Understanding Addiction

I. SCRIPTURAL DIRECTION AND PRINCIPLES

The topic of addiction is an unfortunate and increasing issue in families and with those we love. It is essential to develop a clear understanding of all aspects of addiction, including the foundations of addiction as well as various treatments. To begin, it is important to consider a few guiding scriptures which balance the call laid out in the Bible to both accountability and compassion for individuals with addictions.

A. Scriptures of Accountability

1. Mark 7:20-23, “And he said, That which cometh out of the man, that defileth the man. For from within, out of the heart of men, proceed evil thoughts, adulteries, fornications, murders, Thefts, covetousness, wickedness, deceit, lasciviousness, an evil eye, blasphemy, pride, foolishness: All these evil things come from within, and defile the man.”

2. 1 Corinthians 9:27, “But I keep under my body, and bring it into subjection: lest that by any means, when I have preached to others, I myself should be a castaway.”

3. Galatians 5:19-21, “Now the works of the flesh are manifest, which are these; Adultery, fornication, uncleanness, lasciviousness, Idolatry, witchcraft, hatred, variance, emulations, wrath, strife, seditions, heresies, Envyings, murders, drunkenness, revellings, and such like: of the which I tell you before, as I have also told you in time past, that they which do such things shall not inherit the kingdom of God.”

B. Scriptures of Compassion

1. Galatians 6:1, “Brethren, if a man be overtaken in a fault, ye which are spiritual, restore such an one in the spirit of meekness; considering thyself, lest thou also be tempted.”

2. 1 Thessalonians 5:14, “Now we exhort you, brethren, warn them that are unruly, comfort the feebleminded, support the weak, be patient toward all men.”

3. Jude 22-23, “And of some have compassion, making a difference: And others save with fear, pulling them out of the fire; hating even the garment spotted by the flesh.”

II. UNDERSTANDING ADDICTION- Definitions

A. Addiction is a compulsive or physical dependence upon a substance, person, or behavior that provides a temporary sense of well-being (with emphasis on temporary).

B. In a severe addiction, “well being” may be replaced by “release from pain or discomfort.”

C. Addiction results in harm to the person’s health, relationships, spiritual life, vocation, emotional well-being, and/or finances.
D. The actual substance, behavior, or person the individual focuses on is not the addiction. It is the addictive agent. Addictive agents may include drugs, alcohol, food, sexual behavior, work and success, money, approval of others, certain types of relationships, exercise, dieting, etc.

E. There is a difference between abuse of an addictive agent and dependency or being addicted to an addictive agent.

1. Abuse of an addictive agent is an individual’s elective choice despite its negative effects. For example, alcohol abuse refers to drinking alcohol in a way that leads to problems in the person’s life (work, financial, legal, family problems, etc.). However, poor choices alone do not indicate the presence of an addiction.

2. Dependence to an addictive agent means that the person has developed (1) tolerance and (2) withdrawal.

   a. Tolerance occurs when one needs an increased amount of a substance/behavior in order to achieve the desired effects. Another sign of tolerance is when a person obtains a diminished effect from using the same amount of a substance/behavior over time.

   b. Withdrawal effects occur when the addicted person stops using the addictive agent. Withdrawal effects are specific to the addictive agent and cause distress physically and emotionally.

F. When individuals are trying to overcome addictions, periodic setbacks are common.

1. A slip occurs when a person is making progress, falls back into his old ways for a short period, but then quickly returns back to doing what is necessary to live an overcoming life.

2. A “relapse” occurs when someone slides back into his old ways and isn’t immediately willing to return to doing what is necessary to overcome. A person in relapse slides much further back into the addiction than someone who has a slip.

III. COMMENTARY ON THE DEFINITION OF ADDICTION

A. Using the term “addiction” does not excuse sin. Rather, the term describes the process Satan uses to hook someone into sin. John 8:34, “Jesus answered them, Verily, verily, I say unto you, Whosoever committeth sin is the servant of sin.”

