

**Complete Freedom  
from  
Addiction, through Christ?**

**Observation and Life-Stories from the former Soviet Union  
and  
Interviews with International Rehabilitation Leaders**

by

ALISON SHARON GIBLETT

A thesis submitted to  
The University of Birmingham for the degree of  
Master of Letters

School of Philosophy, Theology and Religion  
The University of Birmingham  
July 2009



## **ABSTRACT**

Alison Giblett examines principles of the effective drug and alcohol rehabilitation of thousands of addicts in the former Soviet Union using 50 life-stories of ex-addicts and personal observation over six years visiting 60 rehabilitation centres. Addiction is understood to be primarily a spiritual problem that has powerful psychological and physical consequences leading to destruction, depression and death. Interviews with 20 rehab leaders' from 12 countries broadens the evidence base.

Addressing the core need of substance abusers, alcoholics and co-dependents the hypothesis evaluates the Biblical process of conversion and discipleship as appropriate and effective to bring freedom from addiction. Spiritual regeneration through repentance and faith in Jesus was found to lead to recovery with ongoing Christian discipleship, application of the Bible and the Holy Spirit's gifts. The ex-addicts described their current life with God as more fulfilling than at any time before or during their addiction. Cravings to relapse need not be fought in isolation and chemical substitutes do not satisfy or free the human soul.

Recommendations are made for addicts, ex-addicts, programme leaders, churches, leadership development and government drug services to focus resources on long term, cost effective solutions that yield true harm reduction and restore society.

This  
thesis  
is dedicated to  
all who are reaching out  
with Christ's love and freedom to  
people whose lives are controlled  
by various forms of  
addiction.

## TABLE OF CONTENTS

<b>CHAPTER ONE: INTRODUCTION</b>	<b>8</b>
1.3 Methodology	11
1.3.1 Background to Thesis	11
1.3.2 Observer Participation	13
1.3.3 Fieldwork Undertaken	19
1.3.4 Training Undertaken	22
1.3.5 Visits to Other Centres	24
1.3.6 Conferences Attended	27
1.3.7 Interviews	28
1.3.8 Life-stories	34
1.3.9 Other Sources of Data	38
1.4 Wider Anthropological Questions	40
1.5 In Summary	46
<b>CHAPTER TWO: SETTING THE CONTEXT</b>	<b>48</b>
2.1 The Russian and Ukrainian Context	48
2.1.1 Geography	48
2.1.2 History	50
2.1.3 Economy	54
2.1.4 Sociological Factors	56
2.1.5 Spiritual Environment	62
2.1.6 Substance Abuse in the former Soviet Union	70
2.1.7 AIDS	75
2.1.8 Summary of Russian and Ukrainian Context	77
2.2 The International Context of Drug Abuse	78
2.2.1 The Size of the problem	78
2.2.2 Common Responses to Addiction	80
2.2.3 Treatment	93
2.3 Drug Treatment in the Former Soviet Union.	100
2.4 Conclusion	105
<b>CHAPTER THREE: TYPICAL LIFE-STORY OF AN EX-ADDICT</b>	<b>106</b>
3.1 Life at Home	106
3.1.1 Background	107
3.1.2 Reason for Starting	109
3.2 Life as an Addict	113
3.2.1 Stages of Addiction	113
3.2.2 Effects of Drug Abuse	117
3.2.3 The Search for Solutions	121
3.2.4 “God if you’re there”	124
3.2.5 The Decision to Attend Christian Rehab	125
3.3 Life in Rehab	128
3.3.1 Pre-admittance and Reception	129
3.3.2 Organisational Structure and Length of Programme	132
3.4 Life after Restoration	144
3.4.1 Maintaining Freedom – Avoiding Relapse	145
3.4.2 Characteristics of New Life	152

3.5 Life of Co-Dependents	157
3.5.1 Co-dependents -who, why and what are they	157
3.5.2 Support for and from co-dependents	161
<b>CHAPTER FOUR: CHRIST’S PROVISION FOR FREEDOM</b>	<b>167</b>
4.1 Introduction	167
4.2 Resources Leading to Freedom	170
4.2.1 The Use of the Bible in Rehabilitation	170
4.2.2 Empowering Holy Spirit	173
4.2.3 God’s Caring Family	176
4.2.4 Summary	183
4.3 Relationship with God	183
4.3.1 Destroyed Identity	184
4.3.2 Understanding Addiction	190
4.3.3 Addiction and Sin	202
4.3.4 Desire to Change	209
4.4 New Identity through Faith & Repentance	211
4.4.1 Faith	212
4.4.2 Repentance	215
4.4.3 New Creation and Ownership	219
4.5 ‘Discipleship - learning what it means to follow Jesus’ (I8)	224
4.5.1 Factors for Effective Discipleship	226
4.5.2 Accountability	231
4.6 Failure, Forgiveness and Freedom	233
4.6.1 Understanding Freedom from Addiction	234
4.6.2 Transfer of Dependence to God?	238
4.6.3 Healthy Choices	242
4.6.4 Responses to Relapse	244
4.7 Concise Path to Freedom	249
<b>CHAPTER FIVE: CONCLUSION</b>	<b>251</b>
5.1 Review of Aims & Hypothesis	251
5.1.1 Limits to Research	253
5.1.2 Review of Data Sources	254
5.1.3 Objective Opinions?	258
5.2 Reported Results of Christian Rehab	260
5.2.1 Related Empirical Studies	263
5.2.2 Three Effective International Rehab Programmes	271
5.2.3 Suggested Reasons for the Effectiveness of these Christian Programmes	281
5.3 Some Ethnographical Considerations	286
5.4 Hypothesis – Upheld	288
5.5 Application	290
5.6 Further Research	291
<b>APPENDIX 1. RECOMMENDATIONS</b>	<b>296</b>
1.1 For Addicts and Co-dependents	297
1.1.1 True Fulfilment	297
1.1.2 There is Hope	298
1.1.3 Unlocking Co-dependency	300
The Karpman Drama Triangle	300
1.1.4 Considerations of the 12 Step programme	305
<b>1.1.5 Practical Application – Seek Life in Christ</b>	<b>312</b>

1.2 For ex-addicts	313
1.2.1 Warnings	313
1.2.2 Encouragements	314
1.2.3 Practical Application - Pursue Maturity	315
1.3 For Rehabilitation Leaders	316
1.3.1 Staff Requirements	316
1.3.2 Running a Centre	317
1.3.3 Challenges	321
1.3.4 Get the Big Picture – Vision	322
1.3.5 Practical Application - Build Relationship	323
1.4 For Churches	325
1.4.1 Models of Partnership	327
1.4.2 Barriers to Partnership	329
1.4.3 Blessings of Partnership	333
1.4.4 Practical Application – Start with what you have	337
<b>1.5 For Developing Christian Leadership</b>	<b>338</b>
1.5.1 Equipped	338
1.5.2 Committed	339
1.5.3 Envisioned	340
1.6 For Drug Abuse Policy & Services.	341
1.6.1 Whose Agenda?	341
1.6.2 Support Effective Holistic Solutions	343
1.6.3 Think Long Term	346
1.6.4 Practical Application – Focus on facilitating freedom	348
1.7 Conclusion	350
<b>APPENDIX 2 ANALYSIS DATA</b>	<b>351</b>
2.1 Summary of People Interviewed	351
2.2 Russian Questionnaire	352
2.3 English Questionnaire	353
2.4 Interview Summary Analysis	354
2.5 Life Story Summary Charts	361
<b>APPENDIX 3 INDEPENDENT DATA</b>	<b>371</b>
3.1 Exodus Film	371
3.2 Programme for Christian Rehabilitation Centres “Know the Truth”	371
1 <i>Individual Consultation</i>	374
2 <i>Group Therapy</i>	374
3 <i>Life training and behavioural education</i>	375
<b>APPENDIX 4 ABBREVIATIONS</b>	<b>386</b>
<b>APPENDIX 5: BIBLIOGRAPHY</b>	<b>387</b>
5.1 Books and Journals, Newspaper Articles	387
5.2 Web References	439
5.3 Publications	446
5.4 Programme Leaflets	447

## CHAPTER ONE: INTRODUCTION

The problem of addiction is international; it is shared by most countries in the world whether rich or poor. It confounds governments and international committees. It devastates families and communities and is the highest cause of death for the 18-38 age range in several countries including the former Soviet Union (fSU)<sup>1</sup>. Therefore, despite this being an academic research it is a highly practical one with wide-ranging implications.

### 1.1 Aim & Hypothesis

This research examines a way out of addiction, with a particular focus on the practices of a growing number of Christian rehabilitation centres in the fSU who are responding to the current drug crisis with programmes that are producing impressive results, which they accredit to their faith in Jesus Christ. The theological discourse and processes represented here are their theology and practices, which are interpreted through the eyes of a foreigner who has grown in understanding of and respect for their way of thinking.<sup>2</sup> I have attempted to represent the theology and methodology of the Christian rehabilitation centres as much as possible in the terms they would choose to describe themselves. To this end, I have used appropriate quotes from testimony and interview data. Certain bridging topics have been added to explain the unspoken/unwritten assumptions. In order to explain their theology in another context, it has been necessary to make explicit several underlying assumptions that they might not even mention.<sup>3</sup> In other instances, the methods have been described using different categories or terminology to identify important processes that are clearly taking place.<sup>4</sup> Russia and the Ukraine will be the focus of this thesis, as this is where the personal observation was undertaken, while living and working for 6 years with Christian rehab centres. The 50 life-stories gathered and half the interviews are also all from this region, though there are reports from international conferences of close parallels with rehabilitation

---

<sup>1</sup> This region is also referred to as the Commonwealth of Independent States, which formed in 1991 as an attempt by 12 of the newly created countries to hold on to the past strength of unity in the Soviet Union. Specifically the fSU also includes the three Baltic countries of Estonia, Lithuania and Latvia, which are now members of the European Union and the 12 CIS member states that emerged out of the break up of the Soviet Union. The CIS then includes Russia, the Ukraine, Belarus and Moldova, with the three Caucasian states of Armenia, Georgia, Azerbaijan, and the five Central Asian states of Kazakhstan, Uzbekistan, Tajikistan, Kyrgyzstan and Turkmenistan. Although Former is capitalised in some publications as it used more for convenience and is not a formal name I have kept to lower case indicating its function as an adjective.

<sup>2</sup> See Methodology section. I have lived in Russia for 8 years, and 3 in Ukraine, living and working almost entirely with Russians and communicating in Russian.

<sup>3</sup> For example, I do not remember hearing rehabilitation leaders explain the concept of addiction being sin, however addicts were fully aware that they needed to repent.

<sup>4</sup> For example, the term 'discipler or disciplee' is not often used, and instead a resident may talk about becoming an older brother or sister to a new resident, or having a shadow to support and encourage them.

projects in Kazakhstan, Uzbekistan, Tajikistan and Belarus.<sup>5</sup> The ex-addicts' life-stories are then interpreted in the light of the wider experience of Christian addiction rehabilitation leaders from around the world. The majority of the cases used were those of heroin and cocaine addiction, and a smaller percentage were concerned with alcohol addiction.

The aim of this thesis is to learn from the positive experience of the Christian drug rehabilitation ministries in Russia and Ukraine and to identify principles that could benefit similar projects, and people fighting addiction, either their own or that of other peoples they care for. Through these centres thousands have found 'complete freedom from addiction' and all claim that faith in Jesus Christ was the reason for their transformation in identity and lifestyle. So how did their conversion make a difference to their addiction? What are the criteria for success and what caused some to fail?

The requirements for the freedom from addiction observed appear to include two important stages: a genuine conversion to Christianity, and then a personal development of their faith.<sup>6</sup> What does becoming a Christian have to do with overcoming addiction? Do addicts lose their free will? Are these illustrations of specific isolated cases with a fundamentally different explanation? The central question that this thesis seeks to address is whether **the Biblical process of conversion and discipleship is appropriate and effective for releasing people out of addiction.**

The analysis in Chapter Four will use the Bible<sup>7</sup> as it is used in the Christian rehabs in the former Soviet Union. These rehab centres all believe the Bible is the 'Word of God' and as such use it as their highest authority in all matters of faith and conduct. The Scriptures are also considered historically and scientifically reliable when taking into account the use of generalizations, phenomenological language, possible corruptions in copies from the original autographs, free quotations of the Old Testament in the New, and other similar sources of apparent inaccuracy<sup>8</sup>. Denominationally the rehab centres included in this study fit broadly within the conservative evangelical tradition. The majority of the centres studied are linked to Pentecostal or Charismatic churches; others in the former Soviet Union are Baptist and a few

---

<sup>5</sup> Christian church groups in Armenia, Georgia, and Azerbaijan have requested help in starting such work.

<sup>6</sup> For a summary of interviews carried out see the methodology section below.

<sup>7</sup> The default translation used is the Revised Standard Version (RSV) 1968 New York: Thomas Nelson Inc, while the New International Version (NIV) 1986 Edition London: Hodder & Stoughton has been applied where noticeably clearer; the version abbreviation is given alongside each quote. The Russian Synodal 1876 Russian Bible Society is the standard translation used in Russia.

<sup>8</sup> A specific identification of these beliefs is included in Chapter Four section 4221 'Principles of Biblical Interpretation'.

are Orthodox. On matters of salvation, they are Anabaptist, believing that their spiritual life should reflect in practical aspects of everyday life including moral behaviour, pacifism and social concern.<sup>9</sup> They consider the use of spiritual gifts necessary for fulfilling their responsibility in serving God, including healing the sick and casting out evil spirits, though the style of prayer differs according to the programme.<sup>10</sup> The Bible is their common foundation of understanding for forming and applying their principles of rehabilitation. During the analysis in Chapter Four the principles and practices of the rehab centres are reflected on in the light of their Biblical teaching for a deeper understanding of the processes involved. My aim in the analysis was to explore the foundations for the work of the rehab centres, first for an understanding of the theory and then for application to benefit a wider audience.

## 1.2 Thesis Outline

This Chapter sets out the aims of the thesis and explains the method of research used for gathering and analysing the data, including personal observation, interviews with centre leaders and life-stories of those who have suffered from addiction.

Chapter Two sets the context for examining the Christian rehab centres' responses to the large problem of drug abuse in the former Soviet Union. First, I examine the Russian and Ukrainian environment historically, economically, sociologically and spiritually to place this analysis in its wider setting as all these aspects shape the lives of the respondents we will study. Second, I review the size and responses to the problem of drug abuse, to provide a context for the work of the Christian rehab centres studied.

Chapter Three is the synthesis of the triangulation of data collection.<sup>11</sup> It takes the reader through the major stages of change in the life of a person who became addicted to drugs. Many direct quotes have been included so that the heart and expressions of the informants are

---

<sup>9</sup> Albert Henry Newman was one of the early promoters of Anabaptism; for a modern day author see John Howard Yoder, *The Priestly Kingdom: Social Ethics as Gospel* (Paris: University of Notre Dame Press, 1984)

<sup>10</sup> All the denominations working with addicts believe in prayer for healing and overcoming bondage even if they do not practise use of other gifts such as prophesy and tongues. Examples of these 'gifts' are described in 1Cor 12-14 and Eph 4. Charismatic in this context simply means they accept the full use of the gifts of the Spirit as being fully applicable to the Christian today. Other promoters of this view include John Wimber and Peter Wagner c.f. John Wimber and Kevin Springer, *Power Evangelism* (San Francisco: Harper & Row, 1986); John Wimber and Kevin Springer, *Power Healing* (San Francisco: Harper & Row, 1987), Peter Wagner *Churchquake* Regal Books, 1999).

<sup>11</sup> Louis Cohen & Lawrence Manion, *Research Methods in Education* (London: Routledge, 1994), 233

communicated as much as possible. This follows Malowinski's recommendation for speaking from the 'native's point of view'.<sup>12</sup>

Chapter Four steps outside the 'thick description'<sup>13</sup> of the day-to-day process and analyses the requirements for a key change that enable a transformation out of addiction to take place. An examination on the part of the addict, the centre workers and the family members are considered before, during and after participation in the rehabilitation programme.

The final Chapter brings the findings from this thesis into the light of similar research and studies done on other methods of Christian rehabilitation around the world. It clarifies the conclusions from the hypothesis and identifies areas for further research prepared in this field. Practical steps for application of these conclusions have been prepared for six categories of people and can be found in the first Appendix.

## **1.3 Methodology**

### **1.3.1 Background to Thesis**

There has been considerable progression and development of thought during the process of researching and writing this thesis. The research proposal for this thesis was first prepared for Dr Andrew Kirk in 1999 to analyse the effective training methods for preparing Christian Leaders in the post-Soviet context. During the previous five years of living and working in Russia, and from my previous Masters-level research, this subject was identified as a topic of wide concern for clear historical reasons. To this end, I became a research member of the Council for Church-Based Education, which was set up as an interdenominational body with leaders of the main training institutes, and distance learning programmes operating in Russia, in order to share material and resources, and to identify gaps in training provision across the country. To gather the views and experience of mission training leaders, 10 interviews were undertaken with local and foreign workers. I was due to work as a Bible lecturer and coach in southern Russia, in a mission leadership training school with an emphasis on discipleship and practical ministry. However, this job did not materialise, and I sought work with local churches and leadership development programmes to serve and learn firsthand the issues and

---

<sup>12</sup> Bronislaw Malinowski, *Argonauts of the Western Pacific, An Account of Native Enterprise and Adventure in the Archipelagos of Melanesian New Guinea*. (London: Routledge & Regan Paul, 1922)

<sup>13</sup> Clifford Geertz, *The Interpretation of Cultures* (New York: Basic Books, 1975), 25.

challenges faced. During this time, my attention was drawn to the enthusiasm and faith of believers who had left heroin addiction only a few weeks previously, and in due course an invitation came to work as Bible teacher in a newly opened rehabilitation centre. Through living and working in this environment, I saw first hand the enormous transformation that was regularly taking place in the space of a few short weeks: physically, psychologically and spiritually, such that it was already hard to believe where they had come from except for the abscess scars, tattoos and missing teeth.

Later the Council for Church-Based Education had to disband, due to lack of funds. It was even unable to meet due to the large distances between representative members. Nevertheless, the collection of background information and interviews continued with lecturers and students in Christian Leadership training, evaluating appropriate theological and missiological development models for analysing the Russian context. I used every opportunity to learn about the rewards and struggles that students, trainers and church leaders experienced in their process of development using informal interviews and visits to the training programmes. Over time, I increasingly observed the ex-addicts leaving the rehabilitation centres and moving into positions of leadership in young churches and opening new rehabilitation centres. They might not have had the depth of missiological background or theoretical knowledge of college graduates, but their ability to handle very challenging situations of rehabilitation programme leadership, and to preach and apply God's Word, was more than equal to their more academically trained counterparts. It made me very curious. What did they have that enabled them to handle large amounts of responsibility so well where others might shy away? How were they able to go on to help addicts gain the freedom they had found, without being dragged back into addiction again themselves?

Three years later on returning to England in December 2002 after Dr Kirk's retirement, I decided, with Dr Stringer, my new supervisor, to change the focus of this dissertation and primarily concentrate on recovery from addiction. By this stage I had already been working in this field for nearly three years, had participated in several weeks of addiction training, and attended national and regional leaders' conferences so I had a clear understanding of the practice of Christian drug rehab in Russia, but at this stage very little written evidence. Therefore, one of my primary methods had to be distilling the understanding gained as a participant observer.

### 1.3.2 Observer Participation

‘The purpose of ethnography is to produce sensitising concepts and models that allow people to see events in new ways.’<sup>14</sup> The benefit of gaining understanding as a participant observer is simple; by being involved on a regular basis over a period of time it is possible to build up a clear and accurate understanding of the processes being analysed. Participant observation has been considered ‘standard anthropological practice’<sup>15</sup> for more than thirty years. There are two main methods in ethnography for developing theory out of critical cases; one is ‘grounded theorising’ and the other is ‘analytic induction’.<sup>16</sup> Both of these are an application of the hypothetico-deductive method. Strauss describes ‘grounded theorising’ as involving a process of induction, deduction and verification.<sup>17</sup> Both Znaniecki and Lindesmith recommend ‘analytic induction’<sup>18</sup> for studying the natural sciences through a systematic testing of hypotheses. Lindesmith’s work was also concerned with cocaine addiction, and is a good example of hypothetico-deductive method due to the large number of interviews undertaken. Advocates of analytic induction like Znanieski, Lindesmith and Cressey contend that ‘true scientific method involves in-depth analysis of individual cases, leading to the discovery of universal laws’<sup>19</sup> in contrast to the statistical method, which can only produce the probability of a given outcome. Due to human nature and free choice, however, it is never completely possible to determine ‘scientific laws’ about how people behave.

Ethnography is often thought of as a process of ‘thick description’ in three particular ways.<sup>20</sup> First, ethnographers use induction to develop at least the initial theory, based on the description of particular events. Second, the ethnographic portrayal of events typically produces more than a list of events in specific situations, but creates interest by actually enabling the researcher and reader to get ‘under the skin’ of the people involved and see the world from their viewpoint. Wide ranges of groups have been studied: Goffman, for example, examined patients in mental hospitals, Becker observed schoolteachers and Adler,

---

<sup>14</sup> Martyn Hammersley, *What’s Wrong with Ethnography? Methodological Explorations* (London: Routledge, 1992), 15.

<sup>15</sup> Robert M. Wulff and Shirley J. Fiske, *Anthropological Praxis: Translating Knowledge into Action* (London: Westview Press, 1987), 106

<sup>16</sup> Hammersley, *What’s Wrong with Ethnography?*, 20

<sup>17</sup> A. Strauss, *Qualitative Analysis for Social Scientists* (Cambridge: Cambridge University Press 1987),

11-12

<sup>18</sup> Hammersley *What’s Wrong with Ethnography?*, 21

<sup>19</sup> Hammersley *What’s Wrong with Ethnography?*, 92

<sup>20</sup> Geertz, *The Interpretation of Cultures*, 25.

closer to our topic, focused on drug dealers.<sup>21</sup> Thirdly the context of the observation is vitally important, and to an extent serves to explain the events. Glasser and Strauss claim that the benefit of the case study is that ‘in field work ... general relations are often discovered in vivo - that is the fieldworker literally sees them occur’<sup>22</sup>

Malinowski, and many after him, stress the importance of staying in the field long enough to become ‘invisible’<sup>23</sup> like a ‘fly on the wall’.<sup>24</sup> In other words, the ethnographer’s presence no longer affects the process being observed. In addition considerable time is needed to establish norms from which exceptions during data collection can be identified. Living in the same environment over time the ethnographer builds an ‘intangible inner experience’<sup>25</sup> and can identify with the pressures and desires of their informants such that their way of thinking ‘makes sense’. ‘Anthropologists immersed for extended periods in another culture or in their own as participant observer learn not only through the verbal transcript, but through all the senses, through movement, through their bodies and whole being in a total practice.’<sup>26</sup> This ‘total knowledge’ facilitates a more accurate interpretation of the written data and provides a connection for relationships through shared feelings and experiences. Participant observation involves participating by fulfilling constructive roles within the community. Judith Okely reports that ‘participation in production brought a major breakthrough’ on both major periods of fieldwork amongst travellers and peasant farmers as she ‘undermined the stereotype’ of distant staring foreigner.<sup>27</sup>

Many ethnographers like Foster, Rainbow, Smith Bowen and Hendry have reported developing friendships in the field, during a longer period of study, for which there are strong advantages and disadvantages.<sup>28</sup> Powdermaker considers friends as all important for the

---

<sup>21</sup> E. Goffman, *Asylums* (New York: Doubleday Anchor, 1961); Becker, ‘Social-Class Variations in TPR’ *Journal of Educational Sociology* 25 (1952): 451-46; ; P. Adler, *Wheeling and Dealing: An Ethnography of an Upper-Level Drug Dealing and Smuggling Community* (New York: Columbia University Press, 1985)

<sup>22</sup> B.G. Glaser and A. Strauss, *The Discovery of Grounded Theory: Design in Educational Research* (Chicago: Aldine 1967), 40; See also J.C. Mitchell ‘On Quantification in Social Anthropology’ in A.L. Epstein (ed) *The Craft of Social Anthropology* London: Tavistock. 1967

<sup>23</sup> Bruce L Berg, *Qualitative Research Methods for the Social Sciences* (Boston: Allyn & Bacon, 1989), 61-64

<sup>24</sup> Bronislaw Malinowski, *Argonauts of the Western Pacific* (New York: E. P. Dutton, 1961), on observation in 1922

<sup>25</sup> Victor W. Turner and Edward M. Bruner, eds., *The Anthropology of Experience* (Urbana and Chicago: University of Illinois Press, 1986)

<sup>26</sup> Judith Okely, ‘Participatory Experience and Embodied Knowledge’ in Judith Okely & Helen Callaway (eds.) *Anthropology and Autobiography: Participatory Experience and Embodied Knowledge* (London: Routledge, 1992), 16; see also Liz Stanley & Sue Wise *Breaking Out: Feminist Consciousness and Feminist Research*.

<sup>27</sup> Okely ‘Participatory Experience and Embodied Knowledge’, 17

<sup>28</sup> G.M. Foster, *Long-term Field Research in Social Anthropology* (New York: Academic Press, 1979), 180-181; P. Rainbow, *Reflections on Fieldwork in Morocco* (Berkeley California: University of California Press,

success for the study.<sup>29</sup> Close relationships usually facilitate greater depth of information especially when dealing with sensitive issues. Painful feelings or shameful activities are less likely to be revealed during a brief or formal acquaintance.<sup>30</sup> Friends provide acceptance, which allows the researcher inside the culture to enable them to see through their eyes. They can also provide advice and contacts which significantly enhance the progress of the study and ease life in another culture. However, friendships are emotionally costly. Despite a 15 year friendship and many years of living in Japan, Joy Hendry found ‘an unexpected rupture in personal relations actually contributed to anthropological knowledge, which posed a new dilemma’, for her research.<sup>31</sup>

Despite warnings Jorgensen promotes the advantage for research ‘of experiencing the world of the daily life as an insider. Sometimes this only can be accomplished by becoming the phenomenon and experiencing it existentially.’<sup>32</sup> Membership that ‘is acquired only by lived experience’ provided many ethnographers with ‘a unique perspective’<sup>33</sup> on the phenomena they studied. Examples include: Becker’s participation as a jazz musician and marijuana smoker; Scott’s membership of a motor racing club; Polsky’s personal experience with socially marginalised hustlers, beats and others; Damrell’s belonging to two religious groups; and Irwin’s study of felons and prisons from his involvement in crime.<sup>34</sup> The concern of Wax, Douglas, the Adlers, Mehan and Wood is that by ‘going native’ or ‘becoming the phenomenon’ the researcher will lose ‘objectivity’ and the research will be contaminated by ‘subjectivity’ or worse still the researcher will be ‘lost to the community of science... never to return.’<sup>35</sup> However, this is not necessarily the case as Jules-Rosette powerfully argued and demonstrated in her participation and observation with fundamentalist African Christians, and as listed in the examples above.<sup>36</sup>

---

1977); E. Smith Bowen, *Return to Laughter* (London: Victor Gollancz; Berkeley California: University of California Press, 1954); Joy Hendry, ‘The Paradox of Friendship in the Field: Analysis of a long-term Anglo-Japanese relationship,’ in Okely and Callaway, *Anthropology and Autobiography*, 161-172

<sup>29</sup> Hortense Powdermaker *Stranger And Friend: The Way of an Anthropologist* (New York: W.W. Norton, 1966); also supported by C. W. Watson, ‘Autobiography and Anthropology and the experience of Indonesia’ in Okely and Callaway, *Anthropology and Autobiography*, 134-147,

<sup>30</sup> See discussion on the process of interviews below.

<sup>31</sup> Hendry, ‘The Paradox of Friendship in the Field’, 164

<sup>32</sup> Danny L. Jorgensen, *Participant Observation: A Methodology for Human Studies* (London: Sage, 1989), 63

<sup>33</sup> Ibid.

