

# Conquering Alcohol Abuse



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# Conquering Alcohol Abuse

***It's time to take an in-depth look at the  
role of heredity and of environment in the  
use and abuse of alcohol.***







# Conquering Alcohol Abuse

**W**hy is the abuse of alcohol one of the greatest causes of loss of human productivity, and of suffering and death in our world?

Why can the majority of persons who drink alcohol do so without harm to themselves, but others—between 5% and 15% of drinkers in many nations—become alcoholics, and others become problem drinkers?

What is our human responsibility, given the evidence that hereditary factors, as well as environmental ones, affect response to alcohol?

And equally important, *what kind of education* is essential for the proper use and control of this widely used substance?

## Diverse Backgrounds

We live in a world of diverse human backgrounds, attitudes and experiences in regards to alcohol.

Many persons come from homes where alcohol is not used at all. Others come from homes where alcohol is used and enjoyed *in moderation*. Others come from backgrounds where alcohol is regularly abused. Not a small number have suffered trauma because someone close to them has misused alcohol or is an alcoholic. Certain non-Western nations make nonmedical consumption of alcohol illegal.

A sizable minority in some

Western nations reject use of alcohol for religious reasons. Some persons come from homes where drinking simply isn't a regular practice. Still others do not drink alcohol because even small amounts cause unpleasant physical reactions or health problems.

Much is known about alcohol, but yet much has still to be technically understood about the causes of differing human reactions to it, including differing kinds of alcoholism.

First, here are some important facts about the chemical compound ethyl alcohol or ethanol, hereafter simply called alcohol.

## Important Basic Knowledge

Ethyl alcohol is produced by natural fermenting processes of vegetative matter and is readily metabolized in small amounts in most, but not all, persons.

Alcohol is technically and pharmacologically classified as a drug because it alters the functioning of the body in a way foods normally don't. Yet it is the only drug that can also be classified as a food in *small amounts* because it provides calories and, in some beverages, a few beneficial nutrients.

Please note the emphasis of the words "small amounts." In sufficient amounts, which vary from person to person, alcohol can be toxic and physically damage cells and organs as well as cause drunkenness and addiction.

Research demonstrates that the same levels of alcohol in the

bloodstream of different persons can produce different responses in brain and body. Part of this is due to human physiological and metabolic differences. But more than body weight or the natural pharmacological properties of alcohol on individual metabolisms are involved in human reactions to it.

How many persons have been educated to realize that mental attitudes and moods of one's physical environment have an effect on human reactions to alcohol (as they do with most mind-altering drugs)?

## Mood, Setting, Instruction Important

Clinical experiments have demonstrated that one's mental attitudes (sometimes called "set" in medical terminology) and one's physical and social drinking environment ("setting"), especially one's learning environment, can be as important as the natural pharmacological effects of alcohol on how one reacts to it.

This means human response to alcohol, in part, involves learned or conditioned expectations of its effects on mental states of mind during use, on the mood of the surroundings in which a person drinks, and on the attitudes of drinkers and associates with whom one drinks. These factors help account for different subjective experiences when different people in different situations use the same amount of alcohol.

In addition, human response to alcohol is affected by whether or not food is on the stomach and what kind, by whether one is drinking a high proof or low proof drink, and by what the drink is mixed with.

Depending on learned and conditioned cues or expectations when drinking, alcohol may produce a calming, relaxing effect in one situation, belligerence in another, frivolity in another, sleepiness in another and sexual abandon in another.

Controlled experiments have demonstrated the curious fact that many persons act tipsy or drunk merely thinking they have drunk a certain amount of alcohol, when



they actually have drunk only a small amount or even none at all.

### **Beneficial Only in Small Amounts**

In persons who can metabolize alcohol satisfactorily, a small amount of alcohol often initially acts as a stimulant. This is because such an amount of alcohol slows down the tense, driven part of the brain that deals with new learning or making judgments. It also slightly dulls the centers that make us aware of exhaustion or discomfort.

A small amount of alcohol often takes the edge off self-criticism and self-doubt. Many persons feel emotionally freer, more communicative, yet are in control of their emotions and actions. Many find this adds enjoyment to certain social occasions.

What happens if persons drink more than this *small* amount? Drink then becomes excessive. Alcohol starts anesthetizing deeper areas of the brain that control attitudes, perceptions and bodily movements. Loss of social restraints, loss of control over body movements and loss of emotional control start to occur. Harmful aspects of the human personality—defects of character normally controlled—often then come out. A person may manifest a Dr. Jekyll/Mr. Hyde personality.

Those persons whose personalities are essentially shy or timid often become even more quiet and retiring. Those struggling with deep anger or strong emotional problems may become belligerent, abusive, destructive or immodest.

Still higher alcohol levels in the bloodstream depress areas of the brain controlling vital organ functions—breathing, heartbeat and central nervous system responses dangerously weaken. Further use leads to coma or death.

The startling fact is, alcohol-related diseases account for 30% or more of all hospital admissions. The condition that is medically called alcoholism costs Americans vast sums annually in medical expenses and industry losses. The abuse of alcohol in many western nations is involved in over half of traffic fatalities and many accidents. And law enforcement agencies have found it is involved in

## **Study after study shows family and social attitudes about alcohol are extremely important in the results that come from its use.**

large percentages of homicide, rape, aggravated assault and domestic violence.

How, then, can individuals and families avoid falling into these tragic problems? By understanding and respecting the mental, emotional, environmental, physiological and hereditary factors that influence alcohol response!

### **Educational Environment Critical**

First in importance is the right social learning environment in the proper use of alcohol. Conversely, wrong social influences, attitudes and backgrounds plant the seeds of future alcohol abuse.

Several years ago, Dr. Morris E. Chafetz, former director of the U.S. National Institute on Alcohol Abuse and Alcoholism, said: "Under ideal circumstances children should learn healthy attitudes about drink in the familiar surroundings of their homes.

"However," he went on, "too many parents are too confused or too guilty about their own drinking to teach a youngster to drink moderately."

In the early 1950s, a study of over 15,000 U.S. college students demonstrated that the most important social factor in determining student drinking habits was *parental example*. Many, but of course not all, of the young people in this sample were found to drink, or abstain, like their parents.

This study found that what the parents taught on the matter of alcohol was of little importance compared with what parents did. The attitudes and practices of the parents were much more influen-

tial on the young peoples' thinking and action than were the teachings of their schools or churches.

The next most important social influence on students' drinking patterns has been found, not unsurprisingly, to be attitudes and practices of their closest friend or friends.

Yet, researchers have found children are not all alike in their response to even poor drinking examples. Some children become so deeply disgusted with the alcohol abuse they have witnessed in parents or peers that they want nothing to do with alcohol. They can associate nothing positive or beneficial about any alcoholic drink.

Other studies have found that young persons from backgrounds of total abstinence but with no ethical guidelines from their families or churches to distinguish responsible from irresponsible drinking, tend to have a high incidence of problem drinking behavior if they start drinking. Many of these persons develop an abusive pattern that rapidly grows out of control.

### **Support from Cultural Studies**

One of the best books summarizing studies and research on alcoholism was published by Harvard University Press in 1983. The book is *The Natural History of Alcoholism*, by George E. Vaillant.

One of the important points Vaillant emphasizes in this book is research as to why some cultures are plagued with serious alcohol abuse problems and others are not.

Various studies have demonstrated that those social groups that introduce responsible drinking and attitudes within the family unit, with reinforcement by adult example, have the lowest rates of alcohol abuse among cultures that allow drinking.

Vaillant summarizes the evidence discovered in these studies as follows:

"Introducing children to the ceremonial and sanctioned use of *low-proof alcoholic beverages taken with meals in the presence of others, coupled with social sanctions against drunkenness and against drinking at unspecified times*, would appear to provide the best protection against future alcohol

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# WHAT IS ALCOHOLISM?

It is common to speak of drinking problems in terms of drunkenness or alcoholism. What is not generally understood is that five definable types of alcoholic abuse have been known for decades, of which three are characterized by loss of control and addictive behavior. All five types the Bible broadly classifies as sin (Gal. 5:21 and I John 3:4). Each is characterized by some kind of *consequent* illness.

*The problem drinker* has purely psychological dependence on alcohol to relieve emotional or bodily pain. His or her drinking is excessive, but noncompulsive, and damages marital and other interpersonal relationships. At this stage the problem drinker shows no evidence of physiological addiction nor loss of the ability to control or to determine his or her intake of alcohol.

*The hard drinker* is characterized by nutritional deficiency diseases such as cir-

rhosis of the liver, gastritis and noninflammatory degeneration of the nerves. He or she has no loss of control, no withdrawal or other addictive manifestations. Hard drinkers often have poor nutritional habits. Damage to the body is primarily physiological, with reduced earning capacity and consequent reduced family stability and reduced life expectancy.

*The periodic drinker* is usually abstinent between binges, but suffers from manic-depressive mood swings. He or she may begin a binge when skidding into such painful depressive moods. The periodic drinker suffers from loss of control and temporary addictive behavior.

