

LIBERTY UNIVERSITY

RAWLINGS SCHOOL OF DIVINITY

IDENTIFICATION, INTERVENTION, AND IMPLEMENTATION OF A CHURCH
SUBSTANCE-ABUSE PROGRAM FOR TWENTY-SIX TO FORTY-SIX YEAR OLDS

A Thesis Project Submitted to
Liberty Baptist Theological Seminary
in partial fulfillment of the requirements
for the degree of

DOCTOR OF MINISTRY

BY

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Lynchburg, Virginia

February, 2017

DEDICATION

This author is deeply indebted to the mentor of this thesis project, Dr. Charlie Davidson, and to the reader of this thesis, Dr. David W. Hirschman.

The high standards of scholarship in the Liberty University Doctor of Ministry program are laudable. This student is also deeply indebted to Mountain Park First Baptist Church, Stone Mountain, Georgia Pastor Dr. Paul Ballard.

To my wife, Officer Patricia Schmidt, and to my wonderful daughter, Emily Schmidt, praise is offered for your patience and for continued encouragement and support. To my parents, Beverly and Hoke Smith, thankfulness is given for supporting me from my early and green days at Florida Bible College in 1982, until this very day.

To the faculty of Liberty University Rawlings School of Divinity, I profoundly cherish and appreciate every single professor. I would like to thank Graduate Research Assistance Librarian and Seminary Liaison Librarian, Randy Miller, who goes well above and beyond what he is required to in order to assist Liberty University doctoral students to help them become better researchers. The time that I spent at Liberty is worthy of admiration. The Liberty University faculty and students have, since 1988, all been a great encouragement and inspiration to me, helping me to truly become a “Champion for Christ.”

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RESEARCH PROJECT APPROVAL SHEET

GRADE

MENTOR, Dr. Charlie Davidson

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ABSTRACT

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Mentor: Dr. Charlie Davidson

Peer-reviewed empirical research indicates that the church can improve how it equips ministers to reach out to twenty-six to forty-six year olds suffering from substance abuse. This thesis project will help ministers evaluate, rethink, and implement better addiction-outreach programs. It is the intent of this thesis project to guide ministers and church workers, to give them levelheaded, real-world, hands-on, sensible solutions in order to see clear-cut positive progress in their outreach program to substance abusers. This thesis will answer the question: Is the church doing a good job of identifying and ministering to substance-abusing addicts? This doctoral thesis will provide helpful suggestions that ministers and church members can use to help those who are suffering from substance abuse.

Abstract 118 words

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CHAPTER ONE

INTRODUCTION

Statement of Importance and Purpose of Research

In the abstract of his doctoral thesis, Philip Watkins wrote: “A review of the literature reveals that approximately half of all problems impacting American families are caused or exacerbated by the abuse of alcohol or other drugs.”¹ The significance of this thesis is that it addresses the largest demographic of substance abuse in the United States, which is twenty-six to forty-six year olds.² Substance abuse often results in incarceration. Substance abuse among African Americans is a tremendous problem in the United States. According to Sharon E. Moore, the substance-abuse ministry in the Black church can be part of the solution:

Its work in effecting change in the current judicial and legislative policies on illegal drug-related activity can help to eliminate the disparity that currently exists in the judicial system as it relates to the inordinate number of young Black males who are interned for drug related offences.³

“In the United States, men are incarcerated at a rate of 14 times higher than women and young Black males are at a disadvantage relative to other groups who are in jail or prison.”⁴ Many have died from overdoses of illegal drugs; many have also died from abusing alcohol:

¹ Philip A. Watkins, "Waltzing with the Monster: Interventions with the Substance-Abusing Adolescent for Pastors, Treatment Providers, and Family" (PhD diss., Liberty University, 2006), 4.

² National Institute on Drug Abuse, "Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide." Accessed https://www.drugabuse.gov/sites/default/files/podata_1_17_14.pdf

According to the National Institute on Drug Abuse, substance-abuse problems in the United States are greatest among twenty-six to forty-six year olds.

³ Sharon E. Moore et al., "The Black Church: Responding to the Drug-Related Mass Incarceration of Young Black Males: 'If You Had Been Here My Brother Would Not Have Died!'," *Social Work & Christianity* 42, no. 3 (2015): 313.

⁴ *Ibid.*, 315.

The 2012 National Household Survey on Drug Use and Health (NSDUH), a primary source of statistical information on drug abuse in the U.S. population, estimated that 23.9 million Americans (or 9.2% of the population 12 years of age or older) had used an illicit drug in the past month, 2.8 million Americans were dependent on or abused both illicit drugs and alcohol, 4.5 million Americans were dependent on or abused illicit drugs but not alcohol, and 14.9 million Americans were dependent on alcohol.⁵

According to Cottler et al., substance abuse among twenty-six to forty-six year olds within the church community is enormous:

On the basis of the results from 12 studies conducted in Europe and the United States from 1968 to 1991, Hulse et al. derived a pooled estimated mortality rate of 8.6 per 1000 person-years among heroin or nonmedical opioid pain reliever users, which was 13.2 times higher than was the mortality rate among nonusers.⁶

According to the National Institute on Drug Abuse, marijuana was used by 36.4% of high-school seniors in 2013.⁷ By the time individuals reached the age of 26 and older, the percentage of marijuana use had decreased to 17.1%, but alcohol use had increased to 66.5%.⁸ As they grew older, the use of cocaine (18.3%) and heroin (11.7%) also remained a problem, but at about the same level as in high school.⁹ The Federal Bureau of Prisons has reported that twenty-six to forty-six year olds make up approximately 63.8% of the inmate population.¹⁰ Because a high number of twenty-six to forty-six year olds are suffering from substance abuse, many of them have been convicted and incarcerated. The problem is that a large number of twenty-six to forty-six year olds are at risk of suffering from substance abuse.

⁵ Kathleen Hemming, "ASHP Statement on the Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance," *American Journal of Health-System Pharmacy* 73, no. 9 (2016): 267-270.

⁶ Linda B. Cottler et al., "Nonmedical Opioid Pain Relievers and All-Cause Mortality: A 27-Year Follow-Up from the Epidemiologic Catchment Area Study," *American Journal of Public Health* 106, no. 3 (2016): 509.

⁷ National Institute on Drug Abuse, "Principles of Adolescent Substance Use," 13.

⁸ *Ibid.*, 5.

⁹ *Ibid.*

¹⁰ Federal Bureau of Prisons, "Inmate Age," February 25, 2017, 1. Accessed https://www.bop.gov/about/statistics/statistics_inmate_age.jsp

Churches have “walking-dead” men and women amongst us. Sadly, many substance abusers have died. “Problems of substance abuse and addiction continue to affect church members.”¹¹

Acute poisoning constitutes a major health problem and is mainly due to suicidal behavior or related to substance abuse. Irrespective of intention, the long-term mortality is increased among patients treated for acute poisoning. Unnatural and natural causes of death are both increased compared to the general population, and patients with substance use disorders are found to be at special risk.¹²

Many others are in jeopardy of either death or incarceration. “Substance addictions account for 13% of all deaths worldwide and 9% of all disability-adjusted life years.”¹³

Although many factors can contribute to suicidal behavior, a high percentage of those who died by suicide were also found to have been using alcohol and/or drugs . . . Analysis of data from 16 U.S. states found that one third of those tested for substances in the body after a completed suicide tested positive for alcohol and one fifth tested positive for opiates, such as heroin or painkillers.¹⁴

The goal of this thesis project is to avoid sitting on a (cyber) shelf unread and going unnoticed. This thesis project cannot, and must not, be successfully defended but then sit, mostly unread, collecting dust. The fields of walking “dead” men and women around the church comprise a mission field that is truly white unto harvest. Although ministers in the church cannot save everyone, the fields of reaching substance abusers are “white unto harvest.”¹⁵ Ministers of the gospel have a duty to rescue as many substance abusers as possible.¹⁶ According to the

¹¹ Christopher W. Dyslin, "The Power of Powerlessness: The Role of Spiritual Surrender and Interpersonal Confession in the Treatment of Addictions," *Journal of Psychology & Christianity* 27, no. 1 (2008): 41.

¹² Odd Martin Vallersnes et al., "Follow-Up after Acute Poisoning by Substances of Abuse: A Prospective Observational Cohort Study," *Scandinavian Journal of Primary Health Care* 34, no. 3 (2016): 309.

¹³ Melina Fatseas et al., "Craving and Substance Use among Patients with Alcohol, Tobacco, Cannabis or Heroin Addiction: A Comparison of Substance- and Person-Specific Cues," *Addiction* 110, no. 6 (2015): 1035.

¹⁴ Mei-Chuan Wang et al., "Suicide Protective Factors in Outpatient Substance Abuse Patients: Religious Faith and Family Support," *The International Journal for the Psychology of Religion* 26, no. 4 (2016): 370.

¹⁵ Luke 10:2

¹⁶ Proverbs 24:10-12

Federal Bureau of Prisons, the largest demographic of substance abusers is those aged twenty-six to forty-six years old.¹⁷ This thesis will not be able to reach and save all twenty-six to forty-six year olds with substance-abuse issues, but, with God's grace, it can help save some. Saving even one is worth the journey. God cares for the one; go for the one.

The purpose of this research is for the church to assist with the massive problem of substance abuse among twenty-six to forty-six year olds.¹⁸ The importance of this research is that ministers and the church can help in truly making a difference. Moore et al. (2015) provides excellent awareness of how the church can strategize to help young (African-American) men:

. . . Black churches should deploy a strategy with young Black males within their congregations to increase their knowledge about the criminal justice system and the consequences of getting involved in drug-related offenses. Furthermore, the Black Church can provide enlightenment about the power to young Black males and the Black community that results from positive personal, social, community, and systemic change. In this regard, empowerment encapsulates the Black Church's ability to guide in resource identification and distribution.¹⁹

This project aims to develop a tool that can be used to reach as many substance abusers between the ages of twenty-six and forty-six years old as possible. Substance abusers are everywhere and are acquaintances, friends, and family of church members. The church could do more to intervene and proactively help at-risk adults. Pastors and other church leaders will be surveyed in order to see whether ministries such as Celebrate Recovery and Alcoholics Anonymous are doing an effective job in intervening with at-risk twenty-six to forty-six year olds. This thesis assumes that the church and its leadership have not done enough to come up with an effective leadership strategy to identify its set of personal and social organizational

¹⁷ Federal Bureau of Prisons, "Inmate Age," 1.

¹⁸ Ibid.

¹⁹ Sharon E. Moore et al., *The Black Church*, 319.

definitions.²⁰ The church can help fix the problem of not being effective enough at reaching out to at-risk twenty-six to forty-six year olds by allowing its leadership to pull together to support the goals of implementing organizational leadership in church and para-church as a collective in adapting to the changes that are needed in order to change their approach of how they proactively reach out to minister to at-risk twenty-six- to forty-six-year-old young adults.

The quality of leadership amongst church- and para-church-ministry organizational leaders will determine the future success at making a better impact of reaching out to at-risk young adults with the gospel message, with the goal of becoming sure of their salvation, getting a deep passion for God,²¹ and having victory with a complete recovery over substance abuse. Church- and para-church-ministry organizational leadership need to become more proactive in adapting to these changes. Church and para-church leaders need to change their leadership approach in regard to reaching out to at-risk twenty-six to forty-six year olds. The quality of leadership will determine the future success of the church and para-church-ministry leadership. Ministry leaders need to recruit talented, experienced, and educated leaders, who are desperately needed to better reach at-risk twenty-six to forty-six year olds.

The ministry currently has a gap in leadership, and the ministry needs quality transformational-leadership training to better reach these adults. Ministries need to support the best organizational goals. Clergymen are needed to reach out to at-risk twenty-six- to forty-six-year-old adults, as identified and proposed in this thesis. This thesis will also look at the problem of widespread misuse of illegal and legal drugs, substance abuse, and addiction on college

²⁰ William Pasmore, "Developing a Leadership Strategy: A Critical Ingredient for Organizational Success," Center for Creative Leadership (2014), accessed April 4, 2016, from <http://www.ccl.org/leadership/pdf/research/LeadershipStrategy.pdf>

²¹ J. D. Greear, *Gospel: Recovering the Power That Made Christianity Revolutionary* (Nashville: B&H Books, 2011), 11.

campuses, including Christian-college campuses. Proposals will be made that ministries can proactively use for ministers and lay leaders to make a difference.

This thesis will focus upon ministers and church workers, with the intention of learning how they can best help twenty-six to forty-six year olds (i.e., in the church community) who are suffering from substance-abuse issues. The goal is to reach twenty-six- to forty-six-year-old substance abusers who are in the church or part of a church's community. This project's research focus is those who are involved with, or are at risk of, substance abuse, incarceration, or death. This research will look into the “. . . biological, developmental, social, learned, and psychological components”²² of substance abuse among twenty-six to forty-six year olds. The importance of this thesis is to develop better strategies and recommendations for ministers. This thesis also aims to help ministers to become better equipped to help prevent twenty-six to forty-six year olds in the church from going to prison as a result of substance abuse.

Research will be formulated to determine the extent of the correlation between high-school dropout rates, substance abuse, and incarceration. Substance abuse is an alarming, caustic weight that has power over many people in the United States:

Chemical addiction is a powerful, common, and very destructive force in our culture. It has been estimated that there are 35 million alcohol abusers in America alone. Given the National Institute on Alcoholism and Alcohol Abuse (NIAAA) and National Institute on Drug Abuse (NIDA) statistics on alcohol and poly-drug abuse, the rate of chemical dependency in America has been estimated to affect 15 to 20 percent of the population.²³

Substance addiction is a terrifying problem, but not just in the United States. This is a universal problem that has reached even remote, third-world nations, such as in Africa:

Of the total 651 school adolescents, 312(47.9%) reported using substances currently, and 426(65.4%) reported lifetime use of substances. The current prevalence of substance use

²² Phillip H. Chung et al., *Treating Substance Abuse: Technique and Theory* (New York: Guilford Press, 2014), 287.

²³ Dyslin, "The Power of Powerlessness," 41.

among male adolescents was 206(66%) and for females 106(34%). The current prevalence of all the three substances use was 27(4.1%) whereas the lifetime prevalence for the three substances was 107(16.4%). The lifetime and current prevalence of substance use among male versus female adolescents in the school was 59% & 40.9% for alcohol drinking. . . . The most commonly used substance among students was alcohol followed by khat and cigarettes both for current and lifetime use.²⁴

How effective are ministers in the United States at ministering to twenty-six- to forty-six-year-old substance-abuse addicts in the church? The problem that this thesis project is analyzing is that, currently, ministers are not properly equipped to reach out to addicts in the church and its surrounding community. Data will be collected to evaluate how significant a problem substance abuse is currently among twenty-six to forty-six year olds in the church in the United States. This research will discover what strategic plans are presently being used by ministers. This thesis project will collect and analyze data in order to help ministers to reach out to twenty-six to forty-six year olds (i.e., in the church in the United States) who are at risk of substance abuse and criminal conduct. Clergy will be surveyed to accomplish a better outreach model for ministers to use to reach out more effectively to twenty-six- to forty-six-year-old substance abusers within their community. If this happens, this project will be successful. Success for a minister in reaching out to substance abusers is to be able to reach some of them – as many of them as each minister can. This research will implement a better plan for ministers to use in assisting twenty-six to forty-six year olds (i.e., in the church) who are in treatment for substance abuse. Treatment will utilize better, scientific strategies in managing the needs of those who are in need of help. Pastoral counselors cannot, and must not, attempt to cure substance abusers all on their own. Their emphasis is on outreach and ministry, not treatment. Other players in the professional health care that is needed in order to get substance abusers well will be taken into account.

²⁴ Anteneh Messele Birhanu, Telake Azale Bisetegn, and Solomon Meseret Woldeyohannes, “High Prevalence of Substance Use and Associated Factors among High School Adolescents in Woreta Town, Northwest Ethiopia: Multi-Domain Factor Analysis,” *BMC Public Health* 14 (2014): 1186.

Ministers can benefit by educating themselves about the roles that these healthcare professionals play in properly using the most current, best scientific models for substance-abuse prevention, intervention, and cures. The focus will be on ministry and outreach by the clergy to help substance abusers in overcoming alcohol and drug dependency. This will be done through a review and examination of the elements of how and when ministers are reaching out to victims of substance abuse, in order that they might build better relationships with them. Once ministers have gained a hearing from substance abusers, this thesis project will discover the best steps of action that ministers can take to best use the gospel to transform the lives of addicts.

This project will offer ministers a better stratagem aimed at helping the clergy to become better aware of their role as an important part of the process of the transformation of the lives of at-risk twenty-six to forty-six year olds (i.e., in the church) who are struggling with substance abuse. Ministers were surveyed from a wide variety of backgrounds.²⁵

Current applicable literature will be reviewed as to the causes of substance abuse in order to provide the reader with positive solutions as to how the church can help at-risk adults in avoiding and overcoming substance abuse, criminal activity, and incarceration. Methods will be learned from this thesis project in order to help twenty-six to forty-six year olds (i.e., in the church) who are struggling with substance abuse to become redeemed, reformed, whole, and successful in life.

²⁵ Q 1, Q2, Q3, Q4, Q5, and Q6 demographics demonstrate that this thesis project interviewed ministers who were from a wide variety of backgrounds.

Statement of Limitations

This thesis project will not address addictions such as sexual addictions, pornography addiction, eating disorders, homosexuality, body self-image issues, fetishes, gambling, hoarding, obsession and compulsion disorders, anxiety disorders, and self-harm issues.²⁶ This thesis will be focusing only upon substance-abuse issues as they relate to twenty-six to forty-six year olds who are in some way connected to a local church ministry. This research will be limited to adults only; therefore, it will not focus upon children or elderly adults. This research will be looking into ways in which pastors – pastoral counselors in particular – can better minister to adults (i.e., in the church) who are suffering from substance abuse. This thesis will not be looking in depth into pharmaceutical treatments for substance abuse, but will only briefly discuss current trends in this solution.

Theoretical Basis for Topic Choice

This thesis will be looking into the unhealthy trinity of substance abuse, dropout rates, and incarceration. Ministers will be surveyed to obtain a quantitative response about these three issues in their communities. A close look will be given in order to convey how things have changed since Dr. Watkins completed his dissertation back in 2006. Unlike Watkins' earlier work, this thesis is going to specifically focus on the minister's or pastoral counselor's role in ministering to those who are at risk for substance abuse. This thesis project will closely examine substance abuse among twenty-six to forty-six year olds and the role of ministers in identifying substance abusers, including the stages, with the goal of reducing substance abuse, death, and

²⁶ Tim Clinton and Eric Scalise mentioned forty different types of addictions in their book *The Quick-Reference Guide to Addictions and Recovery: 40 Topics, Spiritual Insights & Easy-to-Use Action Steps* (Grand Rapids, MI: Baker, 2013).

incarceration. This thesis will be tackling the problem of substance abuse, specifically among at-risk adults who are a part of the church community. Current practices are not working very well. A better strategy for ministers and pastoral counselors in the church will be developed. This strategy will be used to better identify, intervene, and implement a strategy with the goal of achieving better results in specifically lowering high-school dropout rates, substance abuse, and incarceration among twenty-six to forty-six year olds in the church.

Hopefully, this project will help church ministers share the love of Christ to those who suffer from substance abuse. This thesis will examine the current best practices in the church to help substance abusers. Many church programs have made a difference in their efforts to reduce alcohol and substance abuse:

In October 2012, the NAA organized, in collaboration with the Archbishopric of Sibiu, a national anti-drug Symposium under the title “Pro people, closer to God.” Its press release stated that the event was just another in a series of joint efforts, that its target was “to contribute to the optimization of the cooperation between the main actors involved in the fight against drugs”, and that it “highlighted the need to establish a nationwide anti-drug collaboration protocol between the National Anti-Drug Agency and the Romanian Patriarchate.”²⁷

Cooperation between the church and state in the United States would be very helpful; however, the issue of the wall of separation between the church and state in the United States could become a barrier to efforts such as the good work that has been done between the Roman Catholic Church and the Romanian government.

Statement of Methodology

Attention will highlight the importance of studying the science of substance abuse, including the latest peer-reviewed research. Included will be a new procedure by which the

²⁷ Sebastian Moldovan, "An Elusive Partnership: The Orthodox Church and the Substance Abuse Health Care System in Romania," *Social Research Reports* (2013): 39.

church can best reach out to twenty-six to forty-six year olds suffering from substance abuse. Pastors, pastoral counselors, and various church-staff members will be surveyed.

The quantitative-research methodology will be used, with the goal of developing a better substance-abuse strategy for the church. Counseling strategies will be researched and analyzed to determine what counseling strategies are the most effective. A course of action will be developed based upon research to develop a winning strategy with methods that contain a formula that has been effective, resulting in addicts' becoming clean. The course of action will implement the complete-support method, as described by Liberty University graduate student Harold Jordan, Jr. The methodology of this thesis is to survey ministers and church workers in order to develop the best method for ministers to use in helping twenty-six to forty-six year olds who have substance-abuse issues to be healed of their addiction:

Most people who talk about substance abuse have never had a serious drug problem. The first thing that you have to figure out is what is the root cause? In my case the root cause was bipolar disorder. I was self-medicating. You have to treat all of the problems at the same time. The pastoral counselors were the least helpful. They thought that a one-time experience with Jesus would cure me of all of these problems, but it did not. They would throw at me a Bible verse and expect for Bible verses alone to cure me. It did not work. In order for someone to be healed of substance abuse, you have to treat all of your problems at the same time. It cannot be said enough.²⁸

Using a combination of treatment opportunities at the same time is currently being done with positive results. Dorothea Loizou and Ariadni Stogiannidou used the following techniques:

The intervention consists of 10 meetings: half of them aim at enhancing emerging adults' personal and social skills. These include: assertiveness, setting limits, management of feelings, self-awareness, resistance to peer pressure, decision-making skills, understanding of the transition into adulthood and reinforcing participants' motivation towards healthy behaviors. The other half, contain: information about substances, the

²⁸ Harold Jordan, Jr., interview by author, Lynchburg, VA, June 16, 2015. Harold Jordan, Jr., is a substance-abuse overcomer who suffers from bipolar disorder. Harold is a D. Min. student at Liberty University.

phenomenon of addiction, risks and benefits from substance use, the philosophy of prevention etc.²⁹

A combination of treatments includes pastoral counseling (e.g., CBT); additional types of counseling; Al-Anon; getting a full physical from a physician; getting a mental-health assessment; seeing a psychiatrist and then a psychologist; withdrawal drug therapy (e.g., methadone); group therapy (e.g., AA, NA, CA, Celebrate Recovery, family therapy, admission to either outpatient or in-treatment therapy); prayer, spiritual disciplining in the word of God; and other support groups.³⁰

This study used a quantitative case-study research methodology, which involved a collection of quantitative and numerical data. The data were collected and used to understand how the church can better reach out to those with substance-abuse issues.³¹ The focus was placed upon how church ministers can better reach out to those in the church community who are suffering from substance abuse.³² The questions were appropriate for answering just what is the current state of the church and how can the church better reach out to those who are suffering from substance abuse³³, including how can the church assist the families and the victims of those who are suffering from substance abuse, in particular, those who are aged twenty-six to forty-six who are suffering from substance abuse.

²⁹ Dorothea Loizou and Ariadni Stogiannidou, "Substance Abuse Prevention among Greek Emerging Adults: Evaluation of a Psycho-Educational Counselling Intervention," *European Journal of Counselling Psychology* 5, no. 1 (2016): 18.

³⁰ Loizou and Stogiannidou, "Substance Abuse Prevention among Greek Emerging Adults," 18.

³¹ Julie M. Douglas, "God's Purifying Action from Addictions and Attachments," *After* 39, no. 1 (1997): 37-43.

³² J. D. Sellman et al., "Future of God in Recovery from Drug Addiction," *Australian and New Zealand Journal of Psychiatry* 41, no. 10 (n.d.): 800-808.

³³ "Helped by Surrender to God," *Human Development* 26, no. 1 (2005): 20.

This thesis will better help those who minister to twenty-six to forty-six year olds who are substance abusers, with a goal of educating them in how to better identify substance abusers. Signs that a student is struggling with substance abuse include low performance in school, drop in attendance, apathy toward school and after-school activities, major changes in behavior, changes in friends, changes in the student's interactions with his or her family, keeping secrets about where he or she is going from family members and others, a sudden need for more money, and a sudden change in the way that he or she looks.³⁴

Substance abusers often get tired easily and have very little energy. They might have sleep deprivation, and they might have very erratic sleep schedules.³⁵ Physical signs of substance abuse include not reacting. Their eyes might get red and irritated. They might have trouble remembering things that most people would have no trouble remembering, such as the names of people. They might show signs of mental-health problems, such as being paranoid, depressed, manic, or anxious.³⁶ Using a combination of treatment opportunities at the same time is important to the methodology in that following the steps in an organized system will give substance abusers better chances to stay on the right path to sobriety while they are suffering through difficult anguish, distress, and torment that are involved in becoming clean.

Chapter One lists the statement of limitations, theoretical basis of the topic, statement of methodology, and review of scripture and literature. The second chapter will contain research and research design. The current gap that was discovered in the literature review will be given, including how that gap led to the research of church-ministry outreach to twenty-six through

³⁴ See Watkins, "Waltzing with the Monster."

³⁵ Hamid Kamarzarin, Zaree Hosin, and M. Hosin Brouki, "The Effectiveness of Cognitive Behavioral Therapy on Increasing of Self-Efficacy and Improving of Addiction Symptoms among Drug Dependency Patients," *Research on Addiction* 6, no. 22 (2012): 78-79.

³⁶ *Ibid.*

forty-six year olds suffering from substance abuse.³⁷ Readers will be informed as to who will be reviewed and exactly why the participants were chosen.

Chapter Three will reveal and interpret the findings of the quantitative-research survey. The quantitative-research data gathered from the survey will be interpreted. The results of the data will be used to discover just how large the problem of substance abuse is for twenty-six through forty-six year olds in the church. This will include a detailed summary of the results of the quantitative-research survey. This summary will examine the data that were collected. The data will be used to better understand the problem of substance abuse for twenty-six to forty-six year olds in the church.³⁸ Chapter Four will give the conclusions of this thesis project, along with suggestions for future research. Chapter Five will identify the problems discussed in each chapter.

Review of Literature

Scott T. Walters and Frederick Rotgers, in their very insightful book *Treating Substance Abuse: Theory and Technique*, offer new and creative concepts that are well defined in counseling-intervention methods in the treatment of substance abuse.³⁹ David E. Tetault wrote a dissertation titled "Select Counselors' Perspectives on Alcohol and Substance Abuse among Hispanic Adolescents," which gives insight into the quickly growing problem of alcohol and illegal substance use among the adolescent Latino population in the United States.⁴⁰ Statistics

³⁷ Federal Bureau of Prisons, "Inmate Age," 1.

³⁸ Federal Bureau of Prisons, "Inmate Age," 1.

³⁹ Scott T. Walters and Frederick Rotgers, *Treating Substance Abuse: Theory and Techniques* (New York: Guilford Press, 2012).

⁴⁰ David E. Tetault, "Select Counselors' Perspectives on Alcohol and Substance Abuse among Hispanic Adolescents" (PhD diss., Liberty University, 2006), *Doctoral Dissertations and Projects*. Paper 17. Accessed <http://digitalcommons.liberty.edu/doctoral/17>

have shown that, in the United States, the Hispanic inmate population is growing rapidly. “Given the growing population of Latino immigrants in the United States, it is critical for counselors to understand factors that form a pathway to substance use disorders.”⁴¹

Yifrah Kaminer and Ken C. Winters edited the *Clinical Manual of Adolescent Substance Abuse Treatment*, which focuses upon substance-abuse treatment. This book has been particularly helpful to this project because it specifically focuses upon adult substance-abuse disorders and treatment. It covers the DSM-V manual and adolescent samples. The authors looked at substance-abuse risk factors. These factors can be used by ministers in the church to help outreach to those (i.e., in the church community) who have a high risk factor of becoming victims of substance abuse. This book is incredibly helpful because it gives suggestions in preventing substance abuse. Suggestions given in the book could be used by ministers for interventions with adult substance abusers. This book is very helpful in that it gives models for testing to determine, without any question, whether an adult has been using an illegal substance. The book covers home drug tests, as well as several types of biomarker testing, for example, on hair samples. This manual gives criteria to determine which adolescents would be good candidates for therapy and management for substance-abuse addictions. These criteria could be used to establish what guidelines ministers should use to determine, among those who are qualified, who should enter into treatment for substance abuse. This book also gives helpful information about substance abuse as it relates to the community as a whole.⁴²

⁴¹ Richard S. Balkin, Wayne Smith, and Brandé Flamez, "Exploring the Relationship between Ethnic Identity and Substance Abuse/Dependence among Latino Youth," *Journal of Professional Counseling: Practice, Theory & Research* 41, no. 2 (2014): 30.