<sup>34</sup> H.S. Becker, *Outsiders* (New York: Free Press, 1963); M. Scott, *The Racing Game* (Chicago: Aldine, 1968); N. Polsky, *Hustlers, Beats and Others* (New York: Anchor, 1969); J. Damrell, *Seeking Spiritual Meaning* (Beverly Hills CA: Sage, 1977); J. Damrell, *Search for Identity* (Beverly Hills CA: Sage, 1978)

<sup>35</sup> R.H. Wax, *Doing Fieldwork* (Chicago: University of Chicago Press, 1971); H. Mehan and H. Wood, *The Reality of Ethnomethodology* (New York: John Wiley, 1975); J. D. Douglas, *Investigative Social Research* (Beverly Hills CA: Sage, 1976); P. Adler and P. A. Adler, *Membership Roles in Field Research* (Beverly Hills CA: Sage, 1987)

<sup>36</sup> B. Jules-Rosette, *African Apostles* (Ithaca NY: Cornell University Press, 1975)

It is recognised that any form of information gathering will have its limitations and the same is true of the role of participant observation. When using participant observation for research it is important to recognise the bias the observer brings to the analysis from his or her own gender, cultural, philosophical and linguistic viewpoint.<sup>37</sup> These same types of bias, however, will also affect other forms of information gathering to a greater or lesser degree, for example the way questions are asked in an interview, open versus closed; or the options given for questionnaire responses, predetermined responses versus free text. With written information or text-based material, it might be harder to identify the particular standpoint or background of the author, which can limit objectivity. It is important therefore to employ different methods to check and limit the bias from one source; a variety of data-gathering methods will enhance a more accurate and comprehensive representation of the chosen culture.

While long-term participant observation aids integration and understanding, it can also threaten objectivity because ‘as immersion proceeds...the fieldworker both consciously and unconsciously responds to certain rhythms and patterns.’<sup>38</sup> We must recognise that all perception and observation depends on certain assumptions that may be so basic that we are not even aware of them. This means that common situations, events or ways of thinking that might surprise a newcomer may become natural to the long-term fieldworker. Therefore, the first impressions for a fieldworker are of significant value, even if they need refinement at a later date. A personal diary can be of immense value, whether it relates directly to the subject studied or is used more for personal processing such as Malowinski’s famous and controversial diary.<sup>39</sup> Discipline is required to think objectively, to observe the whole process, note exceptions and consider the wider questions.

Participant observation is also a very delicate and sensitive means of doing research. It can be easy for the people being studied to feel ‘used’ or betrayed. Personally I understand the most appropriate means of limiting this sense of betrayal is to be completely open and honest about your own opinions and motives,<sup>40</sup> consistent in your actions and to adhere to ethical codes of

---

<sup>37</sup> Charlotte Davies, *Reflexive Ethnography: A Guide to Researching Selves and Others* (London: Routledge, 1999), 40-42

<sup>38</sup> Okely ‘Participatory Experience and Embodied Knowledge’, 17

<sup>39</sup> Bronislaw Malinowski *A Diary in the Strict Sense of the Word* (London: Routledge Kegan Paul, 1967)

<sup>40</sup> There is no neutral position TalalAsad, ‘From the History of Colonial Anthropology to the Anthropology of Western Hegemony’ in Stocking, G. W. Jr. (ed.), *Colonial Situations: Essays on the Contextualization of Ethnographic Knowledge*, Madison: University of Wisconsin Press: (1991), 314-24. See also ‘Introduction’ and ‘Afterward’

practice.<sup>41</sup> These include *Informed Consent*, - ensuring people understand what they are asked to agree to;<sup>42</sup> *Confidentiality* – how information about individuals is used in consideration of privacy and anonymity,<sup>43</sup> desires for which may vary between participants;<sup>44</sup> and avoidance of *Covert Research* – ‘when there is a deliberate assumption of a disguise in order to undertake research unknown to the research subjects.’<sup>45</sup> ‘The deliberate deception of a subject is hard to defend ... in places where consent cannot be acquired in advance there is usually a good case for making it post hoc... even where no deception is intended, it is particularly difficult under the conditions of anthropological fieldwork for research participants to remember or even perhaps to realise that they are being studied all or most of the time.’<sup>46</sup>

Furthermore friendships in the field pose their own particular challenges for the ethnographer as Smith Bowen confessed. Many of her ‘moral quandaries’ in the field ‘sprung from the very nature of my work, which made me into a trickster: one who seems to be what one is not’.<sup>47</sup>

‘As far as possible, sociological research should be based on the freely given informed consent of those studied. This implies a responsibility on the sociologist to explain as fully as possible, and in terms meaningful to the participants, what the research is about, who is undertaking and financing it, why it is being undertaken, and how it is to be disseminated.’<sup>48</sup> This way people are less likely to feel abused, i.e. that you took an interest in them only to study them; or betrayed, i.e. that you pretended to be different from who you really are in order to gain their trust. In my case, I was open about my research, initially about leadership development, and from time to time reminded people of it, but for the most part focused on the work I was given. As my initial attempts simply to record new students’ names, to assist my memory as a teacher, had caused unease, I was made clearly aware of concerns for privacy. So though my research was supported, I was asked to be sensitive with the new residents who were anxious about being watched. After they had found healing from their addiction the residents’ attitude usually changed dramatically and they really wanted their incredible story to be heard. Relationships and trust developed naturally and it was only after

---

<sup>41</sup> Davies, Ch3 ‘Ethics and Politics’ *Reflexive Ethnography*, 41-64

<sup>42</sup> R. Homan, *The Ethics of Social Research* (London: Longman, 1991), 71-74; and see ASA, *Ethical Guidelines for Good Practice* (London: Association of Social Anthropologists, 1987), 3

<sup>43</sup> J.E. Sieber, *Planning Ethically Responsible Research: A Guide for Students and Internal Review Boards* (Newbury Park, California: Sage, 1992), 44-63

<sup>44</sup> J. Cassell and S. Jacobs, *Handbook on Ethical Issues in Anthropology* (Washington DC: American Anthropological Association, 1987), 22-27; Malcolm Crick, ‘Ali and Me: an essay in Street-Corner Anthropology’, in Okely & Callaway, *Anthropology and Autobiography*, (London: Routledge, 1992), 175-192

<sup>45</sup> Davies, *Reflexive Ethnography*. 57

<sup>46</sup> ASA, *Ethical Guidelines for Good Practice*, 4

<sup>47</sup> Smith Bowen, *Return to Laughter*,

<sup>48</sup> British Sociological Association 1996

seeing the significant changes that were taking place that I decided to include the work of rehabilitation as the focus of my research. When the focus of my researched changed, I made a fresh request for permission, from the senior leaders, explaining my new aims and purpose.

Ideally, all research would have some form of mutual benefit. That is the people observed would gain in some way from the results of the study, beyond any financial compensation which may be given for their participation. The participants and leaders of the rehab centres have a strong desire to get their stories out so that others would find them, experience, believe and gain from what they have discovered. Many healed from addiction feel a duty to pass on their discovery, like someone would who had just identified a cure for cancer. Methods that some have used include printing their own leaflets, taking part in public awareness events, even being involved with TV documentaries.<sup>49</sup> However as most of these centres did not have government recognition or the funds to advertise, they relied heavily on word of mouth for recruitment. This is often the most effective, and typically in the colder seasons, they did not have a problem filling their spaces. When undertaking this study one of my main motivations for writing was to increase recognition and credit for the great sacrificial commitment that hundreds of hard-working leaders have made and are continuing to make to bring health and freedom to those trapped in addiction. Hopefully, as their work is respected and trusted they will be able to attract funding needed to support their expansion and serve the vast majority who have not been able to 'kick the habit' and are still suffering addiction. Indeed wide varieties of people significantly stand to gain if what this thesis represents is true.<sup>50</sup>

McCall and Simmons propose that the application of theory in ethnographic studies does not represent 'an efficient and powerful test'<sup>51</sup> because only one case is involved. Instead, they recommend the systematic comparison of cases. In this research, therefore, the ethnographic study of the project I worked in was then compared first hand with many other similar projects across the former Soviet Union and then by discussion with others internationally. McCall and Simmons state that the 'test of theory comes in comparing... analytic descriptions of complex cases when these are available in sufficient number and variety'.<sup>52</sup> Case studies and surveys need not be thought of as being diametrically opposed but rather as a continuum. Given consistent resources for an investigation, the higher the number of people surveyed the less detail can be gained, thus decreasing the likelihood of accurate information. There is a

---

<sup>49</sup> See last section of the bibliography for references to programme leaflets.

<sup>50</sup> See Appendix 1 Recommendations

<sup>51</sup> G. McCall and J.L. Simmons, *Issues in Participant Observation* (Reading MS: Addison-Wesley, 1969), 3

<sup>52</sup> Ibid.

second continuum, however, between case studies and experimentation, that the greater the emphasis on case studies the less control is usually possible of factors relating to the case. Unlike with experimentation when external factors can be controlled when studying case studies the parameters of people's lives are less determinable and therefore the analyst needs to adjust to changes as they occur.<sup>53</sup> Therefore, I have used a combination of personal observation, gathering of independently written life-stories of ex-addicts in their own words, and interviews with rehab leaders.

In conclusion, though there are varied definitions for cognate terms like 'qualitative method', 'case study' or 'participant observation', within ethnography my main concern, like Hammersley's, is with 'qualitative research, whether based on observational data, interview data, or life-stories, that aim at both an accurate portrayal of particular phenomena and more general conclusions about types of phenomena that are founded on such descriptions.'<sup>54</sup>

### 1.3.3 Fieldwork Undertaken

I first visited the Izhod (meaning exodus) Drug Rehabilitation<sup>55</sup> Centre in June 2000, just under a month after they had first opened their centre in the Caucasus. At that time, there were twelve recovering male addicts. Previously the leaders had started with four men sharing their family's one bedroom flat.<sup>56</sup> They were all heroin addicts with various tragic histories<sup>57</sup> but on coming to the centre they had met with Jesus Christ for the first time, and been set free from addiction. I found it very stimulating, as they were keen to learn about God and full of questions, so I became a regular visitor. On their request, I first tried to arrange for other Bible teachers and church leaders to visit and bring them some basic training, but was unsuccessful. Then my own roles did not materialise as lecturer in the mission training school or trainer in a local church. Shortly after that I was invited to become part of the rehab centre and to work as a Bible teacher with the recovering addicts to add to their daily morning and evening times of prayer and worship. From September 2000 I worked full-time providing basic Christian Foundations.<sup>58</sup> As they grew in numbers they also started accepting women. After the first six

---

<sup>53</sup> Ibid, 5

<sup>54</sup> Hammersley, *What's Wrong with Ethnography?*, 29

<sup>55</sup> <http://www.exoduschurch.com> (accessed: 5/4/08)

<sup>56</sup> This was the same flat that I later moved into with three other girls.

<sup>57</sup> Several had used criminal activity to supply their dose and a few were previously involved in the Mafia.

<sup>58</sup> Two of the main courses used were Bob Gordon *Foundations for Christian Living* (Chichester: Sovereign World, 1988) and the 'Alpha Course' developed by Nicky Gumble. *Alpha Course* <http://www.alphacourse.ru/> (accessed: 1/10/03)

months, I started a basic course for the older residents, who now knew the material, to help as assistant teachers with the new comers. I continued to teach the older ones. These people became very helpful as new centres opened up. Many of them were later asked to lead daughter centres that grew to meet the need. I have seen the men and women from the first day of their arrival and watched them rapidly change physically, mentally and spiritually. I was fully involved in the formal and informal activities. On Sundays, I worshipped with them in the new church that started on the premises and took part in the Bible study for parents who had addicted or recovering children. It was held on Thursday evenings held in the home where I was living and led by my host. Initially the one communal area of the centre, used as a dining room, lecture room, and for church on Sundays, was the 30 by 5 foot corridor. They managed there until the residential community reached about 30 people. Then the tables and chairs were moved into the army tent, that was put up in the courtyard, and that became the space for all communal activities.

Working as their teacher gave me the privilege of seeing how they thought through their questions and reactions. I then watched them develop in understanding and character as they worked through the Biblical material. Over time, their responses and comprehension of God and Christianity changed significantly. Some particularly struggled with reading, writing or simply being in a classroom environment that brought back strong feelings of inadequacy. Others, though previously good students, had destroyed their minds so much that they were unable to concentrate and needed to have everything repeated. As well as the formal lessons, I spent a lot of time with them informally over meals, taking part in communal events and relaxing while waiting for transport, which strengthened personal relationships. Residents frequently asked me questions on spiritual, cultural or personal matters. As Okley and DeVault stress, the ethnographer must be ‘prepared to invest his or her personal identity in the relationship,’<sup>59</sup> and Davies continues, ‘not just to develop empathy or fulfil ethical expectations but also to challenge and contrast as another means of developing understanding.’<sup>60</sup>

While teaching for the first year and a half I rented a room from one of the first families whose son and nephew were recovering from drugs. During that short period there, I witnessed how my host’s son went from being a resident at the centre to moving home and working there, responsible for the daily functioning of the centre, and then was sent to a

---

<sup>59</sup> A. Oakley, ‘Interviewing Women: a Contradiction in Terms,’ in H. Roberts (ed.) *Doing Feminist Research*, (London: Routledge, 1981), 41ff. See also M. L. DeVault, ‘Talking and Listening from Women’s Standpoint: Feminist Strategies for Interviewing and Analysis,’ *Social Problems* 37, no. 1 (1990): 96-116

<sup>60</sup> Davis, *Reflexive Ethnography*, 102

different town to start up an entirely new rehab centre. During the first draft of writing this thesis he was happily married to one of the other ex-addicts and was the overall manager of the drugs ministry in the Krasnodar region, which includes three centres catering for some 80-100 people. By the time of rewriting this thesis he was father of twin girls and a baby boy, and responsible for all the Izhod rehab work in Russia with an increased capacity to serve 1000 recovering addicts. His mother was for many years the Izhod accountant, host and central contact address for the work.

Later, upon the request of the director, I moved to live with the girls who were moving on from their life at the residential centre. They were now part of a new team daily testifying about the transformation in their lives to other addicts.<sup>61</sup> The flat was near the rehab centre and was used to hold the street team's daily morning meetings and the weekly youth meetings. In this close living environment, the amount of change that people were or were not making was very clear. As part of my role, I regularly made trips of four to five days to other new rehab centres around the region to bring teaching and encouragement to the new ex-addict leaders. This gave me a broader understanding of the way the work was developing in the smaller regional centres. Sometimes I met people before their arrival at the centre when they were still taking drugs or saw how those who had left the programme early and fallen back to their life of drugs were visited and encouraged to return.

After completing the first draft of this thesis in August 2004, I moved to Kiev to work with the All-Ukrainian Christian Rehabilitation Centres Alliance (ACRCA) who support approximately 90 rehab centres throughout Ukraine as an ISAAC representative. ISAAC (International Substance Abuse and Addiction Coalition), which was instrumental in the formation of ACRCA in 2002, aims to encourage equip and connect those fighting addiction around the world, and has indeed done so.<sup>62</sup> It connects about 2000 members (people and organisations) from 60 different countries using a variety of methods across very different cultures and financial and political circumstances. The ACRCA office was located in the newly constructed men's rehabilitation centre run by the ACRCA Association President and situated on Kiev's outer ring road. My role involved supporting the president and the association coordinator, providing central office support for international communication, and helping to organise their national conferences and training events (as with Izhod there were no other English speakers working there). I also provided foundational Bible teaching to the 15-

---

<sup>61</sup> This was the same one bedroom ground floor flat mentioned above in which the rehab work started. It also had a lounge and a small kitchen and shower and toilet. It is culturally common for people to use the lounge as a bedroom for sleeping at night.

<sup>62</sup> (Reading: 2008) [www.isaac-international.org](http://www.isaac-international.org) (accessed: 3/08/08)

20 residents. During that time, I regularly visited other centres locally and made trips to visit centres in different regions of Ukraine and the neighbouring countries.

This role gave me a much wider understanding of the Christian rehabilitation scene as I was brought into contact with a variety of rehabilitation programmes with different management structures, entry procedures and methods of after care. However, the foundational beliefs, motivation and love were all the same. I am very grateful for the privilege of forming friendships with these highly committed, caring people. My closest relationships developed with the regional leaders and the female centre directors, who were very appreciative of my participation with them.

The agreement with ACRCU came to a completion in autumn of 2006 at which time ISAAC suggested I remain in Kiev to continue their work in the wider region. So since then my primary role has been organising AIDS training for rehab leaders and facilitating the development of partnerships in Moldova, around St Petersburg in North West Russia, and the North Caucasus. It has been a time of seeing the investment in understanding and relationships yield an ability to serve in a much broader capacity. Sadly the HIV infection in Russia and Ukraine has reached epidemic proportions as very few were willing to admit the problem. Particularly hard hit are the rehab centres as virtually all the current leaders were previously addicts, and many of them are now struggling in health and quite a few have died as a result of AIDS. The rehab centres are also best situated to provide the training and care for those with HIV as they provide 24 hour residential support in a loving accepting atmosphere.

### **1.3.4 Training Undertaken**

During the six years fieldwork undertaking this research, I have participated in 30 training conferences between 3 to 5 days long. Initially I was simply attending as a student, but increasingly my role has switched more to trainer and facilitator. I completed seven weeks of drug vocational training seminars from various sources while living in Russia. Before starting at Izhod, I completed a week's intensive certification training on how to set up and run *Twelve Step* support groups for addicts and alcoholics. This was run by *Opora*<sup>63</sup> leaders from Russia and the US who had themselves been alcoholics and had now committed their lives to

---

<sup>63</sup> *Opora* means 'support' in Russian, it is based in Moscow and has established a network of Twelve Step groups.

helping others get the support they needed. Combined with this was an additional track for supporting women who had children aborted, and for men who had encouraged women to do so.<sup>64</sup> After working for a term with Izhod, all the leaders attended a regional intensive addiction training course run by Life for the World, a charity committed to excellence in recovery from addiction.<sup>65</sup> This focused on the nature and effect of addictions, their stages and recovery, applying current research from both the physiological and spiritual aspects. The subsequent training week was held at Izhod using the Genesis relapse prevention programme<sup>66</sup> developed by Mike Dye. This covered how to make recovery solid, relapse triggers and dealing with pain from the past.<sup>67</sup> In order to facilitate the cooperation between the drug ministry and local churches, I participated annually in a regional consultation of workers from different nations and denominations across the region. As part of my coaching, in the summer of 2002, I took ten trainee teachers to the Alpha Leaders training conference in Moscow, and a Joyce Meyers conference on overcoming bitterness and resentment, which is a vital step to enable residents to deal with the pain of the past. The Alpha course<sup>68</sup> was one of the main programmes used for providing a Christian foundation for the residents in Izhod rehab centres and was also run with the parents' support groups.

While at ACRCA I helped facilitate and participated in four full-time training weeks in Kiev run for rehabilitation leaders throughout Ukraine as part of a recognised addictions ministry certificate. Topics covered the medical aspects of addiction, medical methods of treatment, counselling skills, leading and working in teams, managing change, setting priorities, co-dependency, Christian character, and how to avoid the associated risks for people with HIV and AIDS. During this period of work, I was privileged to attend and participate in four ACRCA three-day national conferences for a wider number of leaders. As well as worship, training and socialising these gatherings are used to decide the direction and leadership of the ACRCA association. Roughly once a year, female rehab leaders of ACRCA organised women's conferences, three of which I was involved in. Typically, these focused more on aspects of emotional healing and were characterised by lots of laughter and tears. Women's rehab is widely agreed by centre leaders as more complicated than men's even when there are

---

<sup>64</sup> Abortions during communism were very common and sometimes used instead of contraceptives.

<sup>65</sup> Life for the World (LftW) have been providing care and rehabilitation for drug and alcohol misusers, and their families, since 1967, for further details see 'Life for the World' (High Wycombe: 2008) <http://www.lftw.org> (accessed: 8/08/08)

<sup>66</sup> See (California: 2008) [www.genesisprocess.org](http://www.genesisprocess.org) (accessed: 8/08/08) Based on the manual by Dye, Michael & Fancher, Patricia, *The Genesis Process: A Relapse workbook for Addictive/ Compulsive Behaviours*, (3rd Ed.) Auburn, CA: G.A.P.P. 2001,

<sup>67</sup> See relapse and recovery section in Chapter Three 3.3.1 'Failure and Forgiveness'

<sup>68</sup> For more details see 'The Alpha Course', (Moscow: 2008) [www.alphacourse.ru](http://www.alphacourse.ru) (accessed: 8/08/08) or in English <http://uk.alpha.org/> (20/9/10) a ten-week course exploring the meaning of life.

not dependent children involved. Being part of the training conferences, as well as growing with the other leaders in understanding of various aspects of the work, gave an excellent opportunity to talk with leaders over meals and in the evenings about developments in their programmes, the areas of expansion and personal struggles. Naturally, my discussion with the leaders of centres I had visited was able to be a lot more specific and personal.

During the last year and a quarter while working directly for ISAAC with my main role facilitating training conferences, I was involved in another seven training conferences lasting three or four days. All of these focused on AIDS and two or three other subjects including: relapse prevention and resocialisation, family counselling, legal issues, developing business ventures for work therapy and income, running HIV & AIDS support groups, starting a network, and relationship with the government. Two were held in Moldova, two in Ukraine, and three in Russia.

Other non ISAAC-related addiction training that I attended included the Celebrate Recovery course run by a staff team from the USA and hosted by one of the large Kiev churches. In September 2007 I completed the full 40 hours training in England for being a Genesis counsellor as a number of leaders had expressed interest in having this made available in Russian.<sup>69</sup> Genesis is a counselling process that helps clients get beyond their sticking points by identifying the recovering addicts' 'false beliefs' and supporting them in taking manageable steps to overcome these barriers. I facilitated the first full training course in Russian, which was held in Moscow in August 2008 and then started teaching the material myself.

### **1.3.5 Visits to Other Centres**

In May 2001, I spent a week visiting four Christian rehabilitation centres in the Sverdlosk region in the Urals, and investigated the other secular work that was being done in the regional capitol, Yekaterinburg. All were in the countryside, and one was in a deserted village with no road or rail transport connection.<sup>70</sup> They were all set up and supported by Pentecostal and Charismatic churches in the region. A church with over 2000 members gradually enabled one project to build their own property. Three had less than twenty residents, and one, with

---

<sup>69</sup> Dye & Fancher, *Genesis Process Workbook*,

<sup>70</sup> For example one was located in an almost deserted village that necessitated a four-hour drive from the nearest town, half of which was through fields requiring a four-wheel-drive.

about forty, was located in a rundown workers' camp. With the leaders of each project, I discussed their aims, methods and training used, and freely mixed, talked and ate with residents, observing their attitudes, conditions and activities. At three centres I was asked to present the work of Izhod in the Caucasus in a meeting with all the residents. Two of the visits involved an overnight stay at the centre allowing me to take part in a full day's routine.

In November 2002, I spent two weeks visiting nine of the main drug rehabilitation programmes around Moscow and St Petersburg on behalf of ISAAC.<sup>71</sup> Again, I observed the methods, conditions and training, and offered further support from ISAAC as necessary. Two of these were non-residential programmes running the Twelve Steps and the others were residential centres. The oldest non-residential addiction project in Russia is the Orthodox-led *Old World* programme located in a Catholic office and vicarage. About five staff provide regular counselling and group therapy sessions for approximately 30 people. I participated in their programme for a week, observing all areas of their work and was able to attend their ten-year celebrations. The last visit was to the *Opora* ('support') network setting up Twelve Step support groups, run throughout the former Soviet Union.

The largest and oldest residential programme in the former Soviet Union is called *New Life*, started in 1995 and has 250 residents on two main sites south-east of St Petersburg, where I stayed for three days in 2002 and again for 2 days in 2007. The first property was previously an old psychiatric centre, the other an empty armoury tank store, and a small fishing base on the Gulf of Finland, which provides plenty of fish. The recovering addicts operate a large farm with approximately 200 cows, 2000 rabbits, 300 chickens and 50 pigs as they seek to be entirely self-financing, resulting in longer working hours. They also run a crèche and a children's home staffed by the ex-addicts who feel they can identify with the pain of children who come from broken homes. Most centres were set up as the direct ministry of a local church as a practical demonstration of care and belief in God's power to heal. *Betel*<sup>72</sup> however, is an international network of supportive, charismatic communities for people suffering from addiction, which started operating in Russia in 2002. Some programs like *Nehemiah* offer two stages in different locations, with the expectations and freedom in each set appropriate to the residents' development at each stage. *Street Cry* have a relatively new rehab centre that opened as a result of identifying needs in their youth drop-in centre. While they are in rehab the residents work at the centre and attend their Bible school for young Christians. Graduates from their programme have formed a band who aim to make contact

---

<sup>71</sup> Copies of the report produced can be obtained from ISAAC or the author on request.

<sup>72</sup> [www.betel.org](http://www.betel.org) (assessed: 23/2/2004)

with young drinkers, addicts and other disgruntled youth.<sup>73</sup> Rehab centres in Russia normally have men and women living separately but eating and learning together. Due to a different model from the pioneers most programmes in Ukraine have completely separate centres for men and women. I returned to visit all these rehab centres on two other trips to St Petersburg in 2007, along with another Baptist network called the *Good Samaritans*.

In Moscow I have visited several other centres such as the *Grace* rehab centre, which prepares many students for the Moscow Theological Institute. This is seen as a natural extension of their Christian discipleship process, for strengthening the ex-addicts' relationship with God. Almost all the rehab ministries have specific meetings to provide support and teaching for the addicts' family members called co-dependents.<sup>74</sup> I have attended many of these meetings and often have the opportunity to share with them news of work in other regions and or expound a Bible passage.

Though these visits to other rehabilitation centres were necessarily short, having had a clear foundation in one ministry I was quickly able to pick up how things worked. Overall, I was surprised at the close parallel in the different centres, which for the most part had developed independently of each other, separated by large distances, often 2000 km or more. I found a high degree of similarity in the rules, methods, timetable, expectations and even living conditions.

---

<sup>73</sup> For more on their organisation see <http://streetcry.org> (accessed: 10/08/08)

<sup>74</sup> A more detailed description of co-dependents is given in Chapter Two: Effect on Family, and Chapter Three: Co-Dependents.

### 1.3.6 Conferences Attended

In January 2002 I attended and helped at the first national Russian drugs rehabilitation consultation, which brought together over 200 Christian drug ministry leaders from all over Russia for four days in Moscow. This was an intensive time of learning and sharing. Many of the key ministries gave reports on how their work had started and developed. There were workshops on various aspects of the ministry including dealing with AIDS, post-residential support, and presentations of training materials. The national gathering led to regular regional consultations to facilitate ongoing local co-operation. This has developed now into more local gatherings and conferences such as in the Ukraine and the Urals, and more are planned in other regions.

Madrid was chosen for the third International ISAAC consultation held in May 2003. At that point ISAAC was a network of 400 members and affiliated organisations from 45 different countries. They equip and enable individuals and projects to be more effective in preventing and/or reducing the problems related to substance abuse and addiction.<sup>75</sup> Two hundred and fifty participants from 40 countries created a truly international gathering where I was able to interview ten of the key leaders.<sup>76</sup> There were plenary sessions on various rehabilitation methods, teaching materials,<sup>77</sup> and related issues like ‘harm reduction’<sup>78</sup> and AIDS. The reports described work and issues in Australia, Malaysia, India, Sweden, Africa, Spain, The Netherlands, Chile, Hong Kong, Kazakhstan, Russia, Ukraine, Pakistan, Tajikistan, the US and the UK.

The ISAAC’s fourth triennial International Congress was held in Egypt by the Red Sea out of season in October 2006. Again over 200 delegates from about 35 different countries, including many more from Africa and Asia, attended. This time the focus was on ‘AIDS and Addiction’ and a wide range of plenaries and seminars were available. During the five days many leaders from isolated situations were able to benefit from personal consultation with highly experienced leaders.