*The steady alcoholic*, a type characteristic of the vast majority of American alcoholics, has true physiological addictions, withdrawal symptoms, loss of control of intake and a craving for alcohol. He or she has increased body tissue tolerance for alcohol, suffers

from progressive impairment of all areas of the person's functioning, including health.

*The plateau alcoholic* is identified by the need to maintain a certain minimum level of inebriation much of the time. The plateau alcoholic is prevalent in France and among women and Skid Row alcoholics in America. He or she may seldom be obviously intoxicated and may be able to hide the problem for many years. The social life of the plateau

drinker disintegrates subtly and gradually. Such individuals also suffer from declining health, from addiction and an inability to exercise positive control over alcohol intake.

This general classification was first developed by the late E.M. Jellinek, the father of scientific alcoholism research.

Other types of alcoholism are now known through medical research to exist.

—Herman L. Hoeh

## PROGRESSIVE PHASES

Most—but not all—alcoholics go from controlled social drinking to complete addiction in seven phases.

- 1 Controlled social drinking
- 2 Purposeful occasional drinking to escape from tensions
- 3 Frequent escape drinking in which tolerance to alcohol steadily increases
- 4 Early alcoholic phase with first blackout
- 5 Progressive preoccupation with alcohol
- 6 Complete alcohol dependence, danger of withdrawal symptoms
- 7 Social, medical and spiritual help needed or death occurs

RELATIVE TOLERANCE LEVEL

PHASE



## ALCOHOL CONTENT AND METABOLIZATION RATES OF VARIOUS LIQUORS

	ALCOHOL CONTENT	AMOUNT METABOLIZED PER HOUR
Beer (4.5%), 12-oz. can	.54 oz.	.38 oz.
Dinner wine (12%), 4 oz.	.50 oz.	.42 oz.
Dessert wine (22%), 4 oz.	.80 oz.	.31 oz.
80 proof whiskey, gin, etc., 1 oz.	.40 oz.	.28 oz.
100 proof whiskey, gin, etc., 1 oz.	.50 oz.	.28 oz.
Highball: 1 oz. whiskey, 4 oz. ginger ale*	.50 oz.	
Manhattan: 1½ oz. whiskey, ¾ oz. sweet vermouth	.75 oz.	
Martini: 1½ oz. gin, ½ oz. 12% vermouth	.75 oz.	
Tom Collins: 1½ oz. gin, lemon, sugar, mix	.75 oz.	

\* Carbonated mixers increase the absorption rate of alcohol into the bloodstream.

## PSYCHOLOGICAL AND PHYSICAL EFFECTS OF ALCOHOL

NUMBER OF DRINKS	BLOOD ALCOHOL CONCENTRATION	PSYCHOLOGICAL AND PHYSICAL EFFECTS
1	.02-.03%	No overt effects, slight feeling of muscle relaxation, slight mood elevation.
2	.05-.06%	No intoxication, but feeling of relaxation, warmth. Slight increase in reaction time, slight decrease in fine muscle coordination.
3	.08-.09%	Balance, speech, vision and hearing slightly impaired. Feelings of euphoria. Increased loss of motor coordination.
4	.11-.12%	Coordination and balance becoming difficult. Distinct impairment of mental faculties, judgment, etc.
5	.14-.15%	Major impairment of mental and physical control. Slurred speech, blurred vision, lack of motor skill.
7	.20%	Loss of motor control—must have assistance in moving about. Mental confusion.
10	.30%	Severe intoxication. Minimum conscious control of mind and body.
14	.40%	Unconsciousness, threshold of coma.
17	.50%	Deep coma.
20	.60%	Death from respiratory failure.

For each one-hour time lapse, subtract .015% blood alcohol concentration, or approximately one drink. One drink = one beer (4.0% alcohol, 12 oz.) or one highball (1 oz. whiskey, 4 oz. ginger ale).



# The Slide into Abuse

**T**he slide into alcohol abuse can be gradual and subtle. Many in society use alcohol to cope with their daily problems, frustrations and feelings of inferiority. They have seen alcohol used this way or carelessly allowed themselves to slip into this pattern because of unresolved stress or problems.

Alcohol abuse has already occurred when a person automatically reaches for alcohol whenever he or she has difficulties or emotional problems. Over a period of time a person can become psychologically addicted to alcohol as a method of coping with personal problems. By persistently keeping alcohol in the bloodstream, a person may alter his metabolism and become physically addicted to alcohol as well.

Alcohol should never be used to escape problems or to cure loneliness, boredom or depression. Using alcohol for such reasons is habit forming and worsens, not solves, these problems.

Alcohol is an anesthetizing drug. It should never be taken, even in small amounts, before making critical judgments, evaluations or decisions affecting your own or someone else's life.

The Bible teaches us to resolve our problems the right way. God's way to solve personal problems and frustrations is through prayer, seeking forgiveness and setting our minds and values aright or straightening out interpersonal wrongs. God's way is not to first

reach for an alcoholic drink!

## From Moderation to Abuse

The slide into alcohol abuse and alcoholism can take many forms. The alcoholic is a person who has developed a psychological dependency on the drug alcohol which is also usually coupled with a physiological dependency. He has no predictable control when he starts to drink.

In some alcohol abusers physical and emotional problems occur when they start drinking, in others also when they stop drinking. Authorities note alcoholics develop varying patterns of conditioned cues—rhythms within their bodies and from their environment—that trigger alcoholic episodes. On one occasion some alcoholics may be able to moderate their drinking, but on another seemingly similar occasion they lose all control.

It sometimes takes many years for gradually increasing amounts of drinking to develop into a more noticeable phase of alcoholism. In some persons, alcoholic patterns develop within weeks of first use. They seemingly lose control starting with their first drinks. The slide manifests itself with an increasing preoccupation with alcohol.

Alcoholism is a state when the very cells of a victim's body, his metabolic functioning, and his psychological responses become altered through drinking—although the alcoholic doesn't realize it until really serious problems

develop, and often not even then.

Some alcoholics drink daily, others in episodic patterns. Some stay dry for long intervals between binges. Some drink enormous quantities of alcohol when they drink, others do not. They may tittle throughout the day, keeping "mellow" but not obviously drunk.

In the past alcoholism was thought to travel through three progressive stages—heavy drinking, problem drinking and alcoholism—each with a distinct complex of symptoms. Doctors are discovering the condition is more complicated. It does not always follow a set pattern, but instead may assume varied forms. The suggested reading list in this publication discusses differing patterns of alcoholism.

In most cases of alcoholism, the alcoholic's body becomes adapted to functioning with high levels of alcohol. Alcohol offers temporary relief to personal problems or inner cravings. Alcoholics do not see alcohol as a cause of their problems but a *solution*. They feel it is essential and "normal" for their functioning. The deceptive cycle will continue until broken by abstinence from alcohol and proper treatment.

Early in alcoholism, the alcoholic can usually control his craving for alcohol. But since there are so few penalties associated with heavy drinking he may feel no need to control it. As tolerance increases and

physical dependence sets in, the alcoholic gradually loses psychological control of his craving for alcohol. Finally, will power, self-restraint and the ability to say "no" lose all force. The physical-psychological need for alcohol overshadows everything else in the alcoholic's life.

As alcoholism progresses, it may reach a point where alcohol tolerance lessens due to cell damage in the liver and nervous system. The alcoholic may no longer be able to tolerate large amounts of alcohol. He may lose ability to judge how much he can take and dangerously overdrink to serious sickness or unconsciousness.

Alcohol experts realize that while abuse of alcohol is frequently precipitated by harmful drinking practices, or psychological and emotional problems, the pharmacological or drug reactions of alcohol itself also *cause* many damaging emotional and physical problems—such as irritation, moodiness, depression, compulsion, or flying off the handle. Alcoholism is a self-perpetuating condition.

Only 3% to 5% of the alcoholic population exists on Skid Row. Most maintain homes and families and master facades. The greatest roadblock to early and successful treatment of alcoholism has always been its prime symptom: *denial*.

Alcoholics must stop using alcohol to have a chance at recovery. Skilled help is virtually always needed to help achieve it.



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abuse" (page 105, emphasis added).

Study after study shows family and social attitudes about alcohol are extremely important in the results that come from its use.

Certain Mediterranean cultures such as Italy, Portugal and Greece and some eastern cultures have had a tradition similar to the aforementioned pattern of using alcohol. Unfortunately, in recent years more affluent and permissive drinking influences are weakening this pattern in many of these nations and alcoholism is a growing problem.

The disciplined and family-educated moderate drinking tradition is even more pronounced among conservative and orthodox Jews. In this culture drinking is very widespread, involving most children and adults, yet there exists an extremely low rate of alcoholism. The reason is the Jewish child from such an environment acquires strong inner controls as to the proper use of alcohol in his or her life.

From their early years of life these children witness the moderate use of alcohol among parents and strong social sanctions against alcohol abuse and drunkenness are enforced. Alcohol tends not to be drunk daily. It is commonly reserved for the weekly Sabbath and special occasions.