⁴² Yifrah Kaminer and Ken C. Winters, eds., *Clinical Manual of Adolescent Substance Abuse Treatment* (Washington: American Psychiatric, 2011).

Carlton K. Erickson wrote a scientific book about substance abuse called *The Science of Addiction: From Neurobiology to Treatment*. This source will be used to help come up with a current definition for addiction. This source will help give a better understanding of addiction and the brain. Options in addiction treatment will be studied to help pastors better understand improved pragmatic treatment plans. Limitations of addiction and its current treatments will be closely scrutinized. Implementation of the latest technology by healthcare providers is the future of treating substance abuse.⁴³ The future of substance-abuse treatment includes substance-abuse diagnoses based upon the mapping of the brain:

Thomas Insel, M.D., Ph.D., Director of the National Institutes of Mental Health said in a keynote address to the American Psychiatric Association in 2005 . . . that “brain imaging in clinical practice is the next major advance in psychiatry.” He went on to say that “The DSM-IV has 100% reliability and 0% validity.”⁴⁴

Neil Levy wrote a book called *Addiction and Self-Control: Perspectives from Philosophy, Psychology, and Neuroscience*, which has a chapter about Alcoholics Anonymous. The book also has a chapter that deals with comparing a normal brain with the brain of someone who is a substance abuser.⁴⁵

Pedro Ruiz, Eric C. Strain, and John G. Langrod wrote *The Substance Abuse Handbook*, which contains many different types of substance-abuse treatment. This compilation will be studied to take a close look at the effects that biology, psychology, and sociology have on substance abuse. This book is particularly helpful to this research project because it gives very detailed chapters about each type of drug that is abused. It also contains many helpful chapters

⁴³ Carlton K. Erickson, *The Science of Addiction: From Neurobiology to Treatment* (New York: W.W. Norton, 2007).

⁴⁴ Daniel G. Amen, "High Resolution Brain SPECT Imaging in a Clinical Substance Abuse Practice," *Journal of Psychoactive Drugs* 42, no. 2 (2010): 153.

⁴⁵ Neil Levy, *Addiction and Self-Control: Perspectives from Philosophy, Psychology, and Neuroscience* (New York: Oxford University Press, 2013).

about different kinds of treatment that are currently available, such as acupuncture, methadone treatment, relapse prevention, and even the effect that time in prisons and jails has on curing substance abuse. This book is one of a limited number of sources about methadone and the effects that methadone treatment has on the worker in the workplace. This book also covers the role that the physician plays in treating and curing substance abuse. This current research is helpful as it takes a close look into self-control, including the role that self-control plays in substance abuse. Ruiz et al. take a close look at the success of Alcoholics Anonymous. This book is of great interest to the advancement of imaging the brain as it distinguishes the difference between the addicted brain and the normal brain.

Ministers of the gospel who reach out to substance abusers are interested in the role that science plays in substance-abuse addiction.⁴⁶ Although this research shows that the addicted brain is different, sin still plays a major role in a person's choice to choose the sin of substance abuse.⁴⁷ The addicted person's brain affects choices that the substance abuser makes. He or she still chooses to use or not to use an inappropriate substance. If addicted persons choose to use, then they choose to sin. They are responsible for their sinful choices, and the changes in their brain do not excuse them from being a sinner.

In Chapter Seven in *The Substance Abuse Handbook*, Ruiz, Strain, and Langrod asked the question: "Are addicts responsible?" As quoted in the book, Sinnott-Armstrong concluded that an addicted person is responsible for the poor choices involved in continuing to use an illegal substance. If an addicted person with an augmented brain continues to do wrong, then is it a sin or wrong? The latest research looks into the role between substance abuse and personality

⁴⁶ Sellman et al., "Future of God in Recovery from Drug Addiction," 801-803.

⁴⁷ Kristin Johnston Lergen, "Sin and Addiction," *Dialog* 53, no. 2 (2014): 91.

disorders. The examination includes questions such as “Are addicts akratic?” Addiction includes the role that pleasure plays in an addict’s decision to continue to use. A close look will be taken to see if abusers are more motivated by the pleasure or sensation that comes from using, or are they using more to avoid pain? Are addicts continuing to use to avoid withdrawal symptoms?⁴⁸

David W. Self and Julie K. Staley edited *Behavior Neuroscience of Drug Addiction*, a book about the behavioral neuroscience of drug addiction. An investigation was made into the latest research in neuroscience on substance abuse. The focus of this thesis will be placed upon studying what role using illegal substances has in their effect on the brain. The role that dopamine and the brain have in substance abuse will be analyzed. The role that the brain plays in relapses will also be considered. What happens to the brain during withdrawals will be looked at, and what role, if any, that ministers should play in assisting withdrawals will be researched. This book also has a chapter about pharmaceutical approaches to cure substance-abuse addiction.⁴⁹

Richard J. Frances, Sheldon I. Miller, and Avram H. Mack edited the *Clinical Textbook of Addictive Disorders*. This research was written by a long list of very well qualified and respected medical doctors. Ministers need to be made aware of the important role that medical doctors should play in substance-abuse prevention and intervention among twenty-six through forty-six year olds. As ministers, research into the foundation of addiction is critical. Dr. Tarter wrote a chapter about the psychological factors of addiction. This research covers laboratory testing from a medical doctor’s point of view of substance abuse. This research covers special populations and how they relate to substance abuse – subjects that are not covered in much of the

⁴⁸ Pedro Ruiz, Eric C. Strain, and John G. Langrod, *The Substance Abuse Handbook* (Philadelphia: Lippincott Williams & Wilkins, 2007).

⁴⁹ David W. Self and Julie K. Staley, eds., *Behavior Neuroscience of Drug Addiction* (London: Springer, 2010).

other research. Specific medical research is given for treating adolescents who are on prescription medications for substance abuse. Looking at research from medical doctors concerning treating adolescents for substance abuse is critical in helping pastors better understand the best treatment options for adults with substance-abuse issues. Research from this source includes special populations (e.g., HIV/AIDS), dealing with pain and addiction, and substance-abuse addictions among minority populations.⁵⁰

Audrey R. Chapman was the editor of *Genetic Research on Addiction: Ethics, the Law, and Public Health*. The roles that genetics plays in substance abuse and in dependence upon substances, according to the latest research to determine these roles, were carefully studied. The examination covered the ethical issues concerning genetics and substance abuse. The role that public companies play in genetics research and substance abuse will be looked at while asking the question: “Are these scientific research studies flawed if the companies who are funding these research studies have an economic interest in the outcomes or findings of these studies?” The genetic influences on substance abuse, alcohol dependence, and other areas (e.g., major depression) will also be evaluated.⁵¹

G. Alan Marlatt and Katie Witkiewitz edited *Addictive Behaviors: New Readings on Etiology, Prevention, and Treatment*.⁵² This research proposes that psychologists should be treating alcohol and drug problems. This research is also helpful to this project because it addresses the issue, as well as the dynamics involved, as to why people choose to harm

⁵⁰ Richard J. Frances, Sheldon I. Miller, and Avram H. Mack, eds., *Clinical Textbook of Addictive Disorders*, 3rd ed. (New York: Guilford Press, 2005).

⁵¹ Audrey R. Chapman, ed., *Genetic Research on Addiction: Ethics, the Law, and Public Health* (Cambridge: Cambridge University Press, 2012).

⁵² G. Alan Marlatt and Katie Witkiewitz, eds., *Addictive Behaviors: New Readings on Etiology, Prevention, and Treatment* (Washington: American Psychological Association, 2009).

themselves. Their research contains information about the role that friendships play in substance abuse. Peer pressure plays an important role in a person's starting and continuing in substance abuse.⁵³ Alcohol, cigarettes, and marijuana are also used as gateway drugs that lead to the use of harder substances. This is important to the current, modern-day role of the minister in that many states, such as Colorado, have chosen to make marijuana use legal. The role that medical-marijuana use has in leading to non-medical-marijuana use will be studied. This book is a great resource in helping ministers to better keep substance-abuse victims from suffering relapses. This research gives insightful information to help people who are trying to quit alcohol and cigarettes. This book is one of only a few sources that specifically cover the topic of addiction in the American Indian.⁵⁴ Sophia E. Dziegielewski wrote *Understanding Substance Addictions: Assessment and Intervention*, a book that specifically deals with all the different types of substances (e.g., alcohol, many types of drugs); there is also a chapter that deals with the dual diagnosis of mental illness and substance addiction. Drugs such as LSD, Ecstasy, and PCP are most often used by people with mental-health issues. Current data will be analyzed to determine if these drugs are currently being used in the youth culture.⁵⁵

Dennis M. Donovan and G. Alan Marlatt were the editors of *Assessment of Addictive Behaviors*.⁵⁶ Research will be done from this source to better determine how pastors can better reach out and help twenty-six to forty-six year olds⁵⁷ who have problems with substance abuse.

⁵³ 1 Corinthians 15:33

⁵⁴ Marlatt and Witkiewitz, *Addictive Behaviors: New Readings*.

⁵⁵ Sophia F. Dziegielewski, *Understanding Substance Addictions: Assessment and Intervention* (Chicago: Lyceum Books, 2005).

⁵⁶ Dennis M. Donovan and G. Alan Marlatt, eds, *Assessment of Addictive Behaviors*, 2nd ed. (New York: Guilford Press, 2005).

⁵⁷ Federal Bureau of Prisons, "Inmate Age," 1.

Emphasis will be placed upon how pastors can help substance abusers, including relapse prevention. This research contains data about club drugs, inhalants, and other hallucinogenic drugs. Exploration will be made in order to determine whether these drugs are currently as great a problem in the youth culture as they once were.⁵⁸

Arnold M. Washton and Joan E. Zweben concentrated on treating alcohol and drug problems in a psychotherapy setting. Their book *Treating Alcohol and Drug Problems: Doing What Works* helps to give a greater perspective as to what issues should be addressed when counseling those with substance-abuse issues, particularly within a private-practice setting.⁵⁹ Of interest are some helpful tips in diagnosing substance abusers; this information will be used to help build a profile for ministers to use when helping to properly spot substance abusers in their churches. This book deals with introductory knowledge about pharmacology and treating substance abuse. The authors' research indicates support of the proposal that the integrated-approach model is the most effective model for treating substance abuse for the best long-term success. This book has a helpful chapter that covers coming up with a treatment plan that will help ministers in the church coordinate with others when involved in an integrated-treatment model. Of particular interest are the authors' current recommendations for preventing relapse, a particular concern in this study, especially the relapse patterns for meth and heroin users. Research indicates that when assisting clients who are heroin users, pastoral counselors will be more efficient when using the integrated-approach model. The book by Washton and Zweben

⁵⁸ Donovan and Marlatt, *Assessment of Addictive Behaviors*.

⁵⁹ Arnold M. Washton and Joan E. Zweben, *Treating Alcohol and Drug Problems: Doing What Works* (New York: Guilford Press, 2006).

has a questionnaire that was considered when preparing a survey of ministry to substance abusers.⁶⁰

Medical doctors Josief Abraha and Cristina Cusi, in their book *Alcohol and Drug Misuse: A Cochrane Handbook*,⁶¹ also focused on alcohol and drug misuse. It is helpful that these authors looked into the positive effects, if any, that brief treatment programs have on substance abuse. A close look will be done to see if they work. The authors also assessed the effectiveness of brief interventions. Ministers in the church will benefit if adults who are substance abusers continue to attend the church because these ministers will be able to keep a close eye on these adults and continue to help them by ministering to them following an original intervention.

Whenever substance-abusing adults leave the church, ministers must do all that they can to continue ministering to them. Ministry includes ministering to those who have left the church, along with those who have never attended church. Although ministers might be more comfortable spending time with just the people who support their ministry, God has not called ministers to do only what is comfortable. Ministry can be tough. Ministering to substance abusers is extremely difficult.

Mentoring adults is important in substance-abuse treatment and prevention. Washton and Zweben will be carefully studied to determine what they wrote about the effectiveness that mentoring has on substance abuse. A close look will be made at this research to determine what actions colleges are taking to reduce substance abuse and misuse, particularly as these actions relate to the policies and procedures on college campuses today concerning the drinking of

⁶⁰ Washton and Zweben, *Treating Alcohol and Drug Problems*.

⁶¹ Josief Abraha and Cristina Cusi, *Alcohol and Drug Misuse: A Cochrane Handbook* (West Sussex, UK: John Wiley & Sons, 2012).

alcohol. This book will be examined in order to determine the current research on withdrawal from alcohol and drugs by addicts.⁶²

Jack Klott examined this issue in his book *Integrated Treatment for Co-Occurring Disorders: Treating People Not Disorders*.⁶³ Guidance will be given to pastors and pastoral counselors in the church in order to better recognize which co-dependencies are the most likely to occur together and therefore should be treated at the same time. One important concept that this book teaches is that counselors do not treat addictions; in truth, they “treat people who have addictions.”⁶⁴ This will help ministers to develop a better understanding into just why people misuse substances.

Many ministers have been taught a nouthetic approach, now often called “biblical counseling,” which takes the approach that people have problems because they are sinners and that the Bible alone has all of the answers for their problems. People abuse substances for more reasons than just because they choose to sin. This is not to say that the sin of substance abuse is justified because of the many problems that substance abusers face. It is always wrong to sin. Things that happen to people make them more likely to disobey God and become involved in certain sins.⁶⁵ A child living in great poverty is more likely to steal than a child who grew up around great wealth. This does not justify a poor child’s stealing. If a wealthy child becomes a sinful manipulator, his environment does not excuse his sinfulness.

Many complex issues contribute to the sin of substance abuse. This thesis will determine whether a minister can legitimately blame sin (alone) as the only reason that people abuse

⁶² Washton and Zweben, *Treating Alcohol and Drug Problems*.

⁶³ Jack Klott, *Integrated Treatment for Co-Occurring Disorders: Treating People Not Disorders* (Hoboken, NJ: John Wiley & Sons, 2013).

⁶⁴ Klott, *Integrated Treatment for Co-Occurring Disorders*.

⁶⁵ Romans 1:20-23

substances.⁶⁶ People abuse substances for many reasons besides the fact that they are sinners who choose to disobey God. Although it is true that substance abuse is a sin and that using illegal substances is in complete disobedience to God, it is helpful to discover why people choose to sin. Knowing why people sin can be helpful in encouraging them not to sin in the future. This thesis will follow the integration approach, with a belief in general revelation, as compared to the Jay Adams approach.⁶⁷

This research will look specifically at the effects that trauma and PTSD have on substance abuse.⁶⁸ In their book *Family Intervention in Substance Abuse: Current Best Practices*, Oliver J. Morgan and Cheryl H. Litzke examined the role of the family in substance-abuse intervention.⁶⁹ This research is important because it will help evaluate how important a role family intervention has in the success of adults' overcoming substance abuse. It will help evaluate the role that substance abuse plays in the entire family. It will help the researcher in seeing how likely someone is to have a substance-abuse issue if someone in that person's family has a substance-abuse issue. The research will look at the success of the ARISE model in substance abuse. It will look to see if working with family members helps reluctant substance abusers.⁷⁰

⁶⁶ Matthew 6:13, John 8:34, Romans 5:12, Romans 6:16, Romans 13:13-14, 2 Corinthians 11:13, 1 John 3:8, Titus 2:12

⁶⁷ Jay E. Adams, *The Christian Counselor's Manual: The Practice of Nouthetic Counseling* (Grand Rapids: Zondervan, 1986).

⁶⁸ Klott, *Integrated Treatment for Co-Occurring Disorders*.

⁶⁹ Oliver J. Morgan and Cheryl H. Litzke, eds., *Family Intervention in Substance Abuse: Current Best Practices* (Binghamton, NY: Haworth Press, 2008).

⁷⁰ Morgan and Litzke, *Family Intervention in Substance Abuse*.

Brad Donohue and Daniel N. Allen wrote *Treating Adult Substance Abuse Using Family Behavior Therapy: A Step-by-Step Approach*, a book on using family behavior therapy.⁷¹ This research will help pastors discover if giving out rewards is effective in treating substance abuse. Inexpensive tokens, such as chips, are used as incentives at Alcoholics Anonymous. This thesis project will look into seeing whether these tokens are effective. This book will help the researcher in that it contains a model for developing an effective treatment plan. This will be used to determine if this thesis proposal of using many different treatments at once is the most effective treatment model.

J. Y. Joo and D. L. Huber wrote about the importance of community in the treatment of substance abuse. Community-based outreach from faith-based organizations is a great help to substance abusers. Joo and Huber's study particularly focused upon community-based care management: "The studies reviewed here clearly concluded that CBCM is an active and assertive intervention for drug abuse treatment."⁷² An important part of this thesis project is community. The review suggests that schools are the most appropriate settings for primary (targeting the general population) and secondary (targeting those at risk) intervention programs. Knowledge, attitude, and subsequent behavior regarding illegal-drug use are established as young children and adolescents. Schools offer a base for broad implementation of substance-abuse educational policies and offer a long period of follow up to assess program evaluation. In terms of cost and training, it would be cost effective to have teachers and other dedicated staff carry out the interventions because these are generally people who stay in the same location over many years,

⁷¹ Brad Donohue and Daniel N. Allen, *Treating Adult Substance Abuse Using Family Behavior Therapy: A Step-by-Step Approach* (Hoboken, NJ: John Wiley & Sons, 2011).

⁷² J. Y. Joo and D. L. Huber, "Community-Based Case Management Effectiveness in Populations That Abuse Substances," *International Nursing Review* 62, no. 4 (2015).

so these skills do not need to be retrained. Because of their daily interaction with youth, there would also be a propensity for established trust.⁷³

Donohue and Allen discussed relationship building and communication skills. These skills will be evaluated to help aid ministers in the local church to develop better communication and relationship skills in ministering to substance abusers in their community. This source contains information to help recovering substance abusers regain their life after abstinence, such as how to manage their feelings and thoughts and also how to regain employment and manage finances during and after recovery.⁷⁴

Robert Hill and Jennifer Harris edited *Principles and Practice of Group Work in Addictions*, which included research about group counseling in addiction.⁷⁵ The effectiveness of group therapy in treating substance abuse will be scrutinized. A close observation will be done to see what motivates a substance abuser to want to change. Does having peers (i.e., in a peer-group setting) who are motivated to quit abusing substances serve as an effective tool to encourage other substance abusers to stop abusing substances? Current trends and methods of relapse prevention will be looked at in a 21st-century setting. This research gives plans and training strategies for implementing group therapy. This is important for ministers who are thinking about starting group therapy within the context of the local church. In the book, special attention is paid to the special challenges that are involved in group therapy for substance abuse. Strategies are given to help group leaders know whether the group is being effective. Cultural issues in group

⁷³ Ardil Jabar et al., "Substance Abuse Programs That Reduce Violence in a Youth Population: A Systematic Review," *Journal of Alcohol & Drug Education* (2016).

⁷⁴ Donohue and Allen, *Treating Adult Substance Abuse*.

⁷⁵ Robert Hill and Jennifer Harris, eds., *Principles and Practice of Group Work in Addictions* (New York: Routledge Taylor & Frances, 2011).

therapy are looked at, as well as issues with group therapy and co-morbidity and how co-morbidity within members affects the group.

Substance abuse is a poor way to attempt to escape one's problems. Illegal drugs and alcohol do not satisfy a person. At the end of the bottle is nothing; all that will be found there is emptiness. Shorkey et al. recorded a gap that exists in the collection of data concerning the positive effects of spirituality on those who have drug and alcohol substance-abuse problems.⁷⁶ Wang et al. did a great amount of statistical quantitative research that showed not only the positive influence of religion on substance abuse, but also the importance of religion and family in the prevention of suicide.⁷⁷

In *A Clinician's Guide to 12-Step Recovery: Integrating 12-Step Programs in Psychotherapy*, Mark D. Schenker examined the benefits of twelve-step programs in psychotherapy. This resource looks at the twelve-step programs to see how effective they are in helping young adults with substance-abuse problems. This book gives insight into what actually goes on in a typical twelve-step program.⁷⁸ A close look is given into modeling, along with the goals of a twelve-step model. It will see what common issues are dealt with when using a twelve-step program and what its overall strengths and weaknesses are. Challenges often occur whenever going through the process of the twelve-step program. Because this thesis proposes a multiple-remedy approach, it will closely examine the disadvantages of using the twelve-step

⁷⁶ Clayton Shorkey, Michael Uebel, and Liliane C. Windsor, "Measuring Dimensions of Spirituality in Chemical Dependence Treatment and Recovery: Research and Practice," *International Journal of Mental Health & Addiction* 6, no. 3 (2008).

⁷⁷ Wang et al., "Suicide Protective Factors."

⁷⁸ Mark D. Schenker, *A Clinician's Guide to 12-Step Recovery: Integrating 12-Step Programs in Psychotherapy* (New York: W.W. Norton, 2009).

programs (alone) within the context of the church. Twelve-step type programs such as Celebrate Recovery that have a Christ-centered focus will also be considered.

A multiple-remedy approach is the most effective way for curing substance abuse.⁷⁹ A close look will explore the disadvantages of twelve-step programs because they often teach that their model alone is enough to cure a substance abuser. Statistics will be analyzed to test the proposal that the twelve-step model alone is not working. Although very helpful, the twelve-step program must not be presented as the only plan of treatment that should be used.⁸⁰

William R. Miller and Kathleen M. Carroll edited *Rethinking Substance Abuse: What the Science Shows, and What We Should Do about it*, a book about a profound and exceptional investigation that reconsidered and re-evaluated the best treatment strategy in curing substance abuse.⁸¹

Jon D. Kassel edited *Substance Abuse and Emotion*, a book about the correlation of these two subjects.⁸² This research will help the minister take a close look at the effect of positive and negative reinforcement upon addiction. In Chapter Four, Stephen T. Tiffany dealt with the effect that drug cravings have on substance abuse. Because cravings play an important part of why people use, research will be conducted to determine what, if anything, pastors can do to recognize the cravings that substance abusers have. After recognizing these cravings, pastors will become prepared to help substance abusers overcome their cravings. Cerebral defects will be explored and considered as to how they relate to substance abuse, including meth abuse.⁸³

⁷⁹ William R. Miller and Kathleen M. Carroll, eds., *Rethinking Substance Abuse: What Science Shows, and What We Should Do about It* (New York: The Guilford Press, 2006), 294-302.

⁸⁰ Schenker, *A Clinician's Guide to 12-Step Recovery*.

⁸¹ Miller and Carroll, *Rethinking Substance Abuse*.

⁸² Jon D. Kassel, *Substance Abuse and Emotion* (Washington: American Psychological Association, 2010).

⁸³ Kassel, *Substance Abuse and Emotion*.

Review of Scripture

Philippians 2:4⁸⁴

“Look not every man on his own things, but every man also on the things of others.”

This Bible verse could be translated, “Do not merely look out for your own personal interests, but also for the interests of others.” Special Olympics volunteers know firsthand that it is not always easy to coach others. Parents are sometimes unhappy with the team’s coaches due to a losing record. Equally, an important part of being a pastoral counselor is to learn to love the unlovely. At times, as a pastoral counselor, it is easy to get frustrated, especially when someone relapses. Pastoral counselors often want to blame themselves, wondering what they did wrong, what they could have done better, why it was their fault. The truth is that the substance-abuse ministry can be downright nasty. It can be very disappointing. More often than not, there are more disappointments than victories. There is much disappointment for the counselor because there is much illegal-drug use in America.

Romans 12:1 ESV

“I appeal to you therefore, brothers, by the mercies of God, to present your bodies as a living sacrifice, holy and acceptable to God, which is your spiritual worship.”

Romans 12:1 is important because Christians in the church are to give up the old life, the old way of living, and they are to give up that old man or old nature and put on the new man or new nature. They are to renounce the old, sinful way of life. Christians are commanded to live a life of obedience that follows the divine will of the Lord. This is a Christian’s sacrifice. Sacrifice

⁸⁴ Unless otherwise noted, all biblical passages referenced are in the King James Version.

= θυσία,⁸⁵ a sacrifice, victim. Believers are to live in a way that is acceptable to God. For a Christian, to serve God is the reasonable or spiritual way of worship. Unlike the sacrifice of dead animals, Christians sacrifice their living bodies. Living a godly life is how Christians are to serve God. Whenever Christians are involved in taking illegal substances, they are not properly serving God with their bodies, but rather are abusing them.

1 Corinthians 6:10

“Nor thieves, nor the greedy, nor drunkards, nor revilers, nor swindlers will inherit the kingdom of God.”⁸⁶

If Christians are saved by grace through faith and Christians are “once saved, always saved,” can someone who is a current substance abuser be a Christian? René Lopez wrote: “Scholars have presented a number of interpretations of this passage. These views include the following: (a) believers who commit these sins will lose their salvation, (b) people who commit these sins show they were not saved in the first place, (c) believers who commit these sins lose fellowship with the Lord, (d) believers who commit these sins will miss the millennial kingdom, though they will have eternal life, and (e) believers who commit these sins will lose rewards in heaven.”⁸⁷

Christians cannot lose their salvation. John 10:28-30 states: “And I give unto them eternal life; and they shall never perish, neither shall any man pluck them out of my hand. My Father, which gave them me, is greater than all; and no man is able to pluck them out of my Father's

⁸⁵ James Strong, ed., *The New Strong's Exhaustive Concordance of the Bible* (Peabody, MA: Hendrickson, 2007), Greek reference # 2378, 42.

⁸⁶ 1 Corinthians 6:10

⁸⁷ René A. Lopez, "Does the Vice List in 1 Corinthians 6:9-10 Describe Believers or Unbelievers?" *Bibliotheca Sacra* 164 (2007): 65-66.

hand. I and my Father are one.”⁸⁸ Perhaps many people, such as substance abusers, who think that they are saved have never truly been saved. Perhaps many people who claim to have been saved are not. This, however, does not prove that all substance abusers are lost. Without a doubt, if a person who has accepted Christ as his or her savior is using, then he or she is out of fellowship with God. This does not mean that all substance abusers are lost, as all Christians are sinners and have to deal with the sin that is in their lives.⁸⁹ Christians can sin; Paul himself, after his salvation, professed to be a sinner.⁹⁰ All Christians are infected with the old nature of sin.⁹¹

Will Christians who sin miss the millennial kingdom? Within Paul’s writings, it is also very clear to see that Paul radically changed after the time that he was saved.⁹² This change was not sinless perfection. Outside of Christ, all the good works of Christians are still stained with unrighteousness, and the good works of Christians outside of Christ are as filthy as menstrual rags.⁹³ Those who accept Christ as their savior will achieve sinless perfection only after the time that they die.

1 Corinthians 6:10 indicates that drunkards will not inherit the kingdom of God. μέθυσος means to be a drunkard, dipsomaniac, or alcoholic. Some commentators believe that drunkards who do not repent and stop being alcoholics will not be saved. Others from the grace camp believe that a drunkard can be saved, but that he or she will not inherit the gifts of the kingdom.

⁸⁸ John 10:28-30

⁸⁹ Romans 3:23

⁹⁰ 1 Timothy 1:15

⁹¹ Isaiah 64:6

⁹² 1 Timothy 1:12-16

⁹³ Isaiah 64:6

1 Corinthians 5:11

“But now I am writing to you not to associate with anyone who bears the name of brother if he is guilty of sexual immorality or greed, or is an idolater, reviler, drunkard, or swindler – not even to eat with such a one.”

1 Corinthians 5:11 is telling the church not to consider drunkards to be a regular part of the church. Paul is not telling the church here not to have anything to do with drunkards, but rather not to consider a drunkard as a regular brother in the fold.

Isaiah 5:11 (ESV)

“Woe to those who rise early in the morning that they may run after strong drink, who tarry late into the evening, as wine inflames them!” Strong drink is שֶׁכָּר.⁹⁴ Wine is יַיִן.⁹⁵

Isaiah 5:11 warns against drinking strong drink and wine. Drunkenness is also condemned in Isaiah 5:22, 22:13, 28:1-8.