---

<sup>75</sup> *ISAAC Forum* Edition 2, Winter 2003/4, 2 see [www.isaac-international.org](http://www.isaac-international.org) (accessed: 2/10/08)

<sup>76</sup> A summary of the conference was written up in the *ISAAC Forum* Edition 2, Winter 2003/4

<sup>77</sup> *Genesis Process*, by Michael Dye, *Overcomers Daily Choice* Programme <http://www.overcomersoutreach.org/> (accessed: 5/12/08) presented by Noel Fellows then director of Bridges International rehabilitation with two centres (Ashley Copse and St. Vincent's in Andover,) which have now both closed due to lack of funding and referrals. Another seminar on the history of *Alcoholics Anonymous* given by Dale Ryan CEO of International Christian Recovery Movement.

<sup>78</sup> Seminar delivered by Reverend Professor Christopher Cook who is Tutor and Lecturer in Pastoral Theology at Cranmer Hall in St John’s College at Durham University. He has worked for 23 years in the field of substance misuse. [http://www.dur.ac.uk/st-johns.college/johns\\_news/](http://www.dur.ac.uk/st-johns.college/johns_news/) (accessed: 5/12/08)

ISAAC's 10-year celebration was hosted by *De Hoop* rehabilitation centre in Dordrecht, The Netherlands. The theme was 'Faith, Family and the Future of Addiction Care'. As well as the usual highlight of stories from around the world, plenary sessions covered the scientific developments and their ability to portray how various narcotic and alcoholic substances affect the brain over time. This has served to increase addicts' motivation to change and furthermore improve and individualise the treatment plans for those in recovery.

The first regional Urals Drug rehabilitation consultation was held for a week in July 2003, where I was asked to facilitate and help translate. Some of the leaders knew each other well, while others had been working in isolation and were very encouraged by the chance to meet people with a similar vision. About thirty leaders gathered for four days of teaching and sharing. This gave me an opportunity to re-visit some of the projects and to meet up with the leaders again and complete five more interviews.

Ukraine has had a national drug ministry network for seven years, called the All-Ukrainian Christian Rehabilitation Centres Association. Working nationally in Ukraine is easier than in Russia as it is a smaller country with a higher percentage of Christians who are proportionally more equally balanced between different denominations. I participated in their third Ukraine National Consultation, which was held in December 2003 bringing 200 leaders from about fifty centres across the four regions. It was for training and sharing their challenges financially, relationally and spiritually and encouraging each other with testimonies of God's provision. The trip also included visiting three quite different centres in the region with the ISAAC representatives, and gave me the opportunity to interview another five centre leaders.

A second trip to Kiev was made in May 2004 for the first National Women's Rehabilitation Leaders Consultation, which gathered about 30 female leaders of women-only and mixed projects across Ukraine for a week of training and personal encouragement. After the conference, I was able to visit two rehabilitation centres in the Crimea and meet with others responding to the rapidly growing need. Later while working with ACRCA I visited many other rehab projects in the course of my work and was in regular contact and visiting with a number of centres around Kiev.

### **1.3.7 Interviews**

Research-based semi-structured interviewing has become ‘a very popular and important form of qualitative research across the social sciences especially in anthropology’<sup>79</sup> as Edgerton, Spradley and Cockburn demonstrate.<sup>80</sup> According to Fairclough ‘the interview should be understood at three levels: the level of discourse produced, the text, and the level of interaction.’<sup>81</sup> ‘Both parties to the interview are necessarily and unavoidably active. Each is involved in meaning-making work. Meaning is not merely elicited by apt questioning nor simply transported through respondent replies; it is actively and communicatively assembled in the interview encounter.’<sup>82</sup> Structured and open-ended interviews are often approached from a ‘factist perspective’. ‘The central characteristic of the factist perspective is that it makes a clear-cut division between the world or reality “out-there”... and the claims made about it;’<sup>83</sup> thereby recognising the ‘interference’ or ‘noise’ generated in the process of communication, ‘as distortions in the lens through which reality is observed.’<sup>84</sup> Part of the ‘interference’ to understanding reality is the amount to which an informant is consciously or unconsciously distorting the truth, possibly to give a response closer to the perceived expectations of the interviewer. The final characteristic, therefore, is that the researcher needs to maintain a pragmatic or common sense notion of truth.

The two sources or types of data in the factist perspective are the ‘indicator’, that is facts or naturally occurring data not affected by the process of collection, and secondly ‘testimony’ or information reported by the informer. So in the field of addiction rehabilitation, information independently observed such as the number and date of rehabilitants’ arrival and departure from a centre, and their visible changes in health are examples of indicators. The information that rehabilitants or leaders give about themselves is the ‘testimony’ data whether communicated orally or written, which clearly can include data that would also be classified as ‘indicator’. ‘The testimony viewpoint considers a source as a testimony about the things one is studying, for instance the habits or belief systems of a community. Within it, a source or an extract of a source is considered more or less honest... objective and accurate description of the aspect of reality the researcher is studying.’<sup>85</sup> The two main methods to

---

<sup>79</sup> Davis, *Reflexive Ethnography*, 95; See also R. B. Edgerton, *The Clock of Competence* (rev. ed. Berkeley: University of California Press, 1993), research undertaken in 1967.

<sup>80</sup> Edgerton, *The Clock of Competence*; J. P. Spradley, *The Ethnographic Interview* (New York: Hold Rinehart & Winston, 1979); C. Cockburn, *In the Way of Women: Men's Resistance to Sex Equality in Organisations* (Houndmills UK: Macmillan, 1991)

<sup>81</sup> Norman Fairclough, *Language and Power* (London: Longman, 1989)

<sup>82</sup> J.A. Holstein and J.F. Gubrim, *The Active Interview* (Thousand Oaks CA: Sage, 1995), 4

<sup>83</sup> Pertti Alasuutari, *Researching Culture: Qualitative Method & Cultural Studies* (London: Sage Publications, 1995), 47

<sup>84</sup> Ibid.47

<sup>85</sup> Ibid, 51

check the truthfulness of the information received are ‘mechanistic’ and ‘humanistic’.<sup>86</sup> The ‘mechanistic’ method to improve truthfulness is to avoid the ‘reactivity of measurement’ by withholding or even misleading the informant of the purpose of the research.<sup>87</sup> In contrast the ‘humanistic method’ assumes that the stronger the trust and friendship the greater the openness of the informer. I strove to use the latter, which aims to build a rapport and make friends with the informants. Indeed, in my role as teacher it would be entirely inappropriate to do anything else. Therefore, during the three years I lived and worked with the recovering addicts we definitely became close friends especially as I had very little contact with other people outside the project. Many of those who became leaders were my earlier students so it was a joy to visit and see how they and the centres were doing. In my second role working for ACRCA the people I had most contact with were the leaders from each programme who came to the regular training conferences and the projects around Kiev where I was teaching and able to visit regularly. When trying to find out people’s subjective experience and motives for action it is recommended that the interviewer and interviewee become ‘peers’ or ‘companions’<sup>88</sup> to establish a confidential relationship in order to understand the internal truth and break the ‘happiness barrier’.<sup>89</sup>

In May 2003 I was invited to attend the 3<sup>rd</sup> International Congress of ISAAC. I decided to undertake interviews with the leaders of major rehabilitation programmes and the network’s leaders, who attended in order to make the best use of the opportunity of learning from the vast and varied experience brought to the conference from 26 countries. Prior to attending the congress, I wrote to several senior programme leaders to explain what I was doing in this research and to request the opportunity for an interview. During this intense time of learning, I was able to interview ten international leaders as well as attend the conference sessions. A summary of facts about them is included in the Appendix 2.1.<sup>90</sup> Two interviews were

---

<sup>86</sup> Bruce L. Berg, *Qualitative Research Methods for the Social Sciences* (Boston: Allyn & Bacon, 1989), 29-30; Robert Bogdan and Steven Taylor, *Introduction to Qualitative Research Methods: A Phenomenological Approach to the Social Sciences* (New York: John Wiley & Sons, 1975), 45-48; Robert A. Georges and Michael O. Jones, *People Studying People: The Human Element in Fieldwork* (Berkeley, CA: University of California Press, 1980), 63-64

<sup>87</sup> Russell Bernard, *Research Methods in Cultural Anthropology* (Newbury Park CA: Sage, 1988), 150; David Dooley, *Social Research Methods* (2<sup>nd</sup> edn Englewood Cliffs, NJ: Prentice Hall 1990), 106

<sup>88</sup> Peter Reason and John Rowan, *Human Inquiry: A Source Book of New Paradigm Research* (Chichester: John Wiley 1981), 205; For the advantages of subject-subject interview relationships from a feminist viewpoint see Liz Stanley and Sue Wise, *Breaking Out: Feminist Consciousness and Feminist Research* (London: Routledge, 1983); For a discussion of the advantages of the qualitative in-depth interview see David Silverman, *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction* (London: Sage, 1993), 94-99

<sup>89</sup> J. P. Roos ‘Life-stories of Social Changes: Four Generations in Finland,’ *International Journal of Oral History* 6 (1985) :179-190, 188

<sup>90</sup> All the interviews have been coded for record in the thesis. The identification of the codes is available from the author if necessary.

conducted in conjunction with a colleague<sup>91</sup> who had four years experience of running a rehab centre in Pakistan and was particularly interested in learning about rehab centres' experiences of relating to and working with their local churches.<sup>92</sup> The interview questions were designed together with him, and the leaders were selected for interview based on their experience in different parts of the world. A Russian and English copy of the structured discussion questions used in the interviews can be found in Appendix 2.2 and 2.3 respectively. The interviewees were from ten different countries and represent very different styles of working, some professional and academic while others are simply seeking to be as they described 'a community that reflects the love of Christ to the broken-hearted'.

Two other sets of interviews were undertaken with rehab centre leaders on later conference trips: one to the Ukraine and one to the Urals in Russia. There are five interviews with Russian leaders and five with Ukrainian leaders. The interviews with these two groups of leaders had greater uniformity than the interviews with international leaders in the style of their projects and their doctrinal position, as the local conditions were more consistent. The Russian and Ukrainian projects represented varied in size and length of operation. Prior to each interview the purpose and use of the data was individually explained, and at the second conference publicly explained. None of the people I invited to give an interview declined, rather they felt privileged to participate as the project had leadership backing. Limited time was always the prime restriction, though some felt unqualified in certain aspects due to little experience.

Where possible the interviews were recorded, transcribed, and where necessary, translated by myself and then checked with a native speaker; however at other times recording was not possible for practical reasons.<sup>93</sup> These notes were written up into full records of the interview, which were then sent back to the interviewees for their confirmation or amendment to the content.<sup>94</sup> While some did not reply, several others made comments to clarify and explain statements. A couple of interviewees added detail, which was all included in the final versions used.<sup>95</sup> Half the interviews were conducted in Russian<sup>96</sup> but mostly notes were written in

---

<sup>91</sup> Paul Thaxter then Head of Impact team for Church Missionary Society – Paul had intended to participate in more of the interviews but was prevented due to his other responsibilities at the congress.

<sup>92</sup> The questions particularly relating to a rehab centre's relationship to churches were included for the benefit of Paul's interests and have been used only in the Recommendations Section of this thesis, found in Appendix 1

<sup>93</sup> Background noise, or limitation of equipment i.e. the inbuilt microphone on the Dictaphone did not pick up their voice.

<sup>94</sup> There were some in the CIS with whom I was not able to establish email contact.

<sup>95</sup> The view taken was that an accurate representation of their thoughts was important rather than the interview process itself.

English for speed, except for phrases or terms in which the meaning was not immediately clear. If the interviewee did not know English and did not have a trusted English-speaking assistant, the interview records were then translated back into Russian to enable them to confirm the written record.

All the interviews were coded with one letter and one number for anonymity in referencing, although the majority gave their full permission to be identified.<sup>97</sup> Each unique code identifies the words of one person. In order to analyse the interviews I undertook a key word and phrase search on the transcripts. For each question I noted all the respondents who used similar phrases or key words in their replies and entered these with the interview identification code. I then went back through the interviews to do a completeness check and recorded all the aspects in the replies that were unique and had not been included in the summary of repeated phrases. These key terms were also added with their corresponding code. When processing the interview data I kept the responses from Russia and Ukraine separate from the interviews with leaders from other parts of the world as I wanted to see clearly if there any differences in the answers.

All these summaries were then typed up and became the working basis for the themes chosen for discussion in the analysis.<sup>98</sup> Starting with the frequently repeated themes which were highlighted for each question, I built up my explanation of the requirements for recovery from addiction. The material from the interviews was used as follows. Question 1 was ‘What are the most important principles that you seek to build in your drug ministry. What actions or attitudes seriously undermine these principles?’ It examines the principles the leaders are seeking to build and the attitudes or actions that they consider will undermine a participant's effectiveness. The second question was ‘What do you see as the key requirements for effective training and development of each individual? What determines lasting life change?’ Together these responses provided a lot of well tested advice on the Christian rehab centres understanding and method for providing recovery from addiction which were primarily used in to form the argument in Chapter Four. ‘Christ’s Provision for Freedom from Addiction.’

The responses to questions three and four became the foundation for part of the recommendations which are in Appendix One. Question 3 looks at the overlap in function

---

<sup>96</sup> See Appendix 2.2 and 2.3 respectively for copy of questions in Russian and English.

<sup>97</sup> An interpretation of the codes is available from the author if necessary. One person, who had previously been unfairly misquoted in the past, before the interview expressed concerns about the use and process of translation. After hearing an explanation of the procedures his fears abated.

<sup>98</sup> The interview summaries can be found in Appendix 2

between the Christian rehab centres and churches. ‘In what ways do you think your drug projects express church? -What do you think that churches can learn from your drug project? Question 4 explores the relationships between the rehab centres and their local church or churches. ‘How do you as a drug project relate to churches in your context?’ What are the positives and negative experiences that you encounter? I had intended to take the process of rehabilitation through to discussing the key rehab centre and church relationships however it was decided that this would stretch the thesis too far. Overall I ended up with more material than needed for this thesis.

Question 5 takes a glimpse into their desires for the future and checks the transferable nature of this material in the eyes of these leaders. ‘What is your vision for the future? How transferable do you think that the principles you have established are to other countries or ministries?’ These responses were used in the conclusion found in Chapter Five. Although I tried to prepare specific questions on different aspects of the rehabilitation process I purposely kept the format open so that the leaders interviewed were free to use the questions as a framework or guide to their comments. In practice there was quite a lot of overlap and flow between the questions, and many chose to share part of their own life story as illustration to their answers.

In order to understand how the data I had gathered related to the existing body of knowledge in the field of recovery from addiction, I undertook an extensive literature search including several weeks at the British Library made many phone calls and visits to universities, addiction programmes and drug research agencies, in several, countries including UK, Spain, Holland, Egypt, Ukraine, Moldova, Russia, USA and Canada in order to locate other studies or organisations discussing or proposing to offer recovery from addiction. I identified many projects but and some older literature and however the vast majority of recent reports in the field of drug services were written to support drug maintenance programmes not recovery or abstinence. For presentation of the data I took the themes that had been identified from the interview responses and selected a few key charts and diagrams which actually expressed the same methods of rehabilitation for use in the analysis in Chapter Four in order to clearly communicate the data to its academic audience. For example the cyclic bondage of addictions from Life for the World, the contrasting theory charts from Freedom from Addiction and the widely used circles of human personality from Christian Care and Counselling course. With each externally sourced chart or diagram I sought to clarify where it was similar or different to the centres studied.

Working from the agreed translated text of each interview I aimed not to use the same quote twice and therefore italicised the text of the specific quote I chose to use. The letter-digit code was entered in the thesis with the quote as a reference to the specific interviewee who made those comments. I also entered a location reference after the italicised section of the interview text so that I would be able to trace where that quote had been used in the thesis.

After the presentation and discussion of my own data in Chapters Three and Four respectively, using the broad understanding gained from the literature research, I then in Chapter Five, relate how other the process in the Christian Russian and Ukrainian rehab centres studied compares and contrasts with the other similar studies undertaken on recovery from addiction, and to a few most well known Christian organisations offering recovery from addiction in other parts of the world.

### 1.3.8 Life-stories

From the factist perspective, life-stories provide a rich source of testimony data normally gathered using a humanistic approach in the form of semi-structured interviews or as a personally written summary. 'The informants are not requested to give a "typical" life history but simply describe their own life as they experienced it. The "typical case" is compiled and constructed by the researcher on the bases of the individual examples which the data consists of'.<sup>99</sup> 'The task of distinguishing universal principles from one another and from their contexts is very difficult if not impossible when studying a single case or a small number of cases,'<sup>100</sup> therefore a number of life-stories are needed. Life-story researchers Bertaux and Bertaux-Wiame<sup>101</sup> consider 'saturation' as the point 'where nothing new comes out; when new cases only repeat already familiar patterns;'<sup>102</sup> at this point collection of life-stories can be stopped.

---

<sup>99</sup> Alasuutari, *Researching Culture*, 58

<sup>100</sup> Hammersley, *What's Wrong with Ethnography?*, 19

<sup>101</sup> Daniel Bertaux & Isabelle Bertaux-Wiame, 'Life-Stories in the Bakers' Trade', in D. Bertaux & I. Bertaux-Wiame (eds.) *Life History Approach in the Social Sciences*, (Beverly Hills, CA: Sage), 169-190; and D. Bertaux & Martin Kohli, 'The Life-story Approach: A Continental View' *Annual Review of Sociology* 10 (1984) 215-237

<sup>102</sup> Alasuutari, *Researching Culture*, 58; See also Barney G. Glaser & Anselm L. Strauss *The Discovery of Grounded Theory: Strategies for Qualitative Research* ( Chicago: Aldine Transaction, 1977), 61

Frankfort-Nachmias and Nachmias consider that ‘the obligation to protect the anonymity of research participants and to keep research data confidential is all-inclusive. It should be fulfilled at all costs unless arrangements to the contrary are made with the participants in advance.’<sup>103</sup> Typically content analysis focuses on the ‘manifest content’, which is the ‘elements that are physically present and countable’.<sup>104</sup> However it is also important to consider the ‘latent content’, which ‘cannot be measured directly but can be represented or measured by one or more ... indicators’.<sup>105</sup> As I have pulled together these life-stories I have attempted to convey the mood and circumstances in which they are expressed.<sup>106</sup>

Life stories were gathered by writing to the centres I had visited explaining my research and its aims, and asking them if they would be willing to send me stories or testimonies of ex-addicts that they already had available, to provide information for my research and help others gain from their experience. Although I tried to contact all of the centres, in practice the first ones from which I received a response were those who were more established and had access to email.<sup>107</sup> From my experience of visiting centres, I would not say these were any more ‘successful’;<sup>108</sup> it was often in the small ‘family-run’ isolated homes located far from the cities and modern life where I sensed the strongest commitment to change and joy in their transformed lives. Naturally, I regretted not knowing the current focus of my research during my first work position in the Izhod centre in Russia, as far more life-stories and interviews could have been gathered while there in person with greater detail included about the key focus of their experience and development in rehabilitation. I however was able to collect more stories on subsequent visits to the region.

In response to my request to analyse the life-stories of people in their rehabilitation centres, the leaders were supportive and grateful for my interest in their work. An example of the type of comment received with some responses summed up the general attitude: ‘We are pleased you can talk about our young people. Thank God for you.’<sup>109</sup> During the conferences, some leaders specifically expressed their gratitude for my work representing their programmes. The ex-addicts were encouraged by knowing that their stories would be shared on a wider basis

---

<sup>103</sup> Chava Frankfort-Nachmias & David Nachmias, *Research Methods in the Social Sciences* (London: Edward Arnold, 1992)

<sup>104</sup> Judy H. Gray & Iain L Densten, ‘Integrating Quantitative and Qualitative Analysis Using Latent and Manifest Variables’ *Quality and Quantity* 32 (1998): 419-431, 420

<sup>105</sup> Joseph F. Hair et al., *Multivariate Data Analysis* (5<sup>th</sup> ed, Upper Saddle River NJ: Prentice Hall, 1998), 581

<sup>106</sup> Richard L. Gregory, *The Oxford Companion to the Mind* (Oxford: Oxford University Press, 1987), 274

<sup>107</sup> Such as having email communication. Many centres are in isolated locations, have no local telephone. Mobile phones, where they can afford them, have revolutionised their interaction.

<sup>108</sup> ‘Success’ is typically measured by a low drop-out rate or low rate of relapse after completion.

<sup>109</sup> Email correspondence 14<sup>th</sup> March 2003

and provide benefit to others. Several expressed a willingness to provide more information if it were necessary. Many of the participants may have quite enjoyed having their names included. However, for ethical reasons I was advised to keep the individuals anonymous. Therefore, as defined by Kerlinger, the respondent information was coded for the purpose of analysis.<sup>110</sup> In a similar style to the interview data, each life-story code contains a letter and a number that was used for all references and quotes from that particular life-story.<sup>111</sup> This means that comments from the same person can be followed through the thesis.

All of the life-stories used had already been written before I requested them. Many were part of a centre's own information brochures and some had been included in other publications such as local newspapers. Several were sent to me by email; a few were handed to me as typeset documents while visiting, and others were contained in printed booklets. The vast majority were in Russian and needed translating.<sup>112</sup> Several of the stories came with a personal picture and some with before and after pictures, demonstrating the visible contrast in their life now. In the end I was actually given more than enough stories therefore I selected those with greater detail as these provided a clearer picture of the authors' life and would be more productive for quotes.

I personally translated most of the life-stories into English and then had the translation checked and adjusted if necessary by a native Russian speaker who was completely independent of the drug rehabilitation work and my research in order to avoid possible bias and jargon. The life-stories received varied in length, style and specifics of information included. Most focused more on the past and previous failed attempts at finding release, ending with the significant improvement of their life now, in comparison to any stage in the past. Only a few gave much detailed comment about life and the process of rehab at the centre. All the life-stories came from centres that I had visited at least twice which increased my understanding of their descriptions and trust in the sources. The shortest stories came from the project I was located at, due to the style of the material in which they were published. However since most of these people were close acquaintances I was able to put their summaries into a wider observed context.

The life-stories of ex-drug addicts were not 'structured' by me, nor did I influence or instigate their creation, nonetheless due to their common experience clear patterns and themes emerged

---

<sup>110</sup> F. N. Kerlinger, *Foundations of Behavioural Research* (New York: Hold, Rinehart & Winston, 1969)

<sup>111</sup> If necessary the reference for the codes is available from the author.

<sup>112</sup> Similar stories are becoming available on websites of programmes who have close Western contact.

during analysis similar to the ‘morphological’ method of giving structure pioneered by the Russian researcher Vladimir Propp in 1928.<sup>113</sup> Classification, Propp argued, should not come by ‘imposing it upon the material from without [but] extracting from the material itself,’<sup>114</sup> which he maintained determined the accuracy of all further study.<sup>115</sup> This was clearly the case in this research. While reading and translating the life-stories I looked for common patterns and structure that could form a basis for analysis. The natural structure that emerged out of the data was a chronological one, due to the historical presentation of their lives. Major stages in their life became the main sections headings for the description, such as their life before taking drugs during, search for solutions and life now. Some stories included reasons for starting and the length they were regularly using. Therefore I took the main stages in their life and formed a chart so that I could easily see where there were similarities and differences in each story. I then worked through each life-story looking for the key terms and phrases that summarised their life at each stage. These abbreviated quotes were entered into the charts to simplify comparison using their unique reference code for identification of each life-story. These data charts can be found in Appendix 2.

My data charts gave me rich material for creating the ‘Typical Life-Story of an Ex-addict’, which aims to bring the data to life and provide clear understanding of the ex-addicts contrasting experiences as a foundation for the theoretical discussions in Chapter Four. In writing this description Chapter One followed the same chronological structure as in the charts and at each stage sought to provide a clear and accurate summary that represented the data I had collected. Having organised the data it then became a relatively simple task of identifying the appropriate representative quotes and noting the exceptions. In each section I also added comment on the extent to which the stories matched my personal observations. Some data was also added from the interviews with leaders where they had included corresponding description in their answers.

As with the interview data I recognised the need to relate my findings to the existing body of data in its field of recovery from addiction. Through my literature search I identified some

---

<sup>113</sup> Vladimir Propp, *Morphology of the Folktale* (Austin, TX: University of Texas Press, 1975). Other examples of researchers who have used process of post-collection analysis of structure are Will Wright, *Sixguns and Society: A Structural Study of the Western* (Berkeley CA: University of California Press, 1975); Pertti Alasuutari, *Desiring and Craving: A Cultural Theory of Alcoholism* (New York: State University of New York Press 1992), Ch4

<sup>114</sup> Propp, *Morphology of the Folktale*

<sup>115</sup> Alasuutari, *Researching Culture*, 73

helpful and directly comparable classifications such as the chart from Life for the World<sup>116</sup> identifying the characteristics and consequences at each stage of drugs taking. Another important study used is by Terrance Gorski on relapse prevention, which fitted towards the latter end of the stories. However there were very few life-stories that reported relapse therefore this section of the 'Typical Life Story' relied significantly on the interview data and observational findings. My data was compared to Gorski's categories for the description on relapse<sup>117</sup>

There was some natural selection biased towards life-stories that were successful, as these were the people who have chosen to stay in touch with the rehab centre and whose life stories were available. These were often people who had ongoing involvement with the local church. Having set out to establish what worked, this bias led to establish what worked, the stories that were actually most helpful for this study. Other lessons could possibly be added from a selection of stories of those who left prematurely and no longer wished to have contact, though by definition these stories would be harder to gather and may be more suited to a study attempting to identify what does not work. Naturally, over the three years I was living and working with the programme in Russia I saw many people come and go, though the majority who left before completion later returned with a stronger commitment to change. I made a special point of talking with them to understand what had triggered their early departure from the programme and return to their previous way of life. A few of the life-stories include such examples of relapse.

As the stories were gathered, I found they correlated strongly and matched closely with my observation. Most of the differences were in the first stage of their life. Once they had started taking drugs there was much closer consistency. Before long there was very little new information gathered from new stories. Although many more stories were later given to me for the purpose of this thesis, I decided I had reached Bertaux's definition of 'saturation'<sup>118</sup> when I reached 50 stories as each new story repeated what had become very familiar patterns.

### 1.3.9 Other Sources of Data

---

<sup>116</sup> Life For The World Trust 'The Church in an Addictive Society *Certificate in Substance Misuse Care and Counselling* Module 1 Course Notes available from Life for the World, 2003.

<sup>117</sup> Terence T. Gorski, *The Relapse/ Recovery Grid* Centre City, Minnesota: Hazelden, 1989

<sup>118</sup> Alasuutari, *Researching Culture*, 58; See also Barney G. Glaser & Anselm L. Strauss *The Discovery of Grounded Theory: Strategies for Qualitative Research* ( Chicago: Aldine Transaction, 1977), 61

When I first started working at the Izhod centre, I asked and gained permission to do research on leadership development, which was agreed. As my interest in the drug ministry grew, I discussed the possibility of focusing my research on their drug work, which they were in principle quite happy for me to do. Then, after leaving the project, when I was back in England, it was decided with my supervisor that the stories of the addicts' lives would make powerful material for analysis. I specifically asked the director again, in writing, for permission to use the life-stories of those now working in the rehabilitation as examples for my research. This time the answer was 'no', therefore I approached other drug rehab centres for their stories, which are now included. I sent a letter explaining my research, the purpose and use of the data to all the addresses I had for the rehab centres I had visited.

The earlier denial from Izhod was later fully reversed while the director was visiting the United Kingdom, and in order to provide support he gave me copies of all the documentary material he currently had with him. This included an English language DVD presentation of their ministry and a presentation file including many short testimonies. On a return visit to Izhod-Krasnodar Region in the summer of 2003 I explained the development and aims of my research and received consent from the leaders and several individuals. They were proud that their stories of God's power would be heard abroad. They also offered dozens of home videos reporting on the centres and recording many life-stories.<sup>119</sup> Unfortunately, although I was able to watch many hours of these videos, of testimonies and work in the centres, due to timing it was not possible to borrow them or make transcripts for analysis. However, similar material on their work has now been made into a professional 15-minute documentary called the 'Exodus: A Story of Redemption' on the work of Izhod, which is available from Cornerstone films.<sup>120</sup> This film has been included with the thesis for the reader, as background information from an independent viewpoint. See Appendix 3.1

On my first visit to other centres I had not decided to focus on rehab, therefore my interest was personal and professional, seeking to understand my work better. Later when rehab became the research focus, I went back to many of the centres observed previously and personally asked for permission to use reports on their work and asked for any life-stories they already had written. I clearly explained the purpose of my research and the near uniform response I received was complete openness. Ex-addicts wanted people to hear their good news and were grateful that I was helping to communicate their stories and work to others.

