in the *AMA Journal*. "Just a drink or two and the safe driver is turned into a reckless traffic menace."

There is good reason for this. Ethyl alcohol, when taken into the body, goes almost immediately into the bloodstream and up to the brain. It begins to affect the cortex of the brain, the location of higher brain centers that have to do with memory, conscience, and judgment. The anesthetic effect of alcohol slows man's reactions measurably. It decreases his ability to judge distances and to tell the difference between visual and auditory stimuli.

It adversely affects skilled performance. A crack rifle team discovered that as little as one glass of beer materially lowered their scores.

But that is not all. Ethyl alcohol makes it more difficult to memorize data and solve problems.

Those who drink will argue that drinking may affect the driving ability of others, but it does not affect them. But tests conducted by the University of Washington School of Medicine revealed that only 3/100 percent of ethyl alcohol in the blood stream lowered a person's driving efficiency by 25 percent. Two cans of beer or their equivalent will produce this effect in the individual of average size. Increase the alcoholic intake to six cans of beer, and the individual will have 10/100 percent alcohol in the blood stream; his ability to drive will be retarded by 85 percent.

K. M. Magruder wrote in *Alcohol and Drug Education*:

North Carolina sells liquor only through state-controlled stores. Individual counties decide by referendum which

alcoholic beverages will be available in their counties, or if none will be sold at all. Five different possibilities of availability of alcoholic beverages were possible in the study. It was found there was almost a straight line relationship between mortality from alcohol-related diseases and the liberality of the law governing the availability in counties. The finding was in spite of the fact that it is no great trouble for individuals to go across county lines to buy alcohol. It is interesting that the availability of alcoholic beverages increases the amount of alcoholism in a given area and also increases the death rate from alcohol-related diseases.⁵

Dr. Gordon L. Addington, in his book *The Christian and Social Drinking*, verifies earlier findings regarding the parallel between increased drinking and the increase of alcohol-related diseases.

His research reveals that the mortality from alcohol disorders has shown a marked increase from 1964 to 1976.

The disorders are defined as Alcohol Psychosis, Alcoholism and Alcohol-caused cirrhosis of the liver. The latter shows a 46% mortality increase for white males, and a 107% increase for non-white males. The mortality increase for white females has increased 36% with an increase of 76% for non-white females. . . .

Until recently it was assumed that the deleterious or harmful effects of alcohol were largely due to nutritional deficiencies. Those who drank heavily were notoriously careless about their diet and neglected proper nutrition. During the past several years, however, it has become clear that alcohol itself is a toxin to many body organs and that proper and adequate nutrition does not protect the drinking individual from the effects of alcohol.⁶

The *Alcoholism Report* published in December of

5. K. M. Magruder, "The Association the Alcoholism Mortality with Legal Availability of Alcoholic Beverages," Alcohol and Drug Education, 1976.
6. Gordon L. Addington, *The Christian and Social Drinking* (Minneapolis: Free Church Publications, 1984).

1983 made this startling comment in reviewing the Consumer's Federation of America's report:

Alcohol was third, behind automobiles and cigarettes in the top ten most hazardous of consumer products. Millions of Americans abuse or are addicted to alcohol. This abuse is a major cause of tens of thousands of deaths and millions of injuries that occur each year in accidents involving automobiles, boats and weapons. Moreover, heavy drinking is as important a cause of disease as cigarette smoking. Medical researchers have directly linked heavy consumption of alcohol to heart disease, hepatitis, cirrhosis of the liver, and to cancer of the mouth, esophagus, larynx, liver and other organs.

Even small amounts of alcohol during pregnancy can be detrimental to the unborn baby. Women who have two standard drinks per day during pregnancy often give birth to smaller children. Significant increases in spontaneous miscarriages are noted in women who have as little as two drinks twice a week. Alcohol consumption during pregnancy can also cause physical and mental birth defects.

The economic costs of alcohol abuse are also significant. Medical bills, time missed from work, property damage, and other associated costs totaled a hundred billion dollars in 1982. In the United States only heart and cardiovascular diseases exceeded alcohol abuse in total economic cost. In addition, alcohol is a major factor in crime. Eighty six percent of homicides involve alcohol. Seventy nine percent of assaults, seventy two percent of robberies, fifty percent of rapes and fifty percent of automobile accidents.

The Bible clearly teaches that the problem of alcoholism lies with the product, not just the individual. "Who has woe? Who has sorrow? Who has strife? Who has complaints? Who has needless bruises? Who has bloodshot eyes? Those who linger over wine, who go to sample bowls of mixed wine. Do not gaze at wine when it is red, when it sparkles in the cup, when it goes down smoothly! In the

end it bites like a snake and poisons like a viper" (Proverbs 23:29-32, NIV*).

GOD IS FOR THE ALCHOLIC

**New International Version.*