Since moderate use of alcohol is part of Orthodox Jewish life from early years, and closely tied in with family religious traditions and meals, and a deep sense of responsibility to the family is expected, there is a very low occurrence of undisciplined experimentation by adolescents or abuse of alcohol as a symbol of revolt against authority by them.

#### **More Evidence From Cultural Studies**

One Southern European culture, the Italian, has had the general custom of providing children with a long education in moderate alcohol use, usually low-proof wine, and encourages responsible drinking with family members at meals. Alcohol used by children is often diluted with water and drunk in

### **If one cannot drink without alcohol being a problem to himself or others than he or she should not drink alcohol at all privately or socially!**

small amounts. Such drinking diminishes the alcohol "high" and tends to establish and enforce moderate drinking habits. Drunkenness is also frowned upon.

In contrast, several North and East European nations are noted for much higher alcohol problems. One European culture discourages children and adolescents from drinking, but they tolerate—even covertly praise—the capacity of men to drink large amounts of alcohol. In this culture, heavy alcohol use is frequently indulged in away from other family members, often in pubs and apart from food of any kind. And high-proof liquors are more highly revered than low-proof drinks.

In one major Eastern European nation, men feel obligated to finish off a bottle of high-proof liquor after they open it. Drunkenness and alcoholism is undermining the health and productivity of that whole nation!

In some cultures, to refuse a drink is construed as unmanly, unsocial or even unpatriotic. Certain cultures passively tolerate open displays of drunkenness.

Every nation, culture and family teaches what is acceptable and unacceptable behavior by how its influential adult members live and what they tolerate.

#### **Drinking Attitudes and Environments**

Millions of persons in our present world find themselves drifting in the midst of a sea of increasingly

permissive and often abusive alcohol crosscurrents. "Do your own thing!"—a popular attitude in the western world—has led great numbers to abuse alcohol and into alcoholism.

Millions of adolescents do not receive their alcohol education in a disciplined, happy home environment. Instead they receive it in the peer-pressured "beer bash" with its so-called fun of "getting smashed," "bombed," "loaded," "soused," "plastered," or "clobbered." There is a lot of popular terminology to lessen guilt and dress up the evil consequences of drunkenness and lack of self-control.

In the Western world there have been stronger and stronger social and advertising pressures to lead many to believe alcohol is indispensable to having fun at any affair or activity. In many social occasions, people are expected to drink (a trend which is now fortunately changing). There are still widespread attitudes that associate drinking and "holding one's liquor" with masculinity and virility and being part of the "in" group.

Many businessmen find themselves pressured and expected to drink during business hours—before and after deals.

Many persons have gotten into wrong drinking habits from such modern drinking inventions as the "happy hour"—the before-meal high-alcohol-content cocktail party.

A multitude of bars exist in many areas for legal age persons with any kind of drinking habit to stop off anytime they feel like it to have drinks. In many areas, low-cost liquor is available at a growing variety of food and nonfood stores and shops.

As a result of such common drinking practices and attitudes many believe alcohol can be used any way they like. It's no wonder abusers, heavy drinkers and alcoholics have trouble accepting the truth about the damage their habits do with the result that they stop or get help.

#### **Laws Reflect Teen Crisis**

It is precisely because the disciplined family structure has so widely broken down, and permis-



# Alcoholism— a Disease?

**A**t times, scientists, clinicians and others debate whether or not to call alcoholism a "disease." Usage of the term is usually acceptable *if* it is properly defined. When one considers the wide scope of damage that alcoholism does to the human body, mind and spirit, the condition can, indeed, be legitimately described as having become a disease.

Over a period of time, alcohol abuse alters brain-cell function, induces nerve damage, shrinks the cerebral cortex, imbalances the hormonal system and damages vital organs.

Scientists have found that

repetitive alcohol abuse wreaks a certain common havoc on the psyche which is perhaps even more insidious than the damage sustained by the liver, the heart and other vital organs.

During early and middle stages, the alcoholic may be able to function, but his productivity will be progressively hampered; his psychological disequilibrium will magnify small problems and render him unable to cope effectively with stress. This altered state of psyche will prevent him from seeing the reality of a situation and thwart the normal process of emotional maturing that enables one to assimilate

and learn from lessons of experience. The condition of alcoholics literally changes them into people who think, act and feel differently than they should.

Because alcohol blurs effective insight into the way alcoholics looks on things, it is commonly impossible for others to reach them about what their drinking is doing until they "hit the bottom" or are confronted with a serious problem. Victims are so dependent upon alcohol to function or feel well that they feel there is nothing abnormal about their drinking. They delude themselves (perhaps one should say, lie to themselves) that they don't have a drinking problem. Many feel this way because they aren't a derelict or Skid Row type.

Some of the most serious diseases associated with chronic alcohol abuse include cancer of the liver,

larynx, esophagus, stomach, colon and breast.

Alcoholism also may lead to high blood pressure, stroke and heart attack; damage to the brain, pancreas and kidney; produce stomach and duodenal ulcers, colitis, birth defects and fetal alcohol syndrome, impotence and infertility, premature aging, sleep disturbances, muscle cramps, diminished immunity and other diseases. Alcohol abuse and cigarettes are one of the worst possible combinations, greatly increasing the risk of heart disease and cancer.

Calling the condition of alcoholism a disease is not a cop-out for the alcoholic. To the contrary, when the alcoholic becomes aware of the far-reaching damaging effects of his condition to his own mind, life, family and society, he has more responsibility, not less, for seeking treatment.

sive drinking practices are so widespread, that many health and government officials frown on any use of alcohol by young persons, even within the home. They feel there is simply too much lack of understanding and carelessness about alcohol and too many permissive adult and peer drinking attitudes and pressures.

These authorities have additional reason to be concerned about improper use of alcohol by young persons. Research indicates that adolescent metabolisms, which are in the developing stage, are much more sensitive to alcohol. Alcoholism can develop *several times* more quickly in teens who abuse drink than among adults.

Because alcohol abuse has become so widespread among young people in many nations, governments at various levels have been forced to pass laws forbidding use of alcohol by minors. Please remember. In the United States and many other nations, *any use* of alcohol by underage persons apart

from than that legally permitted within homes or other circumstances under parental control is *illegal*. Laws vary from state to state or area as to what is permissible drinking by minors even within the home.

## Racial and Hereditary Differences

We now come to another critical area that adults and children need to be educated in: physiological and hereditary differences affecting alcohol metabolism.

In recent years, research studies have demonstrated there are significant differences in alcohol metabolism in humans. Differences of opinion exist among researchers on the relative contributions made by heredity and by environment in response to alcohol. But this much has been established. There are differing sensitivities and reactions to alcohol among various races or ethnic groups and even between individuals within a race or family.

Human response to alcohol can vary significantly due to enzyme and

constitutional differences within the body. Some persons are so sensitive to alcohol that just a small amount can produce acute discomfort, possibly accompanied by facial flushing, elevated skin temperature, rapid pulse or lack of sobriety.

Preliminary studies indicate that a high proportion, perhaps half or more, of peoples of Oriental stock have a rapid alcohol sensitivity producing some of these effects, whereas such effects are seen in between 5 to 20 percent of Caucasian groups.

Many persons in Oriental populations have been found to have metabolic systems of enzymes that convert ethyl alcohol to the metabolic breakdown acetaldehyde more rapidly than Caucasians. They are thought to experience unpleasant symptoms because high blood acetaldehyde levels, which act as an irritant, are not quickly disposed from the bloodstream. Hence, some Orientals are less prone to alcohol abuse.



# Heredity Studies

**T**he involvement of heredity in alcoholism has been suspected since ancient times. The basis for such is the observation that alcoholism tends to "run in families," which in itself is not proof of genetic involvement since a shared environment could also explain the pattern.

However, the strongest evidence for genetic influence on alcohol-related behaviors has come from a few adoption studies in which the effects of biological parentage and rearing parentage are disentangled.

One of the best controlled adoption study was conducted by D.W. Goodwin and his colleagues in Denmark in the early 1970s. This study compared the drinking history of 55 adopted-out adult sons of alcoholics and 78 adopted-out adult sons of nonalcoholics.

As infants all of these sons were adopted within the first six weeks of life. The researchers found that biological sons of alcoholics who had been adopted by

non-related foster families were *four times* as likely to become alcoholics as the adopted sons of nonalcoholics. (The researchers found the lifetime prevalence of alcoholism as 18% in the biological sons of alcoholics versus 5% in the nonalcoholic sons. The estimated lifelong rate for alcoholism for males in the U.S. general population is estimated to be about 3% to 5%. For females it is even less.)

Goodwin and associates found high rates of alcoholism in sons who had a biological parent who was alcoholic even if the adopted sons were raised by nonalcoholic foster parents.

These sons of alcoholics were also twice as likely to become alcoholic by their late twenties or earlier and to develop alcoholism serious enough to require professional treatment.

In 1978, a study of over 1,100 adopted sons of alcoholics in Sweden found them three times more likely to become alcoholic than

the adopted sons of nonalcoholic fathers. Adopted sons whose mothers were alcoholic were twice as likely to become alcoholic as those whose mothers were nonalcoholic.