---

<sup>119</sup> However due to practical difficulties of copying mini cassettes, they were not included in the testimony data, though I did watch several.

<sup>120</sup> <http://www.cornerstonefilms.co.uk> (12/7/04)

Participant observation therefore gave me the clearest understanding of the dynamic process of change taking place in the Christian rehabilitation centres, which from the outside would be much more difficult to comprehend, especially because there is currently very little in writing. The material contained in the interviews and the life stories simply confirmed and supplemented what I had found through participant observation.

#### 1.4 Wider Anthropological Questions

Anthropology and ethnography have now moved beyond the ‘carefully constructed tradition which sees autobiography as “egotistic”,’ since Raymond Firth defended his insertion of personal narrative in 1936, reasoning that ‘some account of the relations of the anthropologist to his people is relevant to the nature of the results.’<sup>121</sup> Later, in 1986, Clifford, Pratt and Rosaldo<sup>122</sup> argued that the use of ‘I’ was needed to give authority to the text but then the self ‘disappears from the text’ to avoid ‘confessional self-absorption.’<sup>123</sup> The implications of the ethnographer’s age, outsider status and gender are examined by Pat Caplan and Margaret Kenna whose fieldwork spanned over twenty years, in the some of the same locations.<sup>124</sup> Different stages of life and status facilitated quite different interactions and understanding of the local culture. Caplan says: ‘The reflexive I of the ethnographer subverts the idea of the observer as impersonal machine... Autobiographical accounts of fieldwork are not confined to self-understanding in a cultural vacuum.’<sup>125</sup> How others relate to the anthropologist conveys the ethnographic context. ‘In the study of human beings by another human being, the specificity and individuality of the observer are ever present and must therefore be acknowledged, explored and put to creative use.’<sup>126</sup> This thesis recognises both the extent of personal involvement and also of self-reflection to clarify or enhance understanding.

---

<sup>121</sup> R. Firth, *We the Tikopia* (Boston, Mass: Beacon Press 1965), 10

<sup>122</sup> James Clifford, ‘On Ethnographic Allegory,’ in James Clifford & George E. Marcus (eds.) *Writing Culture: The Poetics and Politics of Ethnography*, (Berkeley, California: University of California Press, 1986), 98-140; Mary Louise 1986 Pratt, ‘Fieldwork in Common Places,’ in Clifford and Markus, *Writing Culture*, 27-50; Renato Rosaldo, ‘From the Door of His Tent: The Fieldworker and the Inquisitor’ in Clifford and Markus, *Writing Culture*, 77-97

<sup>123</sup> Okely, ‘Participatory Experience and Embodied Knowledge’, 6

<sup>124</sup> Pat Caplan, ‘Engendering Knowledge’ *Anthropology Today* 4, no.5, Oct, (1988): 8-12; Margaret E. Kenna ‘Changing Places and Altered Perspectives: Research on a Greek Island in the 1960s and in the 1980s’ in Judith Okely & Helen Callaway, 147-162

<sup>125</sup> Okely, ‘Participatory Experience and Embodied Knowledge’, 24; see also Pat Caplan ‘Distanciation or Identification: What Difference Does It Make?’, *Critique of Anthropology* 14(2) (1994): 99-115

<sup>126</sup> Judith Okely, ‘The Self and Scientism,’ *Journal of the Anthropology Society of Oxford* 6 no.3 (1975):171-188, 172

In the past anthropologists, particularly those coming from a Western ‘rational scientific’ worldview, sought to focus on the impartial objective reality of the peoples they observed. In the same way as scholars in other disciplines, when they met events that were unusual or unexplainable it was very difficult to know what to do with them. This was particularly the case for the spiritual and supernatural. Gunther Stent, a molecular geneticist in his groundbreaking lecture on ‘The question of prematurity and uniqueness in scientific discovery’ describes these as ‘troublesome subjects’.<sup>127</sup> Likewise, most anthropologists did not ‘take seriously an informant’s description of, and/or explanation for, experiences which fall out of the range of what is considered “normal” in the anthropologist’s own culture.’<sup>128</sup>

Roderick Wilson explores four possible responses for anthropologists when encountering the sacred world. Each varies in the degree by which the anthropologist takes seriously the explanations given by the informants.

First ‘the spiritual dimension of the informant is regarded ... as “unreal” or not rooted in reality.’<sup>129</sup> Therefore the ‘spiritual dimension will be defined as irrelevant.’<sup>130</sup> Turner confirms, ‘by far the majority go unrecorded ... [because] writers (and publishers) usually feel that this material is not suitable for inclusion in a serious anthropological publication.’<sup>131</sup> This is partly because seeing with different eyes, many events are not even noticed, or if observed considered inconsequential.<sup>132</sup> Wilson, after hearing the definition of blue as the colour of distant mountains, debates what the ‘true’ perception of colours is in the diffraction of light, and wonders ‘what other kind of phenomena I cannot see because of my cultural and/or anthropological background.’<sup>133</sup> Quoting Matthew 13:13-15<sup>134</sup> Wilson concludes

---

<sup>127</sup> Gunther S. Stent ‘Prematurity in Scientific Discovery’ Ch2 Ernest B. Hook *Prematurity in Scientific Discovery: On Resistance and Neglect* (Univ. of California Press, Berkeley, 2002), 124-148. The lecture took place in 1987 when Stent became the first chairman of the Department of Molecular and Cell Biology in Univ. of California Berkeley.

<sup>128</sup> Lise Swartz, ‘Being Changed by Cross-Cultural Experiences,’ in Young & Goulet *Being Changed by Cross-Cultural Encounters: The Anthropology of Extraordinary Experiences* (Peterborough, Canada: Broadview Press, 1994) 209-236, 210

<sup>129</sup> Roderick Wilson, ‘Seeing They See Not,’ in David Young and Jean-Guy Goulet (eds.) *Being Changed by Cross-Cultural Encounters: The Anthropology of Extraordinary Experiences*, 197-208, 200

<sup>130</sup> Ibid.

<sup>131</sup> Edith Turner, ‘A Visible Spirit Form in Zambia,’ in Young and Goulet, *Being Changed by Cross-Cultural Encounters*, 71-72

<sup>132</sup> Wilson, ‘Seeing They See Not,’ 200

<sup>133</sup> Ibid, 199-200

<sup>134</sup> Matt 13:13,15 ‘seeing they do not see, and hearing they do not hear, nor do they understand... For this people’s heart has grown dull, and their ears are heavy of hearing, and their eyes they have closed, lest they should perceive with their eyes, and hear with their ears, and understand with their heart, and turn for me to heal them.’

‘Often we do not truly see that which is before us, ... because that would involve new perceptions, and for this failure, we are the poorer.’<sup>135</sup>

‘Second, an informant’s spiritual experiences (defined as encounters with spirits or other entities possessing supernatural or non-natural powers) may be regarded as real in the sense that they are real to the informant...and hence they inform behaviour.’<sup>136</sup> Though the anthropologist sees them as irrelevant they are nonetheless relevant as cultural phenomena. Anthropologists, writes Keesing, ‘have tended to look at [religious systems] obliquely as reflection or projection of social life, rather than intellectual systems in their own right.’<sup>137</sup> To maintain credibility for their analysis the anthropologist effectively distances him/herself from what are obviously perceived to be irrational ideas of an informant’s description or explanation of a spiritual experience by the standard phrase “The [*name of group*] believe that. . . .”

A third response involves the anthropologist realising that there may be direct personal consequences for himself or herself and/or his or her informants such that he or she would be prepared to take corresponding action whether or not these concerns/beliefs fitted with their own worldview. Swartz explains: ‘If an informant tells me that there exists good and evil spirits in the world who have power to help or harm, to cause health or disease, my first responsibility as an anthropologist is to consider not only why this belief is held, but also what evidence there is to support this belief. This is not usually done.’<sup>138</sup> Edith Turner’s anthropological study spanning over 30 years amongst the Ndembu people of Zambia asks; ‘Is it correct for our discipline to cut itself off from what is of major concern to its field people?’<sup>139</sup> Her husband Victor Turner’s early work in the 1950’s and 60’s laid a foundation for the following anthropological study.<sup>140</sup> Edith recalls; ‘at that time, we looked at ritual from the point of culture...[so] Vic’s analysis of the curative ritual was strongly empiricist and psychologically based.’<sup>141</sup> After her husband’s death Edith returned and continued research amongst the Ndembu. While taking part in a healing ritual she unexpectedly ‘encountered an unusual experience... [that] demanded a reorganisation of the way I did anthropology.’<sup>142</sup>

---

<sup>135</sup> Wilson, ‘Seeing They See Not,’ 206

<sup>136</sup> Ibid, 200

<sup>137</sup> R. Keesing, *Cultural Anthropology: a Contemporary Perspective* (New York: Holt, Rinehart & Winston, 1976), 385

<sup>138</sup> Swartz, ‘Being Changed by Cross-Cultural Experiences,’ 210

<sup>139</sup> Turner, ‘A Visible Spirit Form in Zambia,’ 72

<sup>140</sup> See Victor Turner’s writings of 1957, 1967, 1968, and 1975

<sup>141</sup> Victor Turner, *The Drums of Affliction, A Study of Religious Processes among the Ndembu of Zambia* (London: Intl African Institute, 1968)

<sup>142</sup> Turner, ‘A Visible Spirit Form in Zambia,’ 73

‘The final alternative is that one may accept the possibility that a sacred world or spiritual encounter is rooted in reality and may allow it to touch one's self personally. That is, the sacred worldview may be taken seriously.’<sup>143</sup> ‘If we attempt to take our informants seriously we must explore the essence of what the informant claims to be true... we must attempt to truly understand his/her worldview.’<sup>144</sup> Favret-Saada gained significant understanding through her spiritual experiences amongst the people of the Bocage and now ‘maintains that is necessary for the ethnographer to undergo the experience he/she is attempting to understand.’<sup>145</sup> She concludes that in order to understand spiritual processes such as “unwitching” there is no substitution ‘but to practice it oneself, to become one’s own informant, to penetrate one’s amnesia, and to try and make explicit what one finds unstateable in oneself.’<sup>146</sup>

The consequences for Wilson included ‘learning...to see the sacred in the everyday reality of other people [and being] also more aware of the sacred in one's own reality.’<sup>147</sup> Paul Stoller acknowledges that his spiritual ethnographic experiences among the Songhay of Niger changed him. ‘[A]ll my assumptions about the world were uprooted from their foundation on the plain of Western metaphysics... my view of Songhay culture could no longer be one of a structuralist, a symbolist, or a Marxist.’<sup>148</sup>

Swartz observes that ‘interaction with other human beings, particularly where extensive fieldwork is undertaken, inevitably changes both the anthropologist and his/her informants’.<sup>149</sup> For my part, my experiences in Russia and Ukraine during the course of this research have completely changed the direction of my life both academically and professionally. I am definitely not the same person I was before; rather I consider my life richer and more constructive as a result.

Wilson recommends ‘Sacred worldviews might be taken more seriously through what might be termed radical empiricism. This requires the rigorous scrutiny used for other information supplied which allows for scepticism but takes an explanation seriously and not

---

<sup>143</sup> Wilson, ‘Seeing They See Not,’ 201

<sup>144</sup> Swartz, ‘Being Changed by Cross-Cultural Experiences,’ 210

<sup>145</sup> Turner, ‘A Visible Spirit Form in Zambia,’ 72

<sup>146</sup> Jean Favret-Saada, *Deadly Words; Witchcraft in the Bocage* (Cambridge: Cambridge University Press, 1980), 22

<sup>147</sup> Wilson, ‘Seeing They See Not,’ 207

<sup>148</sup> Paul Stoller, ‘Eye, Mind, and Word in Anthropology,’ *L’Homme* 24 no.3-4 (1984): 91-114, 110

<sup>149</sup> Swartz, ‘Being Changed by Cross-Cultural Experiences,’ 211

dismissing it *a priori* as fantasy or superstition.<sup>150</sup> It is a radical empiricism in existential religion that Paul Tillich in 1959 described as ‘matters of ultimate concern.’<sup>151</sup> A radical empiricism would require anthropologists to entertain the possibility that ‘an informant’s explanation of an extraordinary experience might be true. ... This fourth way of responding to a sacred worldview appears to be very rare in the discipline of anthropology, but it is this possibility that is here being explored.’<sup>152</sup>

A detailed example of this question is reported by Jacob Loewen who was an anthropologist who spent most of his life among the Choco people of Panama. His experience and personal struggle reflect closely the topic of supernatural or scientifically unexplainable healing dealt with in this thesis on recovery from addiction. Loewen worked with David Wirschte on translating the Bible into the local language, but the local people’s interpretation of what was read and understood was very different from what Loewen and Wirsche were comfortable with. The Choco people, operating as they were with a very keen awareness of spiritual forces, took literally the Biblical invitation to pray for the sick. When their host’s wife fell seriously sick Loewen’s automatic response was to make a desperate but unsuccessful attempt to get medicines.

From the little medical studies I had done, I realized she was suffering from pneumonia and so I immediately dispatched a messenger with a canoe and some money to the small town at the mouth of the river, half a day's journey away, to see if he could buy some penicillin, streptomycin or some of the sulpha drugs... About that time I happened to be reading the book of James in my devotions and when I got to the fifth chapter and there read that "If anyone is sick, he shall call the elders, and they shall anoint the person with oil and the prayer of faith will raise the sick," I suddenly found myself in a fierce inner struggle. I knew what pneumococci looked like... I knew what the material antidotes to them were... Since germs for me belonged to the category of the material, they could be “killed” by specific other materials, but I didn't have a category for the Spirit of God in the germ-killing function. I suddenly realized that ... I didn't have the faith to truly believe that God would heal.<sup>153</sup>

---

<sup>150</sup> Wilson, ‘Seeing They See Not,’ 206

<sup>151</sup> Paul Tillich, *Theology of Culture* (London: Oxford University Press, 1959)

<sup>152</sup> Wilson, ‘Seeing They See Not,’ 201

<sup>153</sup> Jake Loewen, ‘Problems for Export Part 1.’ *Milligan Missiogram* 1, no 4(1974):4-11

Loewen's 'fierce inner struggle' was caused by the clash of worldviews he was experiencing. His world was so compartmentalised that he viewed God as irrelevant to the problems such as sickness around him. At the same time, he knew that 'these Indian Christians were literalists. If they would see this biblical injunction, they would do just what it said'<sup>154</sup>

Finally in desperation I took a felt pen and wrote out a translation of this passage... I gave this translation to our host and then went out to his banana plantation where I walked and struggled with my conscience. I stayed away for one and a half hours, but when I returned I still had not resolved my inner battle. On arriving at the house I found [my host] very upset... "Where in the world have you been so long?"...

"How long have you known that message is there? More than a week?"

"Oh yes. I have known it for a long time already."

"Well, how come you didn't say anything when you saw my wife dying?"

"I don't know."

"What were you afraid of?"

"I was afraid it might not work!"

"What might not work?"

"That if we pray, God might not heal."

"Well why shouldn't He heal, if we pray?"<sup>155</sup>

Jake Loewen and David Wischte gathered in a circle with the five elders from the new local church while they anointed the sick woman with oil and laid hands on her. They all prayed fervently and she sat up, visibly relieved. However, the next day she relapsed badly. Loewen describes 'While I was debating within myself about what to do now, the Indians, without inviting David and me, again anointed the sick woman with oil, prayed for her, and healed her. Immediately, she got up and began to do her housework.'<sup>156</sup>

Later that day the host later commented to Loewen, while his wife was preparing supper, "Yes, that Spirit of God is really powerful, when he goes after those fever spirits, they really run!"<sup>157</sup> At the same time he had discerned, "Jake, I am sorry, but it doesn't work when you and David are in the circle. You and David don't really believe."<sup>158</sup>

---

<sup>154</sup> Ibid, 11

<sup>155</sup> Ibid.

<sup>156</sup> Ibid.

<sup>157</sup> Ibid.

<sup>158</sup> Ibid.

Wilson, a good friend of Loewen's for many years, comments on this episode 'I know of no one in our society who has, over a lifetime, more consistently lived out his Christian ideals. Loewen's cross-cultural missionary experiences have led him to appreciate qualities found within a worldview more thoroughly sacred than that into which he was socialized. Nevertheless, he finds himself unable to transcend the secular assumptions and understandings of his particular birth society... [There is] a general reluctance in our society, even among those of religious persuasion, to accord significance to a sacred worldview.'<sup>159</sup> It is interesting here to note how Loewen and Wirsche could be channels for a message that they themselves benefited little from. This story highlights the extent to which our worldview can limit what we see and experience.

Following Wilson's conclusion his last approach of radical empiricism has been chosen for this research. Having applied scrutiny to the data sources and reasoning, which then follows with integrity on to conclusions and application that is allowed to affect the researcher's own life and values. This rejects the dichotomy of holding dual truths that say: 'It's true for you but not true for me.' Using the final approach is believed to bring the benefit of research to the widest audience including ourselves.

## **1.5 In Summary**

As described above the data has been gathered for this thesis using a range of methods including interviews, collection of life-stories, but primarily a significant period of six years of participant observation of drug rehabilitation in Russia and Ukraine. Each of these data sources complemented each other and helped me gain a complex view of the process of rehabilitation used in these Christian rehab centres from three different angles.

My approach during my work as participant observer and during the data collection, through interviews and life-stories has been of seeking to learn and understand their informants' way of thinking, theology, and practices for bringing people out of addiction and then to seek to represent their work in their own terms. Hence, the presentation of the data in Chapter Three has been written largely from the ex-addict's viewpoint. A large percentage of the text is their words to describe their lives at each stage.

---

<sup>159</sup> Wilson, 'Seeing They See Not,' 204

Furthermore, the analysis used in this thesis is based on the Biblical principles and interpretation found in the Christian rehabilitation centres studied. During the analysis, each point brought out by the leaders and participants is examined in light of appropriate Biblical references and current literature. These key principles are then brought together in the conclusion with other research undertaken in Christian rehabilitation centres around the world. Recommendations for application can be found in the first Appendix for particular groups of people affected including current addicts, ex-addicts, rehabilitation leaders, local churches and the government drug services.

The next chapter sets the geographical context for recovery from addiction and summarises alternative approaches to the problem of drugs used in different parts of the world. This information prepares the reader for a clearer understanding of the data and analysis that follows.

## CHAPTER TWO: SETTING THE CONTEXT

This chapter provides the background for understanding the data in Chapter Three and the analysis in Chapter Four. The two spheres brought into focus are drug abuse and the former Soviet Union. Both are necessary to set the context for further study.

### 2.1 The Russian and Ukrainian Context

Russia and Ukraine are the particular countries in focus for this research. However, most of the discussion below applies to the whole of the former Soviet Union,<sup>1</sup> where the highly standardised system of Communism is a legacy they all have in common. Their cultural distinctiveness has grown more pronounced over the last fifteen years, as have the differing political approaches that each nation has taken. In order to get an appreciation for the life pressures and expectations of the people behind the life stories contained in this thesis, key aspects of the geography, history, economy and sociology of Russia and Ukraine are included in this section of the context.

#### 2.1.1 Geography

Russia, even after the break-up of the Soviet Union, is still by far the largest country in the world crossing 11 time zones, and covering 17,075,200 sq km.<sup>2</sup> However, only 8% of the land, mostly in the southwest, is arable. 46% of the land area<sup>3</sup> is covered by tundra and taiga forests, though these are steadily decreasing due to heavy deforestation for timber exports. Ukraine is 603,700 sq. km, making it the second largest country in Europe after Russia;<sup>4</sup> its climate is rather warmer particularly along the Black Sea coast. Ukraine has 54% arable land with rich fertile soil, so was previously known as the breadbasket of the Soviet Union. The climate across the region is temperate continental. Winters vary from cool along the Black

---

<sup>1</sup> FSU is the common abbreviation for the former Soviet Union which includes all the 15 republics. CIS is the abbreviation for the Commonwealth of Independent States which comprises all the republics of the former Soviet Union except Estonia, Lithuania and Latvia which are now part of the European Union.

<sup>2</sup> This includes 79,400 sq km of rivers and lakes, and the largest volume of fresh water, in the deepest lake Baikal in near Irkutsk, Siberia.

<sup>3</sup> Much of the non-arable land is too dry in the deserts near western Kazakhstan or too wet in the swamps in central Siberia or under permafrost in the north near the arctic circle.

<sup>4</sup> 43<sup>rd</sup> largest in the world. Oxford Business Group 2005 Economic Briefings – Ukraine – News Briefing (27/3/08)

Sea coast to frigid in Siberia; summers vary from warm in the Steppes with short periods of high continental extremes, to cool along the Arctic coast.<sup>5</sup>

Altogether about a hundred ethnic groups within the former Soviet Union were held together under communism, taught Russian, and made into Soviets. Within Russia live a population of 141,377,752 (2007 est.),<sup>6</sup> which has reduced from 148 million in 1990 before the Soviet Union disbanded. Numbers in Russia have fallen steadily due to emigration and a low birth rate. Ukraine also has a decreasing population at -0.67% p.a. due to emigration and poor health. The death rate is nearly double the birth rate.<sup>7</sup> In 1998 the population of Ukraine was about 50 million.<sup>8</sup> UN data in 2007 estimate the population at 46.2 million.<sup>9</sup>

The people of Russia are made up of over 80% ethnic Russian, nearly 4% Tartar and 3% Ukrainian; others include the Chuvash and Bashkir based around the west and south of the Ural Mountains and the Byelorussians, and Moldavians. Ukraine is 78% ethnically Ukrainian and has a large minority of Russians, 17%, the rest being made up of the following surrounding nations, in descending order: Belarusian, Moldovan, Crimean Tartar, Bulgarian, Hungarian, Romanian, Polish, and Jewish. Ukrainian is the only official language and the mother tongue for just 55% of the population who live mostly in the West. Russian is second main language and understood by all adults.<sup>10</sup>

Since the collapse of the USSR there has been a large movement of people in the region; ethnic Russians have moved out of the republics, particularly in Central Asia and the Baltic states due to local nationalistic pressures, and millions have emigrated to the West, in particular North America, Germany and Israel. Crimean Tartars have moved back to their homeland from Central Asia where they were exiled to by Stalin. There has also been increased urbanisation causing many villages to be heading towards extinction. This process was restricted during communism along with all relocations.

---

<sup>5</sup> Climate ranges from tundra climate in the polar north to sub-arctic in Siberia; through humid continental in much of European Russia, to steppes in the south;

<sup>6</sup> CIA Country Facts 2008 Russia <https://www.cia.gov/library/publications/the-world-factbook/geos/rs.html> (accessed: 7/11/2008)

<sup>7</sup> CIA Country Facts 2008 Ukraine Birth rate 9.55% death rate at 16% <https://www.cia.gov/library/publications/the-world-factbook/geos/up.html> (accessed 7/11/2008)

<sup>8</sup> Oxford Business Group 2005 *Ukraine Report 2002* <http://www.oxfordbusinessgroup.com/country.asp?country=37> (accessed: 12/1/2008)

<sup>9</sup> CIA Country Facts 2007 <https://www.cia.gov/library/publications/the-world-factbook/geos/up.html> (accessed 7/11/2008)

<sup>10</sup> Oxford Business Group *Ukraine Report* <http://www.oxfordbusinessgroup.com/country.asp?country=37#geo> (accessed: 7/11/2008)

## 2.1.2 History

The Slavic empire dates from the 9<sup>th</sup> century A.D. when Kievan Rus was established. In the 10<sup>th</sup> and 11<sup>th</sup> centuries it had become the largest and most powerful state in Europe.<sup>11</sup> However, weakened by Mongols, Tartar attacks and internal feuding, the Slavic state of Ukraine (including current day Belarus) was over by the Grand Duchy of Lithuania who later joined the Polish Lithuanian Commonwealth in the 15th century. Ukraine had a brief period of independence following rebellion from Polish control in the mid-17th century until it was forced by the Russians into the Treaty of Pereyaslav in 1654, which created the “fraternal union” of the Russian and Ukrainian people.<sup>12</sup>

Ancient cities like Kiev, Vladimir and Novgorod were originally run by powerful and talented Tzars who brought stability and religious tolerance. The most noteworthy Tzar was Peter the Great (1682-1725) who carried out extensive reforms in the areas of government and the military, brought cultural and architectural advancement, and in 1712 created a new capital, Petersburg.<sup>13</sup> His wife Catherine the Great who succeeded him (1725-1797) strengthened education, such that by the end of her reign there were six universities.<sup>14</sup>

Throughout history, the region has known great suffering. Increasing rebellion by serfs<sup>15</sup> eventually achieved the abolition of serfdom on 3<sup>rd</sup> March 1861.<sup>16</sup> The defeat of the Russian Empire in World War I left the country unstable and allowed a popular revolution in Feb 1917 to overthrow the last Tzar Nicholas II. Eight months later the communists led by Vladimir Vladimirovich Lenin, seized power in October 1917 and formed the USSR.<sup>17</sup> The last Tzar, Nicholas II, was murdered with his family in Yekaterinburg in 1918 and many nobles fled for

---

<sup>11</sup> For a general overview of Russian History see Nicholas V. Riasanovsky, *A History of Russia* (Fifth ed Oxford: Oxford University Press, 1993)

<sup>12</sup> Oxford Business Group *Ukraine Report 2002*

<http://www.oxfordbusinessgroup.com/country.asp?country=37#geo> (accessed: 7/11/2008)

<sup>13</sup> See Robert K. Massie, *Peter the Great His Life and World* (London: Abacus, 1980) Petersburg was the first name of the city after Peter the Great, which was changed to Leningrad after the Bolshevik revolution and named St Petersburg 1991.

<sup>14</sup> Including Moscow 1755, St Petersburg 1819, Dorpat, Vilina, Kazan, and Kharkov. J.N. Westwood, *Endurance and Endeavour: Russian History 1812-1992* (4<sup>th</sup> Ed, Oxford: Oxford University Press, 1993)

<sup>15</sup> Serfs were bound for life to work the land either for private landlords or the state. They made up 95% of the population at the time of Peter the Great. Massie, *Peter the Great*, 781

<sup>16</sup> Soviet Historian Ignatovich recorded 1467 rebellions see Riasanovsky, *A History of Russia*, 370-374

<sup>17</sup> For an overview of the history of the Soviet Union see Martin McCauley, *The Soviet Union 1917-1991: Communism and Nationalism, 1917-1923* (London: Longman, 1993); also Geoffrey Hosking, *A History of the Soviet Union 1917-1991* (London: Fontana, 1992); and Richard Pipes, *The Formation of the Soviet Union* (rev. ed. Harvard: Harvard University Press, 1964)

their lives.<sup>18</sup> The brutal rule of Josef Stalin (1924-53) strengthened Russian dominance of the Soviet Union at a cost of tens of millions of lives.<sup>19</sup> He pursued rapid industrialisation, a collectivised production and intensive education. Chomsky even considered that during this period ‘the example of the Soviet development was threatening to break apart the whole American world system, because Russia was in fact doing so well.’<sup>20</sup> Khrushchev (1958-1964)<sup>21</sup> brought some renewal which faded under the conservative Brezhnev (1964-1982) leading to a stagnation of the Soviet economy and society<sup>22</sup> until General Secretary Mikhail Gorbachev (1985-91)<sup>23</sup> introduced *glasnost* (openness) and *perestroika* (restructuring) in an attempt to modernise communism. However, after experiencing a long history of dictators in the region his initiatives inadvertently released desires for independence and forces that by December 1991 splintered the USSR into 15 independent republics. In September 1991 the Baltic states of Estonia, Latvia and Lithuania left the USSR and on December 8<sup>th</sup> 1991 Russia, Belorussia and Ukraine joined to form the Commonwealth of Independent States trying to hold together its past glory but without central control; on the 23<sup>rd</sup> Dec the nine other republics joined. Since then, both Russia and Ukraine have struggled in their efforts to build a democratic political system and market economy to replace the strict social, political, and economic controls of the communist period.<sup>24</sup>

Sergei Bulakov, a Russian priest in 1909, wrote

Russian society, exhausted by previous exertions and failures, finds itself in some sort of torpid state, apathy, spiritual stupor and dependency. The Russian state has yet to demonstrate signs of rejuvenation and strengthening which are so vital for it... Russian citizenry, blinded by multiple mortal punishments and the extraordinary rise in crime and the general decline in manners has steadily

---

<sup>18</sup> For a history of the Tzars period see Hugh Seton-Watson, *The Russian Empire, 1801-1917* (London: Oxford University Press, 1988). and Michael T. Florinsky, *Russia: a History and an Interpretation* (New York: Macmillan, 1960)

<sup>19</sup> For further reference on the life and government of Joseph Stalin see Alan Bullock, *Hitler and Stalin Parallel Lives* (London: Fontana Press, 1991)

<sup>20</sup> Noam Chomsky, *Understanding Power: The Indispensable Chomsky*, Quotes from Chomsky edited by & Peter R. Mitchell and John Schoeffel (London: Vintage, 2003), 143 ‘For example guys like John Foster Dulles (American Secretary of State) and Harold Macmillan (British Prime Minister) were frightened out of their wits by Russia’s developmental success-and it was successful’.