James 1:13-15. “Let no man say when he is tempted, I am tempted of God: for God cannot be tempted with evil, neither tempteth he any man: But every man is tempted, when he is drawn away of his own lust, and enticed. Then when lust hath conceived, it bringeth forth sin: and sin, when it is finished, bringeth forth death.”

B. Some addictions do not occur to a degree that is overtly damaging. Because of this we don’t choose to invest the energy necessary to overcome them. Certain eating habits are an example. Many people do not correct their eating until a heart attack, diabetes, or other condition forces them to invest the effort.

C. Some addictions are so powerful they are life-threatening.

D. Some addictions create a dependency which makes withdrawal life-threatening. For example, withdrawal from a severe drug addiction may lead to severe flu symptoms until the drug is taken. Withdrawal symptoms to this degree can require hospitalization. Some alcoholics and drug addicts actually die from the withdrawal.
E. Some addictions alter a person’s physiology in ways that make him very vulnerable in the future. Cocaine and other hard drugs can reduce the chemicals in the body which give the person the experience of pleasure. When he stops taking the drug, an addict may be incapable of experiencing pleasure for a long period of time. This creates a significant period of vulnerability because the drug is the only agent that can bring pleasure when he is trying to cope with the realities of life.

F. Some addictions are powerful because they help mask pain or hurt in someone’s life. When the person feels the pain of life or is under significant stress, the temptation and memory of escape by using the drug is very powerful and may lead to a fall.

G. The addiction cycle can be illustrated by this diagram, going clockwise from the top. It can be very binding in the life of an individual. Through the addict’s willingness to do whatever it takes to heal, God’s intervention, and those God chooses to use as helpers in the process, the addict must break loose from this cycle at some point.

IV. ADDICTION AS A CONTINUUM (it is not distinct from normal desires except by degree)

A. Like most human conditions, one can accurately think of addiction in terms of degrees of severity. Identifying where a person falls on a continuum of severity can help you identify what interventions he needs.

- desire (food) — obsession (chocolate) — internal chemical response (gambling) — external chemical response (alcohol)
- companionship (work) — sex (exercise) — prescription drugs

B. This continuum may be described as ranging from psychological addictions (sometimes called process or behavioral addictions) to chemical addictions. However, this distinction is not always accurate since all addictions eventually affect the physical, emotional, relational, and spiritual parts of man.

C. Each level has a continuum of severity in irrational thinking or lack of control. For example, the level of obsession ranges from mild (an obsession to eat because it is noon or because food is present), all the way to severe (anorexia).

V. ADDICTION CAN ALSO BE DESCRIBED BY OTHER CONTINUUMS

A. Level of dysfunction: The level of dysfunction caused by an addiction can range from very mild to very severe. For example, to exercise is not dysfunctional unless it harms our body, vocation, personal relationships, relationship with God, or it causes indulgence in sin. Sometimes the dysfunction caused by addiction is clearly observable (e.g.,
Understanding Addiction

marriage or legal problems, etc.). Other times, the dysfunction can be minor, socially acceptable, or hidden. For example, someone who is single and is without many other demands may be addicted to work with little consequence. Likewise, someone with high metabolism and good medical levels may be addicted to food or some type of food and have little consequence. We don’t generally describe something as an addiction until it causes harm.

B. Levels of irrationality and loss of control: As the level of addiction increases, so does irrational thinking and loss of control. Interestingly, addicts often vehemently maintain they are fully in control and not irrational.

> Proverbs 23:29-35 describes the irrational thinking and loss of control that comes with drunkenness: “Who hath woe? who hath sorrow? who hath contentions? who hath babbling? who hath wounds without cause? who hath redness of eyes? They that tarry long at the wine; they that go to seek mixed wine. Look not thou upon the wine when it is red, when it giveth his colour in the cup, when it moveth itself aright. At the last it biteth like a serpent, and stingeth like an adder. Thine eyes shall behold strange women, and thine heart shall utter perverse things. Yea, thou shalt be as he that lieth down in the midst of the sea, or as he that lieth upon the top of a mast. They have stricken me, shalt thou say, and I was not sick; they have beaten me, and I felt it not: when shall I awake? I will seek it yet again.”