1 Peter 4:7 (ESV)

“The end of all things is at hand; therefore be self-controlled and sober-minded for the sake of your prayers.” Sober in the original Greek is σωφρονέω.⁹⁶

The Bible tells an individual to be self-controlled and sober minded. Using illegal substances and abusing alcohol can cause a person to completely lose control and become unable to be clearheaded.

1 Peter 5:8 (ESV)

“Be sober-minded; be watchful. Your adversary the devil prowls around like a roaring lion, seeking someone to devour.”

⁹⁴ Strong, *The New Strong's Exhaustive Concordance*, Hebrew reference # 7941, 142.

⁹⁵ Ibid.

⁹⁶ Ibid.

Abusing illegal substances and alcohol allows the devil to get a foothold into individuals' lives. The devil is like a lion that seeks to destroy lives. Losing control because of substance abuse is one of the greatest ways in which the devil can devour a person. Persons who have lost control of their lives are unable to pray properly or to hear from the Lord. The Bible tells believers to be sober minded and to be watchful. Whenever individuals lose control because of a controlled substance, they are not able to be watchful; therefore, the devil can get a grip on them.

Ephesians 5:18 (ESV)

“And do not get drunk with wine, for that is debauchery, but be filled with the Spirit.”

Drunk, in the Koine Greek, is μεθύσκω.⁹⁷ It means to intoxicate. It means to get drunk and to become intoxicated. The Bible gives Christians a strict warning against a person who has lost control of his or her life. This individual becomes unable to pray properly or to hear from the Lord. This verse is referring to Proverbs 23:30. Paul clearly gives a staunch warning here against losing complete control as the result of getting drunk on wine. This refers to wild, out-of-control living.

1 Corinthians 6:19-20 (ESV)

“Or do you not know that your body is a temple of the Holy Spirit within you, whom you have from God? You are not your own, for you were bought with a price. So glorify God in your body.”

The body of a Christian is to be the temple of the Holy Spirit. The Holy Spirit purchased those who trust Christ when He paid for their redemption on the cross. The Holy Spirit dwells within the Christian, and He is there to help Christians from sinning. Believers' bodies are a

⁹⁷ Strong, *The New Strong's Exhaustive Concordance*, Greek reference # 3182, 56.

sacred place where the Holy Spirit dwells. Christians are not to destroy the bodies that God has given them. Christians' physical bodies affect their spiritual well being. The body is the temple of the Holy Spirit, and when believers damage their bodies, they defile the temple of the Holy Spirit.

Proverbs 20:1 (ESV)

“Wine is a mocker, strong drink a brawler, and whoever is led astray by it is not wise.”

Whenever Christians lose control because they have had too much wine to drink, they engage in behavior that causes them to be mocked. Whenever persons drink too much strong drink, it can cause them to become brawlers and get into fights in which they would not normally engage if they had not had too much to drink. Not drinking too much strong drink keeps Christians out of trouble. It is not wise for a believer in Christ in the church to have too much to drink, and, too often, twenty-six to forty-six year olds in the church have had too much alcohol to drink.

1 Corinthians 3:17 (ESV)

“If anyone destroys God's temple, God will destroy him. For God's temple is holy, and you are that temple.”

The body of a Christian is a holy temple that should not be defiled. Many people become destroyed because they cannot handle alcohol and illegal drugs.

Galatians 5:19-21 (ESV)

“Now the works of the flesh are evident: sexual immorality, impurity, sensuality, idolatry, sorcery, enmity, strife, jealousy, fits of anger, rivalries, dissensions, divisions, envy, drunkenness, orgies, and things like these. I warn you, as I warned you before, that those who do such things will not inherit the kingdom of God.”

Drunkenness is included in a list of many very bad and dangerous sins. Drunkenness is a work of the flesh. The Bible warns of the great danger of becoming involved in drunkenness. It is possible for a drunk to destroy not only his or her own life, but also the lives of others.

1 Corinthians 10:13 (ESV)

“No temptation has overtaken you that is not common to man. God is faithful, and he will not let you be tempted beyond your ability, but with the temptation he will also provide the way of escape, that you may be able to endure it.”

1 Corinthians 10:13 gives great words of comfort for those who are suffering substance abuse. With the right help, it is possible for a person to overcome substance abuse, and the temptation of substance abuse is not so great that a person is never able to overcome it.

1 Corinthians 15:33 (ESV)

“Do not be deceived: Bad company ruins good morals.”

1 Corinthians 15:33 is a warning to believers and others that if they get involved with the wrong kind of people, people with bad morals can corrupt and influence them, thus getting them into deep trouble.

Ephesians 5:18 (ESV)

“And do not get drunk with wine, for that is debauchery, but be filled with the Spirit.”

The Bible clearly tells believers that they are not to get drunk with wine. In contrast, the Christian is to become filled with the Holy Spirit. This is when the Holy Spirit guides and directs a believer's life, even a believer's actions and emotions.

Isaiah 5:11 (ESV)

“Woe to those who rise early in the morning that they may run after strong drink, who tarry late into the evening as wine inflames them!”

The Bible gives a strong warning to the person who has lost control because of drinking. This is the person who either rises early in the morning to get a drink or the person who is so addicted to alcohol that he or she is still drinking, even to the point of drinking all night.

Hebrews 10:26 (ESV)

“For if we go on sinning deliberately after receiving the knowledge of the truth, there no longer remains a sacrifice for sins.”

The Bible warns against Christians who have received the truth of the word to fall into sin after they have been taught what is and is not sin. This is a warning against those who have been taught the truth but who constantly fall into sin over and over again, such as those who are involved in substance abuse. They are unfortunate because they keep falling into sin. They live as though they have completely rejected Christ's sacrifice for their sins.

1 Corinthians 5:11 (ESV)

“But now I am writing to you not to associate with anyone who bears the name of brother if he is guilty of sexual immorality or greed, or is an idolater, reviler, drunkard, or swindler – not even to eat with such a one.”

The Bible warns those who are saved not to make close association with anyone who is a drunkard. Christians should not become close friends with drunkards. This would include hanging out with, or regularly eating a meal with, a Christian who is out of control due to substance abuse. There are people in the church who are saved, but are suffering from substance abuse.

Matthew 6:13 (ESV)

“And lead us not into temptation, but deliver us from evil.”

Substance abuse is a great evil, and Jesus warns Christians about this evil in the Sermon on the Mount. Substance abuse is a great evil that can destroy many lives.

Proverbs 31:4 (ESV)

“It is not for kings, O Lemuel, it is not for kings to drink wine, or for rulers to take strong drink.”

Leaders are warned against getting drunk and having strong drink.

1 Corinthians 6:9-11 (ESV)

Or do you not know that the unrighteous will not inherit the kingdom of God? Do not be deceived: neither the sexually immoral, nor idolaters, nor adulterers, nor men who practice homosexuality, nor thieves, nor the greedy, nor drunkards, nor revilers, nor swindlers will inherit the kingdom of God. And such were some of you. But you were washed, you were sanctified, you were justified in the name of the Lord Jesus Christ and by the Spirit of our God.

Hosea 4:11 (ESV)

“. . . whoredom, wine, and new wine, which take away the understanding.”

Losing control because of substance abuse can cause a person to have a loss of memory.

Daniel 1:8 (ESV)

“But Daniel resolved that he would not defile himself with the king's food, or with the wine that he drank. Therefore he asked the chief of the eunuchs to allow him not to defile himself.”

It is possible for a Christian to ask for a non-alcoholic drink and to choose not to have alcohol or get involved in taking an illegal substance.

Chapter One stated the importance of the church's reaching out to those who are afflicted with substance abuse. This chapter laid out the gap in the research and gave logical justification for the purpose of this research. The limitations of this thesis project were given, as well as the theoretical basis for this topic. The methodology was stated, along with a review of literature, followed by a review of scripture.

CHAPTER TWO

SUBSTANCE-ABUSE DEPENDENCE

Substance Abuse: Extent of Problem

This research will take a close to consider just how large a problem substance abuse is, what is currently being done in order to help cure substance abuse, and, in particular, how effective the church is in helping those who suffer from substance-abuse addiction. Research will be done as if the problem of substance abuse in the United States is increasing and if the current trend in the church is to continue to allocate more time and resources to ministering to those who are addicted to illegal substances.

This research will focus upon the church and upon pastoral counselors in particular, with the emphasis upon how effective a job the church is currently doing in reaching out to substance abusers and what changes, if any, that church ministers and pastoral counselors can make to help improve the problem of addiction. This project will be pragmatic; therefore, it will focus upon the pastoral counseling ministry of this doctoral learner to substance abuse addicts. Emphasis will be made upon the changes that this researcher can make to help addicts stop using illegal drugs. This thesis project will look closely at the demographics of substance abuse. This research will determine how many people from each generation are involved in substance abuse. This research will highlight what is being done to help cure substance abuse and what future efforts should be made to help cure substance abuse. Emphasis will include what ministers, pastoral counselors, and the church can do to help addicts.

This research will stress what actually works to help cure substance abuse. Not all attempts to cure substance abuse are effective. Activity does not always end in positive results:

According to a global report, the amount of substance abuse in 2000 was about 2.8% of the world population and this trend has continued to grow in recent years. Addiction statistics in the past four decades were fluctuating and its prevalence in the general population in 2011 was 1,325,000.¹

This project will survey a minimum of fifty church-staff members all across the United States. This thesis project will use the quantitative-research method. The research will include twenty-one-question survey that intends to research the current state of outreach ministries for twenty-six through forty-six year olds who suffer from substance abuse.

The research participants will include both paid church staff and church volunteers. The participants were chosen to offer insight into how a church ministry may more effectively save the lives of substance abusers. This thesis project was chosen because this thesis is attempting to do whatever can be done to save the lives of these “walking-dead” persons:

At this time there is insufficient data collected to make a meta-analysis of the measures we have summarized. With the intent, however, of describing a set of scales whose usefulness, as we conceptualize it, is aggregate and overlapping, we will now briefly synthesize the scales. We see them as measuring and defining the increased sense of an internalized spirituality that contributes to positive outcomes, among which are the kinds of self-understandings and self-actualizations underpinning recovery from drug and alcohol dependence.²

¹ Saeid Komasi et al., "Effectiveness of Individual Metaphor Therapy in Irrational Beliefs of Substance Abuse Dependents," *Journal of Fundamentals of Mental Health* 18, no. 4 (2016): 189.

² Clayton Shorkey, Michael Uebel, and Liliane C. Windsor, "Measuring Dimensions of Spirituality in Chemical Dependence Treatment and Recovery: Research and Practice," *International Journal of Mental Health & Addiction* 6, no. 3 (2008).

Generation X and Generation Y

Today's generation of young people is definitely heavily connected to their electronic devices:

During past decades, multimedia and social networking have progressed dramatically. On the other hand, by the growing interest of young generation to use digital devices such as mobile phones we should target our interventional programs based on their interests in order to overcome the side effects of modern technologies.³

One example, for many adults who are now aged twenty-six through forty-six, the influence would be video games.⁴ For many children with absentee parents, video games became surrogate babysitters.⁵ Kids loved to play these games, and the parents loved them because as long as their kids were playing video games, they were out of their way and usually out of any trouble. Research points to the influence of video games on substance abuse. Gallimberti et al. wrote: "An excessive use of video games is a concern because of its potential adverse effects on an individual's academic and professional life, social life, and substance consumption."⁶ Although generations X and Y were heavily influenced by video games, generation Z has an even heavier use of smart phones, along with other kinds of personal electronic gadgets.⁷ Although it might seem easier for young adults to talk on electronic devices versus in person, even when they are in the very same room, what will the result of this anti-social behavior be?

³ Amin Vahedi and Amin Zarghami, "Mobile Phone Dependence among Adolescents: Can We Utilize Mobile Phone as a Therapeutic Approach?" *Journal of Clinical & Diagnostic Research* 10, no. 4 (2016): 1.

⁴ Ibid.

⁵ Luigi Gallimberti et al., "Problematic Use of Video Games and Substance Abuse in Early Adolescence: A Cross-Sectional Study," *American Journal of Health Behavior* 40, no. 5 (2016): 595-602.

⁶ Ibid., 595.

⁷ Alexia Lennon, Oscar Oviedo-Trespalacios, and Sarah Matthews, "Pedestrian Self-Reported Use of Smart Phones: Positive Attitudes and High Exposure Influence Intentions to Cross the Road while Distracted," *Accident Analysis and Prevention* 98 (2017): 338.

Will this increase substance-abuse usage within the United States? Will things only continue to get worse?

Gallimberti et al. suggested that a childhood lifestyle (more like that of the baby boomers and very early-generation X'ers), which included physical outdoor time and involvement in things like organized sports, is healthier than the sedentary lifestyle of younger-generation X'ers and generation Y'ers:

Our data also bring to light that playing competitive sports reduces the likelihood of PUVG, supporting the hypothesis that time spent on video games is inversely related to time spent on more energy-expendng activities, and positively related to time spent on sedentary activities (including media use). In fact, playing video games presumably displaces more active activities (eg, playing outdoor games) and facilitates a sedentary lifestyle in children and adolescents.⁸

Being social and active is healthy. For those who are shy and uncomfortable around a lot of people, especially ones whom they do not know, public speaking and communication can be frightening; in contrast, escaping inside an electronic device is comforting. Just as a computer can be an escape, for many, sadly, substance abuse is an escape. Many young adults aged twenty-six to forty-six are hiding; they have a lot of pain from which they are trying to escape. Substances are like tools that are used as escape mechanisms. Saeid Komasi et al. wrote, "Addiction is a chronic, progressive and destructive disease that not only causes the death of the affected person but can also harm the families and the communities in which the individual lives."⁹

Arthur Blume's research showed that substance abuse is widespread amongst minorities and that substance abuse in minority communities is worse: "Many minority populations in the United States face well-documented challenges, such as higher-than-average rates of poverty,

⁸ Gallimberti et al., "Problematic Use of Video Games," 602.

⁹ Komasi et al., "Effectiveness of Individual Metaphor Therapy," 189.

homelessness, and incarceration, which may contribute to increased rates of alcohol use disorder, as well as other substance use disorders.”¹⁰ This tells pastoral counselors and other church workers that the mission field to minister to those suffering from substance abuse in minority communities is great. Kaur Jasdeep and Kaur Kiranjit wrote: “In an effort to overcome cost difficulties and other hurdles, researchers can use new methods for early detection of substance-abuse abnormalities in poor communities – methods that are reliable, affordable, accurate, and easy to teach at the community level.”¹¹

The Difficulty of Overcoming Substance Abuse

Substance abuse is a real chronic disease. Substance abuse is much tougher to overcome than most people think. The only real way for individuals to overcome substance abuse is if the substance abusers themselves decide that they want to quit and that they are willing to do the very difficult things that are involved in overcoming substance abuse. “Dependency on substance abuse is a chronic, progressive and destructive disease. The effective psychological on patients’ beliefs have important role in treatment of this disease.”¹²

Are twelve-step programs effective? The results of a peer-reviewed study are very encouraging:

Using statistical analysis, it was found that patients addicted to heroin that attended 12-Step group meetings exhibited higher abstinence rates than those that did not at the 1-year mark. We can therefore state that the hypothesis at the 1-year mark was proven to be true, and 12-Step programs make a statistically significant difference in relapse prevention

¹⁰ Arthur W. Blume, "Advances in Substance Abuse Prevention and Treatment Interventions among Racial, Ethnic, and Sexual Minority Populations," *Alcohol Research: Current Reviews* 38, no. 1 (2016): 47.

¹¹ Kaur Jasdeep and Kaur Kiranjit, "A Descriptive Study to Assess the Knowledge regarding Substance Abuse among Adolescent Students of Selected Schools in Amritsar, Punjab with a View to Develop Information Booklet," *Asian Journal of Nursing Education & Research* 5, no. 4 (2015): 466.

¹² Komasi et al., "Effectiveness of Individual Metaphor Therapy," 189.

rates. The effectiveness of 12-Step groups at the 5-year follow up mark however was not as notable.¹³

A program that has positive progress in overcoming meth or heroin addiction is very encouraging. A 74% success rate with heroin addicts over the first year is very impressive and encouraging. What is not encouraging is that illegal-drug use among high-school students is on the rise. The Department of Health and Human Services stated: “The target was to increase this percentage from 53.3% in 2009 to 58.6% by the year 2020 (U.S. Department of Health and Human Services, 2015a). Progress in 2013 showed that this objective had moved in the reverse direction with only 49.3% high school seniors never using illicit drugs.”¹⁴

Substance abuse is a problem not only in the United States, but also in the entire world. Most twenty-six to forty-six year olds who have substance-abuse issues began using before they graduated from high school. Shalini Joshi et al. wrote:

Substance abuse disorder is among the leading public health problems in modern day world as they cause enormous human suffering in terms of morbidity, mortality and economic loss; and threatens the very social fabric of almost all communities around the world and as such is a great threat to the global health, economy and peace. Like most social behaviors the etiology of substance abuse is complex, varying through time, geographical regions and by demographic characteristics. Among young people, students are the most vulnerable group as the initiation into substance abuse first starts during this period.¹⁵

The research of Joshi et al. revealed that the church needs to minister to those who have substance-abuse issues and that church outreach ministries need to be involved with middle- and high-school students with well planned, thought-out methods in order to help prevent adolescents

¹³ James Gamble and Henry O’ Lawrence, "An Overview of the Efficacy of the 12-Step Group Therapy for Substance Abuse Treatment," *Journal of Health & Human Services Administration* 39, no. 1 (2016): 155.

¹⁴ Manoj Sharma, "Progress in Substance Abuse Indicators of Healthy People 2020: Implications for Research and Practice," *Journal of Alcohol & Drug Education* 59, no. 3 (2015): 4.

¹⁵ Shalini Joshi, T. K. Ksheshadiri, and Soma Rani Das, "A Study to Assess the Knowledge of Higher Secondary School Teachers regarding Substance Abuse in Selected Schools of Moradabad, Uttar Pradesh," *International Journal of Nursing Education* 7, no. 4 (2015).

from starting to use alcohol, illegal drugs, and unauthorized prescription drugs in the first place. One area in which the church could be a big influence is smoking. Churches need to become proactive in their involvement in anti-smoking campaigns:

The prevalence of tobacco smoking and substance abuse, particular in males, are high. It seems that planning preventive interventions for this part of the population are necessary. Living in dormitory or single house in comparison of parental house was a strong risk factor for cigarette smoking, hookah smoking, alcohol use, and drug use.¹⁶

Substance use is generally initiated in adolescence or early adulthood and is commonly associated with variety of problems. These problems can be in any area of the client's functioning: physical, psychological, family, interpersonal, social, academic, occupational, legal or spiritual. They can lead to physical and psychological dependence, coercing the person to continue taking the drug despite adverse consequences.¹⁷

Thomas D'Aunno et al. stated that “an estimated 26 percent of adults in the United States have a behavioral health problem (i.e., a mental health illness, substance use disorder, or some combination).”¹⁸ That means that slightly more than one quarter of American adults have some kind of mental-health or substance-abuse problem. The truth is that people are fragile. Many Americans have been hurt by the spoken word. “Death and life are in the power of the tongue.” The world says that “sticks and stones will break my bones, but names will never hurt me.” This is a complete lie – that sticks and stones can hurt a person on the outside, but not on the inside; the truth is that name calling can destroy a person's mental well being from the inside out. People need to be more careful. Words are powerful. Words can be used to build someone up and make him or her great, or words can be used to crumble someone. 1 Peter 3:10 says to “let him refrain his tongue from evil.”

¹⁶ Kourosh Kabir et al., "Tobacco Use and Substance Abuse in Students of Karaj Universities," *International Journal of Preventive Medicine* 7 (2016): 105.

¹⁷ Anju Poudel et al., "Psychosocial Problems among Individuals with Substance Use Disorders in Drug Rehabilitation Centers," *Substance Abuse Treatment, Prevention, & Policy* 11 (2016): 2.

¹⁸ Thomas D'Aunno et al., "Integration of Substance Abuse Treatment Organizations into Accountable Care Organizations: Results from a National Survey," *Journal of Health Politics, Policy & Law* 40, no. 4 (2015).

Dellor, and Grella (2010) assessed a broad range of traumatic events in a sample of 402 men and women in residential drug treatment programs and found that 95% of the sample experienced at least one childhood traumatic event, with 18.1% reporting six or more. Finally, in the meta-analysis of trauma and SMI, researchers found higher substance use among those with a history of trauma when compared to those with no trauma history.¹⁹

Essentially, everyone experiences trauma in his or her life at one time or another. Coping with trauma is a great reason why so many people are weighed down by substance abuse:

Despite previously established rates of co-occurrence, there remains inconsistent implementation of trauma-informed clinical work in substance abuse treatment centers. Indeed, Capezza and Najavits, 2012 found that only 21.3% of private or public substance abuse treatment centers often or always utilized trauma counseling. ...continued examination of trauma prevalence is warranted to emphasize the need for trauma-informed approaches when working with clients with substance use disorders.²⁰

Ministers and pastoral counselors should be well prepared to minister to those who have substance-abuse issues who also deal with problems of coping with trauma:

It seems imperative, therefore, that addictions counselors are sufficiently trained in trauma approaches, yet researchers have found this training to be somewhat lacking. In the study of 225 addictions counselors, Bride, Hatcher, and Humble (2009) determined that only 39% of their sample received graduate academic coursework on treating trauma, and 19% received trauma work training in their graduate level internship.²¹

People have many problems with which they are dealing in their lives, and many are attempting to escape the pressures of life through the use of illegal substances and alcohol:

The problem of substance abuse is an old phenomenon in the present day world. People have been using various kinds of psychotropic substances not only as a means of coping with various problems of life but also to derive pleasure out of it and to facilitate religious and ritualistic aims. It leads to addiction and has been associated with wide range of psychosocial problems.²²

¹⁹ Amanda L. Giordano et al., "Addressing Trauma in Substance Abuse Treatment," *Journal of Alcohol & Drug Education* 60, no. 2 (2016): 55-71.

²⁰ Giordano, "Addressing Trauma in Substance Abuse Treatment," 61.

²¹ *Ibid.*, 57.

²² Poudel et al., "Psychosocial Problems among Individuals," 1.

Men have more problems with substance abuse than women do. Many men use illegal substances as a way to cope with all the pressures that they have in life. They often start using on the weekends in order to escape, and as their substance-abuse problem gets worse, they end up using every single day. Often, either they drink and drive, or they use illegal substances and drive. Sometimes they get caught while driving under the influence, thus compounding their problems. They often lose their jobs, as well as their legal right to drive, and sometimes end up being arrested for using illegal drugs or having illegal drugs in their possession.

At this stage, they live for illegal drugs, and they will do anything they can to get illegal drugs, such as theft, selling illegal drugs to others, and other kinds of illegal activities. They often are charged and sent to jail several times. If they get caught too many times or with too many drugs in their possession, they can end up with long prison sentences. “Injecting drug users, respondents initiating substance use early in life, using substances many times in a day and using both licit and illicit substances, are at greater risk of having higher psychosocial problems.”²³ Illegal-drug users are a drain on society. They place a great burden on their families, who wonder what bad thing will happen next to their loved one. Family members become stressed, frustrated, and discouraged. Many family members start to isolate themselves from the substance abuser. They go out of their way to try to help the substance abuser, yet nothing seems to help. They start to wonder if their family member will ever quit using, and they are scared that the substance abuser might end up either in jail or dead. The World Health Organization estimates that alcohol and drug abuse is prevalent:

World Health Organization estimates, the global burden of disease attributable to alcohol and illicit drug use is 5.4%. The point prevalence of alcohol use disorders (in the population aged 15 years and over) is generally higher than the point prevalence of drug

²³ Poudel et al., "Psychosocial Problems among Individuals," 8.

use disorders in the same population and is generally higher among men than among women.²⁴

The Church Investing in the Lives of Those Struggling with Addiction

Church staff and pastoral counselors must spend time investing in the lives of people between twenty-six and forty-six years old who are substance abusers. It is imperative that the person ministering to substance abusers lives a life that is above reproach. It would be best if ministers do not have any bad habits. Ministers should never drink alcohol in public because they could be seen as hypocrites by smoking, drinking, or chewing tobacco. An effective minister is a person of prayer. These ministers regularly study the Bible, and they have a daily, personal quiet time with the Lord. They are a friend of God, and they have a daily walk of close fellowship with Jesus. Job 22:21 says: "Acquaint now thyself with him, and be at peace: thereby good shall come unto thee." Pastoral counselors and ministers are not just attempting to get substance abusers clean; they are also teaching them how to become transformed by the gospel and to walk the Christian life after being changed by spiritual formation.

Williamson and Hood developed a system to mentor and spiritually transform substance abusers:

From a hermeneutic-thematic analysis, we found that a pattern of five themes emerged across all six protocols to collectively describe the meaning of the experience of a successful mentor-mentee relationship: (1) Connection, (2) Compassion, (3) Encouragement, (4) Spiritual Change, and (5) Parental Pride.²⁵

²⁴ Ibid., 1.

²⁵ Paul Williamson and Ralph W. Hood, "The Role of Mentoring in Spiritual Transformation: A Faith-Based Approach to Recovery from Substance Abuse," *Pastoral Psychology* 64 (2015): 135.

The minister must have a good relationship with the substance abuser. Unlike LPC's, the pastoral counselors build relationships and, at times, even friendships with people whom they counsel. Although an LPC's credibility is based upon his or her educational and state credentials, a pastoral counselor's credibility is based upon the solid relationships that he or she has built with the people who are in the communities and the people who are in the church. Those who are ministering to substance abusers should have compassion. They must be careful not to cross the line and help enable them. They must encourage them so that they can successfully give up illegal substances and turn their lives around. It is rarely easy, but, over time, being clean becomes seen as the best option to the substance abuser, the longer that he or she remains clean. While always tempted to relapse – and many do – those who continue not to use illegal drugs deserve encouragement, and the least that a minister can do for these substance abusers when they remain clean is to regularly give them praise. As they continue to remain clean, the minister must still continue to minister to them by mentoring them in the word of God, transforming their spiritual walk with Jesus by showing them how to have a quiet time with God, and teaching them how to spend time in the word of God. They should also help the substance abusers to become converted by making a commitment to serve faithfully in a solid, healthy, biblically based church.

In general, all participants saw mentoring as a process of helping mentees move from a life of confusion to one more established and connected with reality from a Christian perspective – and they helped facilitate that process in different ways. For example, both M1 and M2 stated that they saw themselves more as friends who mentored by example. Few mentees had personally known anyone who consistently modeled a clean life with healthy relationships. As M1 said, “I try to mentor by example.”²⁶

²⁶ Williamson and Hood, *The Role of Mentoring in Spiritual Transformation*, 41.

Evidence discovered through doing this research has shown that even pastoral counselors should take a close look at the effectiveness of prescription medication on substance abuse. Although pastoral counselors should never attempt to prescribe medications, they can lead their clients to properly qualified physicians, who can prescribe medications to help overcome substance-abuse addiction. Prescription drugs have been found to be surprisingly effective in helping those struggling with illegal drugs. One drug, which became legal in 2002 and has shown a lot of promise, is the drug buprenorphine. The federal government has placed some very strict restrictions on just who is allowed to prescribe buprenorphine and, specifically, for how many patients a physician may prescribe at one time. The government has limited the number of patients for which authorized physicians may prescribe, at any one time, to 30. New legislation was passed to allow certain physicians to be allowed to prescribe buprenorphine for as many as 100 patients at any one time. Because buprenorphine²⁷ has been shown to be helpful to those who are addicted to opioids, the federal government needs to continue to pass even more legislation to make the prescribing of drugs such as methadone and buprenorphine less restrictive. The United States has a large opioid-addiction problem. With the cost of in and outpatient health care getting more and more expensive, alternatives that are effective and less expensive need to be examined:

In the United States, opioid use disorders are a significant public health problem, estimated to affect more than 2 million individuals. Opioid overdoses are one of the leading causes of deaths by injury in the United States, and in 2009, the annual societal costs of prescription and illicit opioid abuse, including lost productivity and health care costs, were estimated to be \$55.7 billion.²⁸

²⁷ Randy A. Sansone and Lori A. Sansone, "Buprenorphine Treatment for Narcotic Addiction: Not without Risks," *Innovations in Clinical Neuroscience* 12, no. 3/4 (2015): 32.

²⁸ B. D. Stein et al., "Where Is Buprenorphine Dispensed to Treat Opioid Use Disorders?: The Role of Private Offices, Opioid Treatment Programs, and Substance Abuse Treatment Facilities in Urban and Rural Counties," *Milbank Quarterly* 93, no. 3 (2015): 563.