<sup>21</sup> McCauley, *The Soviet Union 1917-1991*, 216-220.

<sup>22</sup> Brezhnev started as joint leader but by 1970 he clearly had greater authority. After Brezhnev Yuri Andropov ruled for 14 months and chose Konstantin Chernenko at 72 to succeed. He only survived a year and was replaced by Gorbachev.

<sup>23</sup> For reference on the changes brought by Gorbachev see Westwood, *Endurance and Endeavour*.

<sup>24</sup> Taken from [www.cmiworld.org/countries/russia.htm](http://www.cmiworld.org/countries/russia.htm) (accessed: 7/11/2008)

regressed. Russian literature has been over-whelmed by a powerful wave of pornography and sensation-mongering.<sup>25</sup>

Though written during the frustration between the 1905 revolution and the Bolshevik revolution in 1917; it rings just as true today. ‘The disastrous consequences of seventy-two years of communism in the Soviet Union, not only on the political process and the economy, but on the psyche of long-suffering citizens, cannot be overestimated.’<sup>26</sup> After initial fascination with westernisation, many older people in the former Soviet Union are disillusioned by dashed hopes and increased financial struggles.<sup>27</sup>

In the breakup of the fSU in December 1991, Russia and the republics all became independent countries leaving no central role. So Gorbachev resigned on 25<sup>th</sup> December 1991 stating that he had ‘achieved the main goal of his life... the rest ... well perhaps someone will come and do it better.’<sup>28</sup> Boris Yeltsin was elected president of the Russian Soviet Federative Socialist Republic in June 1991.<sup>29</sup> Yeltsin became popular by defending President Mikhail Gorbachev in an attempted coup on the 19 August 1991.<sup>30</sup> Then, two years later, Yeltsin withstood a revolt himself with the help of the army, by bombing the parliament office in the White House. Yeltsin sought to introduce democratic and free market reforms; however chaos, confusion and hardship caused by the economic reforms strengthened the hand of hard-line conservatives who obstructed the legislative programme. Poor health and heart disease<sup>31</sup> restricted Yeltsin’s government after his return to office in July 1996. After two other short-lived assignments, Yeltsin appointed Vladimir Vladimirovich Putin to be Chairman of the Government on 31 December 1999. Then in March 2000, Putin was elected president with an overall majority of 53%. He strengthened his position in the March 2004 elections when he was given 71.2% of the vote, giving him an overall majority of 64%. The nation as a whole had strengthened and was not afraid to take a strong stand in internal and external conflicts. This was demonstrated during the brutal conflicts with Chechnya and with the West in by the

---

<sup>25</sup> Quoted by Peter Sawczak, ‘Reconstruction, Deconstruction, and Restoration of Literature in Russia,’ in Amin Saikal & William Maley (eds.) *Russia in Search of a Future*, (Cambridge: Cambridge University Press 1995), 178-185

<sup>26</sup> Mark Elliot and Anita Deyneka, ‘Protestant Missionaries in the Former Soviet Union’, in John Witte & Michael Bourdeaux, (eds.) *Proselytism and Orthodoxy in Russia: The New War For Souls*, (Maryknoll: Orbis, 1999), 197-223, 205

<sup>27</sup> Alison Giblett, *Christianity in Russia and Young Peoples’ Agenda for Change* (MA thesis, All Nations Christian College, 1999)

<sup>28</sup> Quoted in McCauley, *The Soviet Union 1917-1991*, 344, 353

<sup>29</sup> Westwood, *Endurance and Endeavour*, 514

<sup>30</sup> *Ibid.*, 517; and Ronald E. Davies, *After Gorbachev? How can Western Christians Help?* (Eastbourne: MARC, 1991), 9-10; Hosking, *A History of the Soviet Union*, 495

<sup>31</sup> In November 1996 Yeltsin underwent heart bypass surgery and never fully recovered.

selling of uranium to Iran for their nuclear development programme.<sup>32</sup> Russia's elections in March 2008 brought Putin's nominee Dmitry Medvedev to office with a sweeping majority of 72% and as agreed, he gave Putin the position of Prime Minister. Medvedev continued the offensive approach to make sure Russia's interests will not be threatened, as demonstrated over the two-week with Georgia in August 2008 and the announcement of plans to build a missiles base in Kaliningrad on the day Obama was elected,

In July 1994 the former prime minister of Ukraine, Leonid Kuchma was elected president and in June 1995 appointed Yevgeny Marchuk as prime minister. He provided Ukraine with a stable if rather inefficient leadership, with runaway inflation, widespread corruption and many shortages due to the transition to a market economy.<sup>33</sup> He resisted several large scale protests for his resignation due to widespread corruption in 2002 and 2003 until elections in 2004. Prime Minister Viktor Yanukovych officially gained a marginal victory. Opposition candidate Viktor Yushchenko launched the Orange revolution due to observations of ballot rigging and hundreds of thousands took to the streets until the Supreme Court annulled the result. In the election re-run in Jan 2005 Yushchenko was declared President. Since the highly disputed elections in November 2004 Yanukovych and Yushchenko have been at loggerheads, producing a largely political stalemate. Yulia Timoshenko supported Yushchenko in the Orange revolution, but the partnership soon broke down and since then she has been playing her cards between them. The direction for prime international relations is one of the major differences and the outstanding debt, and dependence on Russia for Gas, continues to sour relations with her 'Big Brother' to the east. The political infighting has undermined positive government and progress for the last four years. Consequently, inflation and the cost of living are on the increase.

It has often been noted that for all the history of the fSU, up until the last two decades, these countries have been run by a dictatorship of one form or another; for centuries under Tzars until the revolutions in 1917 and then under the Communist regime.<sup>34</sup> This history has affected the popular and cultural perception of leadership such that power, control and decisiveness are exalted and initiative or suggestions from the lower ranks are regarded with

---

<sup>32</sup> Sergei Blagov 'The return of missile diplomacy' <http://www.isn.ethz.ch/isn/Current-Affairs/Security-Watch/Detail/?lng=en&id=93732> (Zurich: 12/11/08), They claimed this necessary to counteract the American agreement with Poland to build nuclear defence base there. (accessed:25/11/08)

<sup>33</sup> Like many of the Republics previously dependant on Russian industry the transition to a market economy has been hard. In 1994 the currency crashed.

<sup>34</sup> Peter Loman, *Introduction to Russia* ( IFES Orientation conference in Kiev 15-19 Aug 1995). Pete Loman was IFES coordinator for Russia travelling 4-5 times a year for ten years.

suspicion. For example, during his presidency Putin gained local popularity by taking a very tough stance against Chechen unrest despite the large-scale destruction of the capital Grozny and the huge refugee exodus. This perception of what makes a good leader and how decisions should be arrived at, not only shapes the top levels of government but also all forms of leadership including business and church leadership. A good leader is a strong leader, even if domineering. Initiative, facilitation and innovation were particularly negative characteristics under the communist regime as they were considered a threat.<sup>35</sup> Simply organising a meeting of the tenants in your block of flats to repair the roof would have triggered an investigation by the KGB (security services) and possible transportation to Siberia for conspiracy.<sup>36</sup> It takes a long time for people's underlying values to change.<sup>37</sup>

Another related effect of communism is the compliant attitude to authority. On the one hand, this may be seen as positive, knowing that the leader's word will be followed. However instructions may be accepted without personal agreement, and therefore are only carried out to the extent that compliance is monitored by the leader. People rarely have the opportunity to voice their questions and doubts about a decision as they feel not only will it make no difference, but it will also be counted against them in the future. So concerns are likely to remain below the surface until a time of crisis. There is little desire or appreciation for the benefit of mutual evaluation of completed tasks or even of debating future projects.

### 2.1.3 Economy

Russia has extensive natural resources, giving it great potential for economic growth and development with an abundant supply of natural gas, coal, gold, oil, diamonds, copper, silver, and lead, although much of it is very difficult to access.<sup>38</sup> However, Russia faces an enormous economic challenge as it continues to move away from decades of central control of the economy. Russia's major trading partners for exports are the European Union, Belarus Ukraine and China; for imports its major partners are Europe Union, China, Ukraine, and

---

<sup>35</sup> For an in depth analysis of how Russians think and *sobornost* -their collectivist mentality - see Ronald Hingley, *The Russian Mind* (London: The Bodley Head, 1977)

<sup>36</sup> Story from personal experience recounted to the author by a neighbour when discussing the condition of the block of flats we were living in, in Yekaterinburg.

<sup>37</sup> See Giblett, *Christianity in Russia and Young Peoples' Agenda for Change*, 16-19. Chapter Leadership & Initiative

<sup>38</sup> For statistics of industrial and agricultural production during USSR see Hosking, *A History of the Soviet Union*, 519-520

Japan in that order.<sup>39</sup> ‘The growth in the economy’ stated Putin in 2002 ‘is being undermined by money laundering, and corruption.’<sup>40</sup> The country has a heavy industrial base that is highly energy intensive, decaying and characterised by out of date technologies. The agricultural sector is inefficient, though potentially strong, producing grain, potatoes, sugar beet, vegetables and livestock.<sup>41</sup> Ukraine was previously the ‘bread basket’ of the Soviet Union and is self-sufficient in most of its agricultural needs,<sup>42</sup> but not for its oil. An inability to pay for its fuel consumption has strained relations with its neighbouring big brother. Ukraine has similar struggling industries, trading mainly with Europe, Russia, Turkey, China and Kazakhstan.<sup>43</sup>

Through the opening up of the media, particularly television, and seeing the comparative wealth that the average person in the West enjoyed, many people assumed that by adopting capitalism the country would naturally receive the standard of living enjoyed in America. However, the results have been nearer the opposite. ‘Change over to a market economy had brought galloping inflation, necessitating constantly rising wages’.<sup>44</sup> In 2001 Russia’s inflation was estimated at 22%.<sup>45</sup> While a few (less than 5%) have seen a great increase in their spending power, these were typically those in positions of power or others who gained from the privatisation of national assets such as the large oil, gas, mining, and government institutions. ‘Poverty grips Russia outside the economic boom zones of the main cities. A survey of 42,000 Russians [in 2003] found 38 per cent had only enough money for clothes and food, 30 per cent for food alone, and 10 per cent said that they found it hard to feed themselves at all.’<sup>46</sup> As stated by the critical American intellectual Noam Chomsky;

The so-called “economic reforms” we’ve [the US] been instituting in the former Soviet-bloc countries have been an absolute catastrophe for most of their populations—but Western investors and a standard Third World elite of super-rich

---

<sup>39</sup> World Trade Organisation ‘Russian Federation’ [http://stat.wto.org/CountryProfiles/RU\\_e.htm](http://stat.wto.org/CountryProfiles/RU_e.htm) written April 09 assessed: (20/6/09)

<sup>40</sup> Putin conclusion in *ITAR-TASS* (The official Information Telegraph Agency of Russia) ‘Putin’s solutions and excuses for Drug Abuse’ (written: 24/09/2002) See also below section on ‘Drug Addiction in the Former Soviet Union’.

<sup>41</sup> [www.cmiworld.org/countries/russia.htm](http://www.cmiworld.org/countries/russia.htm) and International Bank for Reconstruction and Development (IBRD)/ World Bank Database 1988 (accessed: 7/11/2008), Food and Agriculture Organisation of the United Nations UN FAOSTAT database April 2009 [www.fao.org](http://www.fao.org)

<sup>42</sup> UN Food and Agriculture Organization (FAOSTAT) April 2009 [www.fao.org](http://www.fao.org)

<sup>43</sup> World Trade Organisation ‘Ukraine’ [http://stat.wto.org/CountryProfiles/UA\\_e.htm](http://stat.wto.org/CountryProfiles/UA_e.htm) written April 09 assessed: (20/6/09)

<sup>44</sup> Stephen Webber, *School, Reform and Society in the New Russia* (Birmingham: CREES & Basingstoke: MacMillan, 2000), 91

<sup>45</sup> [www.countryreports.org/content/russia.htm](http://www.countryreports.org/content/russia.htm) (accessed 20/5/04)

<sup>46</sup> <http://observer.guardian.co.uk/international/story/0,6903,1071181,00.html> (accessed: 4/3/04) Walsh *Russia's child alcoholics get their own clinic*

are making huge fortunes, in part by skimming off most of the “aid” that gets sent there, in various ways ... In fact, UNICEF [United Nations International Children’s Emergency Fund] put out a study a little while ago estimating just the simple human cost, like deaths, of what they call the “capitalist reforms” in Russia and Poland and the others (and incidentally they approved of the reforms) - and for Russia, they calculated that there have been about a half-million extra deaths a year just as a result of them.<sup>47</sup>

The whole of the Commonwealth of Independent States (CIS) is suffering economically such that approximately 30% are below the poverty line. The smaller satellite republics have particularly struggled due to their previous trade dependence on Russia and the breakdown of distribution networks.<sup>48</sup> ‘Russia's chronic inability to pay wage arrears owed to government workers, a problem intensified by falling state revenues, has led to the vast majority now having increased financial concerns’.<sup>49</sup> Though the economy has now improved, ‘Russia continues to suffer major ...social and political difficulties...and improvement in narcology services is a low priority.’<sup>50</sup>

#### 2.1.4 Sociological Factors

We now move to review the major recent sociological changes affecting local people’s daily lives in the areas of employment, accommodation, education and health services. Though they have brought new opportunities for a few, the pressure on the majority increases the spread between those who have and those who have not.

##### *Employment*

Whereas during communism people were assigned a job pretty much for life,<sup>51</sup> they now have to seek employment themselves in a job market requiring a very different set of skills. Many of the large factories have been forced into bankruptcy, either because they were focused on

---

<sup>47</sup> Chomsky, *Understanding Power*, 143 (quotation marks and round brackets are in the original)

<sup>48</sup> Poverty is defined as having less than equivalent of \$1 a day, [www.cmiworld/russia.htm](http://www.cmiworld/russia.htm) (accessed: 18/5/04) and International Bank for Reconstruction and Development (IBRD)/ World Bank Database 1988

<sup>49</sup> Chomsky, *Understanding Power*, 143

<sup>50</sup> Philip Fleming, ‘Drug and Alcohol User Services in Russia’, *Substance Use & Misuse* 31, no. 1 (1996):103-114, 112

<sup>51</sup> For an exploration of employment in the Soviet Union see B. Ruble and A. Kahan, *Industrial Labour in the USSR* (New York: Pergamon, 1979)

producing weapons for which there is far less demand, or they simply could not compete in international markets. This has particularly affected middle-aged men in the provincial one-factory towns who have found it extremely difficult to find alternative employment, leading to an unemployment rate of 9% in 2001, and considerable underemployment.<sup>52</sup> Female employment rate is considerably higher than the rate for men, although a woman's pay is on average about 65% of a man's and surveys indicate that the wife normally does 60-70 percent of the housework, with the rest being shared by the daughters and resident *babushka* (grandmother).<sup>53</sup> Education and health workers, who are mostly women, receive less than 30% of those in the business sector.<sup>54</sup> Women overall have been more able and willing to adapt and are often forced to work long hours, often taking a second part time job such as tutoring, cleaning or childminding to supplement the meagre earnings of their main employment, in order to support the family.<sup>55</sup> 'Growing difficulties for young people in finding places of work or study after school... [affect at least] 4 % of school-leavers.'<sup>56</sup>

Starting a business and looking for a niche in the market takes courage, initiative and resources. Initiative was seen as a very negative quality during communism, so when democracy came it was difficult for people to take up business opportunities. Early exceptions included the service industries such as the *mashrutka* private minibuses that carry passengers along a defined route and the expanding area of petty trade. Much private reselling of imported goods in markets and kiosks went a long way to overcome the initial distribution problems that the CIS experienced, which resulted in large food shortages soon after *perestroika*. Finding seed-capital is another great hurdle for new business start-ups, due to the weak state of contract law, and limited provision for obtaining loans. So most money is borrowed from 'family or friends' where strong relationships exist. Even mortgages have only become available in Moscow in the last few years. This is linked to the limited support for contract law, which in itself is another concern for all businesses especially the small one-family business. In keeping with the eastern side of its culture, many deals are completed based on who you know, largely because of the increased trust in these relationships. Sergei Filatov summarises this: '*Perestroika* undermined the ideological rigor of the system and sparked a general philosophical malaise in society which has now slipped easily into a game

---

<sup>52</sup> Estimate for 2001 [www.countryreports.org/content/russia.htm](http://www.countryreports.org/content/russia.htm) (accessed 20/5/04)

<sup>53</sup> Hosking, *A History of the Soviet Union*, 397

<sup>54</sup> Webber, *School, Reform and Society in the New Russia*, 91

<sup>55</sup> Brian Moynahan, *The Russian Century* (London: Seven Dials, 1993), 140, 254. Women have long been expected to work in heavy industry, road building and snow clearing.

<sup>56</sup> Hilary Pilkington, *Russia's Youth and Its Culture: A Nation's Constructors and Constructed* (New York: Routledge, 1994)

without rules in the post-Soviet regime.<sup>57</sup> All this increases the difficulty of being successful, and correspondingly increases hopelessness.<sup>58</sup>

### *Housing*

During communism, it was the employer's responsibility to provide their workers with local housing.<sup>59</sup> The type of accommodation offered depended on your status within the firm; starting with one room in a communal block with shared toilets, showers and cooking facilities, and ranging up to a two or three bedroom flat in a prestigious area of town. Though it was basic and there was very little scope for choice, it removed the fear of not having anywhere to live.<sup>60</sup> This system created very stable communities because it was so difficult and rare for people to move. Consequently there was very little concern about theft as people all lived at basically the same level using the commonly produced goods. Strangers were very easily spotted and the secret police kept a close eye on suspicious characters and behaviour.

Now there are far fewer organisations that provide accommodation. A local residence permit, which is evidence of the right to live at a particular address, is usually a prerequisite for gaining employment, making it much harder for those from smaller towns and villages to move to the cities to gain employment.<sup>61</sup> Students from out of town are entitled to a place in the dormitory while they are registered but then struggle to stay in the city, unless they marry a local and are prepared to live with their in-laws. Due to this difficulty of accommodation married couples often start by living with their in-laws. Likewise, there are very few old people's homes, so grandparents will typically live with their youngest child and during the summer live out in the *dacha* (summer house) if the family has one. Therefore, it is common to have three or maybe even four generations of a family living together in one flat.<sup>62</sup>

Young couples usually marry in their early twenties or late teens, and have an average of one or two children except for the traditional religious families who have large families including

---

<sup>57</sup> Sergei Filatov, 'Sects and New Religious Movements in Post Soviet Russia' in Witte & Bourdeaux, *Proselytism and Orthodoxy in Russia*, 163-184, 164

<sup>58</sup> Witte & Bourdeaux, *Proselytism and Orthodoxy in Russia*, 205

<sup>59</sup> For an overview of life and conditions see Basile Kerblay, *Modern Soviet Society* (London: Methuen, 1983)

<sup>60</sup> Finding accommodation has now become a real difficulty especially in the big towns.

<sup>61</sup> Advertisements seen in local papers and via websites

<sup>62</sup> Hosking, *A History of the Soviet Union*, 396-398

Muslim, Pentecostal, Baptist and Mordvan.<sup>63</sup> The family unit is very important and extended family ties are valued, although divorce is high, the primary reasons given being ‘husbands’ drunkenness, then adultery and violence’.<sup>64</sup> Parents will often continue supporting their children after marriage and they in turn will expect to be cared for in their advancing years. Older people are respected and have a lot of authority in society. Young families who have moved to the city will often send their children to live with grandparents in the country during the summer holidays. Families wherever they lived in the fSU during communism were usually able to take a holiday near the Black Sea. Most of the firms had holiday chalets, at which you could bid for a space. Flights were cheap and trains frequent and even cheaper.<sup>65</sup> However, now the dream of a Black Sea holiday is beyond the reach of most, and flying is limited to *bisnesmeny* (executives) and foreigners. Many company chalets lie disused and have fallen into serious disrepair. Only the rich can afford private ones, like the ‘New Russians’ and people in Moscow and St Petersburg with higher salaries. Now holidays are typically taken working hard in the family dacha with its small plot of land for growing vegetables. For most of the country the growing season is short and fresh food is expensive in winter and spring, so fruit and vegetables are bottled for preservation, which helps keep the food bill manageable for the rest of the year.<sup>66</sup>

### Education

The former Soviet Union did a tremendous amount for education as this chart on the percentage of the population educated, demonstrates.<sup>67</sup>

% of Pop Completed	1939	1959	1970	1979
Secondary School	11	40	58.8	70.5
Higher Education	1.3	3.3	6.5	10

This gave the majority a very high and broad education, as students even at university studied mostly general subjects for the first two years of the five-year course. Now 99.5% of those

<sup>63</sup> Mordvan are one of the small ethnic groups who have held on to their religion. Census figures for 1970 recorded RSFSR 1.97 in Latvia 1.94 but in the Islamic republics Uzbekistan 5.64 and Turkmenistan 5.95 Hosking *History of the Soviet Union*, 398 ; see also <http://www.census.gov> ( Stats from 1998) (accessed: 21/6/04)

<sup>64</sup> In 1979 it was 349 out of 1000 marriages. Hosking, *A History of the Soviet Union*, 396. See also G. Lapidus, ed., *Women in Russia* (Brighton: Harvester, 1978)

<sup>65</sup> Moynahan, *The Russian Century*, 256

<sup>66</sup> UN Food and Agriculture Organization (FAOSTAT) 1998 [www.fao.org](http://www.fao.org) (accessed: 14/3/04)

<sup>67</sup> Hosking, *A History of the Soviet Union*, 402. Although this chart does not include current statistics it shows the impact during communism.

aged over 15 can read and write.<sup>68</sup> However, as with other state institutions, the lack of investment was hurting. 'In 1992 only 38:8% of general education schools were equipped with all modern facilities. 37.5% were without running water, 29.1% did not have central heating and 48.5% had no indoor sanitation.'<sup>69</sup> Parents are often expected to pay for textbooks and equipment for their children's education. Higher education is available to the majority only for a fee. A few highly contested scholarship places are available in the State Educational Institutes.

The rigidity of the Soviet school system remained to a great extent. Visitors remarked on the grim post-war buildings, "dingy on the outside and starkly neat on the inside". Large classes made it difficult for children to be allowed to move around. Discipline was strict, both in primary and secondary classes, which were usually housed together. There was little decoration allowed on walls or in classrooms, and imaginative attitudes were discouraged, both from teachers and pupils. School was run according to the Soviet principles of upbringing, and learning by rote was the major method used.<sup>70</sup>

Traditionally in the fSU initiative and creativity was disapproved of so 'many teachers were hostile... to 1970 curriculum reforms intended to promote creative thinking'.<sup>71</sup>

Schooling starts at 7 and is compulsory to 16, after which most continue to attend technical institute or university. Getting a good education was previously determined by the level of intelligence and the connections your parents had with the right members of the party and the head of the school. Bright young promising mathematicians and scientists were swept into special gymnasiums for the elite. Quick nimble athletes from the age of seven were given rigorous training with special privileges to increase motivation. Now, despite the entrance exams, enough money can get you into any prestigious institution, while who you know still helps.

### *Health*

Under communism health care was provided free of charge by well-qualified staff, although resources of medicines and anaesthetics were always limited. However, since *perestroika* the situation is a lot worse, with many services now charging market prices for treatment.

---

<sup>68</sup> United Nations Education and Science Organisation (UNESCO) database 1998 [www.unesco.org](http://www.unesco.org) (accessed: 14/3/04)

<sup>69</sup> Webber *School, Reform and Society in the New Russia*, 87

<sup>70</sup> Webber. *School, Reform and Society in the New Russia*, 18

<sup>71</sup> *Ibid.*,19

Teachers and medical staff, including top consultants, are among the lowest paid groups in society, worse than security guards, salespeople, or cleaners, and working conditions for all government services have deteriorated.<sup>72</sup> Now, due to the inadequate funds for maintaining the buildings and infrastructure, district hospitals are forced to function in buildings with leaking roofs and irregular water and power supplies.<sup>73</sup> Often relatives are relied on to provide clean sheets and nutritious food in hospitals.

The low priority placed on the environment in the rapidly expanding industrial cities that built up after the Second World War has taken its toll on the health of local citizens, triggering skin allergies and breathing problems. The spontaneous combustion of waste and natural uranium in the southern Urals<sup>74</sup> and the disastrous explosion of the nuclear power station in Ukraine at Chernobyl created serious health problems, the magnitude of which is still uncertain.<sup>75</sup> A study in 2003 on the health of Moscow children, where the medical facilities are found, reported that ‘50% of children between ages 7-9 and 60% of teenagers suffer from chronic conditions. [Furthermore] 90% of elementary children, 92% of intermediate students and 95% of high school students are considered ill. Almost all sexually transmitted diseases are on the rise.’<sup>76</sup>

Disillusionment at their loss of national status, breakdown in services and drawn-out economic and employment problems have led to widespread apathy and hopelessness reflected by a large increase in the already high alcohol dependency.<sup>77</sup> Noam Chomsky suggests that poverty in the past ‘was not pretty by any means, but it was also not hopeless. Somehow, that’s a tremendous difference: the slums are now hopeless, there’s nothing to do except prey on one another. In fact a lot of life is hopeless today, even for the middle-class.’<sup>78</sup> According to David Leon of the London School of Hygiene and Tropical Medicine, ‘Between 1990-1993 mortality rates jumped by one-third and life expectancy of Russian males declined by six years – a rate of change never before observed in a major industrial nation... The very high alcohol consumption, together with the habit of binge drinking is the cause of these

---

<sup>72</sup> Hosking, *A History of the Soviet Union*, 397

<sup>73</sup> Fleming, ‘Drug and Alcohol User Services in Russia’, 111; See also reference to state buildings in Webber, *School, Reform and Society in the New Russia*, 87

<sup>74</sup> North East of Chelyabinsk in 1954 from personal conversations with local people,

<sup>75</sup> ‘International Database: Ukrainian Society, Health and Welfare’ <http://www.census.gov> (1998) (accessed: 21/6/04)

<sup>76</sup> [http://www.preventionpartnership.us/russian\\_project.htm](http://www.preventionpartnership.us/russian_project.htm) (accessed: 21/6/04)

<sup>77</sup> Jenny Robertson (trans), ‘Two Moments in Time: A 17 year old Author Pinpoints the Hope and Despair which Govern Russian Everyday Life,’ *Frontier* Jan-Mar (1993):8-9

<sup>78</sup> Chomsky, *Understanding Power*, 45

mortality rates'.<sup>79</sup> The population of Russia is estimated to be declining at 0.64% per year, due to the increased mortality and decreased birth rate and is down 6 million since 1990.<sup>80</sup> The Ukraine's population of 46.2 million is decreasing at 0.65% due to emigration and poor health.<sup>81</sup> 'The mortality rate among middle-aged Ukrainians is up to 12 times higher than that of Western Europe.'<sup>82</sup> Though there are more males than females born, there are 2.5 times more female pensioners than male, as the life expectancy in Russia and the Ukraine for men is only 58 but for women 72.<sup>83</sup> Seven million have emigrated,<sup>84</sup> many being given free passage to America and Canada partly due to religious persecution, and the disastrous effect of the Chernobyl reactor explosion on people in the north. Across the former Soviet Union ethnic Germans have been given refugee status in Germany and similarly Jews in Israel.