C. Levels of denial and awareness: Denial keeps people from acknowledging the truth about their lives. Unfortunately, this may mean that they don’t fully realize they are approaching the addictive agent (e.g., gambling, pornography, drugs). OR they know they are approaching it but insist they are not going into truly dangerous territory and then end up involved in pornography, alcohol, gambling, etc.

VI. ADDICTION AND SIN

A. Because of the scriptural instruction to keep our bodies under subjection, all addiction leads to some level of sin. Romans 6:16, “Know ye not, that to whom ye yield yourselves servants to obey, his servants ye are to whom ye obey; whether of sin unto death, or of obedience unto righteousness?”

B. Certain addictions lead to clearly sinful behavior. For example, getting drunk, gambling, taking illegal drugs, or doing sexually immoral things violate scripture and are clearly sinful. Colossians 3:5, “Mortify therefore your members which are upon the earth; fornication, uncleanness, inordinate affection, evil concupiscence, and covetousness, which is idolatry.”

C. Refusal to get help may also be a sin even in cases where the behavior itself is not a sin (e.g., workaholism) because we are not bringing ourselves under subjection. 1 Corinthians 6:12b, “I will not be brought under the power of any.”

D. When an addict’s behavior affects the lives of others and he refuses help, this attitude is clearly sinful. Proverbs 28: 13, “He that covereth his sins shall not prosper: but whoso confesseth and forsaketh them shall have mercy.”

E. An addict is responsible for finding some way to not sin (e.g., treatment, environmental control, accountability). Isaiah 55:7, “Let the wicked forsake his way, and the unrighteous man his thoughts: and let him return unto the LORD, and he will have mercy upon him; and to our God, for he will abundantly pardon.”

F. Overcoming addiction involves a spiritual battle. “Ephesians 6:12-13, “For we wrestle not against flesh and blood, but against principalities, against powers, against the rulers of the darkness of this world, against spiritual wickedness in high places. Wherefore take unto you the whole armour of God, that ye may be able to withstand in the evil day, and having done all, to stand.”

4
G. While Paul’s writings in Romans 7:14-25 certainly apply to sin of all kinds, people struggling with addiction can particularly relate well to his description of the battle with sin. Romans 7:14-25, “For we know that the law is spiritual: but I am carnal, sold under sin. For that which I do I allow not: for what I would, that do I not; but what I hate, that do I. If then I do that which I would not, I consent unto the law that it is good. Now then it is no more I that do it, but sin that dwelleth in me. For I know that in me (that is, in my flesh,) dwelleth no good thing: for to will is present with me; but how to perform that which is good I find not. For the good that I would I do not: but the evil which I would not, that I do. Now if I do that I would not, it is no more I that do it, but sin that dwelleth in me. I find then a law, that, when I would do good, evil is present with me. For I delight in the law of God after the inward man: But I see another law in my members, warring against the law of my mind, and bringing me into captivity to the law of sin which is in my members. O wretched man that I am! who shall deliver me from the body of this death? I thank God through Jesus Christ our Lord. So then with the mind I myself serve the law of God; but with the flesh the law of sin.”

F. TREATMENT AND SUCCESS

A. Treatment for addictions is multifaceted.

1. Treatment must address both the obsession and the addictive agent regardless of whether the chemical is from an internal or external source.

2. Treatment success is greatly dependent upon the willingness and participation level of the addict.

3. At times, failure in addiction treatment occurs because the treatment plan does not adequately address all of the necessary components. Just like an iceberg, the part that is seen (outward behaviors) is fueled by what is hidden underneath (past trauma, secrets, mental issues, spiritual struggles, etc.). What is underneath is often much bigger than what is seen.

B. Spiritual Support: This includes teaching from a spiritual authority about sin and overcoming sin, establishing an accountability relationship, and obtaining spiritual support and encouragement from the church and church leadership.