In 1979, Nancy S. Cotton, Ph.D, reviewed 39 studies on the heredity of alcoholism that had been published over the preceding four decades. She summarized the findings on the families of 6,251 alcoholics and 4,083 nonalcoholics involved in these studies: Without exception, every family study of alcoholism showed significantly higher rates of alcoholism in relatives of alcoholics (in father, mother, sibling or relative) than in the general population.

Cotton found that almost one-third of any sample of alcoholics had at least one parent who was alcoholic. Two-thirds of the studies of alcoholics found that at least 25% had fathers who were alcoholics.

Dr. Marc Schuckit of the University of San Diego and chief of the alcoholism research unit, remarked, "People do inherit things that make them more or less vulnerable to the effects of alcohol. Certainly many genes are involved and there are many different ways to become alcoholic."

Researchers find it is difficult to untangle the relative contribution of heredity and of environment in alcohol response. It is important to point out that not all alcoholics have alcoholic parents or siblings.

Humans are influenced both by their genes which affect physiological or metabolic functioning, and by their social environment. Modern alcohol research is finding what is inherited is not "alcoholism" but a *susceptibility* for it—a "genetic predisposition" which renders a person more metabolically vulnerable to develop alcoholism if one drinks.

Genetics alone is not the cause of alcoholism. Alcoholism must still be created by improper drinking. In our world this is usually fostered by careless or socially encouraged abusive drinking practices, or by trying to solve emotional problems with alcohol.

In summary, if one has alcoholism in his or her family, special concern is warranted. If one does not have alcoholic relatives, concern is still warranted because no one can safely assume he or she is immune. Alcoholism can be created simply by unthinking, careless use or abuse of alcohol.

Clinical investigations have demonstrated that the human liver, where about 85 percent of alcohol metabolism takes place, contains multiple forms of enzymes responsible for that metabolism, each of which is inherited.

Structural differences in these enzymes, small though they are, can have a great effect on the functional properties of an enzyme, either speeding up its action or slowing it down. Thus they accelerate or delay the elimination of alcohol byproducts from the body.

Clinical studies are also establishing that there are variants in alcohol metabolism among individuals depending not only on inherited characteristics, but sex, health, weight, age and diet. This research indicates that for anyone to assume he or she can drink exactly like others is both foolish and potentially health damaging.

It is a big mistake to assume individuals from different racial or family backgrounds, or body builds or health, can drink exactly like others. Adult family members need

to realize their responsibility to respect and pass on family history which indicates caution regarding alcohol!

A few years ago, Dr. Sheila B. Blume, Medical Director of the National Council on Alcoholism and a member of the scientific advisory committee on the National Institute on Alcohol Abuse and Alcoholism, commented:

"The more we learn [about alcohol], the more we know that the effect depends on individual differences. How people react depends



# WHAT MOTIVATES YOUNG PEOPLE TO DRINK ALCOHOL?

MOTIVES (Swiss children aged 12 to 16)		PERCENTAGE OF ALL YES REPLIES			
		GERMAN-SPEAKING	FRENCH-SPEAKING	ITALIAN-SPEAKING	%
SELF-GRATIFICATION	"because I like it"	36.9	34.7	48.6	100
	"because it feels good to be a little tipsy"				90
	"because I am bored"				80
SYMBOLIC PARTICIPATION/PRESSURE FROM YOUNG PEOPLE OF THE SAME AGE	"because my friends drink too"	8.2	12.7		70
	"so my friends won't think I'm a wet blanket"	11.8	4.6	12.0	60
	"because most adults drink too"	10.9	15.5	5.2	50
	"so as to mix more easily with other people"	6.5	7.0	8.2	40
PSYCHO-DYNAMIC RELIEF	"to give me courage and self-confidence"	9.2	6.5	3.1	30
	"so I can talk more easily to people"	4.5	6.2	4.3	20
	"to calm myself down"	3.8	4.5	3.2	10
		5.7	6.1	7.7	0
	2.5	2.2	1.9		

World Health magazine, August, 1981

on their genetic makeup. Genetic makeup influences psychological and physical reactions.

"One person may drink very moderately with no apparent harm to the organs. And yet the same amount of alcohol might cause harm in another. Men and women may have different reactions. Women get higher alcohol peaks in their blood than men. Also, age makes a difference. An amount a person could tolerate in young or middle age might be harmful when that person is older."

As a result of individual differences, some authorities say it is impossible for anyone to flatly say one social drink a day won't hurt someone, or that two social drinks a day will keep heart attacks away.

The majority of persons in Western nations can drink a small amount of alcohol without adverse effects. But some persons, because of some metabolic or health reason, cannot properly utilize or enjoy alcohol. To them, just a little alcohol is a toxin, producing distressing symptoms. A wise parent or host or hostess will be aware of this reality.

## Family Background Important

At the other extreme, research is

making it clear that the drinker who can "drink others under the table" but not get drunk is also in serious danger.

Many of these persons (they frequently come from families with a history of heavy drinking or alcoholism) often claim to feel less intoxicated after multiple drinks and show fewer early signs of drunkenness after heavy drinking.

Dr. Marc Schuckit, professor of psychiatry at the University of California, San Diego, and an authority on alcohol problems, has found that many heavy-drinking men who come from this high-risk group often produce high levels of the alcohol metabolic breakdown acetaldehyde.

Schuckit speculates that certain persons' metabolism with high levels of acetaldehyde from large amounts of liquor blunt the typical drowsy response. Instead of finding large amounts of alcohol dulling like others would, they find it stimulating. This misleads them to think they can continue drinking in amounts that cause others to get sick or drunk. Whether this particular response is due to genetic factors or the result of repeated alcohol abuse is a point of debate.

There are different patterns of alcoholism. The ability to drink larger and larger amounts without getting tipsy or drunk is one of the warning signs of developing or early stages of alcoholism. In all cases, immoderate drinkers are only kidding themselves. They are ALREADY IN serious alcohol-related trouble!

"Never envy a heavy drinker who does not seem to get tipsy," warns one expert on alcohol. "Alcoholism may be the next station on his train ride."

## Personal Responsibility

It is critical that every person reading this article be scrupulously honest with themselves. If you drink, where and how did you learn? Who were your childhood examples, and what was your learning environment? Were they—are they now—really wholesome and healthy and moderate or not?

Unfortunately, the problem with discussing any kind of limit in drinking is that those who abuse alcohol usually kid themselves they can handle much more than others when they can't.

Abusers are usually the last to admit they drink too much. They



think—or like to think—they drink in moderation, but they base their definition of moderation on their past habits or on the standards and practices of others around them.

Alcohol is being abused when it results in harmful spiritual, mental, and emotional attitudes of mind and in damaging physical and bodily reactions. Lack of moderation is another important criteria—even if some persons do not get tipsy or drunk like others from heavy drinking. Immoderate use of any alcoholic beverage, even low-alcohol ones, will eventually cause problems and can cause alcoholism.

Sensible precaution indicates moderation even for persons who can handle alcohol without adverse reaction or risk. This means having no more than a modest drink or two during any day or social occasion, and then spaced out over a period of time, not all at once. Some authorities advise not to drink alcohol every day.

Next, you need to ask, is there a pattern of alcohol abuse or alcoholism in your family? If so, you need to be *extremely* moderate if you drink at all—and perhaps you shouldn't. Evidence is growing that a predisposition to more quickly develop alcoholism can be inherited.

Next, and critically important, if you drink and are a parent, you need to ask what is the *EXAMPLE* you are setting to others, particularly to impressionable young children and adolescents in your care. You *must* set a proper example!

#### All Held Accountable

The Bible is replete with many warnings and examples about the *abuse* of alcohol. In God's eyes, humans do not need to drink alcohol to prove masculinity, sociability or maturity. In fact, humans do not need to drink alcohol at all to survive.

If we drink alcohol, God holds us responsible for how we do so.

## ALCOHOL AND TEENAGERS

### UNITED STATES

- 3.3 million teenagers have a drinking problem.
- In 1980, 30.1% of the teens interviewed said that either they or their friends got drunk at least once a week. 6% said that they drank daily.
- In 1975, 8,000 teenagers died in alcohol related auto accidents. Another 40,000 were disfigured.
- 90% of the teenage population tries alcohol, 8-9% exhibits alcoholic behavior (due to peer pressure) while not actually being alcoholic, and 1-2% of the teens are actually alcoholic—usually poly-drug addicted.
- A 1976 report to a Los Angeles County grand jury found that 80% of all juvenile crime was alcohol related.
- A 1967 St. Louis County report found that nearly 100% of the night-time teenage auto fatalities were alcohol related.
- 42 million children live in homes with alcohol dependent parents, relatives, or guardians. Approximately 50% of those children will themselves develop a problem with alcohol.

### WORLDWIDE

- **Britain**—teenage drunkenness has doubled in the past 12 years.
- **Sweden**—one poll showed that 90% of that nation's 15 year olds drank regularly.
- **Soviet Union**—90% of the population had their first drink before age 15 and 33% before age 10. These figures and others have alarmed Soviet officials who are facing a grave national problem with alcoholism.
- **Austria, West Germany, Norway, Denmark, Czechoslovakia, France, Ireland and Switzerland** are spending millions on state informational campaigns on alcoholism or have banned alcohol advertising in the various printed or electronic media.