### 2.1.5 Spiritual Environment

The majority of the drug rehabilitation in the former Soviet Union is being undertaken by local Christians responding to the increasing needs. In common with most cultures Russians and Ukrainians have long sought spiritual answers to their problems. Therefore, in order to understand the approach of the Christian rehab programmes it is necessary to have a basic understanding of the religious context, its rich historical and cultural heritage, the dramatic recent changes and its current challenges.

Russian Orthodoxy has been the national religion since 988 when the Kiev Tzar accepted the faith from travelling monks.<sup>85</sup> Other priests, such as Saint Sergius, spread the faith inland.<sup>86</sup> Orthodoxy has greatly influenced society and culture and provided a unifying identity to the majority of the Russian peoples until the First World War.<sup>87</sup> The Russian Orthodox Church

<sup>79</sup> David A Leon, *et al* 'Huge Variation in Russian mortality rates 1984-94: artefact, alcohol or what?' *The Lancet* 350, 9075, (9 August 1997) : 383-388 ' "Aftershave drink" kills Russians' <http://news.bbc.co.uk/1/hi/health/6752515.stm> (updated: 15/7/2007) (accessed: 12/5/08)

<sup>80</sup> The USSR in Numbers 1990 Population 148 million from the 'State committee for USSR statistics'

<sup>81</sup> <http://www.census.gov> (1998) (accessed: 21/6/04) International Database updated figures UN(2007)

<sup>82</sup> <http://news.bbc.co.uk/go/pr/fr/-2/hi/europe/3274839.stm> (accessed: 16/11/2003)

<sup>83</sup> <http://www.census.gov> (Statistics from 1998) International Database: Ukrainian Society, Health and Welfare, (accessed: 21/6/04) Other references put Russian male life expectancy at only 48

<sup>84</sup> <http://www.census.gov> ( Statistics from 1998) International Database: Ukrainian Society, Health and Welfare, (accessed: 21/6/08)

<sup>85</sup> Sergius Bulgakov, *The Orthodox Church* (New York: St Vladimir's Seminary Press 1935 London: Centenary Press, 1988)

<sup>86</sup> Kliuchevsky, Начение Сергья для Русского Народа и Государствья (The Significance of Sergius for the Russian People and State) in Богословски Вестник XI (Theological Bulletin No. 11) (1892); N. Zernov, *Saint Sergius, Builder of Russia* (London: SPCK, 1939)

<sup>87</sup> Jane Ellis, *The Russian Orthodox Church: a Contemporary History* (London: Croom Helm, 1986)

has sought to maintain ‘right worship’<sup>88</sup> by holding onto the traditions of the Patriarchs. Orthodox faith has been the foundation and identity for Russian people for over a thousand years. Although the Christian faith has often been under pressure it has provided moral values for society, respect for God and an awareness of human inadequacy and God’s mercy. Today about a third of Russians, 50 million would identify themselves as Orthodox.<sup>89</sup>

Having a strong Christian commitment, Ukrainian Christians for hundreds of years have felt a responsibility to witness and encourage the faith of their Eastern neighbours. Saints from Orthodox, Baptist and Pentecostal churches in Ukraine pioneered in spreading their faith to the farthest parts of the country.<sup>90</sup> Many of the Orthodox Saints were trained in the Kiev Theological Academy at the Pechersk, Lavra of Kiev-Rus and spread the faith throughout the region.<sup>91</sup> When attending interdenominational conferences for pastors in central Russia, after the end of communism, I found that many of the hymns were sung in Ukrainian as that is where the majority of leaders were from.

Muslim peoples make up about a third of the population of the CIS, 44-50m,<sup>92</sup> located mostly in the south and the new countries in Central Asia; Kazakhstan, Turkmenistan, Kyrgyzstan, Tajikistan, Uzbekistan, and Azerbaijan in the Caucasus. Predominantly Muslim peoples within the Russian Federation, with their own language and cultures include, (in thousands): Tartars 6000, Bashkirs 1000, Chechens 900, who each have their own republic, and Kazakhs 640, Avars 540, Kabardinians 390 and other smaller groups mostly in Dagestan; totalling 11 700.<sup>93</sup> The majority of these, like the Orthodox, are nominal believers whose faith is more a feature of their cultural identity than strongly held beliefs that control their behaviour. They have also recently seen some strengthening in commitment after the previous persecution and suffering during communism.<sup>94</sup> A Buddhist group lives in the Kalmuk region near the

---

<sup>88</sup> Orthodoxy – means right worship.

<sup>89</sup> Sabrina Petra Ramet, *Religious Policy in the Soviet Union* (Cambridge: Cambridge University Press, 1993), 355

<sup>90</sup> ‘Saints of the Ukrainian Orthodox Church’, [http://www.ukrainian-orthodoxy.org/saints/saints\\_new/righteous.htm](http://www.ukrainian-orthodoxy.org/saints/saints_new/righteous.htm) (accessed: 17/11/08) e.g. St John the Ukrainian Confessor (+1730) Most are named by where they worked.

<sup>91</sup> Alexander Roman, ‘Saints of the Kyivan Caves Lavra’, [http://www.ukrainian-orthodoxy.org/saints/saints\\_new/caveslavra.htm](http://www.ukrainian-orthodoxy.org/saints/saints_new/caveslavra.htm) (accessed: 17/11/08)

<sup>92</sup> George Moyser (ed), *Politics and Religion in the Modern World* (London: Routledge, 1991); Ramet, *Religious Policy in the Soviet Union*, 355

<sup>93</sup> State Committee for Statistics, *USSR in Numbers in 1989: Short Statistical Summary* (orig. Russian, own trans; Moscow: Finance and Statistics, 1990), 23; Witte and Bourdeaux, *Proselytism and Orthodoxy in Russia*, 120

<sup>94</sup> M. Rywkin, *Moscow’s Muslim Challenge: Soviet Central Asia* (London: Hurst, 1982)

Caspian Sea. Less populous partly animistic peoples are scattered throughout Siberia like the Chuvash, Buryati Yakutki and Ocetiya.<sup>95</sup> Analysis in 2006 of the number of actual practising worshippers puts Orthodox between 20-25% Muslim 10-15% and other Christians at 2%.<sup>96</sup>

The Orthodox Church has often been used by the Government to support policies when it suited them. ‘Boris Yeltsin at the height of the August [1991] coup sent an urgent appeal to the Patriarch Aleksei II of All Russia “to use your authority among all religious believers, as well as the influence of the Church...Believers, Russian people, the whole of Russia awaits your words.”’<sup>97</sup> Even Stalin decided to regularise his relationship with the Church during WWII when he saw that it could help his foreign policy negotiations.<sup>98</sup> At other times the church’s relationship with the state authority was as an object of ridicule or a threat to be crushed. ‘Long before the post-1917 revolutionary government began to attack religion systematically, the Russian landowner had been apt... to provoke certain characteristic responses directed toward deflating or overthrowing divine or clerical authority.’<sup>99</sup>

The communist party ‘from the beginning has aimed at the destruction of the churches and the forcible secularisation of believers.’<sup>100</sup> Denying the existence of a living creator God, Soviets boasted ‘Great Lenin is our god; his spirit inspires and guides everything we undertake.’<sup>101</sup> Nevertheless, today over 80% of Russians believe there is a living God.<sup>102</sup> Even during the height of communism ‘massive and conclusive evidence emerged that the system, whether it uses persuasion, deduction or force, has been totally unable to control this [increasing interest in religion]. There are innumerable examples of young people whose curiosity has become a deeply-rooted commitment to the faith.’<sup>103</sup> Since the collapse of communism, there has been a

---

<sup>95</sup> For a full description of the people and cultures and religions of the fSU see Alexei Krindach, *Geography of Religions in Russia* (Decatur, Georgia: Glenmary Research Centre, 1986); and for an anthropological analysis see David Lewis, *After Atheism*, (London: Curzon, 1999)

<sup>96</sup> CIA 2008 World Fact Book <https://www.cia.gov/library/publications/the-world-factbook/geos/rs.html> (accessed 12/10/08)

<sup>97</sup> Ramet, *Religious Policy in the Soviet Union*, 352 quoting Yeltsin in *Vladivostok Domestic Service* (20 August 1991) trans in FBIS *Daily Report* (Soviet Union), (20 August 1991): 57-58

<sup>98</sup> Geoffrey Hosking, *A History of the Soviet Union*, 236; Also see Ramet, *Religious Policy in the Soviet Union*, 16-19

<sup>99</sup> Hingley, *The Russian Mind*; see also Milan Machovec, *A Marxist looks at Jesus* English Translation from German (England, Forstress Press, 1976) or Viteslav Gardavsky *God is not yet Dead* (England, Penguin Non-Classics, July 30, 1973) and Nian Smart *The World’s Religions: Old Traditions and Modern Transformations* (Cambridge: Cambridge University Press, 1992) 500-513

<sup>100</sup> Hosking, *A History of the Soviet Union*, 227

<sup>101</sup> Michael Bourdeaux, *Opium of the People: The Christian Religion in the USSR* (2<sup>nd</sup> ed. Oxford: Mowbrays, 1977), 122

<sup>102</sup> *Ibid.*

<sup>103</sup> *Ibid.*, 236. For an in depth discussion of the protestant and Orthodox development and relations see M. Bourdeaux, *Patriarch and Prophets: Persecution of the Russian Orthodox Church Today* (London: Macmillan,

strong resurgent interest in God. Orthodoxy has laid a foundation for faith by continually promoting a belief in the power and authority of God, in the truth of the Church and Holy Scriptures, and in humanity's debt before a righteous God. Now the initial curiosity has faded and local churches have strengthened and developed by taking responsibility for sharing the news and love of God with people around them.

In the first few years after the breakup of the Soviet Union, many religious groups rushed in to fill the perceived 'spiritual vacuum'.<sup>104</sup> Indeed, there was a fervent hunger for answers to spiritual questions mixed with a great curiosity to meet foreigners personally. However, the large responses to stadium held missions did not translate into a corresponding growth in the local churches. Churches have grown significantly. However, many were simply not prepared for the influx of new seekers, and the version of Christianity presented in the stadium differed considerably to that which the seekers found in church. A Moscow Orthodox writer concludes, 'The reason foreign missionaries, despite their great efforts, have experienced such limited success in Russia is likely to be because they are unable to adapt to the realities of Russia and to the Russian mentality. Filling the "spiritual vacuum" in Russia, which appears to be so easy, has proved difficult for foreign sects.'<sup>105</sup> In 1995, which was about the peak, the East West Church and Ministry Report recorded a total of 3190 Western missionaries in the former Soviet Union from the largest 25 sending agencies.<sup>106</sup> This added to all the smaller groups and the 557 South Korean missionaries, who have also made a significant impact, in total, consist of 4060.<sup>107</sup>

Russian society and foreign observers as well as the Russian Orthodox Church, Western missionaries and leaders of indigenous Russian Sects all make the same mistake. They all believe that there is a "spiritual vacuum" in Russia just waiting to be exploited by some talented prophet of a new religion. Instead of a vacuum, there are rather a host of beliefs in contemporary Russian society, including occultism,

---

1969); M. Bourdeaux, *Religious Ferment in Russia: Protestant opposition to Soviet Religious Policy* (London: Macmillan, 1968); and Walter Sawatsky, *Soviet Evangelicals Since World War II* (Ontario: Herald Press, 1981)

<sup>104</sup> This term was often used by foreign mission groups, and while it had some truth evidenced by the high curiosity and openness of many Russians to foreigners, it greatly offended the long term local believers such as the Orthodox, Baptist and Pentecostals who had maintained a faithful presence despite great suffering.

<sup>105</sup> Filatov, *Sects and New Religious Movements in Post Soviet Russia*, 166

<sup>106</sup> Pamela Meadows, 'Missionaries to the Former Soviet Union and East Central Europe: The Twenty Largest Sending Agencies' *East-West Church and Ministry Report* 3 (1995): 10. See also: John Witte & Michael Bourdeaux, *Proselytism and Orthodoxy in Russia*, (Maryknoll: Orbis, 1999), 221

<sup>107</sup> For an evaluation of the growth in foreign missionaries Mark Elliott & Sharyl Corrado, 'The Protestant Missionary Presence in the Former Soviet Union' *Religion State and Society* 25, no. 4 (1997): 333-352

paganism and pseudo-Christianity... All aspects of Russian society are wholly infected by this non-traditional religiosity that sparks interest in sects.<sup>108</sup>

Nevertheless, the combined efforts of missionary activity according to Irina Georgievna Kargina, from the Moscow State University,<sup>109</sup> have led to the growth from a few hundred recognised religious groups in 1987 to 14688 in 1997.<sup>110</sup> Of these 78% were Christian and 22% from other religions.

The issue of sects and new religious movements has attracted much attention in Russia in the 1990's...almost all the mass media have devoted significant space to stories of the harmful activities of "totalitarian sects," especially those originating from abroad. During the selection of candidates for the 1996 Russian federal elections, almost half the candidates promised that they would take measures against totalitarian sects and foreign missionaries. The episcopate of the Russian Orthodox Church [is] constantly declaring war against new religious movements... [which] is seen as one of the main tasks of the church.<sup>111</sup>

Solzhenitsyn's understanding through suffering is applicable to all: 'It was only when I lay there on rotting prison straw that I sensed within myself the first stirrings of good. Gradually it was disclosed to me that the line separating good and evil passes not through states, nor between classes, nor between political parties either, but right through every human heart.'<sup>112</sup>

The attitude of the Orthodox Church has a great effect on the life of other Christian communities in the fSU due to its size and, in the majority of regions, its close link with local government authorities. There are many small examples of constructive cooperation such as the Orthodox Conference on mission held in 2001 to which members of other denominations were invited.<sup>113</sup> However in general relations are very constrained by Orthodox leaders' desire to maintain 'right worship.' Some Orthodox leaders have appeared to try to create mistrust,

---

<sup>108</sup> Sergei Filatov, *Sects and New Religious Movements in Post Soviet Russia*, 184

<sup>109</sup> Irina Kargina, О Динамике Развития Христианских Конфессий, *Социс-Социологические Исследования* ('Dynamics of the Growth in Christian Confessions' in *Sotsis – Sociological Research* 6 (1999): 111-118

<sup>110</sup> This was when the new law restricted the growth of new religious groups so many of these were not able to re-register. They may have joined another group or decided to work with out registration. .

<sup>111</sup> Filatov, *Sects and New Religious Movements in Post Soviet Russia*, 163

<sup>112</sup> Alexander Solzhenitsyn, *The Gulag Archipelago 1918-1956*, trans. Thomas P. Whitney (Collins/Fontana, 1974), 168

<sup>113</sup> See Conference report *Together in Mission*, Moscow, April 2001

particularly of evangelistic groups, through negative media publicity and by promoting restrictive laws. Pressure from senior members of the Orthodox Church, and concerned parents, caused the government to instigate a new law limiting freedom of conscience and religion in December 1997.<sup>114</sup> In Russia, all religious groups registered within the last 15 years were required to reapply for registration, to regain legal status,<sup>115</sup> which has resulted in churches right across the nation forming large associations as they joined one of the few older organisations able to meet the registration requirements. In a review a year after the enforcement of the 1997 Law on Religious Associations, 52 of the 69 reported breaches involved Protestants, 37 indigenous groups, 11 foreign missionary organisations, and 4 both indigenous and foreign, 8 concerned Catholics and 6 Orthodox.<sup>116</sup> Following suit, some of the other fSU countries have now resumed even tighter restrictions.<sup>117</sup>

The spiritual map of Ukraine is more diverse than that of Russia. The total percentage of Orthodox Ukrainians is 45. This 45% is split between three Orthodox patriarchies and many Orthodox churches with no official affiliation. There are also large percentages of Greek Catholics, Muslim Tartars in Crimea, and Protestants including Pentecostal, Baptist and others. Ukraine has had more religious freedom during both the communist period and today. There is a greater percentage of Christians, and more of a balance between denominations in Ukraine. As a result of the greater openness and due to the shorter distances compared to Russia, national coordination and associations have been easier to form. For example, the national student organisation 'CCX' in Ukraine was registered 3 years before the Russian equivalent.<sup>118</sup> The national Ukrainian network ACRCA (All-Ukrainian Christian Rehabilitation Centres Association) was established in 2001 representing over 80 rehab projects throughout the country,<sup>119</sup> while in Russia rehab centres were still learning to relate

---

<sup>114</sup> For the detail of the 1997 religious law and discussion of its impact see Jeremy Gunn, 'The Law of the Russian Federation on the Freedom of Conscience and Religious Association from a Human Rights Perspective', in Witte & Bourdeaux *Proselytism and Orthodoxy in Russia*, 239-264; Giblett, 'Christianity in Russia and Young People's Agenda for Change', Appendix Five.

<sup>115</sup> Michael Bourdeaux, 'Religious Freedom Russian-Style', *The Tablet* 27 (1997): 1216-1218, 1216

<sup>116</sup> Mark Elliot & Sharyl Corrado, 'The 1997 Russian Law on Religion: The Demographics of Discrimination' *East-West Ministry Report* 7, no.1 (1999): 1-2

<sup>117</sup> The Belarus and Turkmenistan governments for example have since 1997 implemented tighter religious laws of their own which make it very difficult to gain legal registration and without registration make even home gatherings illegal. For a wider discussion of the provincial laws see Lauren Homer & Lawrence Uzzell, 'Federal and Provincial Religious Freedom Laws in Russia', in Witte & Bourdeaux *Proselytism and Orthodoxy in Russia*, 284-232; Also the Forum 18 from Oslo provide a regular news updates on religious freedom restrictions for all faiths in the former Communist Lands. <http://www.forum18.org/> (accessed: 20/7/08)

<sup>118</sup> The Ukraine Student Christian Union (CCX Сообщество Студентов - Христиан) joined the IFES in 1998 with all its own national leaders and staff, while Russia CCX was not ready to join till 2001. IFES History chart 2003 produced for 50-year celebration.

<sup>119</sup> With the support from and as a member of ISAAC (International Substance Abuse and Addiction Coalition)

together regionally. The first national rehabilitation coalition was formed in 2007 primarily through the personal relationships of the first and largest rehab centre in the country and has a much lower percentage of centre represented called CCI Centre for Citizens Initiatives.

The Church situation today is very different to what it was at the end of communism. Beverly Nickles, based in Moscow, finds that overall ‘Churches in Russia are growing but not yet mature’.<sup>120</sup> Through the 1990s, Protestants (mostly Baptist, Pentecostal, Seventh-day Adventists, and Presbyterians) grew rapidly and now represent more than 2% of the population. Igor Nikitin, president of the St. Petersburg-based Association of Christian Churches of Russia (ACCR), which represents Protestant evangelicals, describes ‘the evangelical church as being in adolescence: adult in appearance but lacking in experience’<sup>121</sup> enthusiastic and independent-minded.

Previous research undertaken by the author on the state of the Russian Evangelical church in the early 1990’s found some of the following effects of Communism in relation to leadership, the membership, and mission.<sup>122</sup> Firstly, there was an acute shortage of trained local leaders across denominations, due to the previous lack of opportunities or even respect for theological and practical training. Secondly, there was an imbalance in distribution of responsibilities within church operations, such that one or two families were undertaking the vast majority of the work, restricting church growth and opportunities for the development of new leaders. The main causes were the chronic lack of trust in society and the communist destruction of initiative such that it is still often considered subversive. Thirdly, there is a lack of awareness of mission outreach locally and especially cross-culturally because of Christians’ survival mode leading to an insular protective attitude.<sup>123</sup> Generalisations like these will always have exceptions and many local and foreign leaders over the last ten years have laboured to redress all these issues, yielding a wide cross fertilisation of faith, skills and resources. However, these cross-cultural relationships have not been without strain.

The former president of the Evangelical Christian-Baptists, Grigori Komendant, identifies submission as the key to healthy partnership. ‘Unfortunately, in coming to us many foreign workers have not considered identifying with us and becoming “one of us” ...they have not

---

<sup>120</sup> Beverly Nickles, ‘Russia: Ready to Stand on Their Own?’ *Christianity Today*, Nov 13 (2000) <http://www.christianitytoday.com/ct/2000/november13/26.36.html> (accessed: 20/7/04)

<sup>121</sup> *ibid*, 1

<sup>122</sup> See Giblett, *Christianity in Russia and Young Peoples’ Agenda for Change*.

<sup>123</sup> Journal of the Moscow Patriarch, Moscow (3 March 1989)

been able to “subject” themselves for Christ’s sake... But praise God there are those who[se] ... lack of language ability or knowledge of our culture, history, and tradition have been beautifully overcome by their willingness to subject themselves to the Lord, His work, and to our Russian and Ukrainian fellowships... to produce churches in the spirit and tradition of our fellowships and our people.’<sup>124</sup> As the Deynekas identify, ‘East European ministries have much to learn from both the successes and the failures of two centuries of Western Protestant missions in Africa, Asia and Latin America. At the same time, even long-established ministries, highly respected for their effectiveness elsewhere, need to approach service in post-Soviet lands with a healthy dose of humility and with many more questions than answers.’<sup>125</sup>

Alexei Bychkov, who served as general secretary of the Evangelical Baptist Union for 19 years during the Soviet period, explains how Russia's evangelicals see themselves differently today. ‘Atheism helped us unite because all believers were persecuted. Freedom brought divisions because we could resume our own traditions’.<sup>126</sup> Other issues include a need for effective accountability structures to provide support and safety for isolated authoritarian style leaders. Also many churches and outreach workers still depend on western resources. Nikolai Bychkov Karchazhkin, pastor of the Church of the Word of Christ in Moscow, and other experienced Christian leaders say there is too much emphasis on launching new churches by Russian and Western leaders and not enough on developing the leadership skills of laity and clergy, leading to small weak churches.<sup>127</sup> General attitudes have also changed; gone is the childlike openness that first met westerners. Philip Walters, editor of *Russia State and Society*, maintains: ‘The society in general is increasingly pluralistic, disillusioned with Western “free market”, fearful of the many “new sects” and reverting to nationalism.’<sup>128</sup>

Michael Bourdeaux, a Russian analyst for over forty years, laments the missed opportunity. ‘[T]here were precious few ready and able to respond to the humanitarian opportunity which opened up in the Soviet Union in the Gorbachev years.... One wonders whether, if western Christians had been better prepared to walk through an open door to an unprecedented

---

<sup>124</sup> G. Komendant ‘Certainly’ *East-West Church and Ministry Report* Winter (1996), 2. For a review and detailed examples see Mark Elliott, & Anita Deyneka, ‘Protestant Missionaries in the Former Soviet Union’ In: Witte & Bourdeaux 1999 *Proselytism and Orthodoxy in Russia*, 197-223

<sup>125</sup> Peter and Anita Deyneka worked for over a decade in Russia; *ibid*, 205

<sup>126</sup> Beverley Nickles, ‘Ready to Stand on Their Own?’, 1

<sup>127</sup> Valentina A. Karchazhkina, ‘Western Missionaries Spreading the Gospel in Russia’ *East-West Ministry Report* (1998) Vol.6 No.2, 8-9

<sup>128</sup> Philip Walters(ed.) ‘The Charismatic Movement and the Secularisation Thesis’ *Religion* (1998)28:3, 1998, 223-232

welcome, this might have increased understanding and lessened the tensions between East and West over proselytism, which bedevil the scene today.<sup>129</sup> Orthodox representatives also admit to being unprepared. ‘The inertia of the stagnation period is still there. The church’s estrangement from public life, the blame for which was not hers, resulted in believers adopting a guarded attitude towards society. Today, when the conditions for public activity by Christians are favourable many of us are not ready for it morally.’<sup>130</sup> Igor Nikitin, speaking for protestant Christians, observes that ‘an untapped opportunity for Russian evangelicals lies in pairing social ministry and gospel outreach. “We can really change the country through social work,”<sup>131</sup> citing work in overcrowded prisons in Kommunar as an example. S. S. Chernikov, Kommunar's mayor, so grew to trust the local Kommunar church through this work that he invited their participation in other community services. ‘We feel like the social work of the church,’ Nikitin says, ‘is bringing a new wave of understanding to the Russian people that the church is the answer.’<sup>132</sup>

### 2.1.6 Substance Abuse in the former Soviet Union

In 1998 the *Daily Telegraph*’s headline read ‘Vodka is Killing the Russians’.<sup>133</sup> The World Health Organization (WHO) considers an average per capita consumption of the equivalent of 8 litres of pure alcohol a year to be a sign of a country with a dangerous level of alcohol consumption. Russian consumption is currently in the range of 13-14 litres annually.<sup>134</sup> According to Russian government statistics, men in particular resort to drinking such that 40% of men and 17% of women are active alcoholics.<sup>135</sup> A multi-national study by the European School Survey Project on Alcohol and other Drugs, questioned 95,000 students’ use of tobacco, alcohol and marijuana. Amongst tenth grade Moscow students in the previous 30 days 45% reported smoking, 63% reported some alcohol consumption and 22% reported using marijuana.<sup>136</sup> One in three families has at least one alcoholic member and consequently domestic violence is a huge burden. Alcohol is being consumed in such quantities that many Russian men are incapable of regular employment and ‘their death rates from traffic crashes,

<sup>129</sup> Michael. Bourdeaux ‘The Quality of Mercy’ in Witte & Bourdeaux, *Proselytism and Orthodoxy in Russia*, 196

<sup>130</sup> *Journal of the Moscow Patriarch* Moscow (3 March 1989)

<sup>131</sup> Nickles ‘Ready to Stand on Their Own?’

<sup>132</sup> Ibid.

<sup>133</sup> *The Daily Telegraph* March 1998

<sup>134</sup> *Time magazine*, 8/11/97

<sup>135</sup> State Committee for Statistics quoted by PPI Russian Project Statistics also supported by Hosking who found that 37% of men abuse alcohol. Hosking, *A History of the Soviet Union*, 400

<sup>136</sup> European School Survey Project on Alcohol and other Drugs 2001

falls, drowning, and alcohol-related illness are far higher than those for men in other countries.’<sup>137</sup> According to a Lancet study, ‘Half of all deaths in working age men in the country are due to hazardous drinking.’<sup>138</sup> Compared to Britain, for example, men of working age are three-and-a-half times more likely to die.<sup>139</sup>

The family problems, increased by alcoholism, economic difficulties and food shortages, have brought immense pain to children such that 16% of students indicated that they had seriously considered and even had a plan for suicide, and 6% had attempted suicide. A large number of children are orphaned or abandoned by their parents (due to their addiction) and are consequently homeless. ‘By the beginning of 1992 there were over 180,000 children or young people in care, 131,200 of which were in foster homes’<sup>140</sup> but over 414,500 children under 18 were orphaned or abandoned.

