

Adventists, Drugs, and a Changing Church

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From its inception, the Seventh-day Adventist Church has championed abstinence from alcohol and other harmful drugs. Relying on Scripture and the writings of Ellen G. White, Adventists consider the use of alcohol and other addictive drugs as contrary to God's original plan for humanity. They see these as a major cause of disease, crime, and death, and as a serious impediment to our ability to understand truth and the will of God.¹

Many other Christian denominations once held similar views, but no longer.² In the midst of a dramatic rise of alcohol consumption after World War II and the drug epidemic of the sixties and seventies, most Christian denominations abandoned their position on abstinence. And although Adventism held on to its traditional stance, we are now beginning to discover that our members are not completely immune to general societal changes in accepting, or even promoting, the use of alcohol and drugs.

In a study of academy-aged students in 1985, at least 15 percent of the youth surveyed were drinking alcohol.³ Within the context of a church that believes in abstinence, these figures are of concern, driving us to ask: Are these symptoms of youthful "wild oats" or of a more widespread problem?

Survey of Adult Adventists

Andrews University's Institute of Alcoholism and Drug Dependency and Institute of Church Ministry, with the financial support of the North American Division and the American Health and Temperance Society, recently undertook a survey of adult (18 and older) Adventists.

A simple random sample of 5,053 households was selected from the mailing lists of North American union papers, the most complete membership lists available in North America. Questionnaires were available in both Spanish and English. A cover letter explaining the purpose and confidential nature of the study, along with a six-page

Table 1: Attitudes About Use

	Percent Respondents		
	Agree	Undecided	Disagree
The Bible forbids all alcohol and drug use.	67.9	14.4	17.6
In my congregation, using alcohol is socially acceptable.	14.1	4.6	81.3
I'm concerned that youth of our church are drinking.	66.8	18.8	14.3
Adventists who use substances should be:			
(a) counseled;	86.0	7.8	6.3
(b) disfellowshipped.	25.3	21.4	53.3
If I had a substance use problem, I could discuss it with my pastor.	53.0	18.7	28.2
An alcoholic needs help staying sober after baptism.	88.4	5.2	5.5
SDA hospitals should offer substance abuse counseling services for Adventists who are addicted.	91.4	5.8	2.7

questionnaire and a return envelope, were sent in the late summer of 1988 to each address selected.

A total of 2,319 (45 percent) completed questionnaires were returned. The sample was predominantly White (83.8 percent) female (61 percent), and 43 percent were first-generation Adventists. Most of the respondents had been members more than 10 years (79.5 percent), with only 1.3 percent having joined in the current year.

Study Findings

Table 1 shows the respondents' attitudes toward alcohol and drug use. About two thirds of the members surveyed believed that the Bible forbids all alcohol and drug use,

while one third are not convinced. Fourteen percent perceived that alcohol use is acceptable, with another 4.6 percent being undecided. This evidence suggests that nearly one in five members accepts or is open to accepting alcohol use, thus not accepting the traditional Adventist position on abstinence.

Two thirds of the members surveyed expressed considerable concern about the youth of the church. In letters attached to returned questionnaires, the concern about youth drinking in general or the drinking of their own children was a major burden of the respondents. Over a quarter of the parents thought that their children were drinking. Many letters described, in heartrending terms, the destruction of families because of their children's alcohol use.

Adventists feel that those who use addictive drugs should be counseled; the majority (53.3 percent) believed they should not be disfellowshipped. However, members were unsure where they could go for help if

they had a substance use problem. Only half felt they could talk with their pastor. Nearly all thought an alcoholic would need help staying sober after baptism. There was a strong belief that Adventist hospitals should offer counseling services especially for alcoholic/addicted Adventists.

Table 2 reveals the extent of alcohol and other drug use among members. The use of caffeine-containing beverages has become normative, with 61.8 percent indicating they used caffeine in the past year.

After caffeine, wine was the most common addictive substance used by members—12.4 percent in the past year. Those Adventists who drank wine used it one to three

times a month (64 percent) but an additional 15.2 percent used it weekly; 7.6 percent indicated near daily use. Thus about a quarter of the drinkers are consuming wine regularly and are at risk for addiction. These data indicate the possible need for intervention services among church members. The distribution of beer use followed a pattern similar to that of wine; 8.1 percent drank beer in the past year.