He holds us responsible for staying *well back* from levels that produce ill effects in our lives or towards others. Moderation is not always pushing the limits of sobriety. How we handle alcohol is a test of our character!

If one cannot drink without alcohol being a problem to himself or others then he or she should *not drink alcohol at all—privately or socially!* If you already find yourself failing to control alcohol, then it is your God-given responsibility to do all you can to get the help you need to stop.

Since many alcoholics and abusers of alcohol will not face or admit they have a drinking problem, others many have to take intelligent steps, elsewhere discussed in this publication, to help them confront their problem and overcome it.

Only if we are knowledgeable about alcohol, about human differences in its metabolism, and discipline ourselves in *our* families and social responsibilities, can the use of alcohol produce a benefit and not a curse to ourselves and others around us! □







# Alcoholism Is Treatable

**T**he good news is that alcoholism is a treatable disease. Thousands of alcoholics are helped to stop drinking every year. The chances of recovery are good if alcohol abuse or alcoholism are treated in its early or middle stages.

The sad fact is, most alcoholics do not receive treatment. *Over 90% of them will die as a result of the condition.* Most of them won't die directly as a result of alcohol's ravages to the organs of their body but to *accidents* caused by their drinking.

Proper treatment for the alcoholic must be more than a drying out period and an interlude between binges of drinking. Treatment must be a well designed program to get the alcoholic back on his or her feet and started in a new life of sobriety. They must learn how to cope with life and problems without alcohol. If alcoholics continue drinking, most will continue to deteriorate emotionally and physically.

Remember, many alcoholics who recognize they have a problem have great guilt and embarrassment because of their condition. It is very difficult for them to admit they are different from others who can drink and enjoy a little alcohol. It is difficult to give up something that seems so essential to coping and feeling better in their lives.

## Permanent Vulnerability

Alcoholics, like all humans, vary in what moves and motivates them. Relatively few alcoholics stop

drinking by themselves. If they do it is usually related to some personal shock caused by their drinking.

Experience has shown that alcoholism alters rational thinking in most alcoholics as long as they remain drinking. The vast majority of alcoholics simply do not face the reality of their condition and cannot permanently stop drinking without help.

Long term or late stage alcoholics definitely need professional treatment. Quitting "cold turkey" for these persons could cause withdrawal symptoms that could be life threatening.

The overwhelming preponderance of experience indicates alcoholism is rarely, if ever, totally cured. Most alcohol experts have found, for practical purposes, that once the "addiction switch" to al-

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Once a person becomes addicted to alcohol he is highly susceptible to addiction to all other drugs that work on his system in a similar fashion.

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cohol (or any other addictive drug) is thrown "on," it rarely returns to "off," even after years of abstinence from the drug. This is why alcoholics in treatment are educated to call themselves a "recovering alcoholic." They can never safely return to even moderate social drinking.

All successful drug abuse treatment programs have the same goal: to help the drug-dependent persons become and remain drug free. It is important to stress *drug free*. Once a person becomes addicted to alcohol he is highly susceptible to addiction to all other

drugs that work on his system in a similar fashion.

## Education First Step

Before anything else is done, anyone who hopes to help an alcoholic recover should first carefully educate himself or herself about alcoholism.

Family members, and eventually the alcoholic, must come to understand that alcoholic people cannot drink "normally." They will need to learn about common early, middle and late stage symptoms. Family members will need to be forewarned that failures and relapses in treatment are common, yet alcohol-free living is still possible. This education requires time and patience.

An alcoholic is both physically and psychologically damaged. The thinking and metabolism have been altered. When drinking, or even between drinks, the alcoholic acts in unpredictable ways. One moment he—or she—may be mild and accommodating, the next moment consumed in self-pity and remorsefulness, the next filled with belligerence and angry denial that there is a drinking problem.

Only after an alcoholic's body has a chance to recover from the deleterious effects of alcohol through abstinence is there a

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chance that he or she can return to psychological and emotional stability. Then they will have to work, a day at a time, on coping with problems without alcohol or other mind-altering drugs.

## Proper Confrontation

Many hold the widespread belief that alcoholics must "hit bottom" before they can be helped. This has been proven untrue in recent years. Many alcoholics now being successfully treated went into treatment because they were confronted with certain choices and crises they

*(Continued on page 15)*



# Help for Family Members of Alcoholics

**N**onalcoholic spouses and children of alcoholics often believe they are alone in their difficulties in coping with an alcoholic family member. But they are not.

It's an unfortunate fact of life, but one of every six families in the United States is affected by alcoholism.

Usually, if help is sought it is for the alcoholic. "What should I do to help him (or her) get sober?" family members ask.

But, it is just as important for family members or closely associated friends of

Spouses, children, closely attached family members and friends of alcoholics have been emotionally hurt by long term coping with embarrassment, denial, anger, fear, guilt, being manipulated and lied to. Many family members are subject to physical abuse, and sometimes, even sexual abuse. The National Council of Alcoholism estimates as many as 60 percent of alcoholic families in treatment have experienced domestic violence.

These problems and hurts

with the alcoholic's problems and their own.

## Helping Resources

In many areas, agencies and organizations exist devoted to helping spouses, older children of alcoholics, and others, learn about ways to cope with their feelings and problems more constructively, even if the alcoholic family member refuses to seek help for himself or herself.

The most readily available services for everyone regardless of individual circumstances are the self-help groups of Alcoholics Anonymous, Al-Anon and Alateen.

AA, Al-Anon and Alateen usually do not regularly depend on professional counselors nor do they document one's involvement. They are free of charge to all who wish to participate.

Alcoholics Anonymous is a program open to any person who has a desire to stop drinking. Al-Anon is open to adult relatives or friends of someone who has a drinking problem. Alateen is a support group open to young persons between the ages of 12 and 21 who have either a family member or friend with a drinking problem.

Other kinds of agencies and programs also exist. These programs offer a various mix of services of professional and nonprofessional persons

with knowledge and understanding of the alcoholic family system. Group education and private counselling are often available.

No single program developed by any social organization will be totally acceptable, appropriate or effective for every person. Variations in effectiveness and quality will depend on leadership and philosophy of the organization.

Responsible adult family members should seek advice from others who may be familiar with a program they feel may be appropriate. It is important to attend a number of meetings before deciding whether or not a certain program is a satisfactory resource for you.

In the United States and many other nations, the way to contact one of these groups is to simply look them up in the telephone Yellow Pages under "Alcoholism." Or ask a local health department or hospital.

Another helpful resource that may be listed in the Yellow Pages is the *National Council on Alcoholism*. Ask your telephone operator to give you their number or any other agency that could help you find appropriate help.

Persons living in Canada, Britain, Australia, Commonwealth nations, or other nations, should seek help from government or local health agencies. Many nations have Alcoholics Anonymous chapters or other treatment facilities available.

Remember, alcoholics can and do get sober and stay sober. And family members of alcoholics can find help to cope with their problems. But first, they need to ask for help!



alcoholics to realize that whether or not the alcoholic seeks treatment or gets sober, they have also been deeply affected and hurt by alcoholism. There are heavy mental, emotional, economic and social costs of living closely with an alcoholic for an extended period of time.

need to be addressed if there is to be improvement in living for these persons, and more beneficial progress realized for an alcoholic under treatment. The best results in treating alcoholism occur if the whole family involved seeks help and education to cope



would have in their lives if they didn't seek treatment.

*Diplomatic* but forceful confrontations can be given by employers or family members or others influential in the alcoholic's life. This approach is most successful if the individual is still functioning in a fairly responsible way in handling responsibilities and has something to lose that he or she cherishes. This approach is less likely to be successful for an outright derelict, such as someone on Skid Row or a person with nothing to lose.

But it is critically important, before any attempt is made to confront an alcoholic, that there be a *well educated* understanding of the nature of the confrontation process by those who do the confronting. Such advance education and preparation is best made with the counsel and guidance of personnel trained in such matters.

Family members and friends need to be aware of the evasiveness, the resistance, the deceptive maneuvers and false promises alcoholics will advance to avoid the steps they will need to take to cope with their problem. An alcoholic's family and friends must be aware of how in the past they may actually have *enabled* the alcoholic to remain an alcoholic by covering up for the consequences of his or her drinking.

### Choosing Treatment

Alcoholism is a physical and mental-emotional-spiritual problem. We encourage alcoholic persons to seek to live a truly Christian life and utilize the divine spiritual help and motivation God offers to overcome alcohol problems. The alcoholic will still need to do all in his own power to quit drinking as well as call on God's help. Extra educational help and treatment is often necessary.

When seeking extra help, realize not all treatment programs are the same. They must be evaluated for their value and appropriateness by responsible adults taking in consideration the degree of the alcoholic's problems and circumstances.

There are benefits and limitations in all public and private treatment programs. Some treatment programs are not geared to help alcoholics cope with certain problems needed for their recovery.