Vodka and alcoholism have long been a part of the culture in the former Soviet Union, but since borders opened, there has also been an increasing struggle to control the quantity and flow of drugs through the region. Vladimir Putin, in a session of the State Council Presidium, stated that Russia has additional reasons for drug abuse; ‘the transitional period of instability and weakening of the state... [caused by] the grand changes the country has experienced within a very brief period with large social costs including a drop in living standards, neglected children, and a high crime rate’.<sup>141</sup> The galloping addiction rates have, in turn, compounded the related problems of crime, health, and family break up. There are currently over 500,000 drug addicts officially registered. However, the Russian State Committee on Drugs Control in November 2003 estimated that four million Russians are dependent on drugs, which is a nine-fold increase over the previous four years.<sup>142</sup> In 2008 UNAIDS<sup>143</sup> estimated that ‘between 1.5 million and 3 million people in Russia are intravenous drug users, injecting heroin and other opium-based narcotics.’<sup>144</sup> The estimate for all illicit drug use in

---

<sup>137</sup> [http://www.preventionpartnership.us/russian\\_project.htm](http://www.preventionpartnership.us/russian_project.htm) (accessed: 21/6/04) OPORA

<sup>138</sup> *BBC News* 15 June 2007, based on a study run by *The Lancet* the British medical journal

<sup>139</sup> *BBC News*

<sup>140</sup> Webber, *School, Reform and Society in the New Russia*, 88

<sup>141</sup> *ITAR-TASS Weekly News* ‘Putin’s solutions and excuses for Drug Abuse’ (written: 24/01/2002)

<sup>142</sup> *Pravda* 18 November 2003 19:13 <http://english.pravda.ru/cis/> (accessed: 23/02/04) See also *Novye Izvestiia* 27/2/2002 NIZ No034 Pervaya Kolonka Narkomaniya v Rossii stanovitsya vse molozha [First Column: Drug Addicts are getting even younger]

<sup>143</sup> <http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007/> (accessed: 23/09/08)

<sup>144</sup> <http://globalvoicesonline.org/2008/09/20/russia-intravenous-drug-use-leading-cause-of-hiv-aids/> (accessed: 23/09/08)

Russia in 2008 is between 3-6 million.<sup>145</sup> That is between 2 and 4% of the population of 143 million but the consequences affect nearer to 50%.

Anna Terentjeva, of the Moscow-Based NAN group “No Alcoholism and Drug Addiction”, surveyed Moscow colleges and found that nearly 100% of students have tried drugs, and half say they use heroin, other narcotics or amphetamines regularly.<sup>146</sup> In Ukraine in 2003, there were 107,000 drug addicts registered with the Ministry for Foreign Affairs, but in reality this figure is 10 – 15 times greater, meaning that there are more than 1.5 million drug addicts, and this figure is increasing at a rate of 80,000 a year.<sup>147</sup>

Official statistics confirm that the incidence of narcotics abuse, narcotics-related mortality, narcotics-related crime, and HIV/AIDS are all rapidly on the increase in the CIS including amongst school pupils. The mortality rate has increased ten-fold since 1989 such that now Russia has the world’s highest murder rate,<sup>148</sup> due mainly to domestic violence and the mafia; both drug and alcohol related. In the Ukraine, approximately 60,000 deaths are caused by drug abuse every year.<sup>149</sup> In the period 1991-1997 conviction for narcotics-related crimes in Russia increased from 9000 to 70 000, and overall from 1993-2001 there has been a 500% increase in crimes associated with illegal narcotics supply.<sup>150</sup> Russia now rivals the US and South Africa’s high per capita rate of prison population.<sup>151</sup> Up to 90% of the street theft and fights, along with robbery from flats and cars, is attributed to addicts.<sup>152</sup> Only one fifth of drug addicts are female but nearly all use prostitution to get cash, so ninety percent of prostitutes are drug addicts.<sup>153</sup> The Deputy Minister of Justice of the Russian Federation, Iuri Kalinin, reported that in 2002 there were ‘87000 addicts in prison.’<sup>154</sup> In Ukraine a third of all crimes are connected with illegal transporting of drugs and more than half the prison inmates are drug addicts.<sup>155</sup>

---

<sup>145</sup> [http://hrw.org/reports/2007/russia1107/1.htm#\\_ftn2](http://hrw.org/reports/2007/russia1107/1.htm#_ftn2) (accessed: 23/09/08)

<sup>146</sup> Anna Terentjeva, ‘No Alcoholism and Drug Addiction’ *Newsday* newspaper, 11/02/97

<sup>147</sup> Drugs statistics from the Ukrainian Ministry of Internal Affairs in: Ilya Kravstov *Отче прости им (Father Forgive Them)* (Lexington, KY: *Авен-Езеп Ebenezer*, 2004), 2. A drugs information awareness booklet providing contact details of treatment centres.

<sup>148</sup> Alice Lagado, ‘Russia’s Corrupt Moonlighting Police Force’ *Police Magazine* (Sept 1999)

<sup>149</sup> Drugs statistics from the Ukrainian Ministry of Health, in: The situation in Russia is very similar.

<sup>150</sup> William Butler, *HIV/AIDS and Drug Misuse in Russia: Harm Reduction and the Russian Legal System* (London: International Family Health, 2003 ), 12

<sup>151</sup> Chomsky, *Understanding Power*, 371

<sup>152</sup> <http://u1154.92.spylog.com/cnt?f=3&p=1&rn=0.4706608637604703> (accessed: 24/3/04)

<sup>153</sup> Ukrainian Ministry of Internal Affairs 2003, 2

<sup>154</sup> *The Moscow Times* 21 October 2002 p4 col. 5

<sup>155</sup> Ukrainian Ministry of Internal Affairs 2003, 2

Two factors contribute to the increased availability of drugs. The first is the recent flood of drugs entering the country, despite 69 tonnes of illegal drugs seized,<sup>156</sup> particularly coming from Central Asia,<sup>157</sup> such as heroin from the Afghanistan. ‘Couriers bring their goods from Turkey, Afghanistan... even bringing them in their own stomach.’<sup>158</sup>

The second is the increasing quantity of illegal drugs produced locally. Many people focus the blame for increased use on foreigners, particularly the suppliers who have ‘besieged the country from the south’,<sup>159</sup> implying that increased supply increases demand. ‘Russia has become a “Klondike” for the world’s drug producers.’<sup>160</sup> Also, following the historical attitudes, the West is blamed for its corrupting influence on Soviet/Russian youth,<sup>161</sup> such as through their exportation of rave culture through MTV music channels. However, there is also an increasing amount of drugs being produced within the region to varying standards,<sup>162</sup> particularly synthetically. Leonid Lozbenko, a senior executive of Russia's State Customs Committee, speaking in Brussels to the World Customs Organisation said; ‘Geographically, Russia is located at a crossroads of drug trafficking routes. For that reason, we keep saying again and again that single-handedly no country can resolve the drug problem, particularly a country with such heavy transit traffic as Russia.’<sup>163</sup> Mr Mikhailov, deputy head of the Russian State Committee on Drugs Control, ‘stressed only 10-15% of illegal drugs are actually seized. The rest is flowing in the veins of our teenagers and young people.’<sup>164</sup> ‘In 10 years the number of 8-14 year old children with an addiction problem has risen from 6,343 to 22,254.’<sup>165</sup>

---

<sup>156</sup> Novye Izvestiia 27/2/2002 NIZ No034 ‘*Pervaya Kolonka Narkomaniya v Rossii stanovitsya vse molozha*’ [First Column: Drug Addicts are getting even younger]

<sup>157</sup> See ‘Russia cannot curb drug spread single-handedly’ <http://english.pravda.ru/cis/2001/05/07/4825.html> posted: 28/06/2003 (accessed: 9/12/08); One group sentenced in Novosibirsk for importing about 250 kg.

<sup>158</sup> S.V.Bakal et.al. *Programma Zanyatii po Preduprezhdeniyu NarkogennoiZzavisimosti u Detei Shol'nogo Vjzrasta: Prosbie po provedeniyu psikhologo-pedagogicheskogo treninga* (Saratov: Izdatel'stvo Saratovskovo) Programme Lessons for warning about drug addiction for school age children (Saratov: Saratov Publishers, 1999): 84

<sup>159</sup> Strebizh *Profilaktica alkogolizma i narkomanii* Prevention of alcoholism and drug addiction (Moscow: n.p.1998) 15

<sup>160</sup> Strebizh ‘Prevention of alcoholism and drug addiction’, 13

<sup>161</sup> Hilary Pilkington *Russia's Youth and its Culture*(New York: Routledge, 1994)

<sup>162</sup> Andrei Ivanov, ‘Narcotics-Russia: New Drug-Production Method Raises HIV Risk’ *Inter-Press Service: World News*, (30 Aug 2003)

<sup>163</sup> See <http://newsfromrussia.com/main/2003/06/28/48813.html> (accessed: 9/12/08)

<sup>164</sup> Pravda 18 November 2003 19:13; see Anna Bazhenova *ITAR-TASS* ‘Russian Youth Spend Over \$1.5 Billion on Drugs a Year’ 9/8/2002

<sup>165</sup> Nick Paton Walsh ‘Russia's child alcoholics get their own clinic’ in Moscow’ *Guardian Observer* (26 October 2003), <http://observer.guardian.co.uk/international/story/0,6903,1071181,00.html>

A recent study of data on over 700 drug users in Ukraine concluded ‘evidence suggests that the frequency of addicts’ use is a function of family structure, economic conditions, local narcotic distribution means, and addicts’ access to illicit markets.’<sup>166</sup> This would lend weight to the importance of prevention at boarder level, and strengthening the economy and families. All these areas of prevention have been weak over the last decade in Ukraine and Russia.

‘Heroin can be bought everywhere in Russia - any railway station, market or school is awash with the stuff...After borders collapsed in the early 1990's drugs have flowed freely, notably heroin from the war-torn Afghanistan and Tajikistan.’<sup>167</sup> A rehab project leader in Central Asia stated that accessibility of drugs was one of their greatest challenges as a gram of heroin costs less than \$4, compared to over ten times the price in the West.<sup>168</sup> According to the reports of the Sociological Centre of Russia’s Education Ministry, ‘Russian youth spend over \$1.5 billion on drugs a year,’<sup>169</sup> the majority of which is consumed by 8% of youngsters who buy every day.<sup>170</sup> Due to its great availability, after cannabis, heroin is usually the next, if not the first step, for young people looking for a chemical high. Yevgeny Ochkovsky, spokesman for the United Nations Office for Drug Control and Crime Prevention, said that ‘heroin accounted for 37% of police drug seizures in 2000 and the figures are growing.’<sup>171</sup> Doctors and police report children as young as six taking heroin,<sup>172</sup> and ‘unlike in Western Europe, heroin is usually taken as a first-time drug rather than after taking softer substances.’<sup>173</sup>

The Ukrainian Ministry of Health estimates that only 2% of drug addicts find a cure; 98% die before they reach thirty, as on average practising drug addicts live only five to six years, or three if they become HIV positive, due to related complications.<sup>174</sup> Another sphere of the anti-drug fight is the ‘formation of a public immunity to drugs through education, the state policy

---

<sup>166</sup> Gregory Adams, *Narcotic addiction in post-Soviet Ukraine A.*, Ph.D. University of Massachusetts Amherst, 2006, AAT 3212720  
<http://proquest.umi.com/pqdlink?did=1144195301&Fmt=7&clientId=79356&RQT=309&VName=PQD> (accessed: 24/09/08)

<sup>167</sup> Alice Lagado ‘Russia’s Corrupt Moonlighting Police Force’ *Police Magazine* Sept 1999. Alice Lagado is Moscow correspondent for the Times and the Sunday Telegraph

<sup>168</sup> Personal interview. Educational materials from the southern Urals identify ‘Drugs come into our region ...from Tajikistan’

<sup>169</sup> Bazhenova ‘Russian Youth Spend Over \$1.5 Billion on Drugs a Year’

<sup>170</sup> Ibid. Bazhenova states that ‘55% of youngsters aging between 12-22 have never tried drugs

<sup>171</sup> Quoted in *Moscow Times* 31/01/2002

<sup>172</sup> *Pravda* 18 November 2003 19:13. See also *Novye Izvestiia* (New News) 27/2/2002 NIZ No034

*Pervaya Kolonka Narkomaniya v Rossii stanovitsya vse molozha* [First Column: Drug Addicts are getting even younger]

<sup>173</sup> Lagado, ‘Russia's Corrupt Moonlighting Police Force’, 1

<sup>174</sup> Ukrainian Ministry of Health- Drugs stats, 2

on youth, and social work.’<sup>175</sup> There has been a low level of awareness among young people of the serious dangers of drugs or understanding by parents of how to caution their children, and recognise the warning signs. ‘Parents are often ignorant about drugs because they literally did not exist in the Soviet Union,<sup>176</sup> and drug education in schools is only just beginning.’<sup>177</sup> Richardson identifies that in Russia ‘Drugs are thus represented as commodities which are “pushed” onto nations and individuals rather than “pulled” though increased demand.’<sup>178</sup> Advice on a drugs information leaflet to teenagers said ‘Remember! Free cheese only comes in mousetraps’.<sup>179</sup>

The attitude by many in society is that if addicts have chosen to take drugs they deserve to suffer, and if they die as a result then so much better for society, as there will be less crime and violence. Demonstrating a different approach to addiction than in Western Europe ‘Ukraine plans to prosecute drug addicts even more, rather than improving treatment’<sup>180</sup> states a policy watch organisation.

Recently, international organizations and NGOs that deal with drug related problems have repeatedly proposed raising the threshold [in Ukraine] for criminal responsibility for the possession of illegal drugs, to bring it in line with standard European practice. Many EU countries have largely decriminalized the possession of drugs for personal needs either de jure or de facto.<sup>181</sup>

However, the Ukrainian Government chose to communicate a tough message to deter people from even starting drug use rather than promote an acceptance of its use by lowering the amount legal to possess to ‘less than a [drug user’s] normal daily dose.’<sup>182</sup>

### 2.1.7 AIDS

Closely related to the drug problem is the rapidly growing spread of AIDS primarily due to the use of shared needles. According to the World Health Organisation, more than 90% of

---

<sup>175</sup> Treatment methods available in the former Soviet Union are discussed further in Chapter two.

<sup>176</sup> *ITAR-TASS Weekly News* ‘Putin’s solutions and excuses for Drug Abuse’ (written: 24/01/2002).

<sup>177</sup> Lagado, ‘Russia’s Corrupt Moonlighting Police Force’, 1Or were only accessible by the Mafia

<sup>178</sup> Sarah Richardson *Health Promotion in the Field of Substance Misuse in Post-Soviet Russia* (unpublished PhD thesis, Birmingham University, Birmingham, 2003): 174 Except by mafia access and some locally grown crops in Central Asia

<sup>179</sup> n.a. *Tebe, Podrostok!* (To you, Teenager!) Central Municipal Library, Nizhni Tagil 1997

<sup>180</sup> [http://www.icps.com.ua/doc/nl\\_eng\\_20051010\\_0293.pdf](http://www.icps.com.ua/doc/nl_eng_20051010_0293.pdf) written: 10 October 2005 (accessed:

23/09/08) ‘Ukraine plans to prosecute drug addicts even more, rather than improving treatment’ *ICPS newsletter* ‘A publication of the International Centre for Policy Studies’, No 34, (293),

<sup>181</sup> Ibid

<sup>182</sup> Ibid

Russia's new HIV cases are attributable to the spread of intravenous drug use,<sup>183</sup> although until the mid-1990s, the former Soviet Union region was spared the worst of the HIV epidemic. Up to 1994, the mass screening of blood samples from people who were considered at risk of infection showed extremely low levels of HIV,<sup>184</sup> and most were linked to poor hospital sanitation.<sup>185</sup> However, since then it has spread rapidly. In the Russian Federation a 'startling increase in HIV infection of recent years is continuing, with new reported diagnoses almost doubling annually since 1998.'<sup>186</sup> By the end of 2002, 229,000 people had been diagnosed with HIV, with almost a quarter of that total – 50,400 – added in 2002 alone. 'Since 2001, HIV prevalence in Russia, Eastern Europe and Central Asia has roughly doubled, making the region home to the world's most rapidly expanding epidemic.'<sup>187</sup> According to Professor Vadim Pokrovskii, head of the HIV/AIDS prevention and Treatment Centre under the Ministry of Public Health of the Russian Federation, there are 235,000 cases of registered HIV in Russia. These statistics are recognised to represent a fraction of the real level, which is estimated at 700,000 to 1.5 million, equivalent to 1.1% of the Russian population.<sup>188</sup> In the 11 years up to 2003, 210 Russians had died of AIDS, including 72 children. In total, 320 Russians, including 111 children, have developed full-blown AIDS.<sup>189</sup> By 2003 an estimated 30,000 were living with AIDS.<sup>190</sup> In Ukraine, the spread of HIV / AIDS is even worse, as Ukraine holds one of the highest infection rates in the world, with 1.6% of the population already infected and the highest in Eastern Europe.<sup>191</sup> Since 1995 the Ukraine has suffered a national pandemic of TB and HIV infection, partly due to a lack of awareness of the risks<sup>192</sup> and, as with other places, 8 out of 10 HIV-positive people do not know about their condition.<sup>193</sup> TB is 74 times more likely to be found in HIV-positive people.<sup>194</sup> The World Health Organisation estimate that 'by 2008, 500,000 Ukrainians will have died because

<sup>183</sup> Nabi Abdullaev, 'New Drug Program to Be Overseen by Police' *Moscow Times* (31/1/ 2002); Richardson: *Health Promotion in the Field of Substance Misuse*, 174 Richardson also identified 'intravenous use of heroin..[as] the central problem'.

<sup>184</sup> *UNAIDS Report*, HIV Infection in Eastern Europe April 1998, Geneva *UNAIDS Press Release*, [www.un.org/pubs/chronicle/2003/issue/0103](http://www.un.org/pubs/chronicle/2003/issue/0103), November, 2000, Berlin, 'Aids Epidemic explodes in Eastern Europe', (accessed: 20/11/2003)

<sup>185</sup> Fleming, 'Drug and Alcohol User Services in Russia', 112

<sup>186</sup> Butler, *HIV/AIDS and Drug Misuse in Russia*, 21

<sup>187</sup> 'HIV and AIDS in Russia Eastern Europe & Central Asia' <http://www.avert.org/aids-russia.htm> (accessed: 9/12/08)

<sup>188</sup> *The Moscow Times* 18<sup>th</sup> April 2003 p4 col. 5 Figures from different organisations vary depending on how they calculate figures and estimates but the trend is very clear.

<sup>189</sup> Ivanov, 'Narcotics-Russia'

<sup>190</sup> <http://www.avert.org/aids-russia.htm> (accessed: 9/12/08)

<sup>191</sup> Ibid.

<sup>192</sup> Compounded by the mode of transmission of infection. Very few addicts desperate for an injection are likely to give up the possibility of a shot due to the possible long term health risks.

<sup>193</sup> Ukrainian Ministry of Health- Drugs stats 2003:2

<sup>194</sup> Ukrainian Ministry of Health- Drugs stats 2003:2.

of AIDS and unless the situation changes drastically, by 2015 one fifth of the Ukrainian population will have died as a result'.<sup>195</sup>

The AIDS awareness group Avert explains that the epidemic of infections is occurring primarily through using contaminated equipment when injecting drugs. A survey in Moscow reported that 75% of users shared equipment, often to demonstrate solidarity. World Health Organisation figures show that three-quarters of all Russians suffering from HIV/AIDS are narcotic consumers aged between 17 and 30.<sup>196</sup> However, the percentage of women has increased to 33% in 2002, compared with 24% a year earlier, indicating the onset of a new stage in the contagion in parts of the country, where the sexual spread of the virus is becoming a more prominent feature.<sup>197</sup> A third reason was given by Dr Bernhard Schwartlaender, senior epidemiologist at the Joint U.N. Programme on HIV/AIDS, and Dr David Heymann, head of the Emerging Diseases Division at the World Health Organisation (WHO), who have expressed alarm over a recent production of heroin in Russia which involves contaminating the drug with blood, increasing the risks of HIV infection among users. 'Producers have starting putting blood into drugs to test their quality. U.N. experts believe this could be one reason why the AIDS epidemic has spread so rapidly in Eastern Europe and the former Soviet Union. If such drugs are injected, using sterile needles provides no protection.'<sup>198</sup> 'It is acknowledged generally and publicly in the Russian Federation that HIV is fast approaching epidemic stature even though a decline in incidence has been reported.'<sup>199</sup> Unless measures are taken at once to address the issue, the incidence of HIV and related illnesses will rise catastrophically.<sup>200</sup>

### 2.1.8 Summary of Russian and Ukrainian Context

Having examined the many different aspects of the life in Russia and Ukraine, we have some indication of the colossal changes that have taken place in the region and its consequences on the lives of ordinary people. Change can bring opportunities but it also creates stress and uncertainty, which can compound already existing problems. In the former Soviet Union two

---

<sup>195</sup> Information published in a Ukrainian drugs awareness booklet from World Health Organisation Facts, 2003

<sup>196</sup> Butler, *HIV/AIDS and Drug Misuse in Russia*, 12

<sup>197</sup> <http://www.avert.org/aids-russia.htm> (accessed: 9/12/08)

<sup>198</sup> Ivanov, 'Narcotics-Russia'

<sup>199</sup> The increase in 2003 was about 30,000 as opposed to 50,400 in 2002. [www.advert.org/ecstatee.htm](http://www.advert.org/ecstatee.htm)

Advert updated 28 Jan 2004 (accessed: 20/3/04)

<sup>200</sup> The United Kingdom has committed US\$40 million over a five to seven year period to support the control of HIV/AIDS in Russia.

such factors that have been highlighted are the low importance given to health care and the large quantities of alcohol culturally acceptable in society. Part of the magnitude of the alcohol and drug problems in the former Soviet Union can be contributed to these major political, social and economic challenges compounding the existing underlying problems.

We now have some background on the geographical context of the life-story and interview data. There is one other major field that needs examining, before we move on to look at the details of the Christian rehabilitation centres. That is the size of the drug problem internationally and the various responses to it in different parts of the world.

## **2.2 The International Context of Drug Abuse**

How big is the problem of drugs? What are the various responses to dealing with this international problem around the world? These and similar questions will be addressed in this section.<sup>201</sup> The aim is to understand the extent of the problem and common responses in other regions that will enhance comprehension of the contributions Christian rehabilitation centres are making.

### **2.2.1 The Size of the problem**

The financial cost [of addiction] to society is estimated to be approximately \$600 billion per year worldwide.<sup>202</sup> Drug taking was previously confined to small groups but is now a global obsession, beyond control in numerous countries. Many governments have not even been able to quantify, let alone prevent the rapid growth of drug use over the last three decades. Four-fifths of the 92 UN countries carrying out progress reports on drugs and crime in 2004 said that the situation had not improved but in the majority of cases, both drugs and crime were on the increase despite all the programmes to reverse the growth.<sup>203</sup> Noam Chomsky reports:

---

<sup>201</sup> The majority of this research was completed for the original version in 2003. Although key facts have been updated, time limitations did not permit a full rewrite of this background literature.

<sup>202</sup> Steven Sussman, & Susan Ames 'Addiction And Habituation' *Gale Encyclopedia of Public Health* (New York USA: Macmillan Reference, 2002) available at <http://www.healthline.com/galecontent/addiction-and-habituation> (accessed: 9/12/08) This figure does not include the cost of nicotine abuse, which, through its influence on heart disease, lung cancer, chronic obstructive lung disease, and numerous other consequences, is the number one behavioral killer of people worldwide.

<sup>203</sup> [www.internationaldrugpolicy.net/reports/BeckleyFoundation\\_Report\\_01.pdf](http://www.internationaldrugpolicy.net/reports/BeckleyFoundation_Report_01.pdf) Marcus Roberts, Axel Klein, Mike Trace Roberts, *Towards a Review of Global Policies on Controlled Drugs* (May 2004), 1; David J.. Bellis *Heroin and Politicians: The Failure of Public to Control Addiction in America* (Westport CT: Greenwood Press, 1981): 181

There was recently an OECD (Organisation for Economic Cooperation and Development) study of the international drug racket, and they estimated that about a half-trillion dollars of drug money gets laundered internationally every year - more than half of it though American banks. I mean, everybody talks about Colombia as the centre of drug-money laundering, but they're a small player: they have about \$10 billion going through, U.S. Banks have about \$260 billion.<sup>204</sup>

Amongst the primary causes for the recent escalation in drug abuse is the increased ease of international trade through globalisation, involving relaxed border controls and unrestricted money flows between many nations. New technology enables 'entire drug operations, from production to warehousing to transport and retail distribution, to be managed on line from any PC or mobile data-phone anywhere in the world, via public phone lines, ... using encryption methods so secure that intelligence agencies can't crack them.'<sup>205</sup> Additionally, armed conflict, particularly in suitable growing areas, means that arms can be traded directly for drugs in countries such as Afghanistan, Chechnya and Columbia. The United Nations Drug Control Programme estimates that around 4% of the world's adults use illegal drugs each year. This amounts to 8 million heroin addicts, 15 million on cocaine and 30 million using synthetic drugs like amphetamines.<sup>206</sup> The majority of Americans consider drugs to be the number one problem facing young people.<sup>207</sup> 'Alcohol abuse and illicit drug use in the United States are major concerns of American households as well as of the White House.'<sup>208</sup> The rapidly increasing problem of drugs is such that Peter Smith, director of *Life for the World*, concludes that 'Drug and alcohol abuse and its impact is the biggest social challenge in Europe.'<sup>209</sup> Patrick Dixon claims that 'Drugs addiction is the greatest peace time threat to future Western Society.'<sup>210</sup>

Although drug abuse is clearly a worldwide problem, the particular questions and concerns vary in different parts of the world according to particular government and cultural attitudes. For example, the drug issues debated in Iran and Sweden are unlike those in Holland and UK, which have different levels of cultural tolerance and would therefore have different aims for drug education programmes. Countries such as Afghanistan, Thailand and Columbia with

---

<sup>204</sup> Chomsky *Understanding Power*, 372

<sup>205</sup> Dixon, *The Truth about Drugs* 'Ch1 The Size of the Drug Problem'

<sup>206</sup> Dixon, *The Truth about Drugs* 'Ch2 The True Cost of Drug Addiction'

<sup>207</sup> Dixon, *The Truth about Drugs* 'Ch1 The Size of the Drug Problem'. Specifically-60%

<sup>208</sup> Zhiwei Zhang, *A Longitudinal Study of Alcohol and Drug Use in the Workplace* (Unpublished PhD thesis, Virginia Polytechnic Institute and State University, 1999)

<sup>209</sup> Personal correspondence received 21/6/04

<sup>210</sup> Dixon, *The Truth about Drugs* 'Ch1 The Size of the Drug Problem'

suitable growing climates, low local wages and few comparable income alternatives, struggle to control the production. The context is different again for countries like Chile, Russia or Hong Kong, which have huge trafficking problems due to their open borders and proximity to markets and areas of production.<sup>211</sup>

### 2.2.2 Common Responses to Addiction

Before examining the methods used in the rehab centres studied in Russia and Ukraine, I will take a brief look at other common responses to this problem. A few definitions are, however, necessary for this discussion. Addiction ‘Drugs’ in this context refers to any substance used for psychoactive or mind-altering purposes.<sup>212</sup> The UN office on Drugs and Crime defines drugs as ‘a substance people take to change the way they feel, think or behave.’<sup>213</sup> ‘Drug abuse’ or ‘misuse’ then ‘is the use of any illegal drug and the inappropriate use of any legal drug where appropriateness is defined by age, circumstance and purpose.’<sup>214</sup> ‘Drug addiction’ is ‘the chronic or habitual use of any chemical to alter states of body or mind for purposes other than medically warranted.’<sup>215</sup> ‘Physical dependence’ is determined by evidence of ‘tolerance’ or ‘withdrawal,’ where tolerance is defined by ‘either a need for markedly increased amounts of the substance to achieve the desired effect, or markedly diminished effect with continued use of the same amount of the substance’.<sup>216</sup> Substance abuse first became a medically recognised term in DSM III in 1985.<sup>217</sup> Withdrawal is ‘manifested by either the development of a substance-specific maladaptive behavioural change that is due to cessation or reduction in prolonged and heavy substance use; or the syndrome causes clinical significant distress or impairment in social occupational or other important areas of functioning.’<sup>218</sup>

#### *‘Harm Reduction’*

‘Harm reduction’ techniques started in response to the rapidly increasing drug use occurring within the ‘Hippy culture’ in the late 1960s when the number of heroin addicts in the US was

---

<sup>211</sup> A programme leader from a drug project in Chile, reported the street price of heroin there was only \$1a gram.