Current use of tobacco is low among church members. Only 5.2 percent reported that they had used tobacco in the past year, although 25 percent formerly had been smokers. Tranquilizer abuse was reported by 4 percent of the respondents. Marijuana use is statistically rare among church members—2 percent reported current use. Less than 1 percent had used cocaine in the past year.

Table 3 shows the relationship between selected characteristics of the respondents and wine use in the past year. Overall, data on spiritual behavior (the first three items) indicate a strong relationship between spiritual involvement and abstinence. Those who regularly spend time reading God's Word, communicating with Him in prayer, and worshipping Him in church were three to seven times more likely to abstain from the use of all alcoholic beverages than those who rarely engaged in these behaviors. Interestingly, 56 percent of those who seldom attend church are abstinent, well above the national average of nondrinkers (30 percent) in the general population.⁴

The next three items in Table 3 focus on whether or not the respondent's spouse is an Adventist, whether or not the respondent was abused as a child, and the respondent's age. These data suggest that abstinence is much more difficult to maintain in a home where husband and wife are not both church members, and it appears that abstinence is even more difficult to maintain if a spouse leaves the church. There is also a relationship between alcohol use and childhood abuse: those who reported being abused as children were twice as likely to use wine in the past year as those who were not abused.

The data presented in Table 3 also show the distribution of wine use in the past year by age, and reveal a consistent linear relationship. Younger members are more likely to be consumers of alcoholic beverages. Among the baby boomers, ages 30-42, one in five is currently using wine; and one in four of the post-baby boomers (18-29).

Problems among Adventists with alcohol and other drugs are not limited to those members actually using the drugs. As shown in Table 4, respondents also reported considerable problems with codependency (that is, problems related to someone in their family who is using or abusing alcohol or drugs). Current use of alcohol or other drugs was reported for 14 percent of spouses, 14 percent of children, 22.7 percent of siblings, and 8.3 percent of parents. The study cited numerous problems resulting from such use. Family conflict and violence constituted the most common consequences. About one member in five is living in a painful family situation as a result of the use of alcohol or drugs by others.

Challenges to the Church

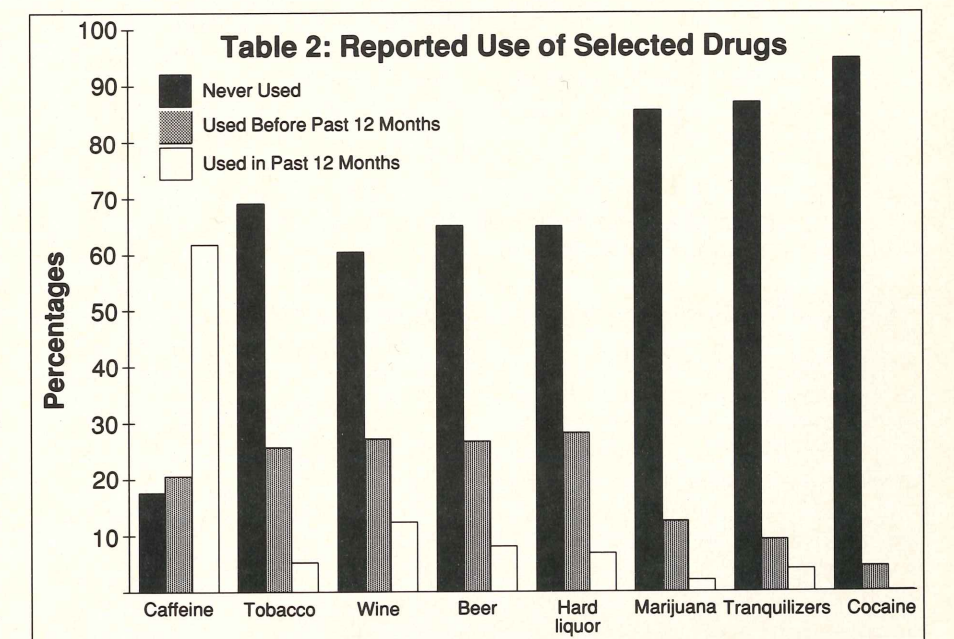
These findings have a number of important implications for the Adventist Church. First, we must note that the large majority (56 percent) of church members at every age

level are abstainers from all alcohol use. But while Adventists are much more likely than the average population to be abstinent, the data also strongly suggest the need for the church to revitalize vigorously its theological position on abstinence and to strengthen its prevention programs. The traditional concept of the spiritual meaning of abstinence and the importance of that value appear to be less than universally shared by church members.