Some treatment programs offer counseling but no in-patient detoxification or nutritional aid. Some hospitals offer detoxification programs but no long-term support treatment. Some programs offer only good support services. Alcoholics Anonymous, for instance, does not provide detoxification facilities, but as a program for help-

writing to Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

Youth-parent support groups can offer advice and referrals. Hotlines to call: (800) 554-KIDS (number of the National Federation of Parents for Drug-Free Youth); or (800) 241-7946 (number of National Parents' Resource Institute for Drug Education).

The following organizations also offer a wide-range of free and low-cost publications on alcohol and alcoholism:

—National Clearing House For

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Many alcoholics now being successfully treated went into treatment because they were confronted with certain choices and crises they would have in their lives if they didn't seek treatment.

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ing the alcoholic to maintain sobriety after withdrawal and health treatment, A.A. is recognized as one of the more effective.

Long term alcoholics often have not eaten right. Excessive alcohol intake has unbalanced their nutrition. Nutritional therapy is often needed to speed successful treatment because cellular damage has been caused by years of drinking. The alcoholic needs to start eating right to help him feel better and function better. He will have to alter damaging lifestyle habits.

Many hospitals offer inpatient and out-patient chemical-dependency units. State and local public health departments are sources for finding alcohol and drug-treatment centers.

For \$16 a U.S. Government listing of some 7,500 alcohol and drug-abuse treatment facilities can be purchased. You can request the National Directory of Alcohol and Drug Treatment Programs, document No. S/N 01702401252-1, by

Alcohol Information (supported by the National Institute on Alcohol Abuse and Alcoholism), 1776 East Jefferson Street, Fourth Floor, Rockville, Maryland 20852.

—National Council on Alcoholism, 733 Third Avenue, New York, New York 10017.

—Alcoholics Anonymous World Services, Inc., Box 459, Grand Central Station, New York, New York 10163.

### Helpful Reading

*The Natural History of Alcoholism* by George E. Vaillant, Harvard University Press, 1983.

*Getting Tough on Gateway Drugs—A Guide for the Family*, by Robert L. DuPont, Jr., MD, American Psychiatric Press, Inc., 1984, 1400 K. Street, N.W., Washington D.C. 20005.

*Under the Influence—A Guide to the Myths and Realities of Alcoholism*, by Dr. James R. Milam and Katherine Ketcham, Madrona Publishers, Inc., 1981, and in Bantam Books softcover edition, 1983. □



**W**hy have so many never carefully researched and understood what the Bible says about alcohol? Many devout, religious people sincerely believe that God has forbidden *any use* of alcoholic beverages—that any use of alcohol is totally wrong and sinful.

God is the Creator of every good and beneficial thing. The Scriptures reveal the Divine will and mind of God about how man should live (II Tim. 3:16). God has certainly not neglected to reveal His will in such a vital human area as the use of alcohol.

Wine and another alcoholic drink are frequently mentioned in the Bible. If something sinful or beneficial exists about these beverages, then the Bible will *plainly* show it—if our minds are open to what it says.

What, then, does the Bible really say about wine and alcohol?

#### Proper Use

One of the first mentions of wine in Scripture is by Melchizedek, priest of the Most High God at Salem (Jerusalem) during the time of Abram, whose name was later changed to Abraham. The apostle Paul explained in the New Testament that this person was none other than the One who became Jesus Christ of the New Testament (Heb. 7).

On this occasion Abram was *entertained* by Melchizedek who “brought forth bread and *wine*” for him and his companions (Gen. 14:18). (This is an example of the One who later became Jesus Christ Himself serving *wine* to His guests. And He did not sin!)

The particular Hebrew word translated *wine* in Genesis 14:18 is *yayin*. This word is used over 130 times in the Hebrew Bible to mean *fermented wine*, not grape juice. This same beverage, when used *excessively*, causes drunkenness. Proof is found in Genesis 9:21 where Noah drank *yayin* excessively and became drunk. Lot (who

# Alcohol — What the Bible Really Says

may have suffered from some form of alcoholism) also became drunk on this same beverage (Gen. 19:30-36). It was the beverage used by Nabal so that he too became drunken (I Sam. 25:36).

How many realize God instructed His people to enjoy *yayin* at the commanded Festivals (Deut. 14:26)? On such special occasions God even allowed use of what is translated as “strong drink.” This term comes from an entirely different Hebrew word—*shekar*—which is used twenty-two times in the Old Testament, and refers to alcoholic drinks made from dates and other fruit.

These scriptures make it clear that there can be a *right* and a *wrong* use of *yayin*. Christ in the office of Melchizedek used it properly. Noah, Lot and Nabal used it *improperly*. If we use it we should use it properly as Jesus did.

It should be mentioned that naturally fermented wine is between 10 percent and 14 percent alcohol. Higher alcoholic contents are fortified wines. The high alcoholic drinks, called hard liquor today (40% to 50% ethyl alcohol, or 80 to 100 proof) were not in existence during the writing of the Old and New Testament.

The hard liquors are produced by the *distilling* of grain-based mash or material from other vegetable sources. They did not come

into widespread use until the *Middle Ages*. The danger of these high alcoholic drinks is that, unless one carefully dilutes and uses them, they rapidly lend themselves to abuse, drunkenness and alcoholism. (Liqueurs, flavored and sweetened distilled liquors, are somewhat different in that they are usually served in small amounts and sipped slowly.)

The Bible says that God gave wine to make men *glad* (Psa. 104:15). Why have some men and women turned this blessing of God into a curse? The answer is, as explained in other sections of this publication, that many humans have *refused* to follow God’s instructions in living.

In the instruction of scripture, in addition to using wine as a beverage, God also *commanded* His Levitical Priesthood to include in the sacrifices a portion of wine (*yayin*) as a drink offering (Ex. 29:40).

A blessing of wine was prophesied as a heritage to His chosen people in Genesis 27:28: “Therefore *God give thee* of the dew of heaven, and the fatness of the earth, and plenty of corn and wine [*tirosh*].”

The Hebrew word *tirosh*, meaning “new wine,” is used in thirty-eight places in the Old Testament. People sometimes conclude that this word means grape juice, or



fresh-pressed juice of the vine. However Hosea 4:11 states: "Whoredom and wine [*yayin*] and new wine [*tirosh*] take away the heart." Grape juice could not have this effect. *Tirosh* is an intoxicating wine if used in excess.

### New Testament Instruction

John the Baptist did not drink wine (*oinos* in the Greek) or any other form of alcohol because it was prophesied he wouldn't (Luke 1:15). However, Jesus Christ did drink *oinos* (wine). He said He did in Matthew 11:19 and Luke 7:34.

Christ had not changed since the days of His office as Melchizedek. He did not preach against the use of wine; instead He did like most of the other Jews of His day. He drank wine *in moderation*. It was one of the principal beverages in Palestine at that time—as it is today.

Jesus' first miracle was to change water into wine (*oinos*). Certain people who preach total abstinence often claim this miracle was to turn water into grape juice. Nonsense! Imagine if you can an elaborate Jewish wedding supper where everyone drank only grape juice!

On this occasion Christ turned six jars of twenty or thirty gallons each into wine (*oinos*). This was no small miracle. This kind of wine the steward of the feast said was of *finest quality*—"You have kept the good wine until now" (John 2:10, *Revised Standard Version*). At such wedding feasts, after men had drunk the better wine, the hosts brought out lesser quality wines.

Another proof that *oinos* is fermented wine is the fact that the apostle Paul said, "Be not drunk with wine [*oinos*]" (Eph. 5:18). Paul did not mean to avoid getting drunk on grape juice! Sick, perhaps, but not drunk.

Jesus gave a parable involving the fermenting process of *oinos* in Matt. 9:17. At that time, instead of having metal or glass bottles to enclose wine, the skins of animals were used. The working quality of the wine while fermenting would

break an old inelastic skin, but it would not break a new stretchable skin.

Paul instructed Timothy, "Drink no longer water, but use *a little* wine [*oinos*] for thy stomach's sake and thine often infirmities" (I Tim. 5:23). Notice, he said to use only *a little* wine, not a whole lot. The purpose of this wine was Timothy's frequent stomach ailments. Medical science has proven the benefits of small amounts of wine for some human stomach problems.

### Abuse, Drunkenness Condemned

Both the Old and New Testaments contain many examples and commands against excessive use of alcohol and drunkenness.

Drunkenness is listed as one of the works of the flesh (Gal. 5:21). That means it is the result of the undisciplined, indiscriminate use of alcohol.

Christ warned His followers not to be drunken (Luke 21:34). The apostle Paul told the Corinthian church to "put away from among yourselves"—to have no fellowship—with a person who cannot control his or her drinking (I Cor. 5:11-13). This, of course, refers to persons who simply will not face up to or try to overcome drinking problems, not persons who are working on and overcoming their problems.

The Bible makes it plain drunkards will not enter the kingdom of God (I Cor. 6:9-10, Gal. 5:21). No man who is unable to use alcohol properly should be ordained an elder in the ministry of Jesus Christ (I Tim. 3:3, 8, Tit. 1:7). This does not mean a minister has to drink, but if he does drink it must be in moderation.