1. Addicts must learn and live out the spiritual attributes of accountability, honesty, and humility. Overcoming addiction requires the person to be willing to wholly devote himself to these attributes. As with a three-legged stool, missing one of these attributes can cause a recovery to stumble.
Understanding Addiction

a. **Accountability**: Refers to the addict’s willingness to let others know what is going on in his life. It means that he is willing to do whatever it takes to overcome, even though it is often difficult and inconvenient.

b. **Honesty**: Refers to the addict’s willingness to be 100% honest about his life and to break through denial and/or attempts to skirt the truth. This also means the addict is willing to confess sin and is quick to report slips and any areas of compromise to his support people.

c. **Humility**: Refers to the addict’s need to submit himself first to God and then to others. It is recognizing that he cannot overcome sin and addiction by himself. It also means that the addict takes responsibility for his actions (both past and current), does not blame his behavior on others, and does not respond to others with defensiveness.

2. At times, some addicts will give the appearance of being accountable, honest, and humble; however, promises and good intentions are not enough.

3. The addict’s actions are much more important than his words. The following question should be considered: “Is the person actually following through on doing what is necessary to overcome?” Proverbs 22:4, “By humility and the fear of the LORD are riches, and honour, and life.”

C. **Support Group**: This may include groups specifically focused on overcoming the addictive agent (e.g., Alcoholics Anonymous), and/or it may include regular meetings with accountability partners and/or mentors.

1. Sometimes attending a support group with people who are dealing with overcoming a similar problem can be very helpful.

2. Addictions thrive in isolation. Therefore, addicts must develop healthy relationships wherein they can be edified, supported, and challenged.

3. When an addict is attending a freestanding support group (e.g., AA), he should also meet regularly with support people from his local church. This helps avoid the situation in which the addict may feel like people outside of the church understand his struggles, but that people within the church don’t. The goal is to have good continuity in the addict’s support system.

D. **Medical Treatment**: This involves treatment for the substance. Examples include nicotine patches, sedatives, methadone as a replacement drug for heroin, or alternate behaviors for eating or exercising.

1. This may include inpatient treatment, medicine to control symptoms of withdrawal, medicine to reduce craving for drugs, etc.
2. While some addictions do not require treatment with a medication or hospitalization, adequate attention should be given to dealing with the physiological cravings for the addictive agent.

E. **Professional Counseling**: This is face-to-face time and case management from a person trained to work with addictions. This may include education about the nature of addictions, training for lifestyle changes, treatment for irrational or unhealthy thinking, and assistance at working through relationship and family issues.

1. Treatment for irrational/unhealthy thinking is very important. Examples include recognizing how denial works and how to stop it, recognizing and overcoming self-worth issues, and recognizing the wrong priority of exercise over family or work. 2 Corinthians 11:3, “But I fear, lest by any means, as the serpent beguiled Eve through his subtlety, so your minds should be corrupted from the simplicity that is in Christ.”

2. Addicts must learn to use healthy alternatives to the addictive agent. From one perspective, addictions can be understood as a way to cope (albeit a dysfunctional way to cope). When the addictive behavior is stopped, the person’s current coping skills are removed. Therefore, they must be replaced by godly, healthy coping skills such as spiritual growth, healthy relationships, physical exercise, etc. Not having good replacement skills, activities, etc. leaves the person very vulnerable to relapse. In many ways this mirrors Jesus’ teaching in Luke 11:24-26.

3. Treatment for associated issues is important regardless of whether those issues led to the addiction or were caused by it. These issues could include: unresolved trauma, difficulty dealing with stress, marital problems, depression, anxiety, etc.

F. **Family Counseling**: Addictions at some point will inevitably affect the people closest to the addict.

1. The addict’s family often needs support and guidance in how to set healthy boundaries with the addict and establish new patterns.

2. Spouses of addicts often require the most specific assistance in learning how to separate themselves from the addiction and avoid enabling or being entangled in the addiction cycle.