According to Stein et al. (2015), the latest research has shown that, in the battle to fight opioid addiction, drugs like methadone and buprenorphine are working. They are also cost effective. Although the potential for the abuse of methadone and buprenorphine exists, this happens most often when patients do not take their drugs exactly the way that they have been prescribed.

The opioid agonist medications methadone and buprenorphine are effective treatments, and their more widespread use could substantially mitigate the negative health and societal effects of opioid use disorder. Most individuals who might benefit from these medications, however, do not receive them which is the reason for the recent efforts to expand their use.²⁹

If government regulations are keeping substance-abuse addicts from getting clean, then the government regulations need to change. The outlook is very good that future legislation will be passed to decrease these strict regulations so that more substance-abuse addicts can benefit from the potential that pharmaceuticals have in order to help them get clean and stay clean for good. As a less expensive alternative to in- and outpatient treatments, pharmacotherapy needs to be more widely used. As it becomes more and more expensive to house substance abusers in facilities for long lengths of time, the use of pharmacotherapy becomes a better option in many cases to help substance abusers come clean over long periods of time:

While facilitating greater access to effective pharmacotherapy for opioid use disorder is only one component of an effective response to the public health challenges posed by illicit opioid use, it is a particularly important one to pursue at a time when health care reforms and mental health and substance abuse parity efforts present an opportunity for many more individuals to take advantage of such effective treatment for a pressing public health issue.³⁰

More can be done to improve the quality of care for substance abusers. Not only do substance abusers harm themselves with their illegal drug or alcohol abuse, but their

²⁹ Stein et al., "Where Is Buprenorphine Dispensed?"

³⁰ Ibid., 577.

inappropriate behavior affects everyone who is around them. Many substance abusers withdraw from their friends and families as many of their friends and family members start to drift away from them. The wrong actions of substance abusers can cause a variety of problems, which can, in a very negative way, affect everyone who is around them. They have dangerous car wrecks, and they can often lose their tempers and become violent. These actions harm not only the friends of substance abusers, but also those who are around them; this includes law-enforcement officers and healthcare professionals.

For ministers and pastoral counselors, not all substance abusers who are “dead men walking” can be rescued, but some of them can. The truth is that the state of substance abuse in the United States is horrible, dreadful, and unpleasant. Substance abusers can get nasty and dangerous. They can harm themselves and others, including the very people who are attempting to rescue them. If they do not break other people’s bones, most often, they break others’ hearts.

Deponents spoke about the anguish and limitations experienced in the care of patients who are victims of violence and drugs, and many were the feelings expressed. Dissatisfaction with the organization of the care network of the local health system and the lack of guidelines or protocols for these cases generated feelings of failure of public policy and a perception of negligence with the care to these people, which interferes directly in the quality and comprehensiveness of the care provided.³¹

³¹ Ferreira da Silva et al., "Providing Assistance to Users of Drugs of Abuse Victims of Violence: Nurses Experience of a First-Aid Post," *Journal of Nursing* 10, no.7 (2016): 2379.

Working with Healthcare Professionals

Dealing with hurt people harms people: family, friends, police and other officers, nurses, counselors, and other healthcare professionals. The misbehavior of the unruly can be extremely difficult. Behind the wheels of a car, substance users and alcoholics are an even greater danger to everyone:

Exacerbating a usually hostile environment, patients who are users of drugs of abuse, when admitted to urgency room, very often refuse the service, as they are commonly compulsorily taken to services and have difficulty in maintaining a confidential relationship in an open environment in which nurses, nursing technicians, physicians, security, first-aid professionals, other patients and patient's companions interact simultaneously.³²

Substance abusers' refusal of service from a hospital is concerning for a great many reasons. Some do not want a record of their visit because it could be used as information against them by agencies such as law enforcement or insurance companies. Others, like those who suffer from bipolar disorder, refuse service because they do not want to take medication or use hospital services that are in their best interest to save their lives:

A considerable proportion of patients seeking treatment in urgency units with trauma and other injuries have problems related to alcohol and other drugs of abuse. These include abstinence, neurological disorders, chronic diseases in critic state related to drugs and mental comorbidities, which sometimes are more urgent than intoxication or alcohol syndrome per se. Exacerbating a usually hostile environment, patients who are users of drugs of abuse, when admitted to urgency room, very often refuse the service . . .³³

Healthcare workers are well aware of the dire consequences of drug and alcohol addiction:

This information confirms the high possibility of hospitalization of drug user's urgency unit, as they are susceptible to car accidents, physical aggression, suicides and homicides, and other accidents. It was mentioned that the patients used alcohol in binge drinking defined as the consumption of five or more doses of alcohol on a single occasion by men

³² Ibid.

³³ da Silva et al., "Providing Assistance to Users of Drugs."

or four or more doses by women, and they were exposed to risks that led to participation in violent situations.³⁴

The Bible clearly teaches that abusing substances is wrong, yet the substance abuser continues to do wrong. Most know that what they are doing is wrong. They are bathed in apathy because, as pornographers who love a computer screen, the substance abusers' lives are their substance. They love her, and they crave and embrace her . . . the "walking dead" men . . . many twenty-six to forty-six years old. The consequences of substance abuse, according to current, peer-reviewed scholarship, are death and destruction.

Alcohol Abuse

Law-enforcement officers and healthcare professionals have had the experience of dealing firsthand with illegal-substance abusers and alcohol abusers. They have been first responders to many, many ugly, bloody, sorrowful car accidents. It is heartbreaking when law-enforcement officers and healthcare workers witness tragic deaths that could have been avoided.

Alcohol is a monster dressed up as a princess. Alcohol, according to the world's view on television, is portrayed as the cherry on the very top of a shake, the icing on a cake. Ask an emergency-room nurse their opinion of alcohol. Alcohol is a serpent, a scorpion ready to bite and devour. The Bible calls wine a mocker.³⁵ Alcohol is a nasty, menacing fiend, and it is as hazardous to health as a tombstone.

The research shows that the churches that are less terrible toward drinking are also less loving to those who are alcoholics and have problems with alcohol. Not all religious groups see alcoholism the same way:

³⁴ Ibid.

³⁵ Proverbs 20:1

. . . all religious groups were in favor of the treatment of alcoholism and saw it as an important social problem. However, among Protestants, members of the more secularly oriented churches saw psychological help and medical treatment as the most effective treatment while members of less secularly oriented churches saw religious help and willpower as being more effective. Catholics strongly endorsed medical help as being most effective but not psychological help. Religious groups most favorable to social drinking were also most favorable toward alcoholics and alcoholism and those less accepting of social drinking also had least favorable attitudes towards alcoholics and alcoholism.³⁶

This is true when a substance or alcohol abuser is making positive steps in the right direction. Addiction is serious; it is tough, and the negative effects could happen to anyone, to any family:

Last month, Saturday Night Live presented a skit featuring Julia Louis-Dreyfus. The skit was an advertisement for a new fake product, "Heroin AM," which is aimed to give heroin users more energy. "I want to use heroin, but I also want to get stuff done," says Louis Dreyfus in the skit. "That's why I reach for Heroin AM, the only nondrowsy heroin on the market." . . . with the increasing numbers of families experiencing the heartache of a loved one's addiction to heroin, this skit made me feel very uncomfortable, and I was not alone. Although some viewers reacted favorably, saying the skit promoted awareness of the heroin epidemic, many viewers were outraged.³⁷

³⁶ Arnold Linski, "Religious Differences in Lay Attitudes and Knowledge on Alcoholism and Its Treatment," *Journal for the Scientific Study of Religion* 5, no. 1 (1965): 41.

³⁷ Judy A. Rollins, "From the Editor. Heroin Addiction: Not a Laughing Matter," *Pediatric Nursing* 42, no. 3 (2016): 109.

CHAPTER THREE

SUBSTANCE-ABUSE STUDY

State of Substance-Abuse Ministry in the Church

The condition of the substance-abuse outreach ministry is not well. Some churches are either judgmental or apathetic toward those who are substance-abuse addicts. Many of these churches do not even have a substance-abuse outreach ministry. Jesus cared about, and reached out to, the unlovely. God loves and cares about everyone. Jesus ministered to people whom the Pharisees ignored and shunned. Jesus' actions showed that God cares for a leper just as much as He cares about a wealthy, successful businessman. Ministers of the gospel must be willing to reach out to those whom others view as unclean. They might smell bad. They might have behavioral-health issues. They might even be sinful and rebellious and reject all the excellent, educated, skilled, professional counseling advice offered them, sometimes even for free. Christians should go and have compassion and mercy on those who have needs, yet many Americans are unwilling to do any kind of mission work, even when the mission field is in their own neighborhood. Some believers look the other way. Others even move away rather than to have to look at, notice, or reach out to someone who does not look and act as they do.

Having substance abusers that relapse remains a problem for pastoral counselors. It is far more difficult when the pastoral counselor is attached to and is a friend of the one that he or she is so desperately attempting to help. It is heartbreaking and disappointing for a counselor when a client who seems well on the road to recovery relapses:

Drug abuse by healthcare providers is a serious public problem affecting not only the providers themselves but also their families, colleagues, and patients. It is not a new problem, but the medical community has historically been unwilling to accept and publicly acknowledge the problem, particularly a problem of its own members.

Therefore, drug abuse by healthcare providers has either gone unnoticed or has been treated punitively, which has led to high prevalence and mortality.¹

The State of Substance-Abuse Care

Why is it that the medical community, and even the clergy, remain unwilling to accept and acknowledge the serious problem of drug abuse? Ignoring the problem will not cause it to go away.

Horwitz stated that “illegal drugs are one of the most salient and multifaceted threats to the Americas. Illegal drug consumption, particularly in the United States, creates demand and fuels criminality.”² The problem of substance abuse is ramped up everywhere, even among healthcare providers. Young Eun Moon showed that punitive action for drug abuse does not work.³ Substance abusers who do not have the intent to distribute drugs should get treatment, not incarceration. In the United States, the federal and state governments are quick to give very long prison sentences to drug offenders, but they are slow to give substance abusers the quality health care and rehabilitation that they so desperately need.

The increase in detention rates for nonviolent juvenile drug offenders as a result of the “War on Drugs” is a nationwide problem that desperately needs nationwide reform. It is time the JJDPa be amended to include a fifth core requirement: the deinstitutionalization of nonviolent juvenile drug offenders. This addition would provide states with the incentive and support necessary to reduce the number of incarcerated nonviolent juvenile drug offenders.⁴

¹ Young Eun Moon, "Treating and Preventing Relapse of Drug Abuse by Healthcare Providers," *Journal of the Korean Medical Association / Taehan Uisa Hyophoe Chi* 56, no. 9 (2013): 778.

² Betty Horwitz, "The Role of the Inter-American Drug Abuse Control Commission (CICAD): Confronting the Problem of Illegal Drugs in the Americas," *Latin American Politics and Society* (2010): 139.

³ Moon, "Treating and Preventing Relapse of Drug Abuse."

⁴ Christina M. Gaudio, "A Call to Congress to Give Back the Future: End the ‘War on Drugs’ and Encourage States to Reconstruct the Juvenile Justice System," *Family Court Review* 48, no. 1 (2010): 219.

The state of Georgia with the eighth largest inmate population in the country⁵ spends billions of dollars for the incarceration of non-violent drug offenders without any evidence that longer prison sentences result in less future drug use. Peer-reviewed research shows what does work: whenever the inmates become involved in behavior to improve themselves, such behaviors result in less future prison time:

. . . release policies can incentivize inmates to lower their incarceration and recidivism costs by investing in their own rehabilitation. For example, inmates who know that they must lower their recidivism risk to gain an early release may behave better in prison (lowering incarceration costs) or take steps to prepare themselves for a successful release (lowering recidivism costs).⁶

With all the money that state and federal governments spend on substance-abuse issues, why would the government continue to throw good money after bad for things such as long-term incarceration for non-violent substance abusers when many peer-reviewed studies have shown that incarceration is not a deterrent for substance abuse? Studies have shown that the prison system has not properly prepared substance abusers for re-entry into a world where drugs are widely available and where adverse life requirements pressure released inmates to reuse in order to escape:

Participants reported adverse re-entry conditions, including persistent exposure to drug use and stressful life events, which were perceived to contribute to opioid relapse and affected addiction treatment decisions during re-entry. . . . Willpower was perceived to be more important for recovery than medications. . . . BMT was perceived to be a good treatment option for opioid use disorder that could reduce the risk of re-incarceration. Conclusions: Policies of the criminal justice system (e.g., forced detoxification) may be dissuading former inmates from utilizing effective treatments for opioid use disorder. . . .

⁵ Georgia Department of Corrections, "Table of Average Daily Prison Populations for the Period from 01/01/2012 to 12/31/2012: Average Counts – Summary," 2013 [accessed March 29, 2017], http://www.dcor.state.ga.us/Research/Annual/Avg_Daily_Pop_By_Facility_Type_CY2012.pdf

⁶ Ilyana Kuziemko, "How Should Inmates Be Released from Prison?: An Assessment of Parole versus Fixed-Sentence Regimes*," *Quarterly Journal of Economics* 128, no. 1 (2013): 419.

Both policy changes and interventions are urgently needed to reduce the negative consequences of opioid relapse following re-entry.⁷

Interventions and public-policy changes are desperately needed in order to reduce opioid relapse. The federal government, Congress, and the Obama administration were proactive in making positive policy changes in order to reduce the dependency on opioids. It remains to be seen whether President-Elect Donald Trump will be able to build a wall between the United States and Mexico and, if he is able to accomplish building a wall, whether the building of that wall will be able to cause a reduction of opioids entering into the United States. If President Trump is able to build a wall, it could mean a drastic reduction in the available supply of opioids in the United States, resulting in the price of illegal opioids being raised tremendously. With less of a supply and with higher prices for opioids, substance abusers will most likely be seeking other ways to get high. If a wall is successfully built, it would also mean a reduction of supply and an increase in prices of other drugs. With marijuana being home grown and becoming legal in many states, it could be possible that many substance abusers will switch from opioids to marijuana. “. . . cocaine destined for the United States has largely passed through Mexico since the late 1990s. Mexican DTOs may capture much of the export-to-import markup on cocaine shipped from Colombia to the United States via Mexico.”⁸

It is believed that most of the cocaine consumed in the United States originates from coca grown in Colombia Table 2. Separate analyses from the US Government and the United Nations Office on Drugs and Crime (UNODC) both conclude that there were large reductions in the amount of coca available to be converted to cocaine in Colombia from 2006 to 2010; the former shows a 52% decline from 148 000 metric tonnes of coca leaf to 71 000, while the latter shows a 41% decrease from 154 130 to 91 600. This is consistent with US intelligence estimates that the amount of cocaine departing towards the United

⁷ Aaron D. Fox et al., "Release from Incarceration, Relapse to Opioid Use and the Potential for Buprenorphine Maintenance Treatment: A Qualitative Study of the Perceptions of Former Inmates with Opioid Use Disorder," *Addiction Science & Clinical Practice* 10 (2015): 2.

⁸ Jonathan P. Caulins et al., "Cocaine's fall and Marijuana's Rise: Questions and Insights Based on New Estimates of Consumption and Expenditures in US Drug Markets," *Addiction* 110, no. 5 (2015): 733.

States fell by 30% from 2006 to 2010 (the reduction is closer to 50% if 2007 is the baseline.⁹

How can the church reach out and make a difference? Although God has not called the church to guard America's southern borders, the church can be ready to minister to those who choose to use the illegal substances that come across that border. Caulins et al. shed light on the massive amount of drugs that are plaguing and reaching America's streets.¹⁰ The church has been called to be salt and light in a world of darkness and despair. The church is called to share the gospel with the lost; this certainly includes those who are both lost and using illegal drugs. The church is called not only to share the gospel with those who are lost, but also to disciple and mentor those who have accepted Christ. To repent is to have a change of the mind. When individuals who are substance abusers accept Christ as their personal savior, they confess that they are sinners, and, for substance abusers, this includes the fact that they are committing the sin of illegal-substance abuse. There is no sin from which Christ cannot save them, and this includes the sin of using illegal drugs. Becoming a Christian does not require a person to achieve, through his or her own personal efforts, sinless perfection. Christ offered sinless perfection for sinners when He died on the cross for their sins. Substance abusers who are drenched in sin can become sinless through the atonement of Christ. Christ desires for substance abusers to accept Christ as their personal savior and then, as every other Christian, to strive daily to die to the old man-old nature.

⁹ Caulins et al., "Cocaine's fall and Marijuana's Rise", 732-733.

¹⁰ Ibid.

Substance-Abuse Care: Ministry

Are ministers doing a good job of ministering to twenty-six- to forty-six-year-old substance-abuse addicts in the church? This issue is very complicated, in that different church workers view the task at hand concerning substance abusers and the success that ministers achieve at ministering and reaching out to addicts in many different ways. Not everyone who serves as a minister in the church sees the church and pastoral counselors as being effective in their role of reaching out to those who have substance-abuse issues. How effective are pastoral counselors, as compared to others, in being helpful and effective at helping addicts?

Harold Jordan, Jr., said that the pastoral counselors are the least helpful.¹¹ How can pastoral counselors get better prepared in order to do a better job of helping those who are suffering from substance abuse? A recent study concluded that one way to better help those who are suffering from substance-abuse issues is to better educate them about substance-abuse issues, including offering education about how to become clean. Pastoral counselors should see themselves as team players who are educating drug addicts, as well as giving them direction toward wellness.

Brief psychoeducation for antisocial personality disorder increased patients' self-rated help for antisocial personality disorder in substance abuse treatment, and patients' self-reporting of having received help for antisocial personality disorder was in turn associated with better short-term outcomes.¹²

How big is the problem of substance abuse in America? "Drug addiction is a common and costly public health problem. Measured at \$193 billion a year, this figure underestimates the

¹¹ Harold Jordan, Jr., interview by author, Lynchburg, VA, June 16, 2015. Harold Jordan, Jr., is a substance-abuse overcomer who suffers from bipolar disorder. Harold is a D. Min. student at Liberty University.

¹² Birgitte Thylstorp et al., "Did You Get Any Help?: A Post-Hoc Secondary Analysis of a Randomized Controlled Trial of Psychoeducation for Patients with Antisocial Personality Disorder in Outpatient Substance Abuse Treatment Programs," *BMC Psychiatry* 17 (2017): 1-10.

cost of addressing drug addiction as it does not include estimates of the harms to families and communities associated with drug abuse.”¹³

Hypothesis

Many substance abusers have mental-health issues and low self-esteem. Some of them have had troubles as juveniles, and some have even been to jail or prison. Substance abuse causes many employees to lose their jobs. This often leaves the substance abuser with an expensive drug or alcohol problem, but with no source of income. Some resort to stealing, but others turn to prostitution:

In Australia today there is considerable concern about the difficulties experienced by some children and young people and the frequent consequences of these problems, such as poor mental health, substance abuse, juvenile offending, school-dropout rates, youth unemployment, and teen pregnancy and youth suicide. Various wellbeing indices indicate the scope of the problem.¹⁴

Substance abusers often drop out of high school. Research shows that high schoolers who abuse alcohol and illegal substances are less motivated to do well or to remain in high school:

High school dropout rates have become one of the most prominent educational problems that result in costs not only to individuals but also to larger society. Research has shown that students who dropped out of school are more likely to have health problems, get involved in criminal activities, be employed with lower income jobs, and become more dependent on welfare and other public assistance programs.¹⁵

82% of inmates never finished high school.

Given the large monetary and human costs of crime it is important to quantify the relative benefits of policies promoting incarceration vis-à-vis alternatives such as interventions aimed at boosting educational attainment. Within the latter category, policies that

¹³ Nyaradzo Longinaker and Mishka Terplan, "Effect of Criminal Justice Mandate on Drug Treatment Completion in Women," *American Journal of Drug & Alcohol Abuse* 40, no. 3 (2014): 192.

¹⁴ Sarah Wise, "Creating 'Child-Friendly' Communities: A Strategy to Reclaim Children from Risk," *Australian Journal of Social Issues* 36, no. 2 (2001): 153-167.

¹⁵ Weihua Fan and Christopher A. Wolters, "School Motivation and High School Dropout: The Mediating Role of Educational Expectation," *British Journal of Educational Psychology* 84, no. 1 (2014): 22-39.

encourage high school completion have garnered most attention and seem to hold much promise in terms of their impact on crime.¹⁶

The problem is that there are too many twenty-six through forty-six year olds in the United States who are suffering from substance-abuse issues, and more needs to be done:

Among the many crucial issues facing the church today few are more problematic or burdened with such import for her future than the nature of her ministry. What is involved are no longer the traditional questions that have characterized Faith and Order discussions for more than four decades, for the center of interest has shifted dramatically in recent years. It is not that the old problems have been solved; rather, they are no longer considered to be the real issues. New situations have arisen which call for new ministries, and the frontier of the church's mission is being manned today by those who are willing to experiment with new forms of ministry in an effort to deal relevantly with such pressing concerns as racial discrimination, social injustice, and human alienation. Moreover, the biblical emphasis on the ministry of the whole people of God is being recovered, with the laity beginning to assume responsibility for the mission of Christ to the world. And there is a growing conviction that the functions of the ordained or special ministry of the church must be looked at afresh in this new context.¹⁷

James McCord's famed 1968 Princeton University sermon speaks to the church in 2016 as if it had just been written in 2016.¹⁸ As times and technology change and advance, ministers in the church will need to continue to change and adapt in order to keep up with the times. One problem, however, is that many of the older problems from the past, such as substance abuse, remain, and although doing things the new way might be seen as cool and hip, ministers are called to minister to those who are in need, both in season and out of season. To the younger clergy, the substance-abuse ministry might seem as old as middle-aged adults' neckties, but the need to minister to those with substance-abuse issues remains as important today as it has ever been. As McCord mentioned, church ministry is to involve the church laity as much as it does

¹⁶ G. Fella and G. Gallipoli, "Education and Crime over the Life Cycle," *Review of Economic Studies* 81, no. 4 (2014): 1484-1517.

¹⁷ James I. McCord, "The Teaching Office in the Reformed Tradition: A History of the Doctoral Ministry," *Theology Today* 24, no. 4 (1968): 533.

¹⁸ *Ibid.*

vocational ministers and other trained health professionals. Although laypersons might not be qualified to counsel someone with substance-abuse issues, they are qualified to tell the individual that they care about that person, and so does Jesus. Although believers might not be able to turn stones into bread, they are able to help move mountains for those who are in recovery from substance abuse. Ministering to an addict is not easy. The members of the church show that they care by being there for the addicts – not to enable them to use, but rather to enable them to become clean:

During the exit process from drug abuse, the family of origin plays a central role as support provider for the woman. According to the women's narratives, mothers, grandmothers and sisters were the chief providers of social support, providing mainly emotional support and material help. The stable and long-lasting relationships where trust, love and mutual support could be exchanged were of greatest importance.¹⁹

In order for illegal-drug users to become clean, they have to develop a reason to want to become clean. Becoming clean is a process. Users are in desperate need of hope. Believers in Christ hold the keys to hope. Christian ministry is the ministry of restoration. The wrong choice of using illegal drugs needs to be balanced with the mercy of God for those who have made poor choices. Christianity is about the fact that who we are in Christ assures that the future of a believer is different from the past and the present:

Based on our respondents' accounts of their recovery, two things seem to be important for a successful decision to stop using drugs: (1) a motivation to stop which is based upon a desire to restore a spoiled identity and (2) a sense of a future that is potentially different from the present. For many individuals who have become addicted there comes a turning point at which they review critically what they have become, do not like what they see and decide to change. This turning point comes when an accumulation of experiences and events gradually reveals to the addict the depths to which he or she has sunk and, at the same time, provides a vision of an alternative future.²⁰

¹⁹ K. Trulsson and U. Hedin, "The Role of Social Support When Giving Up Drug Abuse: A Female Perspective," *International Journal of Social Welfare* 13, no. 2 (2004): 145-157.

²⁰ James McIntosh and Neil McKeganey, "Identity and Recovery from Dependent Drug Use: The Addict's Perspective," *Drugs: Education, Prevention & Policy* 8, no. 1 (2001): 47-59.

The desire to get well is a very important part of the solution for an addict to get clean. The will for an addict to become clean has the most positive impact on the efforts that addicts and their caregivers make toward the user's becoming drug free. In other words, if addicts do not have a desire to become clean, all of the attempts that are made by the addicts and their caregivers will most likely fail. This does not mean that society, the church, and the government cannot act in ways that will result in positive impacts upon America's massive illegal-drug problem.

Not only can members of society act in ways that help users overcome their addiction, but also government and society as a whole can make choices and enact legislation in order to help a society overcome drug addiction. One thing that is being done well is that more emphasis, including more funding, has been made on opioid dependency by the Obama administration:

President Obama's proposed fiscal year 2017 budget had requested that Congress appropriate \$1 billion in new funds over two years to expand the availability of medication-assisted opioid-dependence treatment programs throughout the country and an additional \$90 million in new funds to support ongoing overdose-prevention strategies, including the use of the opioid reversal drug naloxone. Topoleski said the full \$1.1 billion White House request is an "appropriate" level of funding. President Obama announced that he will continue to press Congress to appropriate new funds to combat opioid addiction.²¹

The Obama administration made significant strides to lower nonviolent, drug-related incarceration rates and created more funding to help attack the issue of illegal-drug addiction. America needs to re-examine its "lock them up and throw away the key" incarceration as it relates to non-violent drug offenders, especially when rehabilitation has worked better than incarceration.

²¹ Kate Traynor, "New Federal Law Aims to Stem Opioid Abuse," *American Journal of Health System Pharmacy* 73, no. 24 (2016).

Survey respondents in this thesis project were from all regions of the United States. The Liberty University IRB Exemption Letter can be found on page 135 in Appendix B. This survey examined the current state of outreach ministry in the church to those who suffer from substance-abuse issues.