Throughout the Bible God is strong to judge those who are "mighty to drink" (Isa. 5:22). Excessive drinkers are committing a grave evil in God's eyes (Prov. 23:20-21, Isa. 28:1-8). The improper use of wine, or the use of immature wine for kicks, makes wine a mocker and deceiver (Prov. 20:1). Those that "tarry long over wine" and spend a great deal of

time in drinking will find all kinds of woe, sorrow and trouble (Prov. 23:29-30).

Total alcohol prohibitionists focus on those scriptures which condemn or show the results of the wrong alcohol use, but neglect those scriptures that show there can be a proper moderate use.

### Outstanding Antiseptic

Another use of wine which has been recognized for millenniums is that of the antiseptic qualities of wine. Researchers have found the germ-killing qualities of wine are greater than the same proportion of alcohol in water. In addition, a good natural wine is not damaging to the flesh as some strong antiseptics are.

Jesus showed he knew the benefits of wine as an antiseptic when he gave the parable of the good Samaritan. In this case a man had been injured and had a severe wound. The good Samaritan "bound up his wounds, pouring in [olive] oil and wine [*oinos*]" (Luke 10:34). The oil mollified or softened the flesh.

### Use This Knowledge

Some persons, of course, will still reject this truth from the Bible about alcohol. They have made up their minds that the use of wine is always wrong. The Bible shows we are not to judge or condemn those who honestly hold such beliefs in their consciences before God (I Cor. 10:23-33).

Alcohol is not a necessity of life. In God's eyes, one does not have to drink to show maturity, virility or sociability. Alcoholics, or anyone who reacts adversely to alcohol for any reason, should not drink alcohol privately or socially at all. Nor should one who may otherwise drink, use alcohol in the presence of a *recovering* alcoholic. There are many other nonalcoholic drinks a person can enjoy.

God allows us to have wine and high quality beverages for human benefit. If we drink, He holds us responsible for how we conduct ourselves. It is a test of our character! □



# Coping with Stress

## ...without alcohol or drugs

**L**ET'S FACE IT. No other single force is more responsible for the worldwide epidemic of drug and alcohol abuse than hypertension, or excessive *stress*.

What do we see in the world around us? Overcrowding. Interpersonal conflicts. Economic uncertainty. International strife. Uncertainty about the future. A gnawing sense of helplessness.

These factors add up to create what Alvin Toffler described as *future shock*—a vague, continuous feeling of anxiety. It's a condition that can only be described as the disease of change.

### Escaping Reality

More and more, people are seeking to dull the pain of this 20th century "disease" by using alcohol and drugs. But the supposed cure has itself created an epidemic. Organizational development consultant Karl Albrecht aptly summarizes today's state of mind in these words:

"The use of mood-altering

chemicals in America, and to some extent in other developed countries, has run completely wild.

"Cultures we are pleased to label 'primitive' all without exception reserve the use of tobacco, drugs and intoxicants for special occasions such as celebration and rituals. Only in the so-called advanced cultures do we use these chemically induced altered states of awareness as routine means for escaping reality."

Stress is not necessarily a negative force. Stress is not, after all, just what happens to us, but *how we react to* what happens to us. And how we react is controlled by our mind and emotions.

### The Role of Stress

To be alive is to be under a certain amount of stress. As endocrinologist Hans Selye, one of the world's foremost authorities on stress, says: "Most people who want to accomplish something, who are ambitious, live on stress. They need it." The right amount of stress can push us to perform at our very best.

Stress also serves to protect us in hazardous situations. If we are

driving along in fast traffic and another car swerves into our lane in front of us, a lot of things immediately happen in our bodies—in the brain, heart, muscular system. The body marshals inner forces and rises to meet the crisis, producing the positive effect of avoiding a collision.

But if the crises and pressures around us become so frequent and so intense that we are constantly calling upon inner resources to respond so dramatically, the stress becomes debilitating. The body simply cannot meet such demands.

Says health educator Leo R. Van Dolson: "When individuals are repeatedly forced to... accept continual change, especially changes involving conflict and uncertainty, an adaptive reaction occurs that draws upon the hormones, causing chemical reactions throughout the body that damage its reserves of energy."

Having too much stress, which Dr. Selye refers to as *hyperstress*, can be destructive to both our physical and emotional well-being. Many turn to alcohol or drugs to anesthetize the stress produced by emotionally upsetting events or situations: marital quarrels, poverty, fear, loneliness, job tensions.

These individuals fail to realize, however, that using alcohol or drugs to cope with stress only creates further stress, contributing to a vicious and harmful cycle in a person's life. Using alcohol or drugs is not an effective measure for coping with pressures.

### Right and Wrong Way to Relax

For instance, one important key to coping with stress is relaxation. More and more psychologists and physicians are coming to view occasional recreation not just as a help but as an essential part of a balanced life-style. Relaxing by a change of activity restores us.

People with drug or alcohol problems *do* attempt to relax, but only by turning to a bottle filled with either alcohol or pills. The drug abuser, rather than learning how to properly relax, relies on drugs to relax him. He is confronting his problems in the wrong way. Here is why.

Drug reliance, which can de-



velop into addiction and cause a host of other related problems (as described by other articles in this series) spawns more stress. The drug user becomes trapped in the cycle. He uses drugs to cope with stress, and this use only creates more stress.

Relaxation should, rather, involve exercise, a change of pace, momentarily getting one's mind off whatever is causing the stress (and *that* by mental choice, not with self-prescribed alcohol or drugs). A temperate use of alcohol is only safely used by one who is *already* mentally relaxed. Alcohol should never be used to regularly induce relaxation.

Since stress involves a person's mental or emotional reaction to external events, any effective program must involve, to one degree or another, a change of mind—a reorienting of life priorities. Besides relaxation, there are other effective measures for reducing the debilitating effects stress can have:

- *Be realistic.* The drug abuser locks himself into a private world where clearly viewing the real world is difficult, if not impossible. He may mentally magnify his problems out of proportion. He becomes wrapped up in his difficulties, real or imagined, so that he cannot see anything else.

Certainly, a person's problems may be real and serious—a broken marriage, unemployment and lack of money, problems with a child, illness. But dwelling on them to the point of becoming paralyzed by them—unable to take action—does not solve them.

The solutions must come through emotional maturity, seeking wise counsel and getting control of one's life.

Complaining about constant hard work, for example, only reinforces the stress. Focusing on the reward obtained from the work, on the other hand, will make the work a source of satisfaction rather than tension. Developing this kind of positive attitude toward stress-producing pressures will ease inner tensions.

If we become more goal-oriented and look to the ultimate rewards for our efforts, pressures we daily undergo will not seem as difficult to bear.

- *Manage your time.* Time management is important. It involves making optimum use of the time we have available to do the things that need to be done. Giving priority to tasks to get the most important—and, potentially, most worrisome—things done first, helps.

Retreating to a drug-induced state of euphoria or forgetfulness certainly is not a wise use of time. When an individual comes down from his high, the same problems still exist. The same tasks remain undone, and may by then be even more urgent. The person may choose, then, to flee once again to his private, "safe," drugged world.

It would be far better to manage time wisely and get things done. The resulting sense of accomplish-

ment would produce its own circle of events—this one positive—encouraging the person to accomplish more.