Intervention and help may also be needed by some. Six percent of the most active church members reported drinking wine in the past year. Perhaps some of these are alcoholics who need treatment.

There appears to be a significant intergenerational trend of increasing acceptance of alcohol-using behavior, with younger members much more involved than older members. These data document an increasing acceptance of alcohol use among some Adventist young adults. The concern of church members about youthful drinking appears to have support in fact.

The frequency of codependency problems reported suggest that hidden in many families are painful situations that cry out for help. Increasing the readiness of pastors and other local church leaders to provide support to these persons is a distinct need.



The major question before the church today may be whether it has the commitment, while the majority of members still believe in and practice abstinence, to promote clearly and effectively the value and meaning of a drug-free life to their fellow believers and each new generation of members.

Encouragement of an active spiritual life, support for family life, a well-constructed and visible prevention program, and counseling services for those with problems are needed if the advantages of abstinence are to continue into the next generation. There is no time to lose in finding ways to meet these needs. □

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- ⁴ R. R. Clayton et al., *National Household Survey on Drug Abuse: Main Findings, 1985*, DHHS Publication No. 88-1586 (National Institute on Drug Abuse, 1988).

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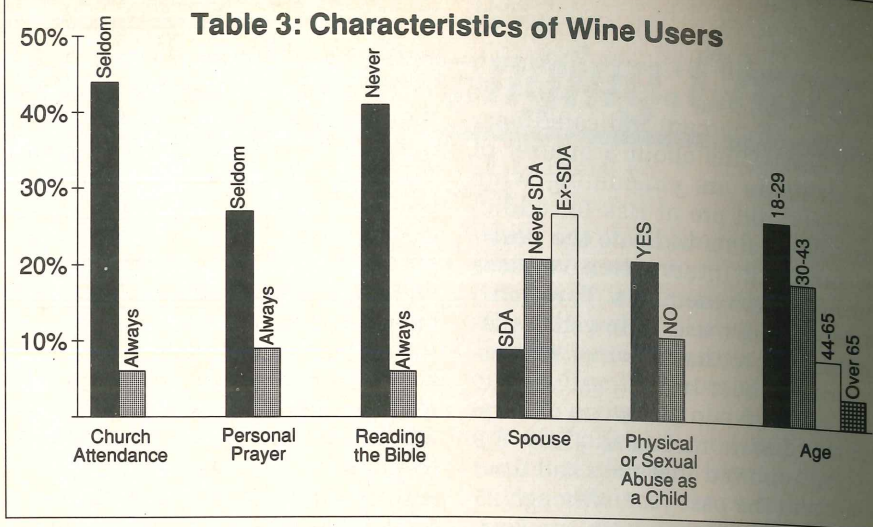
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Table 4: Codependency Problems in Adventist Homes

Alcohol or Drug Use by Family	Percent of Respondents
Spouse	14.0
Children	14.0
Siblings	22.7
Parents or other adult relatives	8.3
<i>Consequences of Family Use</i>	
Marital strife and breakup	22.7
Violent behavior	19.6
Serious health problems	15.2
Sexual abuse	4.0



Penetrating the Denial Zone

A Response by
Patricia B. Mutch, Ph.D.

In the past several years church leaders and professionals in the Adventist Church have become painfully aware that Adventist youth are increasingly involved with alcohol and drug use. Now this study provides even more disconcerting news: problems of use and codependency are found in the adult membership as well. Adventists may well ask, "Why?"

Probably no single factor is explanatory for the changes this study documents. But it is not difficult to identify the motivation involved: Ellen G. White unmasked the motivator more than 80 years ago when she told of Satan's plans to ruin humanity's physical, mental, and moral powers.¹

Several factors may be influencing the church today. First, Adventists are not isolated from their society; they receive media messages that promote drinking and the use of over-the-counter drugs to solve minor aches and pains quickly and easily. Adventists are part of the "chemical people," as Americans have been labeled.

Also, as the church has developed a deeper un-

derstanding of righteousness by faith in Christ, there has been a backlash against legalism that has led some members to reject all conservative behaviors as unnecessary. In so doing, Adventists may discard the baby with the bathwater, so to speak. Because working one's way to heaven is theologically unsound, it does not follow that conservative behaviors are useless.