The results of the diversity of the demographics of this survey were very positive. Although it was anticipated that a majority of those who completed the survey would be from the Southeast United States, Table 1 and Figure 1 show that this was clearly not the case:

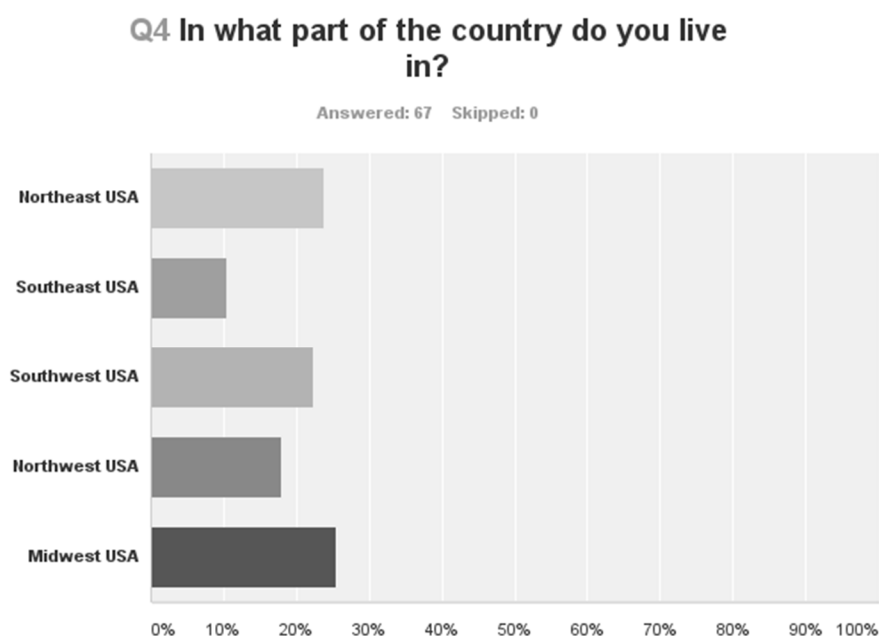


Figure 1. Part of the country in which survey respondents live

Table 1. Part of the country in which survey respondents live

| Answer Choices– | Responses– |
|--------------------|--------------|
| – Northeast USA | 23.88% 16 |
| – Southeast USA | 10.45% 7 |

| Answer Choices– | Responses– |
|-----------------|--------------|
| – Southwest USA | 22.39% 15 |
| – Northwest USA | 17.91% 12 |
| – Midwest USA | 25.37% 17 |
| Total | 67 |

The demographics to the survey returned much better than could have been expected, and it was very well balanced. It was also an unexpected productive outcome to have had more females respond to the survey than had been anticipated, Figure 2 and Table 2 show that more female church workers responded to the survey than males:

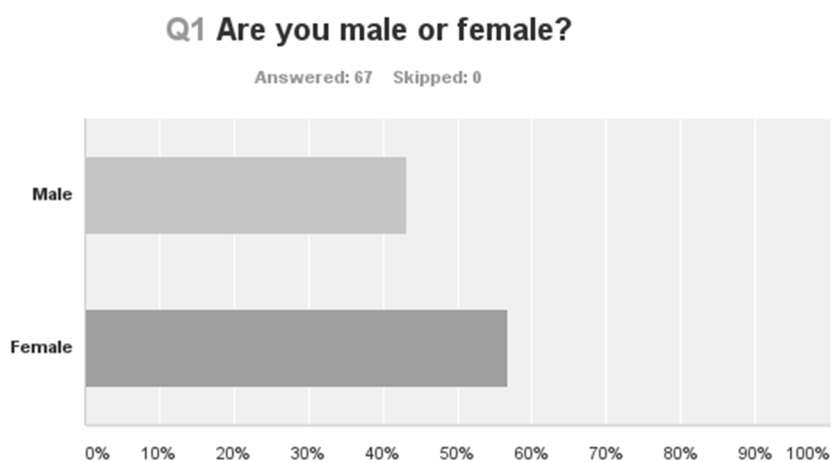


Figure 2. Gender of survey respondents

Table 2. Gender of survey respondents

| Answer Choices– | Responses– |
|-----------------|--------------|
| – Male | 43.28% 29 |
| – Female | 56.72% 38 |
| Total | 67 |

Research has shown that illegal-drug use is an area of study that will require continuous research to keep up with current trends in order to analyze, monitor, and document these trends so that national and state agencies can remain current in drug crimes that are taking place, where trends are constantly changing:

Development in the drug scene and correlating drug markets is a dynamic process that requires thoughtful monitoring. Continuous documentation and analysis of policy interventions and subsequent changes in patterns of drug use and associated consequences is warranted in order to inform decision makers and allow for the formulation of rationale and effective policy responses. There is a need to establish a comprehensive drug monitoring system in Georgia that would provide professional community and policy makers with reliable, valid and systematic data on drug markets and drug use trends and patterns.²²

David Otiashvili et al. made an excellent point about what is needed in order to have greater success in helping substance abusers remain clean.²³ Becoming clean requires constant monitoring. Law Number Five in Elmer Towns' Eight Laws of Leadership²⁴ is "The Law of Accountability." Recovering drug addicts need monitoring and close accountability. Their monitoring should be close, and often. Many who monitor substance abusers make the mistake of allowing recovering addicts too much freedom too soon. Here is where church ministers and the laity can make a significant difference in recovery. It has been said that "LOVE is spelled TIME." One way to help a recovering addict to become clean is to spend so much time with the addict that he or she does not have enough time and freedom to slip up. This would be a great ministry for those in the church, such as the disabled and retirees, who do not hold down regular

²² David Otiashvili et al., "Policing, Massive Street Drug Testing and Poly-Substance Use Chaos in Georgia – A Policy Case Study," *Substance Abuse Treatment, Prevention & Policy* 11 (2016): 1-12.

²³ Ibid.

²⁴ Elmer L. Towns, "8 Laws of Leadership: Making Extraordinary Leaders out of Ordinary Believers," Books. Paper 2, (1999): 9, accessed 1-29-17 http://digitalcommons.liberty.edu/towns_books/2

jobs. Substance abusers²⁵ will be more likely to remain clean if they are closely inspected and regulated.

How well is the church doing at investing in, and spending time with, those who struggle with substance-abuse issues? According to the results of this doctoral thesis project survey, the church is not doing a very good job in actively ministering to those with substance-abuse issues. The results from Figure 3 and Table 3 were not only very revealing, but also very disappointing:

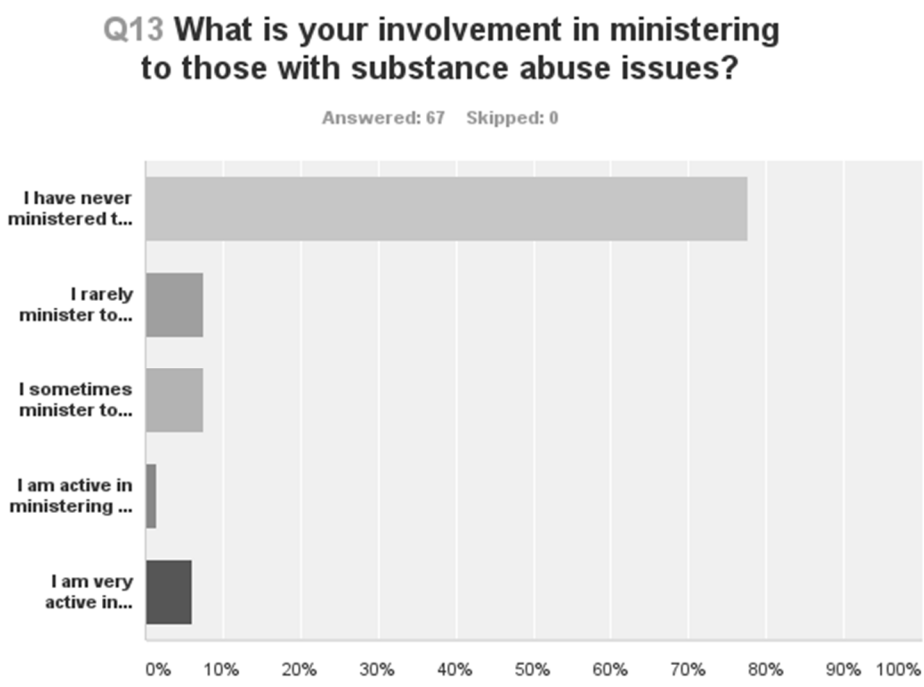


Figure 3. Involvement of survey respondents in ministering to substance abusers

²⁵ Towns, "8 Laws of Leadership."

Table 3. Involvement of survey respondents in ministering to substance abusers

| Answer Choices– | Responses– |
|--|---------------------|
| – I have never ministered to those with substance abuse. | 77.61% 52 |
| – I rarely minister to those with substance abuse issues. | 7.46% 5 |
| – I sometimes minister to those with substance abuse issues. | 7.46% 5 |
| – I am active in ministering to those with substance abuse issues | 1.49% 1 |
| – I am very active in ministering to those with substance abuse issues | 5.97% 4 |
| Total | 67 |

According to the results of this survey, 77.61% of the respondents stated that they have never ministered to those who have substance-abuse issues. Only five out of sixty-seven ministers and church-staff workers stated that they are either active or very active in ministering to those with substance-abuse issues. That was only 7.46%.

According to recent, peer-reviewed research, just how large of a problem is substance abuse?

Substance abuse is a major societal problem. The 2012 National Household Survey on Drug Use and Health (NSDUH), a primary source of statistical information on drug abuse in the U.S. population, estimated that 23.9 million Americans (or 9.2% of the population 12 years of age or older) had used an illicit drugs in the past month, 2.8 million Americans were dependent on or abused both illicit drugs and alcohol, 4.5 million Americans were dependent on or abused illicit drugs but not alcohol, and 14.9 million Americans were dependent on alcohol.²⁶

The number of people in the United States with alcohol and/or illegal substance abuse is enormous. In the United States, 9.2% of people aged twelve or older have used an illegal drug in the last month.²⁷ That is just under 10% of the entire population of the United States. Recent,

²⁶ Hemming, "ASHP Statement on the Pharmacist's Role," e267.

²⁷ Ibid.

peer-reviewed research studies show that the current trend in illegal-drug addiction is not positive.²⁸ Current research shows that the problem of illegal-drug addiction is tremendous, and the current trend is that, unfortunately, drug addiction is getting worse:

Home-produced substances that replace illicit ones, such as heroin and amphetamines, are associated with many complex health issues and high levels of morbidity. This scoping review has presented extant literature on the topic and highlights how this issue is a growing and concerning public health imperative warranting drug user and online surveillance, targeted harm reduction and clinical responses.²⁹

This project has shown that drug addiction is serious. The pull that illegal drugs tug on an addict is tremendous. Illegal-drug use is a worldwide epidemic:

Over the past two decades, illicit drug abuse have received much attentions, which brings tremendous pressures and damages to social and public health system due to its prevalence all over the world.³⁰

Hearne et al. used a very scary word, morbidity.³¹ Morbidity is a noun indicating that someone has a serious disease, a sickness – a very large problem that can and does, at times, lead to death. Those who have the morbid disease of substance abuse have been greatly deceived by the devil. They mistakenly believe that the joy of getting high is worth the risk. It clearly is not.

1 Corinthians 3:18

“Let no man deceive himself. If any man among you seemeth to be wise in this world, let him become a fool, that he may be wise.”

²⁸ Stephanie Lake et al., "Initiation into Prescription Opioid Injection and Associated Trends in Heroin Use among People Who Use Illicit Drugs," *Drug and Alcohol Dependence* 169 (2016): 73-79.

²⁹ Evelyn Hearne et al., "A Scoping Review of Home-Produced Heroin and Amphetamine-Type Stimulant Substitutes: Implications for Prevention, Treatment, and Policy," *Harm Reduction Journal* 13 (2016): 8.

³⁰ Liu Xinnang, Lili Liu, and Wan Jinliang, "Threshold Dynamics of a Delayed Multi-Group Heroin Epidemic Model in Heterogeneous Populations," *Discrete & Continuous Dynamical Systems - Series B* 21, no. 8 (2016): 2615-2630.

³¹ Evelyn Hearne et al., "A Scoping Review of Home-Produced Heroin and Amphetamine-Type Stimulant Substitutes: Implications for Prevention, Treatment, and Policy," *Reduction Journal* 13 (2016): 14.

The drug addict thinks that he is wise, that he can control his environment whenever he gets high. The truth is that the more he uses, the more control he loses over his life. The truth is that the more that drug addiction continues to be spread all around the world and the more that illegal drugs are abused, the greater a mission field that drug addiction is for the church.

This research project was interested in discovering what substance-abuse programs are, and are not, currently being used in churches. The results are found in Table 4:

Table 4. Substance-abuse programs in churches of survey respondents

| Answer Choices– | Responses– |
|---------------------------------------|-------------------|
| – A.A. | 17.91% 12 |
| – Addiction Alternatives | 1.49% 1 |
| – All Addiction Anonymous | 5.97% 4 |
| – Buddhist Recovery Network | 2.99% 2 |
| – Celebrate Recovery | 1.49% 1 |
| – Co-Anon (for friends of addicts) | 0.00% 0 |
| – Adult Children of Addicts | 2.99% 2 |
| – Crystal Meth Anonymous | 0.00% 0 |
| – Cocaine Anonymous | 0.00% 0 |
| – Davis Candy Ministry | 0.00% 0 |
| – Exposure Response Prevention | 0.00% 0 |
| – Faith Farm Ministries | 1.49% 1 |
| – Heroin Anonymous | 1.49% 1 |
| – | 0.00% |

| Answer Choices— | Responses— |
|--|---------------------|
| Horizon Services | 0 |
| — Elim Home - Thomas Road Baptist Church | 0.00% 0 |
| — Jewish Alcoholics (JACS) | 0.00% 0 |
| — Latter Day Saints Addiction Recovery Program | 0.00% 0 |
| — Life Ring Recovery | 0.00% 0 |
| — Marijuana Anonymous World Services | 0.00% 0 |
| — Methadone Anonymous- Support | 0.00% 0 |
| — Pills Anonymous | 0.00% 0 |
| — Rational Recovery | 0.00% 0 |
| — Reformers Unanimous International | 0.00% 0 |
| — Reformers Unanimous Recovery Program | 1.49% 1 |
| — Secular Organizations For Sobriety | 0.00% 0 |
| — SMART- Self Management And Recovery Training | 1.49% 1 |
| — Women For Sobriety | 0.00% 0 |
| — Prison Fellowship International | 1.49% 1 |
| — Sinclair World Ministries | 0.00% 0 |
| — Our church currently does not have a substance abuse program | 28.36% 19 |
| — Our church is involved with a substance abuse program that is not listed | 5.97% 4 |
| — Our church does not currently have a substance abuse program and would like to start one | 7.46% 5 |
| — | 17.91% 12 |

| Answer Choices– | Responses– |
|--|------------|
| Our church refers all substance abusers to substance abuse ministries | |
| Total | 67 |

Analysis of the results indicates that Celebrate Recovery is not the main church-based program for substance abusers. Only 1.49% of those surveyed are part of a church-based program using Celebrate Recovery's model. It was not surprising that twelve people were from churches that offer Alcoholics Anonymous. As might be expected, more churches offered Alcoholics Anonymous than any other substance-abuse program. Even critics of Alcoholics Anonymous have admitted that the program is successful:

The program of AA is essentially working the 12 steps in order to recover from alcoholism. The program involves meetings, sponsorship, slogans, books, and other literature to provide recovery support and facilitate individuals' progress on working the steps. The program has helped many people to resolve their alcohol problems.³²

AA (NA) is great because it is inexpensive, effective, and widespread.

. . . the spirituality of the individual in a faith-based recovery program may be a component of their successful recovery through increased confidence to resist substance abuse. A greater understanding of self-efficacy and other potential mechanisms of spiritual recovery may lead to improved outcomes (Morgenstern et al. 2002). Individuals with high self-efficacy more confident in their ability to cope with high-risk situations may better resist the temptation to use and thereby maintain sobriety (Greenfield et al. 2000). Future directions could include examination of associations between changes in spirituality and changes in other variables such as self-efficacy, altruism, social support, and social stress. A longitudinal study could further investigate and interpret how Celebrate Recovery may provide beneficial services to its members with substance use disorders.³³

Church-based, substance-abuse recovery programs make a difference. Pastoral counselors who are involved in working with substance abusers make a very positive impact upon the lives

³² Shelly A. Wiechelt, "Alcoholics Anonymous: Warts and All," *Substance Use & Misuse* 50, no. 8/9 (2015): 1011.

³³ A. E. Brown et al., "Spirituality and Confidence to Resist Substance Use among Celebrate Recovery Participants," *Journal of Religion & Health* 52, no. 1 (2013): 1011.

of addicts. It is disappointing that 28.36% of those surveyed said that their church does not currently offer any substance-abuse program. Current research shows that pastoral counselors are well respected by licensed professional counselors, who understand that faith-based pastoral counselors and faith-based, substance-abuse programs have a very positive impact upon their communities:

From the study results, the researcher was able to conclude that licensed professional counselor's have a clear understanding of the roles of the pastoral counselor, realizing that the role the pastor plays in the lives of the church members is pivotal in the community. The participants commented that the pastor is more likely to understand the social and cultural factors impacting the members and therefore the pastor can reach individuals and families who look more to their religious-based community for guidance during difficult times.³⁴

The survey in Table 5 looked at how many pastors and church workers had come into contact with people who had substance-abuse issues in the last five years. Here are the results:

Table 5. Contact of survey respondents with substance abusers in the last 5 years

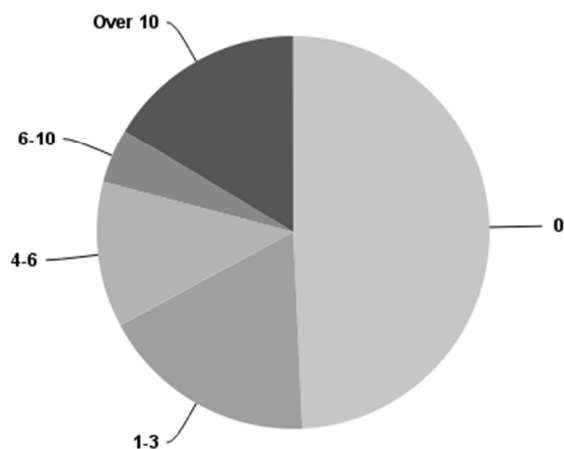
| Answer Choices— | Responses— |
|-----------------|--------------|
| — 0 | 49.25% 33 |
| — 1-3 | 17.91% 12 |
| — 4-6 | 11.94% 8 |
| — 6-10 | 4.48% 3 |
| — Over 10 | 16.42% 11 |
| Total | 67 |

³⁴ Brian K. Jackson, "Licensed Professional Counselors' Perceptions of Pastoral Counseling in the African American Community," *Journal of Pastoral Care & Counseling (Online)* 69, no. 2 (2015): 98.

Half (49.5%) of those interviewed stated that they had not come into contact with someone who had a substance-abuse issue within the last five years – not even one person. This being the case, when to review? Watkins wrote: “A review of the literature reveals that approximately half of all problems impacting American families are caused or exacerbated by the abuse of alcohol or other drugs.”³⁵ Disappointing results in Table 6 lead to the question: “What have these church staffers and ministers been doing for the last five years?” Are half of them not actually ministering to families with real problems? Watkins provided conclusive evidence as to the seriousness and scope of the problem of substance abuse within the church.³⁶ Figure 4 shows with how many people with substance-abuse problems the church has come into contact in the last five years:

Q8 In the last five years, how many people have you come into contact in your church community who suffer from a substance abuse problem?

Answered: 67 Skipped: 0



³⁵ Philip A. Watkins, "Waltzing with the Monster: Interventions with the Substance-Abusing Adolescent for Pastors, Treatment Providers, and Family" (PhD diss., Liberty University, 2006), 4.

³⁶ Ibid.

Figure 4. Contact of survey respondents with substance abusers in the last 5 years

Are the survey respondents purposely ignoring those with substance-abuse issues? Have they been unwilling or unable to recognize and distinguish between those who have substance-abuse issues and those who do not?

CHAPTER FOUR

THE GOOD, THE BAD, AND THE UGLY

This thesis project aims to discover whether the church is doing a good job of ministering to twenty-six- to forty-six-year-old substance-abuse addicts. The research revealed a large number of noble efforts by many ministries and organizations to help reduce substance abuse. That being said, there still remains considerable room for improvement.

Illegal drugs and excessive drinking are problems that arise during the college-age years and later start to decline when a person gets closer to becoming middle aged. There is a greater substance-abuse problem with twenty-six through forty-six year olds than with eighteen through twenty-six year olds. Although fewer eighteen through twenty-six year olds have substance-abuse issues, this research has shown that substance-abuse issues start to climb rapidly between the ages of eighteen and twenty-six.

Identifying the Problem

The problem is that, by the time they finish high school, many youth start to use illegal substances, and this problem only gets worse while they are in college. The problem is that many substance abusers continue to struggle with alcohol and/or illegal substances up until the time that they become middle aged, when alcohol and illegal-drug use starts to decline:

Drug use among college students puts them at increased risk for adverse health, behavioral, and social consequences. Among adults aged 18 or older with serious mental illness in 2014, the percentage of those who had past-year substance use disorder was highest among 18- to 25-year-olds (35%), followed by 26- to 49-year-olds (25%). Evidence suggests that heavy drinking during adolescence and young adulthood is

associated with poor neurocognitive functioning and is particularly associated with poor visuospatial skills and attention.¹

Although many see marijuana or tobacco as the gateway drug, many others see alcohol as the gateway drug that leads most people into illegal-drug use:

Whereas there is general acceptance of the typical progression of use of illicit substances such as alcohol and tobacco prior to marijuana use and then graduating to other illicit drug use, there remains controversy over which specific substance—alcohol, tobacco or marijuana—represents the actual gateway drug... Regardless of such discrepancies, one fact at the core of the gateway theory remains constant: early initiation into substance use leads to deleterious consequences. The earlier one begins substance use, the more likely that he or she will develop a substance use disorder, experience dependence, or report academic problems and other delinquent behaviors including criminal and violent behavior.²

Using illegal drugs and alcohol is a disaster. It is an ugly, addictive disease that almost always leads to disastrous consequences. What has been discovered is that there is a pattern of one bad behavior leading to another poor choice of behavior. This is a slippery slope, which takes the addict down an ugly path that can lead to losing family, belongings, friends, or jobs and that can even result in an addicted person's untimely death.

The problem that this doctoral thesis project addresses is that substance abuse remains a very significant problem. Trying to end all future substance abuse seems about as impossible as trying to end all future snowball fights. Although the task at hand, at times, seems very far out of reach, the church must continue to fight the good fight, in season and out of season, to assist those who are addicted to illegal drugs and alcohol. Ministers must be proactive in doing the things that can help make a difference. The following are suggestions on how the church should be engaged with combating the problem of substance abuse among twenty-six to forty-six year

¹ Derek Blevins and Surbhi Khanna, "Clinical Implications of Substance Abuse in Young Adults," *Psychiatric Times* 33, no. 1 (2016): 14-15.

² Adam E. Barry et al., "Prioritizing Alcohol Prevention: Establishing Alcohol as the Gateway Drug and Linking Age of First Drink with Illicit Drug Use," *Journal of School Health* 86, no. 1 (2016): 32.

olds in their ministry field. “Churches can help to dispel the cultural stigma toward mental health and substance abuse services by actively meeting the mental health needs of the community.”³

The church can make a significant difference in the lives of many addicts. Although the addict might not remain faithful to the church, the church needs to remain faithful to the addict. The church needs to be there for the addict, both in season and out of season, whether ministering to addicts is a trendy thing to do in the church or not. The addict needs the Lord and the church more than he or she knows. Believers must take the Lord and the gospel to the addicts. Ministers of the gospel of Christ must be the pillar of hope that the addicts and their families so desperately need. When the church reaches out to addicts who are addicted to the counterfeit, which never satisfies and always ends up in emptiness, the church, through the Holy Spirit, offers addicts a chance to grow closer to God:

. . . there was evidence that gains in perceived attachment to the Holy Spirit, corresponded to higher positive affect which in turn resulted in lower depression and anxiety symptoms. Receptive prayer therefore may hold particular potential as a “crisis intervention” strategy for those seeking to experience more closeness with God as a means to manage their distress.⁴

The church presents hope to the addict. Believers receive a new identity, which is in Jesus Christ.⁵

Once individuals start using illegal drugs, they substitute their true authentic self and trade in who they are for a new, false reality. This false reality comes with a false security. The addict sees his or her new, false reality as wonderful – and the real world from which he or she is

³ Curtis J. VanderWaal, Edwin I. Hernandez, and Alix R. Sandman, "The Gatekeepers: Involvement of Christian Clergy in Referrals and Collaboration with Christian Social Workers and Other Helping Professionals," *Social Work & Christianity* 39, no. 1 (2012): 30.

⁴ Natasha Monroe and Peter J. Jankowski, "The Effectiveness of a Prayer Intervention in Promoting Change in Perceived Attachment to God, Positive Affect, and Psychological Distress," *Spirituality in Clinical Practice* 3, no. 4 (2016): 245.

⁵ John 1:12, Ephesians 1:5, 1 Corinthians 6:17

so desperately escaping as sorrowful and painful. The addict uses substances to escape – to escape pain, physical and/ or emotional – as a way of dealing with not meeting the expectations of self and others and/or because others did not treat the addict in the way that they should have. The addict has let others down, and the addict has been let down. The church must not let the addict down:

The primary driving forces behind participants' decisions to wean themselves from drugs related to self-perception, social identities derived from participation in the drug scene and memories of their drug-free selves. These findings are consistent with other studies that propose a desire to restore identity as the primary motivator to cease drug use.⁶

For addicts to overcome addiction, they must reconnect with their true, authentic self. The church must not reject its addicted prodigal sons (and daughters). The recovering addict needs love, mercy, and unconditional acceptance of the positive steps that are needed in order for him or her to become clean. Many times, the recovering addict will relapse. The church is called to assist the recovering addict who has relapsed, to get him or her back on the path to sobriety. Emphasis must be placed upon the positive decision to remain clean, not upon failure and relapse.

Addicts who are believers are not any different from other believers in that they must die daily to the old self, to the old nature.⁷ Like all believers, addicts must take things one step at a time, one decision at a time, focusing upon godly things rather than upon worldly things. The addict's journey to become clean is the journey to become who he or she has been called to be in Christ Jesus.

⁶ Maria Fotopoulou, "Reasons behind Greek Problem Drug Users' Decisions to Quit Using Drugs and Engage in Treatment of Their Own Volition: Sense of Self and the Greek Filotimo," *Addiction* 109, no. 4 (2014): 632.

⁷ Luke 9:23, Romans 6:11, 12:1-2, Galatians 2:20, 5:24, Ephesians 4:22-24, 1 Peter 4:1-4.

Colossians 3:1-3

“Since, then, you have been raised with Christ, set your hearts on things above, where Christ is, seated at the right hand of God. Set your minds on things above, not on earthly things. For you died, and your life is now hidden with Christ in God.”

Colossians 3:1-3 compels Christians to set their attention, mind, and heart upon things from above (godly things). The Christian addict must change his or her mind from the desire to use to the desire to serve Christ. To the Christian, to live is Christ, and to live a life for Christ until the Christian dies is of great gain.⁸

John 20:21

“So Jesus said to them again, Peace be with you; as the Father has sent Me, I also send you.”

God has called the church to go into the world and share the good news. The good news for addicts is that only Jesus can fill the void in their life that they so desperately are looking to fill. The light of the world must always shine before men. It is often in the fog that the light is needed the most. The addicted are in the fog. The light guides the addict and prevents the addict from crashing. The light is not stationary in that it goes toward the addict. The light tells the addict that “I am here for you, to help you get through this” and that “God is here for you.”

Intervention

This thesis project involved finding the frequency with which ministers are reaching out to substance abusers. VanderWaal, Hernandez, and Solomon (2012) surveyed over 600 “clergy from all faith traditions with known e-mail addresses in Kent County, Michigan.”⁹ They asked

⁸ Philippians 1:21

⁹ VanderWaal, Hernandez, and Sandman, "The Gatekeepers."

clergy from various Christian traditions how often they minister to those with substance-abuse problems. Their study found the following as to the frequency of ministering to those with substance-abuse issues: almost never, 8.8%; a few times a year, 35.3%; monthly, 29.4%; weekly, 16.5%; daily, 10%.¹⁰ This survey discovered that a little more than half (55.9%) of the clergy surveyed are ministering to those with substance-abuse issues at least once a month, with 26.5% of the clergy ministering to those with substance-abuse issues at least once a week.

The results found in this thesis project's question number eight were very similar to the results of VanderWaal, Hernandez, and Solomon¹¹ and of other studies. Table 6 gives the percentage of ministers who are currently serving those who are suffering from substance abuse:

Table 6. Percentage of ministers serving substance abusers, according to survey

| Answer Choices— | Responses— |
|-----------------|--------------|
| — 0 | 49.25% 33 |
| — 1-3 | 17.91% 12 |
| — 4-6 | 11.94% 8 |
| — 6-10 | 4.48% 3 |
| — Over 10 | 16.42% 11 |
| Total | 67 |

This thesis project found that 50.75% of church workers are ministering to those with substance-abuse issues, which is a number that is very similar to VanderWaal, Hernandez, and

¹⁰ VanderWaal, Hernandez, and Sandman, "The Gatekeepers," 37.

¹¹ Ibid.

Solomon's 55.9%.¹² Clergy must continue their involvement in helping those with substance-abuse challenges and attempt to do whatever is possible to increase the percentage of ministers who are actively reaching out to those with substance-abuse issues:

Providing Christian based mental health services such as support groups at church and using the church to promote the use of mental health and substance abuse counseling services may increase utilization of these services. Collaboration with clergy is one way to remove some of the existing barriers to mental health services and to increase culturally competent service options. Improving these collaborative relationships could go a long way toward ensuring that persons with mental health and substance abuse challenges get the help they need within a relationship that values their faith and provides appropriate treatment.¹³

Only half of all clergy are ministering to those with substance-abuse issues. The church can improve by implementing a better substance-abuse program – one that has a strong focus upon ministering to those aged twenty-six through forty-six years old with substance-abuse issues.¹⁴ Ministers must prepare for ministry to substance abusers. Dr. Elmer Towns teaches that if an individual wants to serve God, then he or she needs to prepare.¹⁵ A call to serve is also a call to care. The Bible has a lot to say about caring for others. The percentage of only half of all ministers reaching out to substance abusers is unacceptable. Ministers must prepare to reach substance abusers and then actually serve substance abusers, thus making a difference.

Some churches are already involved in providing these services in the church, and their efforts are to be applauded. Ministers play an important role in getting substance abusers the help that they need to be led from darkness into a happy and healthy life of sobriety. In today's world, ministers need to enter into the world where their parishioners are, and this includes the world of

¹² VanderWaal, Hernandez, and Sandman, *The Gatekeepers*.