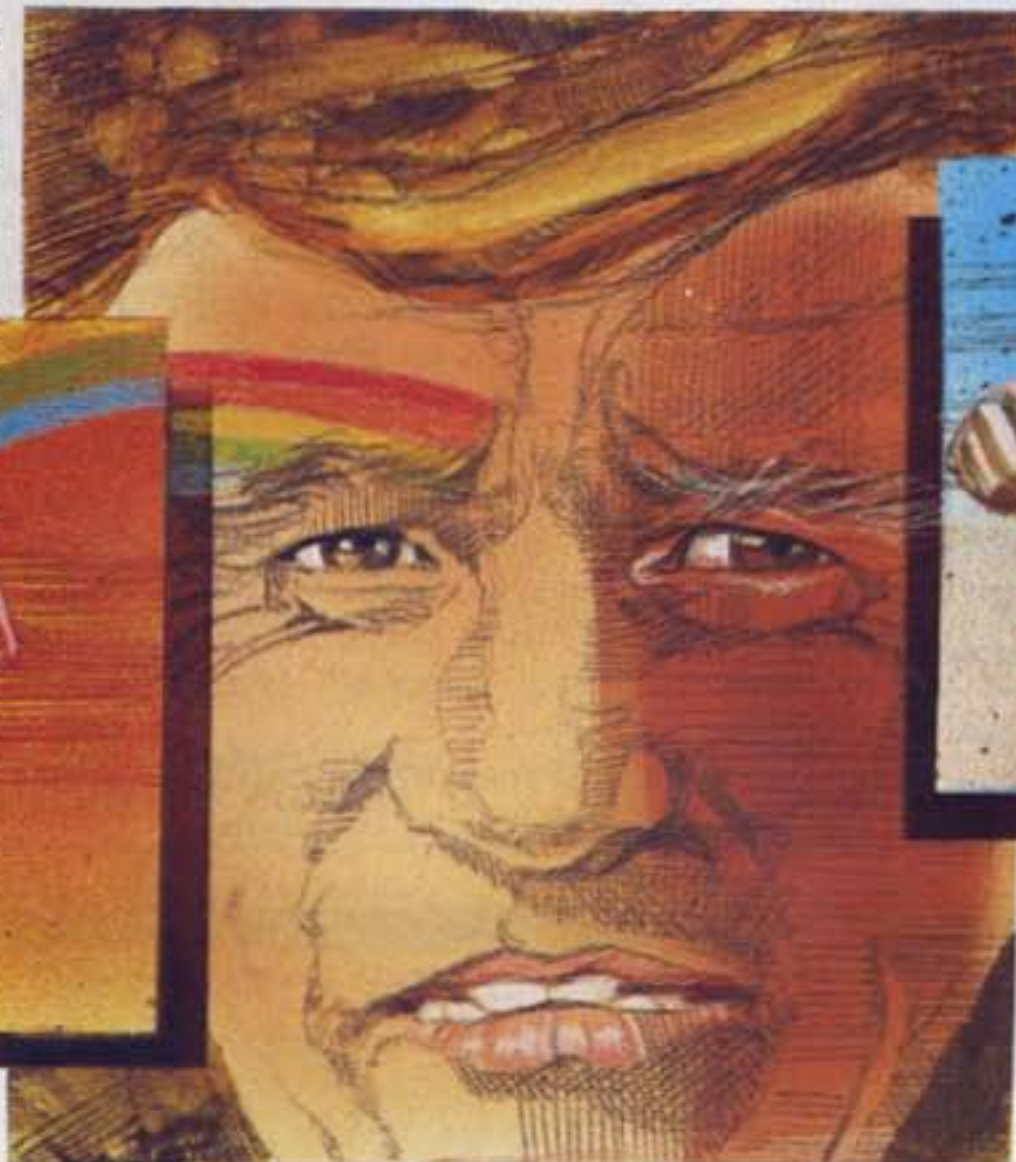
- *Improve general health.* A healthy, physically fit person can cope with a vast amount of pressure. He is adaptable, positive and generally hopeful. Poor health magnifies the small irritations of life and prolongs a cycle of illness. Consider, in the matter of improving general health, diet, exercise, rest, getting plenty of sunshine and developing self-control.

Alcohol and drug abuse harm good health, thus putting more stress on the body and inviting further drug abuse to try to cope with the new problems.

- *Incorporate alternatives to stress.* Life is filled with many sources of anxiety and unnecessary stimulation. We can simply choose to avoid some of these areas that induce stress unnecessarily, such as in the entertainment we pursue. When we stimulate our minds with an incessant barrage of loud, dissonant noise, and with themes that center on violence, crime and interpersonal tragedy, we voluntarily induce stress.

### An Added Dimension

These physical techniques help ameliorate physical problems. But to completely eliminate hyperstress—and the (often) resultant alcohol and drug abuse problems hyperstress often causes—involves changing the basic way human nature functions.



S. GORMAN





## ***Why the Explosion in Drug Use?***

***What has brought about this sad state of affairs? What can a person hooked on drugs do to overcome addiction? There is hope! Our publication "Conquering Drug Abuse" takes an in-depth look at the problem and the efforts to deal with it. Write for a free copy today. (See back page for our address nearest you or use the handy stitched-in envelope.)***

The Bible, for example, provides much advice on stress, emotional maturity and mental health.

"Anxiety in a man's heart weighs him down, but a good word makes him glad" (Prov. 12:25, *Revised Standard Version* throughout). What makes a person "glad"—positive, optimistic, have a constructive frame of mind? Indulgence in alcohol or other drugs? No!

Coping with anxiety involves developing a constant, positive attitude and approach to life. Helping and encouraging others by your thoughtful words and receiving support from others are important.

"A cheerful heart is a good medicine, but a downcast spirit dries up the bones" (Prov. 17:22). The medicine we need is not a chemical! It is this outgoing, optimistic approach to life and resultant interest in others' needs.

"A tranquil mind gives life to the flesh, but passion [King James Version: envy] makes the bones rot" (Prov. 14:30). Do drugs really produce this "tranquil" state of mind—this general, continual attitude of contentment that gives "life to the flesh"—that promotes a successful, happy life? Hardly. As Proverbs 12:25 and 17:22 showed, the Bible is not suggesting chemical solutions to human problems and stress. The answer is in one's basic approach to life.

The Bible reveals that pursuing one's own desires and creature comforts will not make one happy in the long run. Such pleasures are at best temporary. Jesus Christ summed it up: "It is more blessed to give than to receive" (Acts 20:35).

There it is! Preoccupation with *self* only contributes to the hyper-

stress that has caused or compounded many of this world's problems.

Ultimately resolving hyperstress and its concomitant evils, then, is a matter of changing one's whole life-style from its general pattern of taking and selfishness to a life-style of giving, of service, of concern for others equal to or greater than concern for self!

Dr. Selye himself, as an endocrinologist, has frequently expressed that hate causes stress and love eliminates it. He asks, "If everyone loved his neighbor as himself, how could there be any war, crime, aggression or even tension among people?"

Psychologist Erich Fromm notes: "Not he who has much is rich, but he who gives much. The hoarder who is anxiously worried about losing something is, psychologically speaking, the poor, impoverished man, regardless of how much he has."

In comparing the giving, loving person to the selfish person, Dr. Fromm continues: "The selfish person is interested only in himself, wants everything for himself, feels no pleasure in giving, but only in taking. The world outside is looked at only from the standpoint of what he can get out of it."

But what the selfish person does not realize is that his own selfishness is the root of his troubles. His selfishness "leaves him empty and frustrated. He is necessarily unhappy and anxiously concerned to snatch from life the satisfactions which he blocks himself from attaining."

In short, if we give instead of take, our own problems and tensions vanish. Strange? It shouldn't be.

As we live in this way of giving, debilitating stress *will* diminish—even disappear—from our lives. Then we can, as the apostle Paul put it: "Have no anxiety about anything. . . . And the peace of God, which passes all understanding, will keep your hearts and your minds in Christ Jesus" (Phil. 4:6-7). □



# What Are the Signs of Alcoholism?

The following questionnaire will help a person learn if he or she—or a member of the family—has some of the symptoms of alcoholism and may need help.

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you occasionally drink heavily after a disappointment, a quarrel, or when the boss gives you a hard time?	<input type="checkbox"/>	<input type="checkbox"/>	13. When you are sober, do you often regret things you have done or said while drinking?
<input type="checkbox"/>	<input type="checkbox"/>	2. When you have trouble or feel under pressure, do you always drink more heavily than usual?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have you tried switching brands or following different plans for controlling your drinking?
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you noticed that you are able to handle more liquor than you did when you were first drinking?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you often failed to keep the promises you have made to yourself about controlling or cutting down on your drinking?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you ever wake up on the "morning after" and discover that you could not remember part of the evening before, even though your friends tell you that you did not "pass out"?	<input type="checkbox"/>	<input type="checkbox"/>	16. Have you ever tried to control your drinking by making a change in jobs, or moving to a new location?
<input type="checkbox"/>	<input type="checkbox"/>	5. When drinking with other people, do you try to have a few extra drinks when others will not know it?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you try to avoid family or close friends while you are drinking?
<input type="checkbox"/>	<input type="checkbox"/>	6. Are there certain occasions when you feel uncomfortable if alcohol is not available?	<input type="checkbox"/>	<input type="checkbox"/>	18. Are you having an increasing number of financial and work problems?
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you recently noticed that when you begin drinking you are in more of a hurry to get the first drink than you used to be?	<input type="checkbox"/>	<input type="checkbox"/>	19. Do more people seem to be treating you unfairly without good reason?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you sometimes feel a little guilty about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you eat very little or irregularly when you are drinking?
<input type="checkbox"/>	<input type="checkbox"/>	9. Are you secretly irritated when your family or friends discuss your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you sometimes have the "shakes" in the morning and find that it helps to have a little drink?
<input type="checkbox"/>	<input type="checkbox"/>	10. Have you recently noticed an increase in the frequency of your memory "blackouts"?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have you recently noticed that you cannot drink as much as you once did?
<input type="checkbox"/>	<input type="checkbox"/>	11. Do you often find that you wish to continue drinking after your friends say they have had enough?	<input type="checkbox"/>	<input type="checkbox"/>	23. Do you sometimes stay drunk for several days at a time?
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you usually have a reason for the occasions when you drink heavily?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you sometimes feel very depressed and wonder whether life is worth living?
			<input type="checkbox"/>	<input type="checkbox"/>	25. Sometimes after periods of drinking, do you see or hear things that aren't there?
			<input type="checkbox"/>	<input type="checkbox"/>	26. Do you get terribly frightened after you have been drinking heavily?

Yes to questions 1-8: Early stage of alcoholism  
 Yes to questions 9-21: Middle stage of alcoholism  
 Yes to questions 22-26: Beginning of final stage

Source: National Council on Alcoholism



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Printed in U.S.A.