3. If the addict has children, their needs should be attended to directly. Children of addicts oftentimes internalize many unhealthy and distorted messages about themselves, relationships, and even God.

4. Family counseling to help with understanding the addiction, repairing the hurt relationships, and establishing godly, healthy patterns of relating is important to assist in the healing process.

5. For some types of addictions, support groups are available that can be helpful for the family members and children of addicts (e.g., Al-Anon, Alateen).

VIII. **ADDICTIONS AND MENTAL HEALTH**

A. When a person has both a diagnosed mental illness and an addiction, it is referred to as “dual diagnosis.”
B. Mental illnesses such as schizophrenia, bipolar disorder, depression, and borderline personality disorder can make someone more susceptible to becoming addicted.

C. This susceptibility may be because the addictive agent provides relief from the emotional pain and/or mental health symptoms they experience.

D. When someone has dual diagnosis, lay people (and sometimes even professionals) may respond to the initial symptoms that are presented and not be aware of the second issue. That is, helpers may notice the addiction and not the mental health issue or they may notice the mental health issue and not the addiction.

E. If both the addiction and the mental health issues are not treated together, the likelihood for success is very poor. Whichever issue is not treated is likely to cause the other issue to reoccur.

F. It is important for family and friends to accept the need for both the mental health issues and addiction to be treated together. At times, significant others focus on one problem or the other in the belief that one issue is the “real problem.”

IX. EFFECTIVE AND APPROPRIATE SPIRITUAL INTERVENTIONS

A. Prayer is essential. The person must commit to prayer for grace to overcome. Enlisting other believers to pray is fitting as well. Prayer for the struggling person may involve only family and friends, or it may involve the whole church if sharing is appropriate. James 5:16b “The effectual fervent prayer of a righteous man availeth much.”

B. Accountability and mentoring are necessary for support and awareness. When we know a specific person cares to engage in the struggle with us, we are more committed and encouraged. This knowledge also helps increase an individual’s level of awareness of personal responsibility. James 5:16a, “Confess your faults one to another, and pray one for another, that ye may be healed.”

C. Church support needs to be present at whatever level is appropriate. The church needs to reject sin and embrace the sinner. Because addictions are hard to understand and/or when it involves an addictive agent which we abhor, the church may withdraw because it doesn’t understand the nature of addictions or because it is judgmental. The church needs to be encouraged to support the person without condoning the behavior. 1 Peter 4:8, “And above all things have fervent charity among yourselves: for charity shall cover the multitude of sins.”

D. In some situations, discipline within the church body (see Matthew 18) is necessary for:

1. Sinful behavior when it is severe enough, when it brings reproach on the church, or when it continues.

2. Lack of willingness to accept help, accept accountability, or receive treatment.

E. Treatment of addiction often involves licensed counselors to help the person understand the nature of the addiction and the thinking/behavior that accompanies it. Good communication between the elder/ministers and the addict’s counselors can help to obtain a better outcome.
F. The person may need hospitalization for withdrawal, chemical replacement, removal from access or temptation or for intense counseling and teaching. The elder, ministers, and others in the church can assist by visiting the person in the hospital.

G. The addict’s family needs to feel the support of the elder and/or ministers. Spouses often need to pray and talk with someone. Meeting with the addict’s children to help reassure them of God’s love and the church’s support, may also be beneficial.

H. If the help and input of an elder/minister is desired by an addict or his family, call the elder/minister directly and inform him of the need. Don’t assume that the elder/minister knows about the need or that he will automatically know how you want him to respond.

Addictions are a difficult area for us to understand and work through. The “mountain” which is created by these issues can seem overwhelming. However, with Gods’ grace, godly help from others, and the determination of the individual involved, this mountain can be overcome as we rest on God’s promise in Matthew 19:26, “…With men this is impossible, but with God all things are possible.”

For more information please call ACCFS at 877-370-9988 or visit our website at www.accounseling.org.