¹³ *Ibid.*, 49.

¹⁴ Federal Bureau of Prisons, "Inmate Age," 1.

¹⁵ Elmer L. Towns, *8 Laws of Leadership: Making Extraordinary Leaders out of Ordinary Believers*.

social media. Social media is a great way to reach out to those suffering from substance-abuse issues:

For those interested in sobriety recovery support, the ability to seek it at anytime, anywhere is not just a helpful adjunct to traditional recovery modes, but could even prove life-saving. Still, the importance of close fellowshiping with others and feeling a “part of” a physical community is widely believed to be vital to sobriety success. As technology evolves and the technological perspective of both recovery professionals and nonprofessionals change, the outcomes reported here may change as well. In that case, the legacy of this research may serve (at least in part) as a documentation of where we were with mediated and nonmediated sobriety support at this time in history.¹⁶

Substance abusers who are incarcerated do not have access to social media due to restrictions on Internet access. This requires counselors to send many handwritten notes. The clients are often indigent and therefore cannot afford to pay for counseling. Counselors often work with these clients pro bono at some personal sacrifice. Counselors need to find a balance between providing for their clients and providing for their families.¹⁷

Bruce Lasky, co-founder of BABSEA CLE, suggested the following words by African-American tennis legend and activist Arthur Ashe as a maxim for the challenge of building a noble profession: “Start where you are. Use what you have. Do what you can.”¹⁸ The challenge is to grow a practice without going into debt. This can be frustrating because the need exceeds the resources available.

¹⁶ Donald S. Grant and Karen E. Dill-Shackleford, "Using Social Media for Sobriety Recovery: Beliefs, Behaviors, and Surprises from Users of Face-to-Face and Social Media Sobriety Support," *Psychology of Popular Media Culture* 6, no. 1 (2017): 16.

¹⁷ 1 Timothy 5:8

¹⁸ Vivien Holmes, "‘Pro Bono and Ethics Build a Noble Profession’: Asia Pro Bono Conference & Legal Ethics Forum, Mandalay, Myanmar September 2015," *Legal Ethics* 18, no. 2 (2015): 183. Note: Holmes did not offer the original source in his journal article.

Counseling

Churches can offer counseling, including pastoral counselors, as a way to help reach out to substance abusers. Research indicates that the way that someone thinks in the criminal process can disrupt the therapeutic relationship. To simplify, criminal thinking by the addict can interfere with the pastoral counselor's ability to motivate the person to make much needed changes to stop doing illegal behaviors (such as using illegal drugs). Pastoral counselors, based upon the latest research, should keep in mind that even their best intended efforts through pastoral counseling, in order to get a person to stop using illegal drugs, can be completely hindered by the substance abuser's criminal thinking (as it relates to the use of illegal substances):

In this instance, proactive and reactive criminal thinking were found to disrupt client–counselor rapport in offenders enrolled in substance abuse treatment. Based on a significant positive interaction between proactive criminal thinking and cold heartedness, the putative adverse effects of proactive criminal thinking on rapport can be traced, in part, to the callous/unemotional antecedents of proactive criminal thinking as measured by the CH scale. Proactive criminal thinking continued to correlate with counselor rapport even after controlling for the contributions of cold heartedness and the PCT × CH interaction.¹⁹

Pastoral counselors need to keep in mind that the way that pastors think is not always the way that criminals think. Criminals often try to be agreeable with pastors even when, internally, they do not agree with what pastors believe about crime. Unfortunately, relapse is very common. Pastoral counselors and the family and friends of the substance abuser must not put the blame upon the pastoral counselor if someone to whom the pastoral counselor is ministering relapses. Pastoral counselors need to be aware that, even after the most honorable efforts to become clean, meth, heroin, and other addicts often relapse. It is not possible to counsel drug and alcohol addicts and not have some, if not most, of them relapse:

¹⁹ G. D. Walters, “Proactive Criminal Thinking, Cold Heartedness, and Counselor Rapport in Correctional Clients Participating in Substance Abuse Treatment,” *Personality and Individual Differences* 98 (2016): 242.

The majority of patients being treated for alcohol abuse disorders experience one or more relapses after treatment. The fact that people use this inebriant in a way leading to so much harm and suffering might seem a conundrum. Therapists, family and others might find the person's relapse to be dramatic and upsetting, and one might question whether the person has the sufficient will or motivation to change.²⁰

Substance-abuse counselors can help those whom they counsel by remaining current in studying the latest peer-reviewed research, as well as developing a spiritual life. For a Christian counselor, this involves having a personal walk with Jesus.²¹ It is imperative that pastoral counselors continue to grow in their Christian daily walk. This requires daily devotional time in prayer and time reading the word of God.

2 Chronicles 6:21

“Hear the supplications of your servant and of your people Israel when they pray toward this place. Hear from heaven, your dwelling place; and when you hear, forgive.”

Spirituality and the Integration of Science and Scripture

Although spirituality is an important part of Christian psychology, the nouthetic notion that a Christian counselor should use only the Bible (alone) as the only proper guide to counseling is misguided. An integrationist approach – working with both psychology and science – can help with the recovery process. Chaplain Sanders wrote: “Competent pastoral counselors

²⁰ Brita Odland Kvamme, Kenneth Asplund, and Trond Nergaard Bjerke, "Drinking Resumption: Problematic Alcohol Use Relapse after Rehabilitation: A Phenomenological Hermeneutical Perspective," *Scandinavian Journal of Caring Sciences* 29, no. 4 (2015): 716.

²¹ Isaiah 41:10

“Fear not, for I am with you; be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my righteous right hand.”

should welcome an opportunity to explore new methodologies and challenge emerging ideas for how best to effectively integrate faith and science into a counseling practice.”²²

For pastoral counselors, however, spirituality is an important part of the counseling process. Pastoral counselors strongly believe that providing counseling that includes biblically based spirituality is a very important part of the counseling process. The gospel should be shared with all of those who are counseled; they should be given the opportunity to accept Christ’s offer of forgiveness, grace, and new life.

New believers need to be disciplined, mentored, and integrated into a strong, biblically based church. New believers are encouraged not only to visit a Bible-believing church, but also to join and become baptized.²³ This is followed up by the new church member’s joining a Sunday school class or small group. Young Christians who join a good weekly Bible study have a greater chance of becoming a disciple in the word of God and to live for the Lord:

Bishops and priests, in virtue of their ordination, generally undertake the ministry of pastoral care. However, the ideal of it is not linked to the institutional position of the ordained clergy, but rather to holiness. In this respect, by and large, any Orthodox Christian, man or women, can be considered a spiritual father or mother – and the early and present monastic tradition testifies to this end – when through the example of one’s life, words of advice and God’s grace, spiritual children are born for the kingdom of God.²⁴

The ministers become who God has called them to become as they help the addict to become mentored and disciplined in the word. This involves a great amount of time and prayer:

As such, the ministry of spiritual fatherhood ideally combines sacramental priesthood (which bestows the apostolic power to “bind and loose” in the name and through the power of God) together with various charisms (discernment above all – gifts endowed by

²² James A. Saunders, "Cognitive-Existential Family Therapy: A Proposed Theoretical Integration Model for Pastoral Counselors," *Journal of Pastoral Care & Counseling* 69, no. 1 (2015): 38.

²³ It is disappointing that many ministers do not place more emphasis upon getting baptized and joining a strong, biblically based church.

²⁴ Liviu Barbu, "Spiritual Formation as an Art: Adult Faith Formation in the Eastern Orthodox Tradition," *Journal of Adult Theological Education* 9, no. 1 (2012): 28.

God, yet embellished by one's ascetic experience). It is true that this ideal does not always match reality, but the model sets a high standard for what is expected in pastoral ministry.²⁵

Unlike an LPC, the counseling that is provided by pastoral counselors is based upon building strong personal relationships with those whom they counsel. The pastoral-counseling relationship is built upon friendship, mentorship, and trust. Pastoral counselors become a spiritual father to those whom they counsel. With trust comes a great deal of responsibility. This includes the spiritual life of those who are counseled. Pastoral counselors must inspect the spiritual lives of all whom they counsel. Pastoral counselors hold a great amount of responsibility. Pastoral counselors aim to avoid clients' falling through cracks in the recovery support system.

If those who are counseled by a pastoral counselor perceive that their pastoral counselor does not live a godly life, where they practice what they preach, they will become discouraged and lose trust in their counselor. It is imperative that the pastoral counselor set and maintain high personal Christian standards so as not to blow personal testimony. A blown testimony (such as with Ted Haggard, Jim Bakker, Jimmy Swaggart) can do a great amount of damage to those to whom they minister. Pastoral counselors must be pure and genuine, or they can greatly damage the counseling process. Pastoral counselors will not properly teach those to have a strong spiritual life unless they themselves have an authentic, personal walk with Jesus.

Those who are counseled must have enough trust in their pastoral counselor to be assured that their counseling sessions will be kept confidential. Those who are being counseled are depending upon their spiritual counselor to be strong in the Lord and wise in helping them to grow and develop their faith. This involves trusting the pastoral counselor to know what to say

²⁵ Barbu, "Spiritual Formation as an Art," 29.

and when to say it, along with the pastoral counselor's knowing when to keep the counseling process confidential. This can be a tough hurdle around which the pastoral counselor must maneuver, especially when speaking with the family and friends of those who are being counseled. This is particularly true when dealing with substance abusers and/or inmates. The bottom line is that the pastoral counselor must never share what should be, and must remain, confidential. The pastoral counselor must give the right advice and, when necessary, correct those who are not making the right choices.

Proverbs 19:20

“Listen to advice and receive discipline, that you may become wise by the end of your life.”

Pastoral counselors must work hard and remain current in reading and research in order to give out the very best advice. The goal is for those who are counseled to make wise choices to enable a godly, healthy, happy, and fruitful life. This is not easy. It can be like attempting to turn around a cruise ship.

Spirituality continues to receive an increasing amount of attention and scientific scrutiny in the social and physical sciences. This growing professional attention reflects the popular interest in spiritual issues and the possible role that spirituality plays in moderating physical- and mental-health problems. “Religious practices have been associated with healing for millennia. People pray for good health and for relief from illness. Prayer may result in health and healing through one or more of several mechanisms.”²⁶ Professional healthcare workers respect pastoral

²⁶ Chittaranjan Andrade and Rajiv Radhakrishnan, “Prayer and healing: A medical and scientific perspective on randomized controlled trials,” *Indian Journal of Psychiatry* 51, no. 4 (2009): 247.

counselors, and they continue to see them in a positive light as an important ally in the process of maintaining good health.

Mentorship

Mentorship programs make a difference. Mentorship programs are very beneficial to those with substance-abuse issues, especially those who are or have been incarcerated. Inmates should be well prepared for living a successful life in society when they are released. Studies show that inmates benefit from mentorship and learning:

Comments received from the inmate participants at job fair events Beneficial for pre-release preparation 82%, Enhanced interviewing skills 73%, Fulfilled their expectations 82%, Opportunity to interact with employers 91%, 9% of respondents indicated that inmates found the event to be self-esteem building, and 9% of respondents heard from inmates that they appreciated that non-profit support organizations were also present at the job fair to assist inmates with post release information. Overall, inmates gave staff very favorable feedback on the job fair events.²⁷

Finding a job is a difficult task. It is even more difficult for a convicted felon, who must check the convicted-felon box on a job application. Job fairs help give inmates a chance.

. . . we found that the attractiveness perceptions of people who accompanied potential applicants to a job fair were positively related to potential applicants' perceptions of organizational attractiveness over and above the variance explained by instrumental and symbolic image dimensions. This corroborates previous research reporting social influences on organizational attraction.²⁸

Many inmates have become completely institutionalized. This means that the inmate becomes so comfortable with prison life that the thought of being released from prison becomes frightening. Sadly, some released inmates have even committed crimes on purpose, just so that

²⁷ Joyce Oswald, "Job Fairs in America's State Prisons: Summary of Findings on Research," *Journal of Correctional Education* 56, no. 2 (2005): 177-178.

²⁸ G. Van Hoye and A. M. Saks, "The Instrumental-Symbolic Framework: Organizational Image and Attractiveness of Potential Applicants and Their Companions at a Job Fair," *Applied Psychology-An International Review-Psychologie Appliquee-Revue Internationale* 60, no. 2 (2012): 328.

they can become incarcerated again, where they are more comfortable. These inmates are so disenchanted with life on the outside of prison. These inmates regrettably love life in the chain gang more than life outside of prison. This clearly shows that many inmates receive more of an education about how to live inside of a prison than they learn how to successfully live on the outside of prison walls once they are released. Those prison walls that keep them inside prison can become walls of comfort.

On the inside, it is by far more difficult for an addict to use. On the inside, everything, including three meals a day and sanitary shelter, is provided for the inmate. The prison offers the inmate protection and structure. Many inmates love prison more than jail, where they have more freedom. For many long-time inmates, prison life becomes “not so bad.” For others, who long to be with others on the outside, prison has become pure torture. For some, the worst part of prison is clearly the inability to leave:

This study supports the idea that job characteristics and organizational context at an aggregate level can play important roles in focal formal mentee outcomes. While competency development was related to skill practice, in order for organizations to fully reap the benefits of the formal mentoring program, satisfactory organization-level mentoring support was also required. This pattern of results is somewhat unexpected but supported by the mediation results, which found that skill practice affected employee engagement both directly and indirectly through competency development.²⁹

Pastoral counselors can use mentoring to help inmates make a better transition from an institutionalized life to life on the outside. This includes mentoring and counseling inmates to give them the skills and confidence that they need to be successful on the outside. This includes pastoral counselors' being proactive in the inmate's transition at the time of his or her release. If possible, the pastoral counselor should be there at the prison gates at the time when the inmate is

²⁹ Elizabeth T. Welsh and Pamela M. Dixon, "Improving Mentoring Outcomes: Examining Factors outside the Relationship," *Journal of Managerial Issues* 28, no. 3/4 (2016): 244.

released. This should be followed by giving the inmates the pastoral care that they need once they have been released, including a safe place to live and a good job. Offenders typically face multiple challenges when released on parole, and may have difficulty adjusting to life in the community while complying with parole requirements.³⁰

Small Groups

Once a person accepts the Lord Jesus Christ as his or her personal savior, it is important that the new convert find and join a Bible-believing church, become baptized, and become a part of a church small group or Sunday school class. Joining a church Sunday school class or small group gives the new convert a chance to become part of a small network of believers. Joining a small group is particularly important to a substance abuser aged twenty-six to forty-six, when being attached to spiritually mature believers can be a very helpful part of the road to sobriety. Becoming clean is difficult, and becoming clean becomes far more difficult if a substance abuser attempts to become clean alone. Pastoral counselors should make great efforts to network recovering substance abusers who are new believers to find a sound, Bible-believing church for them to join, to see them baptized, and to help them network into a strong small group:

. . . our findings revealed that church-based small group attachment—which tends to consist of praying together, reading scripture together, and supporting one another—is associated with several psychological and religious/spiritual variables, above and beyond adult attachment. In other words, insecure church-based small group attachment is positively associated with anxiety-related symptoms and insecure God attachment, and negatively associated with vertical faith maturity, after controlling for insecure adult attachment. Although, to date, Christian leaders have written books for lay audiences focusing on the benefits of small groups in building community and becoming more like Christ, this study seems to be the first of its kind within the psychology of religion literature to empirically investigate the relationship between these variables. Based on our results, small group leaders may wish to employ some of the central principles of

³⁰ Jessica L. Mooney and Michael Daffern, "Elucidating the Factors That Influence Parole Decision-Making and Violent Offenders' Performance on Parole," *Psychiatry, Psychology & Law* 21, no. 3 (2014): 387.

attachment theory so as to create securely attached small groups that can ameliorate anxiety and improve faith maturity and God attachment.³¹

Studying the Bible

Once substance abusers have accepted Christ, along with joining a church and small group, pastoral counselors should also help oversee the recovering addicts as they get involved in daily personal Bible study. This could involve, if the pastoral counselor can afford it, offering a nice, new, quality study Bible to each new convert:

Contextual Bible Study is an act of faith. So Contextual Bible Study is always immersed and saturated with prayer and singing; nothing happens among African Christians without spontaneous prayer and singing! Not only does every Bible study begin with prayer and singing, but nobody takes a position in the front of the group without being "escorted" to the front with singing. Ordinary African Christians believe that God is with them, always, and that the Bible is a resource through which God speaks into their lives and contexts. So Contextual Bible Study always begins with an act of community, whether singing, praying, an ice-breaker, or some other opportunity to experience a sense of being part of a community.³²

It cannot be emphasized enough the importance of a recovering addict's becoming part of a community of faith, of a church small group – a place where he or she can come, study the Bible, and get involved in healthy church fellowship on a weekly basis. Although a church family is very important to a recovering addict, it cannot be stressed enough about the importance of addicts' being close to their personal family, the one that so many addicts may have isolated due to the behaviors, related to their addiction, in which they have been involved.

³¹ Joshua J. Knabb and Joseph Pelletier, "'A Cord of Three Strands Is Not Easily Broken': An Empirical Investigation of Attachment-Based Small Group Functioning in the Christian Church," *Journal of Psychology & Theology* 42, no. 4 (2014): 355.

³² Gerald O. West, "Do Two Walk Together? Walking with the Other through Contextual Bible Study," *Anglican Theological Review* 93, no. 3 (2011).

Family Initiative

The church and pastoral counselors can do many things to help improve the family situation of recovering addicts. The ages of twenty-six through forty-six are years when many adults are planning, starting, and raising families. Some of the things that the church can do to help families is to offer family training and/or parenting classes. Whenever substance abusers are also parents, it creates many problems for their spouses and children. Children of substance abusers often resent the many bad behaviors and neglect that are a direct result of their parent's addiction. It often takes decades, if ever, for an abused and/or neglected child to forgive a parent with substance-abuse issues. Some kids run away from home to escape a bad situation. Many become part of social services, which, more than not, is another very bad experience.

Pastoral counselors can offer counseling and group therapy to substance abusers and their families. Unfortunately, substance-abuse issues make the issue of fatherlessness in America even greater. Many children are tossed to and fro, back and forth, between two or even more families. Christmases and Thanksgivings are divided if the children are lucky enough to have parents who celebrate holidays. Some children never see their parents on holidays or any other time of the year. If a parent is so strung out on drugs or is incarcerated, his or her behavior builds a wall between that person and the family. Although the family sometimes is one of the causes of addiction, the family can also play a proactive role in the sobriety of loved ones:

In summary, it can be affirmed that not just the parents, but also the siblings, uncles/aunts, grandparents and other family members can play a significant role in the formation and prevention of a future adult with drug abuse problems.... As observed, the respondents mention some circumstances as risk factors for involvement with illegal drugs in the general population, although they do not consider them related to their relative or significant other's substance use. To give an example, 78% of the interviewees highlighted feelings of solitude and rejection as personal characteristics and behaviors

that are considered as risk factors and 55% answered that these characteristics were not related to illegal drugs use by their family members or significant others.³³

Substance abusers use illegal drugs and abuse alcohol because they have problems. They are running away from painful problems. They have relationships that need to be reconciled. They have been criticized more than they have been appreciated. The church must find ways for its congregation to feel loved, accepted, connected, respected, valued, and welcomed. Abusers of illegal drugs have pushed their family away and have been pushed away by their family. The church and the pastoral counselor must always be there for the addicts, to help them get sober and to mend broken family relationships. A recovering addict who has been released from prison benefits from a network of support, which includes his or her friends, family, co-workers, and community:

Considering that the study was based on an intentional sample, inferential data analysis could not be used. Effective health interventions are aimed at reducing health risk factors and/or promoting protective factors. Hence, the present research results indicate known risks for illegal drugs use in the individual, family and community domains, which can support prevention and treatment programs for drug addiction.³⁴

The pastoral counselor can and must offer support for the prevention and recovery of drug addiction. Ministers must be there for the addicts and their families after someone has slipped into illegal-drug use.

Leadership Training

There are many very good books about leadership. From Phil McGraw to John Maxwell, there is a wealth of wonderful information about leadership for a pastoral counselor. It is

³³ Carla A. Ventura et al., "Risk Factors for Involvement with Illegal Drugs: Opinion of Family Members or Significant Others," *Journal of Substance Use* 20, no. 2 (2015): 140-141.

³⁴ Ventura et al., "Risk Factors for Involvement with Illegal Drugs," 142.

important that pastoral counselors pass on great leadership training to those in the church who need it the most. When the pastoral counselor teaches leadership to the recovering addict, the counselor helps to give him or her a greater chance to overcome many of the problems that led to the addiction. Just because the alcohol or illegal substance goes away, it does not mean that all of the recovering addict's problems go away. Only those problems that are caused by the addiction go away. All of the recovering addict's other problems still remain, and the pastoral counselor must be there to give leadership training and wise counsel to the recovering addict:

Combining these basic ideas (servant, shepherd, elder/overseer, operating in grace), one could say that biblical spiritual leadership takes place when a leader, consciously living in God's presence, exercises skillful servant-influence, through the Spirit's power. Spiritual leadership is, therefore, markedly different from secular forms of leadership precisely because of the spiritual component. This deeply spiritual component must be emphasized as part of the culture of the local church.³⁵

Leadership is influence, and it is essential that the pastoral counselor use his influence to lead the recovering addict. The use of transformational leadership is a strong way in which pastoral counselors can influence recovering addicts:

How leaders affect their followers continues to be a complex subject. Transformational Leadership and Change However, our study, conducted among 257 managers from more than 60 Quebec healthcare institutions, provides a good idea of how transformational leaders can and do influence their followers' behavior. Our findings suggest that organizational justice is an important mediator in the ability of transformational leaders to motivate employees when organizational changes are under way. Specifically, interactional and procedural types of justice are most important in preserving a high level of intrinsic motivation and avoiding a motivation, at least in public-sector healthcare organizations. Although distributive justice was an indirect factor, it nonetheless remains a significant part of the overall effect of organizational justice on motivation.³⁶

³⁵ W. Rodman MacIlvaine, William C. Stewart, and D. Scott Barfoot, "A Biblical Theology and Pastor Survey on Local Church Leadership," *Journal of Ministry & Theology* 20, no. 2 (2016): 131.

³⁶ Carl Deschamps et al., "Transformational Leadership and Change: How Leaders Influence Their Followers' Motivation through Organizational Justice," *Journal of Healthcare Management* 61, no. 3 (2016): 208-209.

Technology

It would be an understatement to say that technology is on the move. Technology has left many recovering addicts and/or inmates behind. Imagine being incarcerated before people used cell phones and then sent back into today's high-tech society. The lack of how to properly use technology, along with the finances that are required in order to gain access to modern technology, leaves many recovering addicts at a disadvantage. Some do not know how to use modern technology, and others cannot afford a computer, smart phone, GPS, or other high-tech devices. Some have been so removed from technology that they would not even know how to turn a cell phone on. The pastoral counselor and the church can help the recovering addicts by assisting those who need to learn how to use technology, as well as those who need access to it.

More and more technology is being developed to directly benefit those who are recovering addicts. In a post-modern era, many recovering addicts can and do use technology to help them in their recovery:

As evidence mounts that technology-based behavioral health interventions can improve health services outcomes in systems of substance abuse care, adoption of these tools will continue to rise, necessitating a better understanding of how new technology-based approaches might interact with contextual factors at the levels of the policy, system, organization, and adopter (i.e., providers and patients).³⁷

Education

GED Classes – Adult High School

The church can help the recovering addict by offering GED classes and adult high schools. Public schools should also offer high schools for adults who are over the age of twenty-

³⁷ Alex Ramsey, "Integration of Technology-Based Behavioral Health Interventions in Substance Abuse and Addiction Services," *International Journal of Mental Health & Addiction* 13, no. 4 (2015): 475.

one. Although churches offer many options for Christian day school, not many churches offer Christian high schools for adult learners who have never finished high school. Although getting a GED is beneficial for many adult learners who want to earn a high-school diploma, the GED program is not for everyone, and it is not the best format for many adult learners. Christian high school for adult learners would be a great ministry. Many Christian schools sit empty at night time; not only would adult Christian schools be affordable and helpful for adult learners, but they could also help Christian schools raise more funding and offer more income for their teachers.

Adult high school should be practical and should include teaching adult learners' skills that can be used to obtain employment and to achieve in the jobs that they acquire:

Adult high school teachers need to help their students realize that they are learning something of value as they reach for their short-term and long-term goals. They need to open up new doors for learning. For example, adult learners who were enrolled in the custodial program developed a competency by seeking out advice from co-workers or supervisors. This type of job readiness program, which offers a work placement component acted like an apprenticeship where, through trial and error, trainees can learn a new skill, such as measuring the exact amounts of chemicals needed for cleaning solutions. Using manuals to understand company policies was also an effective way of learning a valued reading skill.³⁸

Dropout Prevention

Pastoral counselors can help addicts by encouraging them to remain in and/or go back to finish high school. Research shows that some students are encouraged to drop out of high school; there is a call to "push them out," even by the teachers and school administrators:

"Push-out" theories focus on internal school factors that influence a student's decision to remain in school. This framework concentrates on factors located within a school that

³⁸ Maurice Taylor and David Trumpower, "Adult High School Learners: Engaging Conditions in the Teaching and Learning Process," *International Forum of Teaching & Studies* 10, no. 2 (2014): 9.

could potentially push students out, such as poor academic supports, mismatch between instruction and student ability level, transportation resources, and discipline policies.³⁹

If not to encourage students to do well and to finish high school, just what are teachers and administrators there for? It is wrong for teachers and administrators to encourage “problem students” to drop out of high school in order to make their own lives easier. Any teachers or high-school administrators who “push out” problem students, such as substance abusers, seriously need to re-evaluate their motives:

Less common but more helpful in understanding the paths to dropout, recent studies have utilized a theoretical model to explain student dropout in which the student. Social Forces may be either “pushed out” of school or “pulled out” of school. “Pushout” theories conceive of student dropout as caused by factors located within the school itself that discourage students from continuing their educations. According to these theories, the school structure may interact with student characteristics to encourage dropout.⁴⁰

Fatherlessness

The latest research from Stephen J. Madosky shows that fatherlessness is a large problem and that the church is not properly equipped to handle the difficulty of fatherlessness. The church can greatly improve how it is ministering to the fatherless:

... the church is not motivated or well-equipped to address this problem. This thesis has developed the six-week church discipleship equipping program will open the gates of reconciliation back to the fatherless child. ... This survey has determined that the church is not prepared.... The place where the fatherless dilemma is most evident is on the halls of juvenile detention centers around the world.⁸ This thesis is a call for the Church to be doers of God’s word and minister to the fatherless in their affliction (James 1:27).⁴¹

³⁹ Meghan Ecker-Lyster and Christopher Niileksela, "Keeping Students on Track to Graduate: A Synthesis of School Dropout Trends, Prevention, and Intervention Initiatives," *Journal of At-Risk Issues* 19, no. 2 (July 2016): 24.

⁴⁰ Christen L. Bradley and Linda A. Renzulli, "The Complexity of Non-Completion: Being Pushed or Pulled to Drop Out of High School," *Social Forces* 90, no. 2 (2011): 522-523.

⁴¹ Stephen J. Madosky, "Facilitating a Change of Mind about Father God through Mentoring of the Fatherless," Doctoral Thesis Project, Liberty University Rawlings School of Divinity (2015): 128-129.

The problem of fatherlessness is widespread and reaches into many problems in life, including those who are suffering from substance abuse and their families:

The circumstances in which these struggles will be identified are fatherlessness, poverty, crime, drugs, family dysfunction, and other undesirable influences. These are the same struggles that bring at-risk adolescents to a life of despair, unemployment, lack of education, addictions, incarceration, and worse yet, continued separation from their Creator.⁴²

Pastoral counselors are called to reach out to those suffering from the problems of fatherlessness and addiction. Stephen Madosky is correct that ministers need to bring the fatherless and the addicted back into a personal relationship with the “creator.”⁴³

Jail and Prison Ministry

Much progress is needed in order to help reduce the incarceration rates in the United States, particularly the extremely high incarceration rates of non-violent substance abusers who do not have the intent to distribute. The incarceration rate in the United States remains high, and it remains the highest amongst twenty-six through forty-six year olds.⁴⁴ Although the United States is making some progress, incarceration rates continue to climb, especially amongst twenty-six- to forty-six-year-old non-violent drug offenders:

The incarceration rate of sentenced prisoners under state jurisdiction decreased by 6% between 2006 and 2013, but during the same period, the national violent crime rate decreased by 30% and the property crime rate decreased by 18%. Reducing incarceration rates to levels that preceded the historic investment made in prison construction and operations over the past three decades means that policymakers must reject their long-held notion that lengthy prison sentences are a deterrent to violent crime. They must similarly recognize publicly that incapacitating people who commit such crimes for long periods does little to protect the public. Some observers...argue that to significantly

⁴² Madosky, “Facilitating a Change of Mind about Father God,” 2.