In fact, abstinence from alcohol, tobacco, and other narcotic drugs is the cornerstone of the Adventist health advantage. Accepting social use of alcohol becomes more than a symbol of liberalism; few other lifestyle practices are as destructive of soul, body, and interpersonal relationships as chemical use and abuse. Even in government circles social drinking is now being labeled as "risk behavior." It is foolhardy to count on good judgment when consuming a drug that impairs the judgment centers of the brain. And it is the liquor industry that would persuade us that a little alcohol is healthy, when recent studies show that such a conclusion is unfounded.² Abundant scientific and social reasons exist for the Adventist position of abstinence.

However, valuing abstinence has perhaps led us into a condition of denial in which we assume

there are no problems among us. Yet we continue to baptize into our fellowship persons with tobacco, alcohol, or other drug addictions. The conversion experience is an intervention in such addictions, but not therapy, and does not assure recovery.

Many of these victories at baptism unravel in subsequent months, with the relapse either leading the person to leave the church or to become a closet addict, filled with shame and frustration. Others will "white-knuckle" their sobriety; Alcoholics Anonymous calls such persons "dry drunks." They retain many of their addictive personality traits and are susceptible to transferring their addiction to food, emotions, or work. Such persons should not have to fear ostracism, but rather receive

ongoing support and perhaps professional services as they grow in the Christian life.

This study further reveals what we have often overlooked: the problems that people are experiencing because others in their family are addicted. Codependency may be one of the greatest challenges confronting us.

Now that we have a clearer picture, by the grace of the Holy Spirit we can seek to revitalize our abstinence values, improve our prevention strategies, and develop a more compassionate and healing community within the congregation. □

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- ¹ Ellen G. White, in *Review and Herald*, Apr. 16, 1901. Quoted in the Guest Editorial this issue.
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Developing an Assistance Base

A response by Winton H. Beaven, Ph.D.,

special assistant to the
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for chemical dependency.

The just-completed survey of substance use and abuse among adult Seventh-day Adventists will come as a great surprise to many people. For some of us who have been close to this problem for some years, it serves only to confirm what we have already suspected.

More than five years ago, under the leadership of General Conference president Neal C. Wilson, the Institute of Alcoholism and Drug Dependency was organized on the campus of Andrews University (AU), Berrien Springs, Michigan. One of its functions has been to develop and coordinate in-depth research into substance use and abuse among SDAs. This latest survey serves to complete our preliminary investigations.

However, long before this survey was undertaken, the church appointed a Study Commission on Chemical Dependency that, between January 1, 1986, and March 1987, conducted in-depth studies on the problems currently in the

SDA Church with respect to the use of harmful chemicals. The study meetings held at AU and Loma Linda University produced 95 recommendations that were adopted at the October 1987 Annual Council. Since that time it has been my responsibility to assist the church in carrying out those recommendations, and there has been steady and consistent movement ever since.

Thus far we have undertaken a study of the curricular and extra-curricular activities with respect to chemical use and abuse in our schools, which will be followed by a major K-12 curriculum committee meeting on the AU campus beginning in July 1989. If all goes according to plan, a curriculum will be developed for North America. We hope teachers can be trained and the curriculum put in place in our Adventist schools by the fall of 1990.

Student assistance programs to help those who are experiencing problems in this area have been de-

veloped and are in place on Adventist college campuses in North America. An increasing number of Adventist academies are also in the process of formulating assistance programs that will be useful and redemptive for our students.

An information hot line has been developed at AU that will provide direction and assistance to anyone in North America who calls. Information concerning all drug treatment programs operated by the SDA health system is available.

Because substance abuse is as much a problem of feelings as it is a fact, and because mood-altering drugs provide easy escape for those who seek it, we have been searching for a program that would provide emotional support to young people to assist them in remaining drug-free. From a Youth to Youth program initiated in Columbus, Ohio, the church has developed an Adventist Youth to Youth program. Two trial runs of the conferences at Cohutta Springs, Georgia, in February 1988 and 1989 have proved immensely successful, and we hope the pattern can be adopted across the country.

A great amount of work has been done in developing courses for ministers dealing with chemical dependency. Two such courses are being taught on a regular basis on the AU campus. One deals specifically with abstinence, the historic denominational position, as well as providing instruction in what we have termed *temperance evangelism*. The other course deals with the pastor's responsibilities and opportunities in helping members of his church or relatives of members of his church who may experience problems with chemical dependency. A minister's manual is in the process of development.

The greatest concern for many of us is the present changing climate in which the feeling is developing among younger Adventists that alcohol is a legitimate beverage for SDA Christians. We are going to need the support of the entire church to retain our historic position, which is clearly undergirded by our increasing knowledge of human nature and the effects of alcohol upon those who consume it. □