⁴³ Ibid.

⁴⁴ Federal Bureau of Prisons, “Inmate Age,” 1.

reduce incarceration rates, it will be necessary to address the sentence lengths of those with violent offenses.⁴⁵

⁴⁵ Tony Fabelo and Michael Thompson, "Reducing Incarceration Rates When Science Meets Political Realities," *Issues in Science & Technology* 32, no. 1 (2015): 42.

CHAPTER FIVE

CONCLUSION

For many substance abusers, rehabilitation is a much better option than incarceration. Sadly, the criminal justice system spends more resources incarcerating non-violent substance abusers than it spends on rehabilitation. The emphasis in sentencing remains on incarceration, and not upon the things that society and the criminal justice system can do to help those who are substance-abuse addicts to get well. Hard time for non-violent drug offenders does not help. Rehabilitation helps. Pastoral counselors help. Physicians, psychiatrists, psychologists, and counselors help. Group therapy helps. Family support and intervention helps. The church helps. Motivating drug addicts to become clean helps. For some addicts, prescription drug therapy helps. Friends help. Community support helps. Counseling, spirituality, job training, mentorship, the gospel, church membership, baptism, small groups, Bible studies, leadership training, help with technology, GED preparation, adult high schools with job training and preparedness – all help the recovering addict. Most of all, God and having a personal relationship with Jesus Christ helps.

Pastoral counselors help by being there. One of God's names is Jehovah-Shammah, the Lord is there. Pastoral counselors strive to be ministers who become more like Christ every day. As God is present, so the counselor must be present for those who need pastoral care, including substance abusers:

Ultimately, the leader must be a servant to properly meet the needs of his or her staff members. Servant leaders must facilitate the healing process for the staff members left in the wake of the diversion event by personally demonstrating permissive listening and physical presence. The leader is urged to contact professional counselors and arrange both group and individual counseling sessions. To build on staff member understanding,

the leader with awareness and foresight initiates sessions with Nar-Anon and state agencies to provide information and give insight to the mystery of addiction.¹

Implementing simultaneously many positive steps of correction is the most effective way for a substance abuser to become clean. These positive steps of correction are listed above.

Jennifer Roth Parr called this a multidisciplinary approach: “The problem of opiate drug addiction and death from overdose will require a comprehensive solution that will include input and a multidisciplinary approach from healthcare providers, policy makers, public health officials, law enforcement and legislators.”²

It takes a team of leaders in order to assist an addict in becoming clean. These same healthcare providers, policy makers, public-health officials, law-enforcement officers, and legislators need to be proactive in using transformational leadership to best help abusers to become and remain clean. This also includes making needed legal and other changes to help reduce, treat, and care for addiction and its consequences:

Understanding addiction requires a multi-faceted, multi-disciplinary approach. While considerable scientific research has been undertaken over the past two decades, encompassing genetic, neurobiological, epidemiological, psychological, ethnographic and sociological approaches, the translation of such findings into everyday clinical practice has been limited. This even includes clinical research studies, where effective prevention and treatment approaches have been well documented.³

“Understanding addiction requires a multi-faceted, multi-disciplinary approach.”⁴ This is, by far, one of the very best findings in this thesis project.

¹ L. M. Ramer, "Using Servant Leadership to Facilitate Healing after a Drug Diversion Experience," *AORN Journal* 88, no. 2 (2008): 258.

² Jennifer Roth Parr, "The Role of the Advanced Practice Nurse in the Treatment of Addiction Disorders: Advocacy, Leadership, Lobbying to Influence Public Policy," *Kentucky Nurse* 63, no. 2 (2015): 6.

³ Dan Lubman, "Book Reviews," *Drug & Alcohol Review* 27, no. 2 (2008): 212.

⁴ Ibid.

The Church Must Be There for the Addicted

Pastoral counselors must be present for the addict. Church-visitation routines are neglected because of the expectation of privacy in the culture. Pastoral counselors must overcome their aversion to frequent visits with the people with whom they are working. Ministers must persevere. The church needs to do more than just try to influence the lives of people and then hope that the results turn out well. "There is a need to move beyond religion just as a form of social control over young people's behavior and attitudes and to study religiosity as a form of social capital."⁵ If the church is going to do a better job in helping people who are in trouble with substance abuse, it is going to have to change. Ministers must become proactive, get better informed, and develop a better strategic plan.

Although church visitation is not popular, it is imperative. Jerry Falwell, Sr., made it a practice early in his ministry, knocking on one hundred doors a day:

Falwell, whose countenance is jovial even when talking about serious subjects, built his congregation with knuckles and shoe leather. "I began knocking on 100 doors a day, six days a week," he said. He would invite people to church, and leave them with his phone number in case they needed his help.⁶

Pastors should seek to emulate this practice. The same principle holds for pastoral counselors. They must go to those in need, just as Christ did. Certainly, those in need may not reach out for help.

⁵ Flavio Francisco Marsiglia, Stephanie L. Ayers, and Steven Hoffman, "Religiosity and Adolescent Substance Use in Central Mexico: Exploring the Influence of Internal and External Religiosity on Cigarette and Alcohol Use," *Society for Community Research and Action* 88 (April 30, 2010).

⁶ Sue Lindsey, "From Donald Duck to an Empire: Jerry Falwell to Mark 50 Years at Church That Began in Bottling Plant," *The Decatur Daily Religion* (July 1, 2006).

Opportunities for Further Development and Research from This Thesis Project

Further research is needed into how ministers and law-enforcement officers can use transformational leadership to lower the incarceration rates in the United States. Qualitative-research methods may yield insights to help the law-enforcement community use transformational leadership to make a difference in their interaction with the community. Perhaps this will help lower incarceration and recidivism rates.

The United States has the highest prison population in the world, 700 per 100,000 persons.⁷ Since 1980, the U.S. prison population has increased 40%. The female-inmate population has increased 77% in state prisons and 82% in federal prisons. Fathers in prison have 1,559,200 children, whereas females who are incarcerated have 147,400 children.⁸

It is not known how effective law-enforcement officers are in applying transformational leadership with a decreasing inmate population in the United States. Further research could answer the question of how law enforcement can change, protect, and serve their communities to address high-school dropout rates, substance abuse, and fatherlessness to better use transformational leadership to decrease the inmate population in the United States.

It is also not known why Scared Straight Programs and Correctional Boot Camp Programs have not been effective. Further research is needed to discern why these programs have been unsuccessful. Using the qualitative-research methods will help determine why implementation by law enforcement of transformational-leadership programs has not decreased the inmate population in the United States.

⁷ R. G. Helms, "The New Jim Crow: Critical Reality for Diversity Studies," *Global Education Journal* 2014, no. 3 (2014): 1-15.

⁸ E. L. Johnston, "Modifying Unjust Sentences," *Georgia Law Review* 49, no. 2 (2015): 433-502.

Further study needs to be done in order to determine whether the use of prescription drugs, such as ADHD medication, leads to substance abuse after the age of twenty-six. There is a gap in the literature as to whether the discontinuation of ADHD medication when adolescents are taken off their parents' insurance plans at age twenty-six causes them to self-medicate by using illegal substances. Does the use of ADHD medicine lead to substance abuse once adolescents are taken off ADHD drugs when they are in their mid-twenties?

A New Hope for Church Substance-Abuse Ministry

This research has shown how the church can improve how it addresses the wearisome issue of substance abuse, in particular, among twenty-six through forty-six year olds. The church has a long way to go in the area of applying the scientific research about substance abuse and putting this research into practice. The focus of this thesis project is how the church can actually make a difference in the lives of people who have problems using alcohol and illegal drugs and who therefore have substance-abuse and addiction problems.⁹ Miller and Carroll wrote that “Interventions are rarely even nominally based on scientific knowledge.”¹⁰ Although it is not the task of the church to become professional healthcare providers, the clergy can best help substance abusers by understanding that evidence-based studies based upon scientific research will help clergy know what treatment of care for substance abusers is the most effective. Ministers can use science to learn the most effective way that the church can help substance abusers. Ministers should be assured that the church is doing the right things. The most helpful

⁹ William R. Miller and Kathleen M. Carroll, eds., *Rethinking Substance Abuse: What Science Shows, and What We Should Do about It* (New York: The Guilford Press, 2006), 293.

¹⁰ *Ibid.*, 294.

things. The things that work. The things that science shows work. In other words, research¹¹ points to and shows that many people who are attempting to help substance abusers are doing the wrong things, and the results are that they are not helping substance abusers as well as they should be.

As Miller and Carroll pointed out, “Drug use is a chosen behavior.”¹² Making the choice to stay clean is also a behavior. The only way for substance abusers to get clean is for them to want to get clean. They have to choose to get clean. They will, for the rest of their lives, have to make the positive choice daily to remain clean. All believers have the struggle of having to choose daily to put off the old man (self, sinful nature).

Ephesians 4:22-24 (ESV)

“To put off your old self, which belongs to your former manner of life and is corrupt through deceitful desires, and to be renewed in the spirit of your minds, and to put on the new self, created after the likeness of God in true righteousness and holiness.”

Believers who struggle with substance abuse struggle daily to put off their old sin nature; the difference is that they also struggle daily to put off the old nature of using illegal drugs. Just as no person sets out to have his or her life destroyed by his or her sins, the same is true of the addict. The church needs to address the wider problem of why substance abusers slip into using. The majority of people are hurting. People have different coping mechanisms. The abuser often uses in order to escape reality. The utopia of the short-term, unsatisfying trip lands abusers in worse shape than when they started to escape. Ministers must, as flawed sinners themselves, help guide substance abusers from the demonic world of addiction into a glorious, Christian, spirit-filled life. This involves having a relationship with the Lord Jesus Christ.

¹¹ Miller and Carroll, *Rethinking Substance Abuse*.

¹² *Ibid.*

For the addict, it involves doing the proper things that are needed in order to get clean and to remain clean. It is imperative that the addicted are led down the right trail. Not every suggested trail leads to sobriety. Failed attempts are honorable, but they do not result in sobriety. Ministers must be pragmatic. The best help that ministers can offer to the addicted is an integrated path. This common-sense path motivates the addicted to take steps that peer-reviewed research demonstrates produce results. This requires the use of “approaches.”¹³ The church supports the addicted with reinforcement. The addicted must be led by clergy down the right path and then followed up by inspecting the journey. Often.

Ministers must see the addicted in their communities whom God has brought to them as not only just a part of society as a whole, but also a part of their church family. Like any family, a church family has real problems. Pastoral counselors assist the needy, bring them into the church family, and empower them unto wellness. Pastoral counselors must offer real people real solutions to their real problems. Seeing the church role of helping substance abusers with all of their problems will reduce the amount of substance abuse. The clergy must counsel abusers as persons. Ministers must look beyond just their problem of substance abuse. Pastoral counselors can attempt to prevent substance abuse in the future through teaching life and social skills.¹⁴

The relationships that clergy have with the people who are in their community are what matters. God brings people to ministers. This duty is not to be taken lightly. Pastoral counselors have a high level of accountability. Many fail.¹⁵ People are trusting in ministers to do the right things. This includes outreach to and proper follow up with substance abusers. God has placed

¹³ Miller and Carroll, *Rethinking Substance Abuse*, 310.

¹⁴ *Ibid.*, 303.

¹⁵ Laura Crosskey, John Curry, and Mark Leary, "Role Transgressions, Shame, and Guilt among Clergy," *Pastoral Psychology* 64, no. 6 (2015): 783-801.

people before pastoral counselors so that they are responsible for them. They are the ones. They are the ones for whom Jesus died. God loves them. God cares for them. Pastoral counselors are called to reach out to and minister to those who are afflicted with substance abuse. The church must go to, reach out, and be there for the one.

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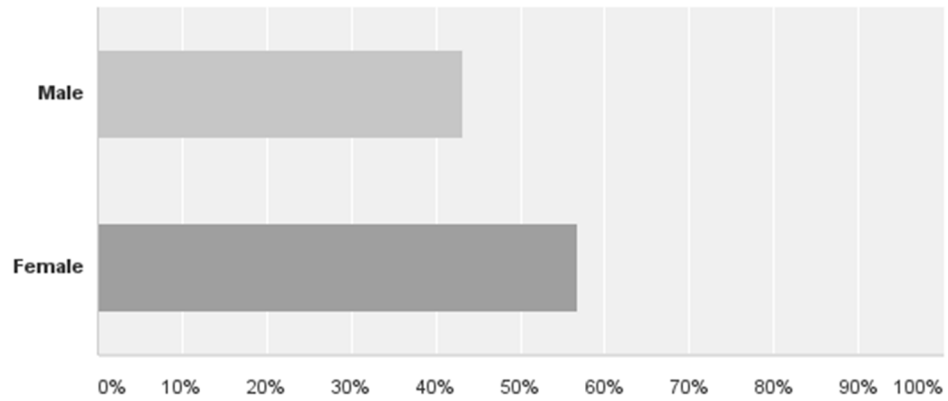
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Appendix A
Survey Questions

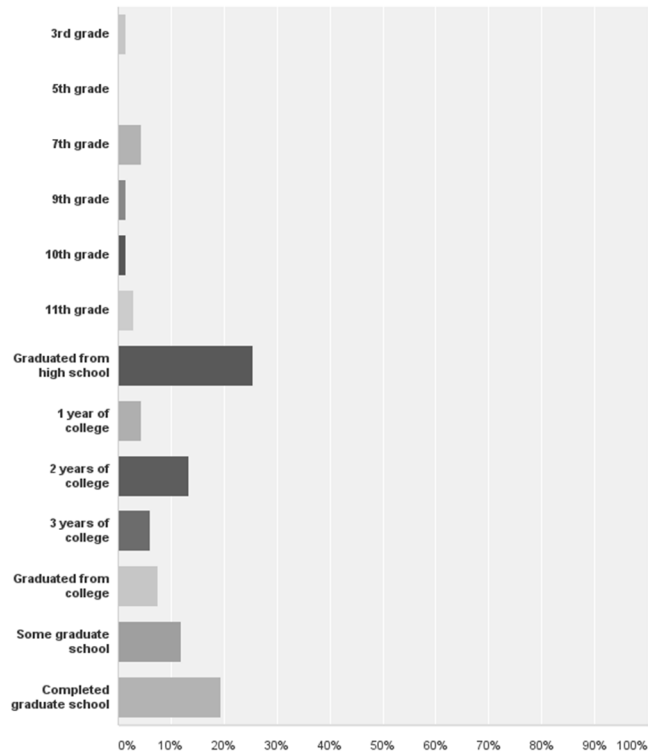
Q1 Are you male or female?

Answered: 67 Skipped: 0



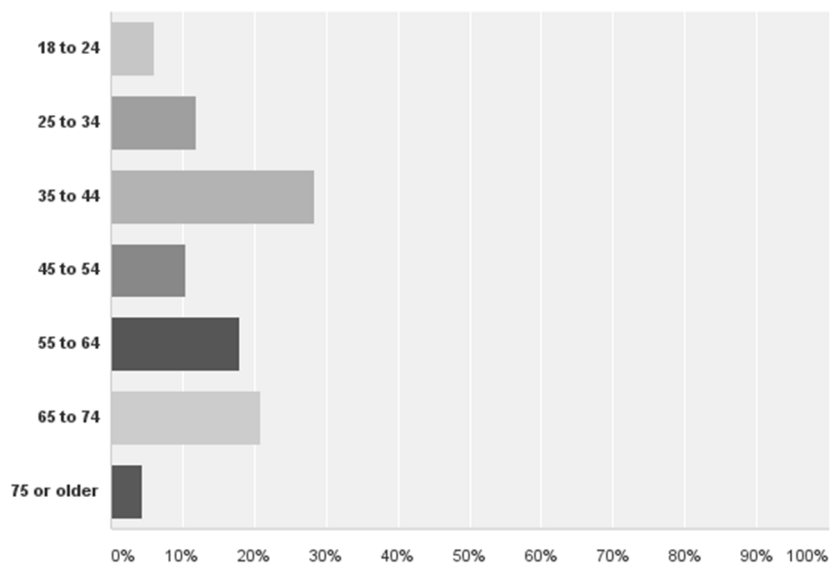
Q2 What is the highest level of education you have completed?

Answered: 67 Skipped: 0



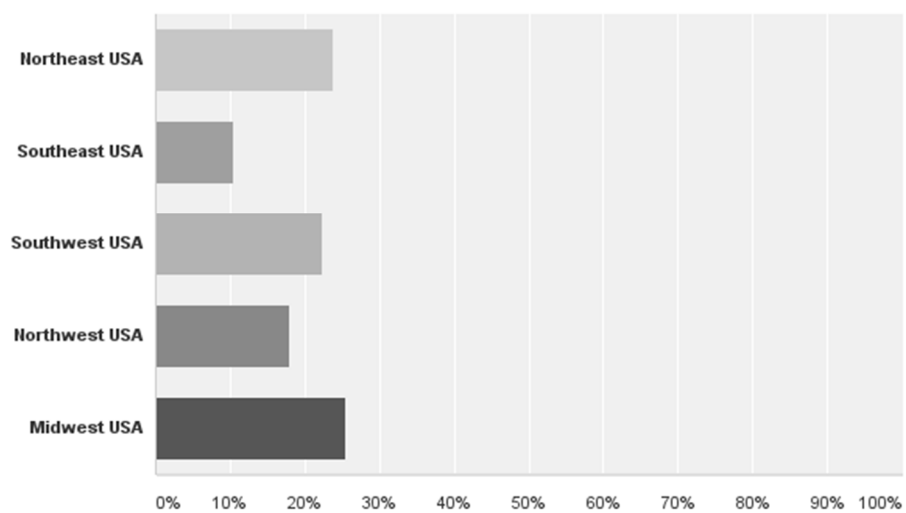
Q3 What is your age?

Answered: 67 Skipped: 0



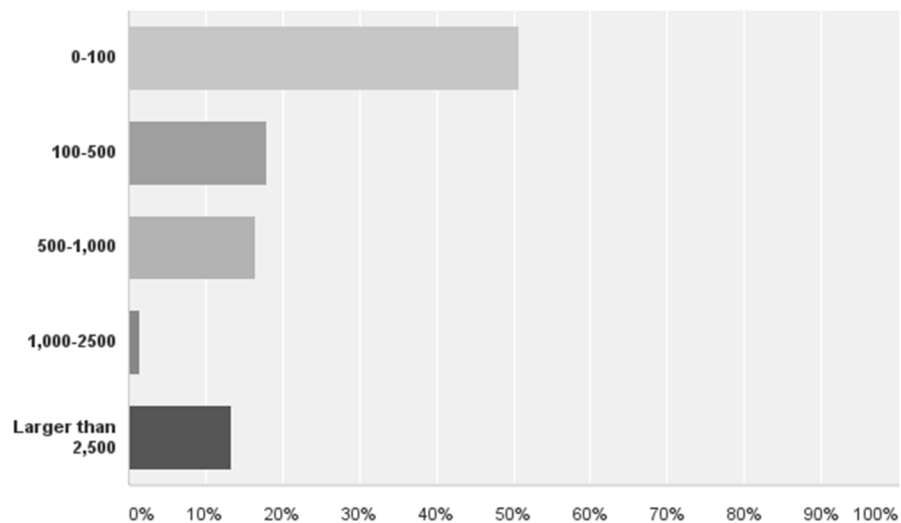
Q4 In what part of the country do you live in?

Answered: 67 Skipped: 0



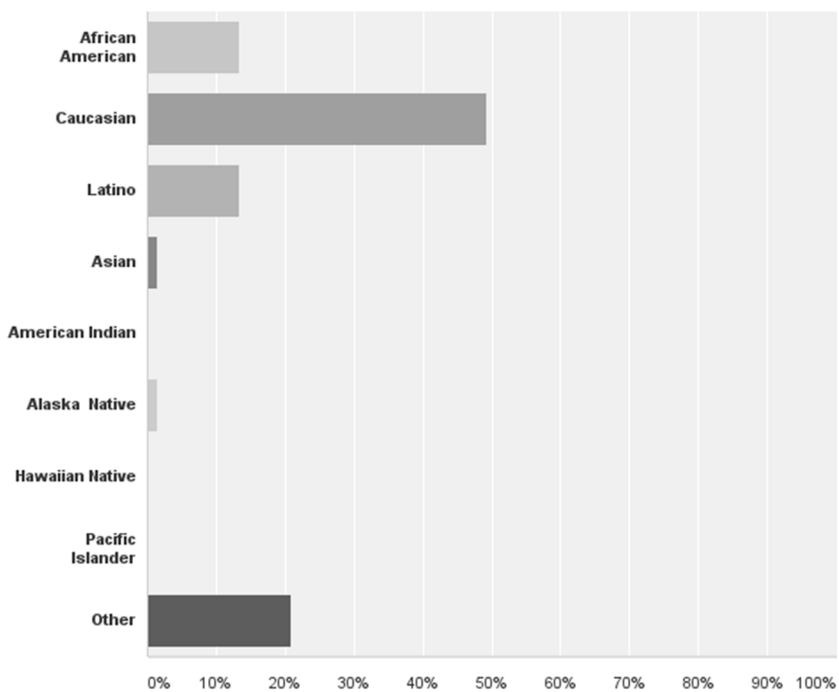
Q5 What is the size of your congregation?

Answered: 67 Skipped: 0



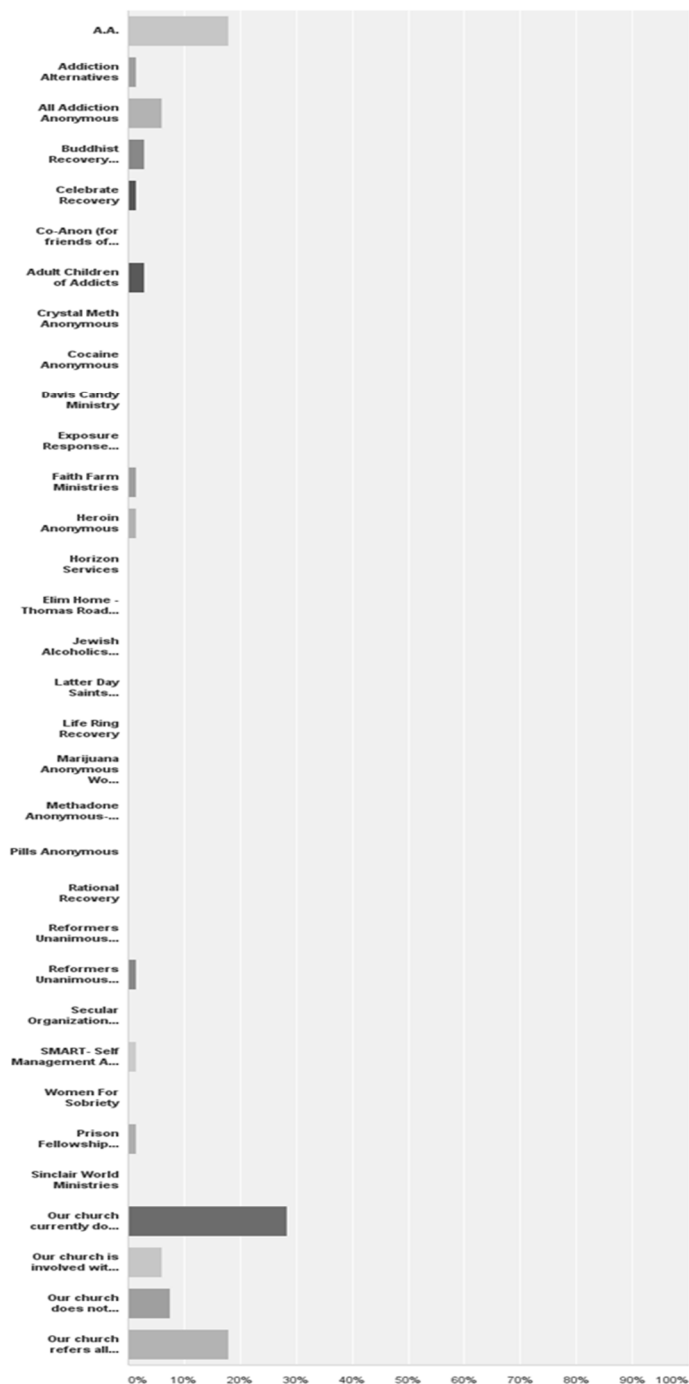
Q6 The largest racial group in our congregation or ministry is:

Answered: 67 Skipped: 0



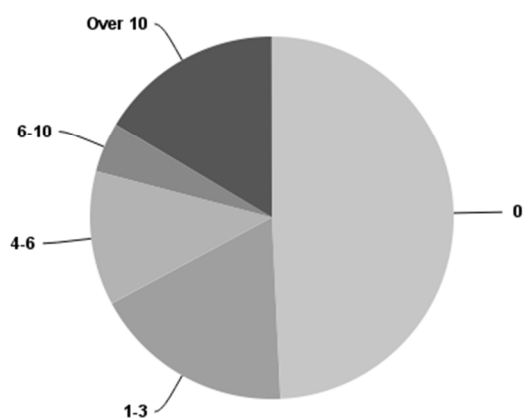
Q7 What kind of substance abuse program does your church have? Please check the one that your church uses the most

Answered: 67 Skipped: 0



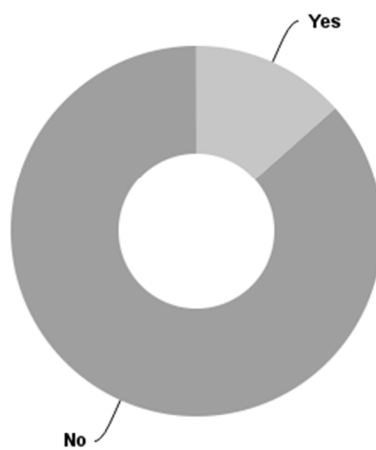
Q8 In the last five years, how many people have you come into contact in your church community who suffer from a substance abuse problem?

Answered: 67 Skipped: 0



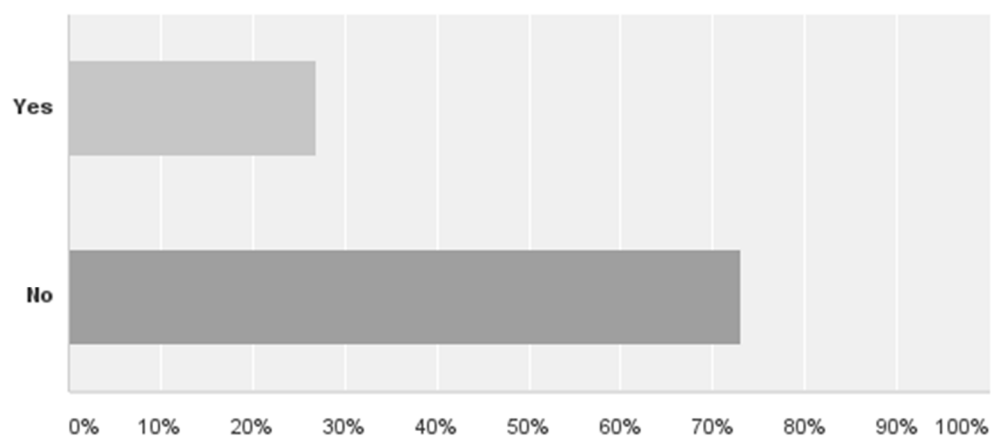
Q9 Does your church offer a GED preparation class?

Answered: 67 Skipped: 0



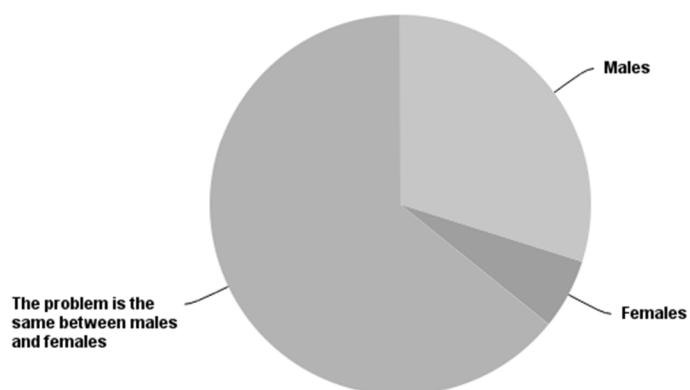
Q10 Does your church have a prison outreach program?

Answered: 67 Skipped: 0



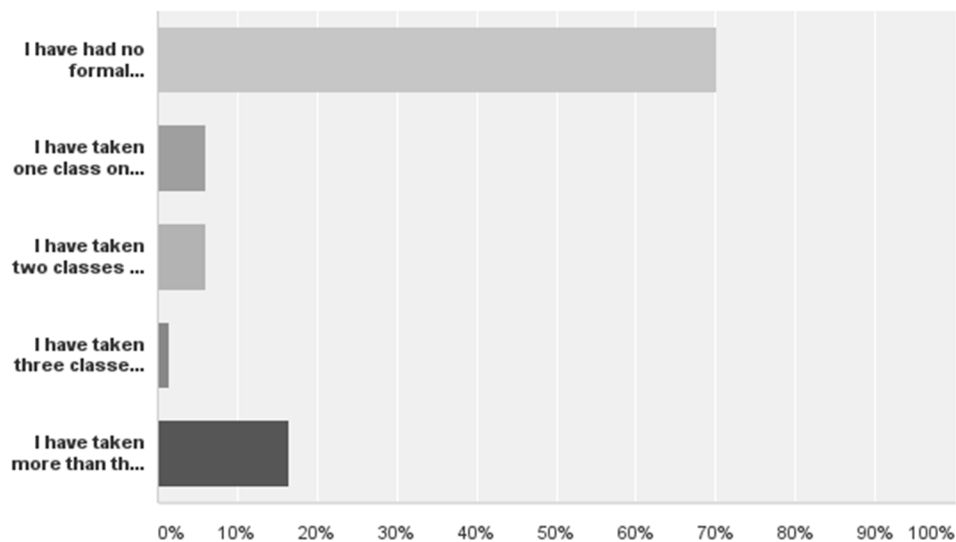
Q11 Do you believe that substance abuse is a greater problem in your community for males or females?

Answered: 67 Skipped: 0



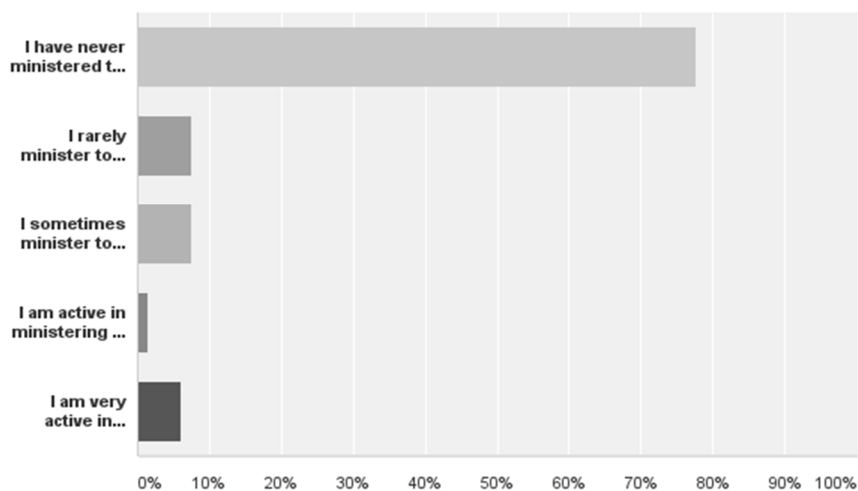
Q12 What educational background do you have in working with substance abuse:

Answered: 67 Skipped: 0



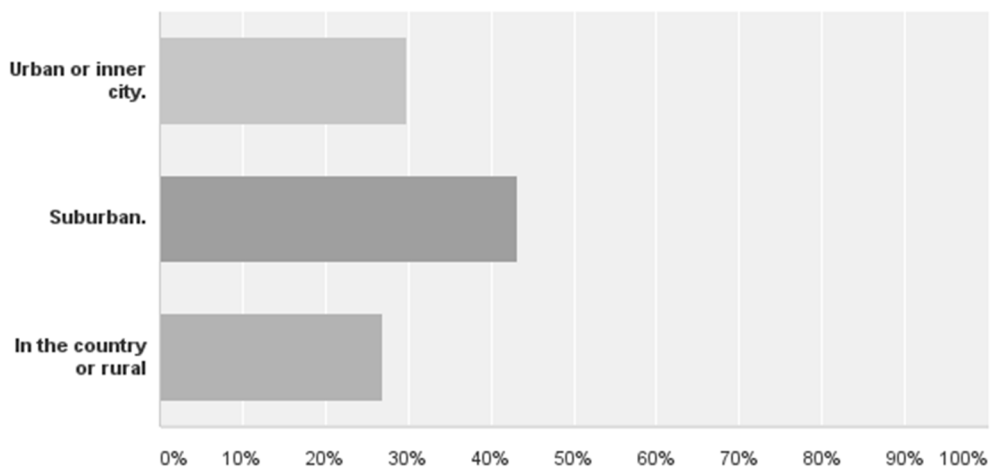
Q13 What is your involvement in ministering to those with substance abuse issues?

Answered: 67 Skipped: 0



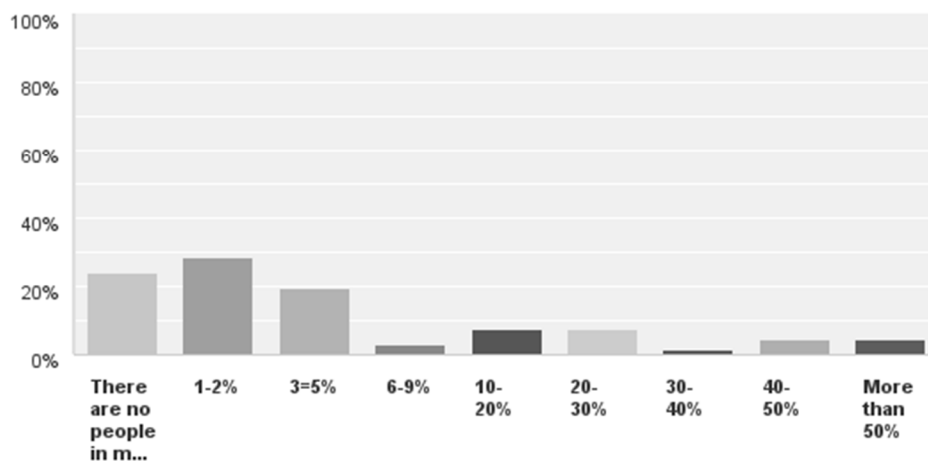
Q14 The community that I minister to is:

Answered: 67 Skipped: 0



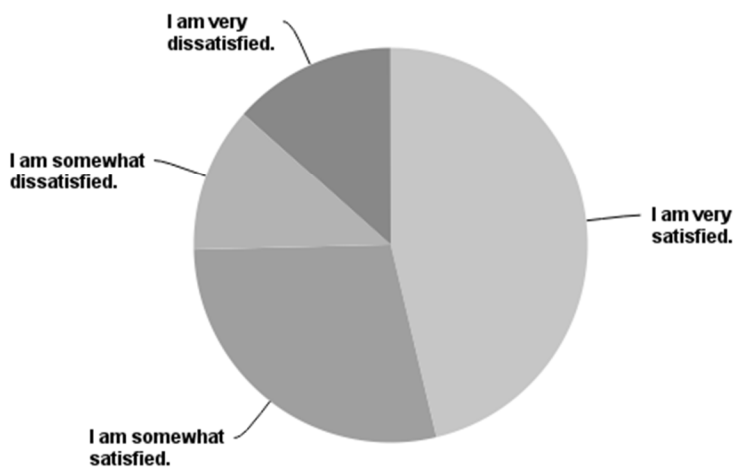
Q15 What percentage of your church community do you believe has substance abuse issues?

Answered: 67 Skipped: 0



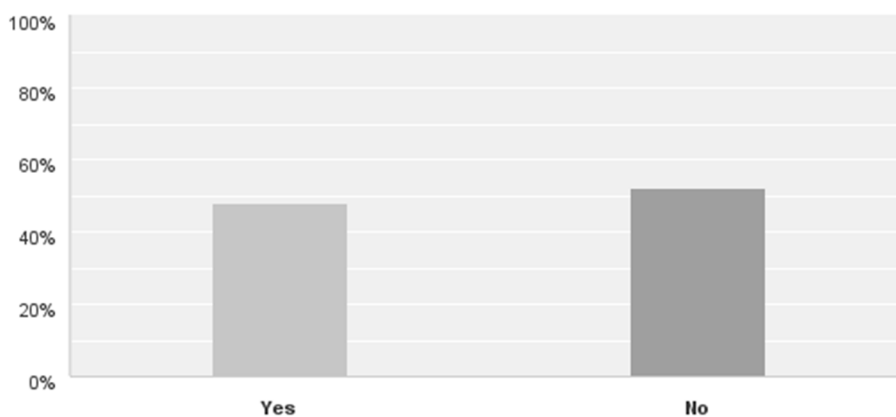
Q16 I am satisfied with the substance abuse program(s) offered by my church.

Answered: 67 Skipped: 0



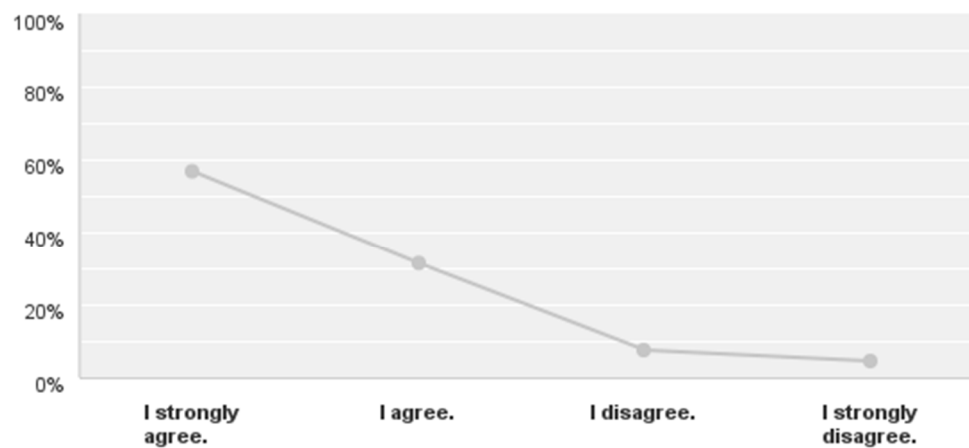
Q17 Do you believe that high school dropout rates are a major cause of substance abuse addiction?

Answered: 67 Skipped: 0



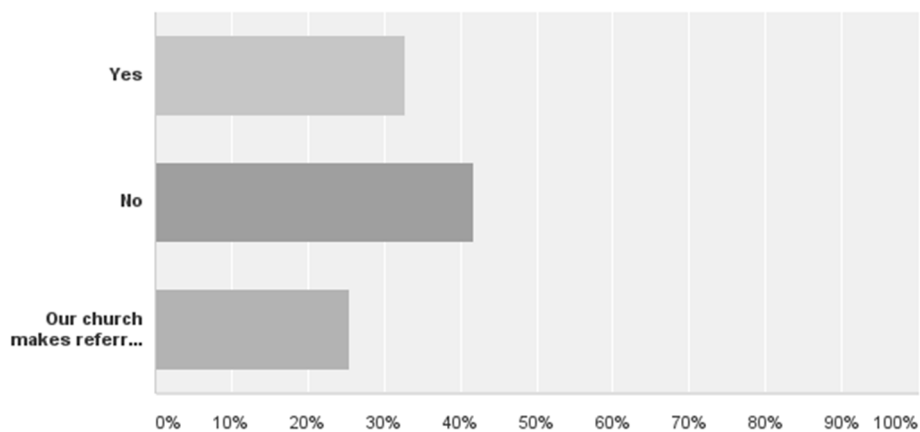
Q18 Non violent illegal substance abusers, who do not have intent to distribute illegal drugs, need treatment instead of going to prison.

Answered: 67 Skipped: 0



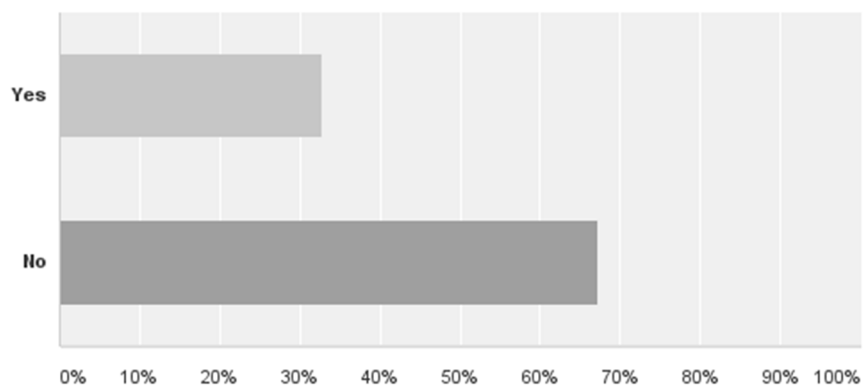
Q19 Does your church have a counseling program?

Answered: 67 Skipped: 0



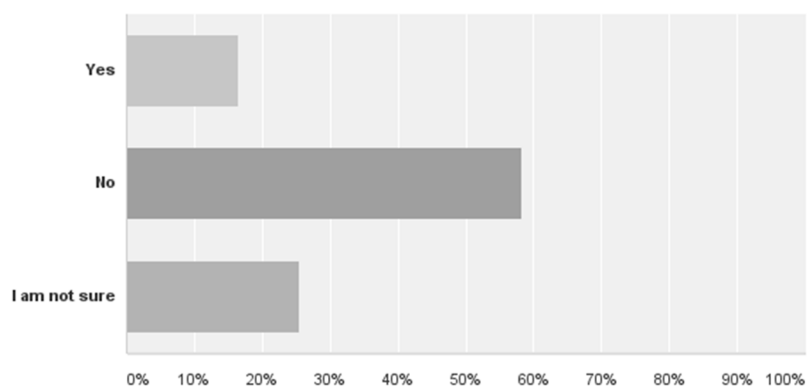
**Q20 Does your church have a staff member
(who is not the senior pastor) who is a
designated Pastoral Counselor ?**

Answered: 67 Skipped: 0



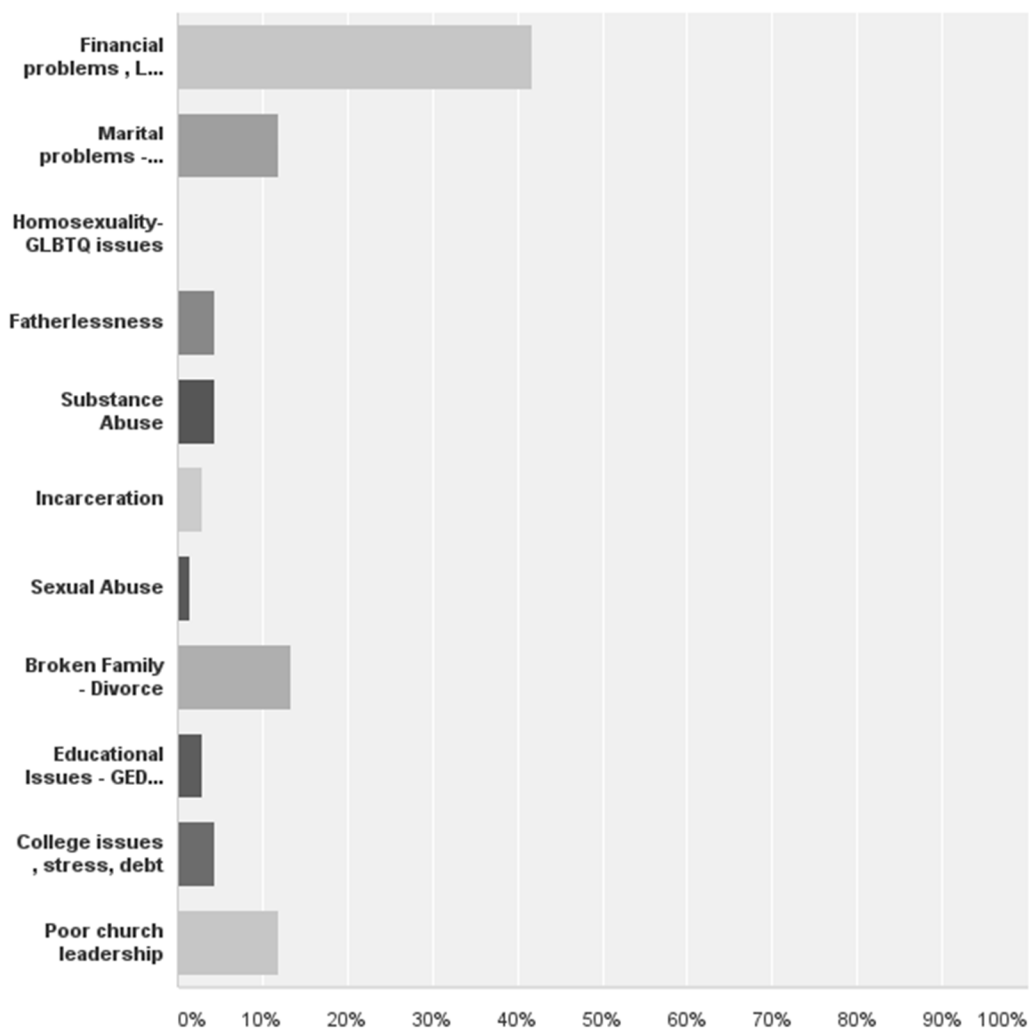
**Q21 Do you believe that God is calling you
to minister to those with substance abuse
issues?**

Answered: 67 Skipped: 0



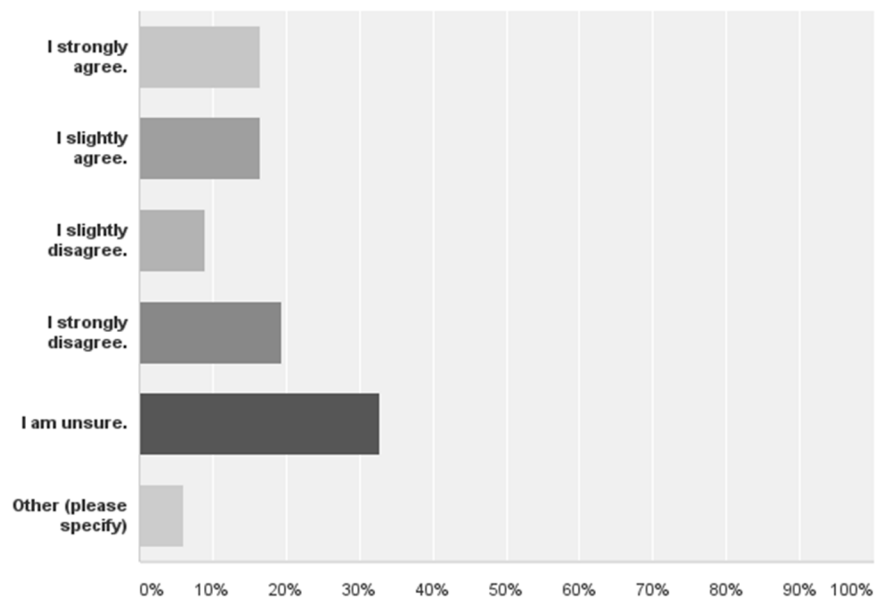
Q22 The number one problem of the members of my church or ministry is:

Answered: 67 Skipped: 0



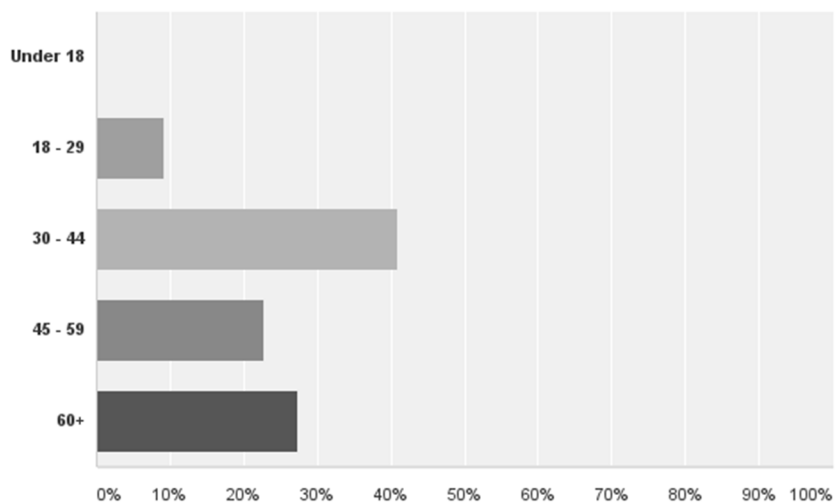
Q23 My church has a ministry that is designated to reaching out to the fatherless.

Answered: 67 Skipped: 0



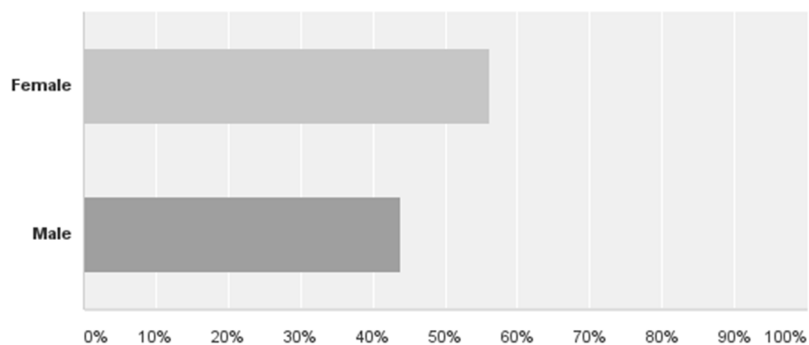
Q24 What is your age?

Answered: 66 Skipped: 1



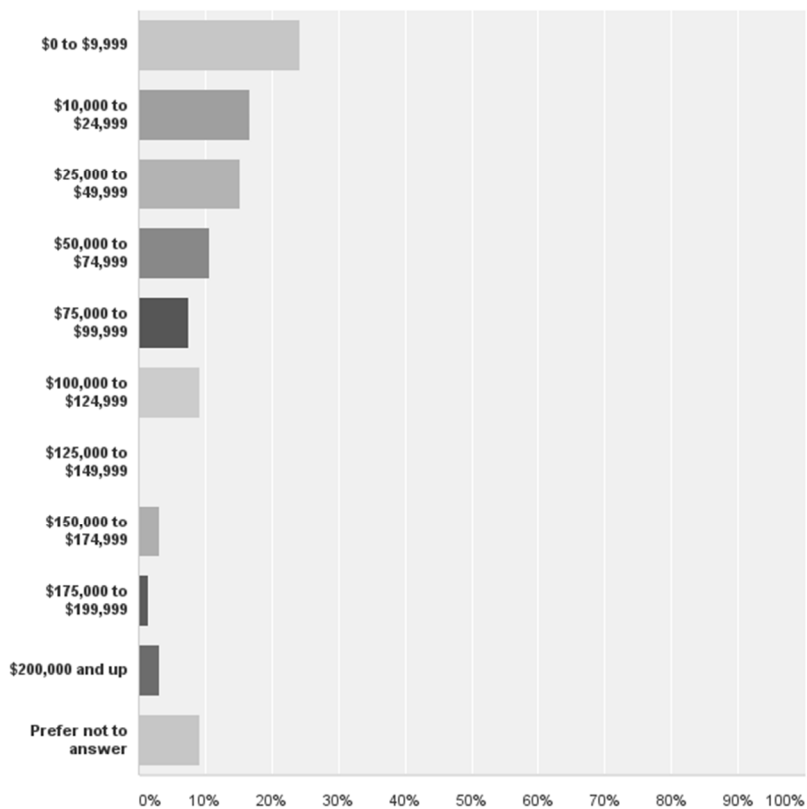
Q25 What is your gender?

Answered: 66 Skipped: 1



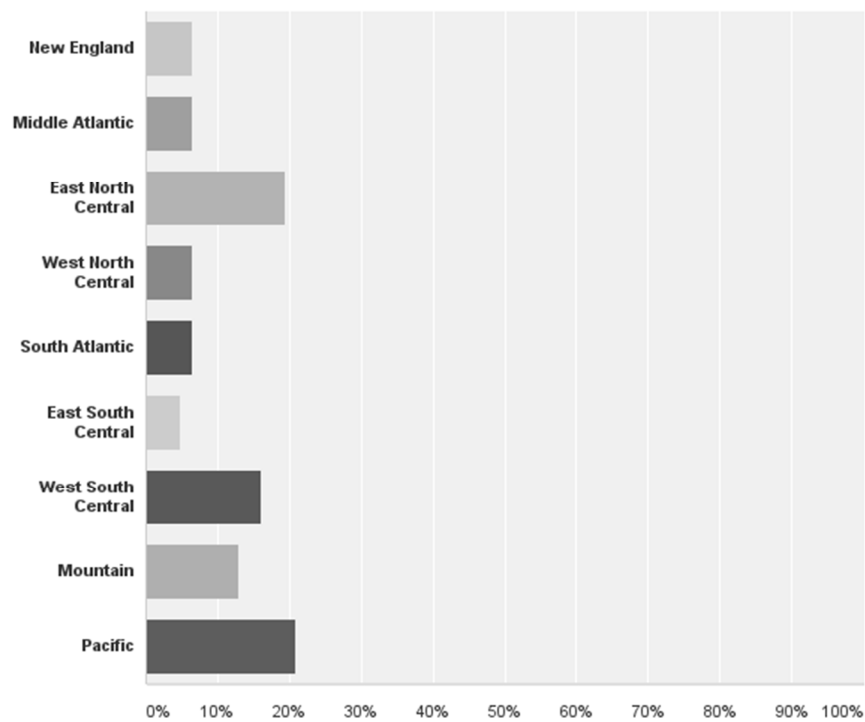
Q26 How much total combined money did all members of your HOUSEHOLD earn last year?

Answered: 66 Skipped: 1



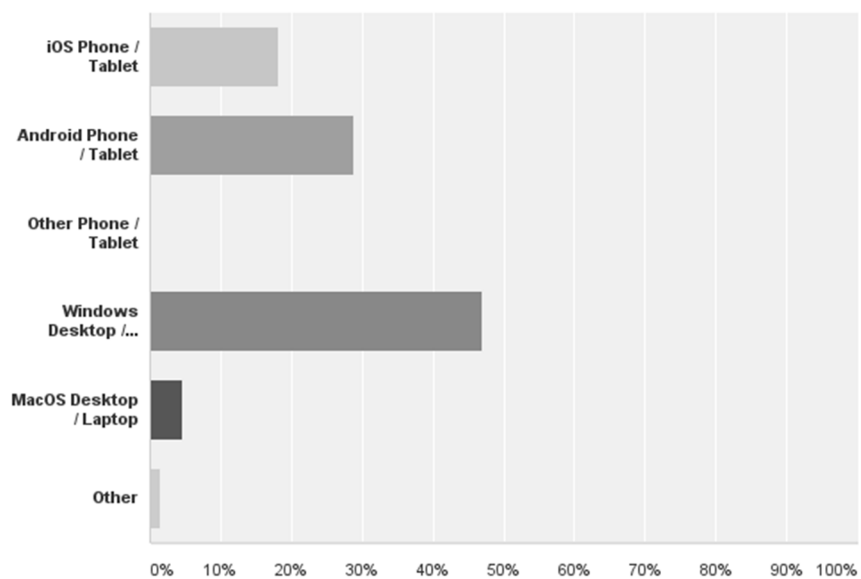
Q27 US Region

Answered: 62 Skipped: 5



Q28 Device Types

Answered: 66 Skipped: 1



Appendix B

IRB Review

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

7/18/2016

Michael E. Schmidt
IRB Exemption 2537.071816: Establishing a Program to Help Twenty-Six to Forty-Six Year Olds with Substance Abuse

Dear Michael E. Schmidt,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under exemption category 46.101(b)(2), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46.101(b):

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:
(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Please note that this exemption only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
The Graduate School
LIBERTY