<sup>212</sup> National Drug Prevention Alliance UK <http://www.drugprevent.org.uk> (accessed: 25/11/08)

<sup>213</sup> Quoted in DfES *Drugs Guidance for Schools* (Feb 2004)

<sup>214</sup> National Drug Prevention Alliance,

<sup>215</sup> [www.encyclopedia.com](http://www.encyclopedia.com) (accessed: 20/4/2004)

<sup>216</sup> American Psychiatric Association, ‘*Diagnostic and Statistical Manual of Mental Disorders*’, Fourth Ed, Text Revision., Arlington, Va: American Psychiatric Pub, 2000, 191-296,192

<sup>217</sup> *Diagnostic and Statistical Manual of Mental Disorders (DSM) III =3<sup>rd</sup> Ed* See also ICD10 Inter International Statistical Classification of Diseases and Related Health Problems Israel, R. A., ‘The International Classification of Diseases: Two Hundred Years of Development.’ Public Health Report 93 (1978),150–152.

<sup>218</sup> *Ibid.*,194

estimated at 750,000.<sup>219</sup> ‘Originally ‘harm reduction’ was a combined policy of preventive education, police and customs intervention and subsequently<sup>220</sup> needle exchanges to prevent the spread of AIDS and other diseases, then later [in the 80’s] methadone reduction programmes. From the start, the clearly stated end-goal of such measures was an abstinent, drug-free lifestyle.’<sup>221</sup> However, ‘after a decade of prevention and intervention, the drug problem is worse. Society has become frustrated and fatalistic at its failure to cure addicts and so, the philosophical conclusion [is to] lower the bar settling to make addiction safer for everyone and culturally palatable.’<sup>222</sup> This is what sociologists call ‘incremental pragmatism’: i.e. the step-by step ideological shift to accommodate a problem we cannot solve.<sup>223</sup>

Today ‘harm reduction’ has shifted focus to refer to strategies aimed at minimising the harm to public health of certain pleasure seeking behaviours.<sup>224</sup> The most common methods are prescribed methadone maintenance programmes to prevent addicts having to steal or suffer the instability of an irregular or impure dose and free needle exchanges to avoid HIV infection, sometimes distributed from ‘safe injecting rooms’<sup>225</sup> or surgeries. The UK government now spends £2.5 million on providing pure heroin to addicts in injecting rooms dubbed ‘shooting galleries’ which are safe from police interference and have free drugs injecting equipment and qualified medical personnel available in case of difficulty or complications.<sup>226</sup> The annual cost per user is £15,000 for this type of ‘treatment’ with little restriction on the quantity used and yet the majority are still committing crimes.<sup>227</sup> However, there is no reduction to the harmful effects on the body of taking the drugs.

‘Harm reduction’ is considered by many Western governments to be the pragmatic option working on the assumption that it is not possible to help people off drugs or that it is even unethical if they do not want to. Unethical because it breaks the sacred right an individual has

---

<sup>219</sup> David F. Musto *The American Disease: Origins of Narcotic Control* (New York: Oxford University Press 1987)

<sup>220</sup> Subsequent needle exchanges were brought out in the early 1990’s

<sup>221</sup> Kent Martin In, ‘Promoting Abstinence Culture of Harm Reduction’ Seminar at *Raising the Standard* – A one day conference of ISAAC-UK, in Birmingham (June 2004), 2

<sup>222</sup> Martin, *Raising the Standard*, 2

<sup>223</sup> Quoted in Martin, *Raising the Standard*, 2

<sup>224</sup> ‘The main reasons for consuming such substances are curiosity and thrill’ in EMCDDA ‘European strategy on fighting drugs 2005-2012’ (2004/2221(INI)), 14

<sup>225</sup> Rooms made available for use by injecting addicts, supplied with injecting equipment, condoms, and information of other services. In some cases counselling is also available.

<sup>226</sup> Andy Malinowski, ‘The Vein in Spain: Viability of Safe Injecting Rooms’ *DrugLink* Vol.17/6 (2002), 22-23 and R.P. Mattick, et.al. *Six Month Process Evaluation Report on the Medically Supervised Injecting Centre*. (Sydney: NDARC University of NSW Press, 2001), 22

<sup>227</sup> James Slack, *Mail Online* (written: 19 November 2007) <http://www.dailymail.co.uk/health/article-494926/2-5m-spent-treat-drug-addicts--heroin.html> (accessed: 7/10/2008)

to choose the way they want to live and there is no longer an agreed basis to determine appropriate boundaries to freedom of choice.<sup>228</sup> As European treatment evaluators concluded, ‘Given the multiple determinants of a complex physio-psycho-social behaviour such as addiction, the generally poor premorbid characteristics of those who become addicted, and lengthy time course of the addiction, [cures] should not even necessarily be expected.’<sup>229</sup> The Berkley report concluded that the UN objective to substantially reduce illegal drugs ‘is an impossible ideal, but a world in which less harm is caused ...is inspiring.’<sup>230</sup> The British National Treatment Association’s ‘redefinition of “recovery” [now] excludes sobriety or drug-free lifestyles.’<sup>231</sup> This is clearly significantly lowering the bar. As reported by Melanie Reid in the Times;

Fact is, harm reduction drug strategies have become a self-serving, self-perpetuating state industry. Instead of helping drug addicts to become drug free, as 80 per cent of them would like, official policy has created a pharmaceutical holding pen in which the UK's addicts can be corralled at a cost of £300million per annum.<sup>232</sup>

Many non-western countries take a different approach. In Russia, according to the 1988 Federal Law on Narcotic Means and Psychotropic Substances,<sup>233</sup> it is illegal to support someone in the use of illicit drug taking. All the above methods of ‘harm reduction’ are considered to be supporting the process of illicit drug taking (although significant western investment has been used to develop studies on how to work around the law).<sup>234</sup> Therefore, although there are a few foreign aided needle exchange projects taking place, few receive government backing.<sup>235</sup> Methadone is only used in strict inpatient detoxification programmes. The Russian government is very concerned not to be seen as condoning a behaviour that has

---

<sup>228</sup> Franz Koopmans, *De Hoop's view on Care about Identity and Professionalism* (Amsterdam: DeHoop Dordrecht unpub. 1997) 3

<sup>229</sup> M. Douglas Anglin & William H. McGlothlin, ‘Outcome of Narcotic Addict Treatment in California’ in: Frank Tims and Jacqueline Ludford, (eds.) *Drug Abuse Treatment Evaluation: Strategies, Progress, Prospects* Research Monograph 51. (Rockville, Maryland: National Institute on Drug Abuse DHHS Pub, 1984), 106-107

<sup>230</sup> *Towards a Review of Global Policies on Controlled Drugs*, 1

<sup>231</sup> Deidre Boyd ‘Is The NTA Fit For Purpose? Rehabs Close As Patients Are Directed Elsewhere’ *Addiction Today* (26 September 2008) <http://www.addictiontoday.org/addictiontoday/2008/09/is-the-nta-fit.html> (accessed: 4/10/08)

<sup>232</sup> Melanie Reid ‘Say no, no, no to the rehab industry: The methadone lobby has built a pharmaceutical holding pen that keeps addicts addicted’ *TimesOnline* (3 October 2008) [http://www.timesonline.co.uk/tol/comment/columnists/melanie\\_reid/article4870401.ece](http://www.timesonline.co.uk/tol/comment/columnists/melanie_reid/article4870401.ece) (accessed: 4/10/08)

<sup>233</sup> Translated in Butler *HIV/AIDS and Drug Misuse in Russia*, 39ff

<sup>234</sup> Ibid.

<sup>235</sup> Untill very reciently there were none despite heavy campaining from international agencies.

brought suffering to a high percentage of the population. Therefore, ‘achieving abstinence is viewed as the only legitimate activity of drug and alcohol user treatment services.’<sup>236</sup>

There is also opposition to harm reduction outside of Russia. As Brian Watters, addiction advisor to the Australian government, says ‘There is no inherent flaw in the principle of “harm minimisation”. But much being done today under the banner of harm minimisation has failed to reduce the harm, because the term has been hijacked in support of policies that have inexorably led to greater harm.’<sup>237</sup> There are three main concerns regarding the consequences of ‘harm reduction’; firstly the effect on the addicts, secondly the effect on the future of drug free options and thirdly the effect on society. If abstinence is not the aim, then people suffering dependence, and those seeking to help them, lose hope that they will be able to live free of chemicals and consequently they will have limited motivation to make the necessary changes. ‘The National Treatment Agency ... survey of 12,000 users in 2007 found that 80 per cent of heroin users and 50 per cent of methadone users wanted to stop all drug use.’<sup>238</sup> However, due to the reluctance of the Drug Advice Teams to refer to rehab, only 3.6% of addicts were given the chance to attend an abstinence-based programme in 2007 and the estimate for 2008 is 2%.<sup>239</sup> Entering rehab has become a highly complicated administrative process in many countries, and rehabs are suffering from being significantly under-funded.<sup>240</sup>

The results of the current UK strategy demonstrate its lack of effectiveness. Despite more than double the number of people being treated for addiction, only a tiny fraction are leaving addiction.<sup>241</sup> The National Treatment Association’s annual budget of £500 million led to only 3.6% recovery of people leaving drug free.<sup>242</sup> At the same time, increasing the availability of narcotic maintenance prescriptions appears to increase social acceptance of taking of drugs and decreases the barriers of fear and cost, which can all make it easier for more people to start taking illegal drugs. As a result, the numbers and costs of addiction are likely to continue increasing. Already the costs to the taxpayer have soared. In 2004, the UK government was

---

<sup>236</sup> Fleming, ‘Drug and Alcohol User Services in Russia’ Russia’, 111

<sup>237</sup> Quoted by Martin, In: *Raising the Standard*, 2

<sup>238</sup> Reid, ‘Say no, no, no to the rehab industry,’ Other effects include: ‘further impairment of the central nervous system is evidenced in the changed personality and declining academic performance, dependence, aggression, adversely affected driving and progression to other drugs’.

<sup>239</sup> Deidre Boyd ‘Is The NTA Fit For Purpose? Rehabs Close As Patients Are Directed Elsewhere’ (posted 26 September 2008) <http://www.addictiontoday.org/addictiontoday/2008/09/is-the-nta-fit.html> (assessed: 4/10/08)

<sup>240</sup> Ibid. At the gathering of rehab leaders at the ISAAC-UK day conference on the 27<sup>th</sup> Feb 2008 several rehab centres reported that since wide introduction of methadone maintenance programmes number of applicants has dropped increasing the difficulty of providing opportunities for gaining abstinence.

<sup>241</sup> ‘Record number treated for drugs’ *BBC News at Ten* (2 October 2008)

<http://news.bbc.co.uk/1/hi/uk/7459669.stm> (accessed: 6/10/08)

<sup>242</sup> ‘Record number treated for drugs’, 1

spending around £2 million on its harm reduction policies, in four years this has risen to £500 million<sup>243</sup> but the Scottish government estimated that the overall annual cost to the UK taxpayer of the drug problem is £2.6 billion.<sup>244</sup>

In short, ‘harm reduction’ with appropriate psychosocial support, including accurate assessment and diagnosis, and an eventual goal of abstinence may prolong life for the individuals receiving the free drugs and equipment, due to decreased risk of infection, or overdose,<sup>245</sup> but it does not lead to a drug free lifestyle.<sup>246</sup> In addition, crime may be reduced for the smaller percentage who remain satisfied not to supplement their prescription with other drugs, however this will not necessarily lead to an overall reduction of crime in society, or health costs, due to a corresponding increase in number of addicts.<sup>247</sup> ‘Harm reduction’ is most likely to reduce an addict’s motivation to seek abstinence from addiction by providing addicts with a simple means of staying on drugs, avoiding the crux decision found by McIntosh & McKeganey as necessary to make a break,<sup>248</sup> thus reducing the number who achieve long-term recovery. Secondly, this philosophy often undermines prevention strategies by hindering law enforcement through creating ‘no-go’ areas for the police, and counteracting prevention education by sending out a message that illegal drugs can be used safely, and the government will support and supply those who are addicts. Thirdly, if everyone decided they wanted methadone maintenance, no government could afford it at £4000 per person a year,<sup>249</sup> therefore other strategies need to be explored.

The philosophy of ‘harm reduction’ affects all other areas of drug policy: changing attitudes to prevention and the type of messages going out to schools, altering the meaning of treatment to ‘substitution’. In summary, it appears ‘the devolving ethos of ‘harm reduction’ has become the Trojan horse of a minority who seek to normalise drug use within the walls of a society whose majority oppose it. The original, core intention of harm minimisation has virtually been turned on its head. Rather than protecting non-users in society while moving addicts

---

<sup>243</sup> Statistic reported by London DAT worker as of July 04. The 2008 figure was reported by Boyd in ‘Rehabs Close As Patients Are Directed Elsewhere’

<sup>244</sup> ‘Scots plan to drop “harm reduction” drugs policy’, 1

<sup>245</sup> Boyd, ‘Rehabs Close As Patients Are Directed Elsewhere’

<sup>246</sup> ‘Treatment “does not end addiction” ’ on *BBC Today* (2 October 2008)

[http://news.bbc.co.uk/today/hi/today/newsid\\_7647000/7647801.stm](http://news.bbc.co.uk/today/hi/today/newsid_7647000/7647801.stm) (accessed :6/10/08)

<sup>247</sup> See the studies mentioned above Flemming ‘Drug and Alcohol User Services in Russia’; James McIntosh & Neil McKeganey, *Beating the Dragon: The Recovery from Dependent Drug Use* (Harlow: Pearson Education, 2002)

<sup>248</sup> McIntosh & McKeganey, *Beating the Dragon*, 63-68 ‘Rational decisions and rock bottom experiences’ according to the authors, rational decisions come from rock bottom experiences.

<sup>249</sup> Dixon, *The Truth about Drugs* ‘Ch2 The True Cost of Drug Addiction’

towards the goal of abstinence, harm reduction has become a means to justify “safe” drug use on the path to legalisation.<sup>250</sup>

### *Legalisation*

One of the most political questions regarding drugs in recent years in Britain has been the question of legalisation or decriminalisation of certain popular drugs. Naturally, this issue of legalisation covers the whole range of drugs but the recent focus has been on cannabis, called marijuana in America. The UK government in January 2004 accepted the proposal to downgrade cannabis from a class B drug to a class C drug putting it alongside steroids and antidepressants.<sup>251</sup> The government sought to compromise by choosing decriminalisation rather than legalisation, though in practice there may not be much difference.<sup>252</sup> This is potentially one step in the process towards further relaxation of restrictions on drug users; so what are the costs and benefits of following this path?

Many well-funded and organised pro-drug groups<sup>253</sup> are actively promoting the social and legal acceptance of drugs. ‘By his own published estimate George [Soros] has put almost \$100 million “into weakening drug laws”’.<sup>254</sup> They have started with cannabis, but others are likely to follow because the medical risk profile is similar to cannabis, LSD, ecstasy, and an increasing number of other synthetic psychoactive drugs. Therefore, as Ruth Runciman of the Police Federation recommended, there is no logical or moral reason to differentiate, and the whole group ought to be considered together.<sup>255</sup> Psychologically though it is easier to gain acceptance gradually so by 2008 there are already calls to down-grade ecstasy.<sup>256</sup> The positive aspects of this normalisation of drugs in society are expected to be fewer people in jail for offences concerning cannabis.

Attempts are made to argue that drugs should be legalised on the basis that ‘everyone does it’, or that it is not possible to stop the spread of drugs therefore it is a waste of time to try. Despite the image of ‘everyone doing it’ promoted by the media, in fact 66% of people in the

---

<sup>250</sup> Martin, *Raising the Standard*, 2

<sup>251</sup> [www.bbc.co.uk/news/](http://www.bbc.co.uk/news/) (accessed: 30/1/04)

<sup>252</sup> Simon Calvert, Iain Bainbridge, Seyi Hontonou, & Humphrey Dobson. *Going Soft on Cannabis* (Newcastle: Christian Institute, 2002) available from [www.christian.org.uk](http://www.christian.org.uk); Also *Cannabis* a Maranatha Briefing 2000.

<sup>253</sup> Such as NAMA (National Alliance of Methadone Advocates) based in New York; or We Speak Methadone Forum at <http://members.boardhost.com/SPEAKMETHADONE/> and NORML (National Organisation for the Reform of Methadone Laws) which has received significant support from Hugh Hefner.

<sup>254</sup> Peter Stoker ‘The Pressure on Drug Laws and Enforcement’ *Police Magazine* February 2003:1

<sup>255</sup> [http://news.bbc.co.uk/1/hi/english/uk\\_politics/default.stm](http://news.bbc.co.uk/1/hi/english/uk_politics/default.stm) (accessed: 23/10/01)

<sup>256</sup> ‘Ecstasy downgrade is considered’ *BBC Online* <http://news.bbc.co.uk/1/hi/uk/7636896.stm> (accessed: 7/10/08)

UK, from 16-59 have never tried an illegal drug in their life,<sup>257</sup> and only 6% had used drugs, mostly cannabis, in the last month.<sup>258</sup> Secondly, the fact that so many people break the law, or that it is difficult to enforce, is not a reason to scrap it; for the majority of other common offences such as speeding, theft, parking offences and driving in bus lanes the opposite approach, of increased surveillance and high fines, is being taken.<sup>259</sup>

What are the implications of taking this route? In the Transkai in South Africa, the no drugs policing of marijuana (cannabis), and wide cultural tolerance, has led to many men in particular being 'wiped out' for long periods, incapable of sustained work,<sup>260</sup> and unable to contribute to the welfare of their families or the wider community. In the UK there are record numbers of cannabis-related admissions to mental hospitals, which have risen by 85% since Labour came to power in 1997, according to Government figures.<sup>261</sup> 'A study lasting 27 years involving 50,000 people showed that smoking cannabis trebles the risk of a young person developing schizophrenia.'<sup>262</sup> The neuro-psychological damage that is suffered by the increasingly younger users has led to 500 people per week seeking treatment for cannabis use.<sup>263</sup> As a result, in May of 2008, the Home Secretary Jacqui Smith decided to reclassify Cannabis to a class B drug despite the pressure from the Advisory Council on the Misuse of Drugs (ACMD).<sup>264</sup>

### *Prevention: Law Enforcement*

One place known for widespread use of drugs was New York. The Former Mayor of NY Rudolph Guiliani enforced a 'zero tolerance' policy towards all types of crime including cannabis possession, even favouring arrest, from 1994-2001. During that time burglaries and

---

<sup>257</sup> If people over 59 had been included, the percentage of non-users would be far higher. Even amongst people between 20-25, only 25% of those using reported having used in the last month.

<sup>258</sup> Home Office 'Drug Misuse Declared in 2000' (Table 2.1) *British Crime Survey* (2001) : 13

<sup>259</sup> Calvert *et al. Going Soft on Cannabis*, 18

<sup>260</sup> Dixon, *The Truth about Drugs*,

<sup>261</sup> 'Cannabis must go back to Class B, say experts' (29 January 2008)

<http://www.christian.org.uk/news/20080129/cannabis-must-go-back-to-class-b-say-experts/> (accessed: 7/10/08)

<sup>262</sup> 'Youngsters to be warned of cannabis mental health risk' (27 March 2008)

<http://www.christian.org.uk/news/20080327/youngsters-to-be-warned-of-cannabis-mental-health-risk/>

(accessed: 7/10/08) In the same article Psychiatrist Professor Peter Jones, of Cambridge University, reports that cannabis users now make up 80 per cent of all diagnosed cases of psychiatric disorders.

<sup>263</sup> 'Classifying cannabis: There are numerous very compelling reasons for restoring cannabis to Class B' (28 January 2008) <http://www.timesonline.co.uk/tol/comment/letters/article3260784.ece> (accessed: 7/10/08)

<sup>264</sup> 'Cannabis will be restored to class B, says Home Secretary', (7 May 2008)

<http://www.christian.org.uk/news/20080507/cannabis-will-be-restored-to-class-b-says-home-secretary/>

(accessed: 25/5/08) This decision was opposed by drugs advisors Jonathan Owen (27 April 2008) 'Drugs agency warns Government over reclassification of cannabis' <http://www.independent.co.uk/news/uk/politics/drugs-agency-warns-government-over-reclassification-of-cannabis-816217.html> (accessed: 7/10/08)

murders in New York both fell by nearly two-thirds.<sup>265</sup> All drug use fell by 60% equating to 13 million fewer users.<sup>266</sup> ‘Enforcing this policy consistently across all drugs had amazing results. In New York City crack cocaine is widely considered a thing of the past.’<sup>267</sup>

A unified multi-level approach can bring significant improvement to a country as found by the experience of the *Tough on Drugs* initiative in Australia started in 1999. The previous eight years from 1991 to 1999 had seen a rapid increase in opioid deaths<sup>268</sup> despite increasingly large investment in methadone replacements each year.<sup>269</sup> *Forward Together*<sup>270</sup> involved a combination of initiatives including: enhancing treatment and increasing the number of treatment places by 19,000,<sup>271</sup> encouragement of Community Partnership Initiatives to prevent illicit drug use, improved training of frontline workers such as police and youth workers, and school and community drug-prevention education with parents. In the two-year period from 1999 to 2001 over 4 tonnes of hard drugs (heroin and cocaine) were seized compared to 2.5 tonnes over the previous five years.<sup>272</sup> A diversion policy involved an early intervention scheme and switching away from the criminal justice system into education, counselling, treatment and post treatment support. As a result of these two years of interventions, Australia saw the number of opioid deaths drop from 985 in 1999 to 725 in 2000 and down to 310 in 2001,<sup>273</sup> and a similar dramatic reduction in crime.<sup>274</sup> In the same period in the State of Victoria, heroin deaths fell from 359 in 1999 to just 49 in 2001.<sup>275</sup>

Police-based prevention schemes aim to reduce supply and availability of drugs through customs checks on people and goods entering the country, and through law enforcement and intelligence procedures. However, due to the small size and high value of drugs, this is very difficult. Patrick Dixon estimates that one sixth of the drugs exported to the United Kingdom

---

<sup>265</sup> ‘Citywide Year Historical Comparison 2001 through 1993 Police Department’ CompStat: City of New York see <http://www.nyc.gov/html/nypd/html/pct/cspdf/html> (accessed: 8 April 2002)

<sup>266</sup> Stoker ‘The Pressure on Drug Laws and Enforcement’, 2

<sup>267</sup> Calvert *et al*, *Going Soft on Cannabis*, 18 with reference to *The Herald* 3<sup>rd</sup> April 2002

<sup>268</sup> L. Degenhardt, ‘Opioid Overdose Deaths in Australia 2001’ (NDARC. Technical Report No.164, 2002)

<sup>269</sup> Australian Bureau of Criminal Intelligence *Australia’s Illicit Drug Report 1995-1998* Australian Bureau of Criminal Intelligence Canberra: ABCI, 1998,

<sup>270</sup> It may not be coincidence that this programme has the same name as the earlier Welsh programme in 1996. Although structurally separate there is a wide overlap in aims.

<sup>271</sup> *National Evaluation of Pharmacotherapies for Opioid Dependence* in Australia in 2000/2001

<sup>272</sup> *Australian Drug Trends, Illicit Drug Reporting Systems 2001 – NDARC Monograph 48*

<sup>273</sup> Degenhardt, ‘Opioid Overdose Deaths in Australia’

<sup>274</sup> Brian Watters, ‘Christian Influence in a Pluralistic Society’ *ISAAC Forum 2* (Winter 2003/04).

Presentation given to the 3<sup>rd</sup> International ISAAC Conference in Madrid, May 2003,

<sup>275</sup> Victoria Institute of Forensic Medicine *Annual Report* Monash University National Centre for Coronial Information (MUNCCI) SouthBank Victoria (5 Feb 2002). This followed eight years of steady increase in heroin related deaths. Heroin deaths are annual figures for the state of Victoria.

are seized. 'Despite huge efforts to combat the smuggling of drugs into the country, prices have fallen, suggesting that plentiful supplies are still arriving.'<sup>276</sup> This is supported by the limited change in street prices even after a major headline discovery.<sup>277</sup> The price of drugs is seen to relate directly to the number and quantity people use. David Rose and Richard Ford, in *The Times* article, reported 'More young people end up in hospital as price of heroin and cocaine falls... increase linked to falls in the price of drugs such as cocaine, heroin and ecstasy, allowing teenagers to buy them more easily and giving young adults the opportunity to purchase greater quantities'<sup>278</sup>

The US have invested in crop and refinery destruction in countries of origin and sought to tie trade agreements to cooperation with anti-drugs policies via an annual certification process for trading partners. The theory is compelling, but in practice has been limited by ineffective and corrupt governments, and, like other sanctions, has greatest effect on those with least power. Nevertheless, there have been successes. For example in Thailand, previously known as an addict's haven, the government's aggressive policies have succeeded in pushing most of the old heroin factories out of the country, probably into neighbouring ones, and many former poppy farmers are now growing conventional crops.<sup>279</sup> Likewise Afghanistan, considered the prime source of heroin imported to the former Soviet Union,<sup>280</sup> 'in 2001 noted a dramatic 91% fall in opium poppy production' [after] 'Mullah Omar passed a total ban on production of opium in July 2000.'<sup>281</sup> However, later instability in the region reversed this gain.

In short, the law does have a restraining effect, preventing the majority from starting and encouraging many to give up before they are hooked, for fear of getting a criminal record. Therefore, we can see that the role of the law has significant influence on the expectations and norms for a given society, either positively or negatively. If addiction is not going to be simply accepted then what can be done to address the huge problems it causes?

---

<sup>276</sup> David Rose and Richard Ford 'More young people end up in hospital as price of heroin and cocaine falls' (written 15 August 2008) <http://www.timesonline.co.uk/tol/news/uk/crime/article4535389.ece> (accessed: 3/10/08)

<sup>277</sup> Martin Booth *Opium: A History* (London: Simon & Schuster, 1996); Dixon, *The Truth about Drugs*, 'Ch 8 Why Governments are Scared of Drugs Prevention'; See Customs & Excise for total seizures.

<sup>278</sup> David Rose and Richard Ford 'More young people end up in hospital as price of heroin and cocaine falls' (15 August 2008). <http://www.timesonline.co.uk/tol/news/uk/crime/article4535389.ece> (accessed: 3/10/08) Some age categories reported double figures over a 10 year period

<sup>279</sup> Dixon, *The Truth about Drugs*, 'Ch 8 Why Governments are Scared of Drugs Prevention',

<sup>280</sup> Bakal *et al. Programma Zanyatii po Preduprezhdeniyu Narkogennoi Zavisimosti* [Programme Lessons for warning about drug addiction], 84

<sup>281</sup> *ORA Central Asia Annual Report 2000/2001* Pakistan ORA International Internal Publication (2002) – Citing World Bank and WHO Pakistan/Afghanistan Facts and Figures 2001

### *Prevention: Education*

The other side of prevention is aimed at reducing demand summarised as ‘stopping people starting and starting people stopping.’<sup>282</sup> There has been some good prevention work in the UK such as the Welsh *Forward Together: A Strategy to Combat Drug and Alcohol Misuse*.<sup>283</sup> This followed the *Across the Divide*<sup>284</sup> drive to build community partnerships tackling drug misuse, and the *Tackling Drugs Together*<sup>285</sup> programme started in 1995 and which is still operating in England. As William Hague summarised: ‘Problems caused by taking drugs, or by excessive or inappropriate drinking, are endless. Each day brings new tragedies. Dealing with these problems cannot be left to any single individual or organisation; it should be everyone’s concern.’<sup>286</sup> David Blunkett, a previous Home Secretary agrees; ‘One single change which has arrested the well-being of individuals, families and the wider community over the last 30 years is the substantial growth in the use of drugs... The misery they cause cannot be underestimated.’<sup>287</sup> Most children who abstain from using illegal drugs do so ‘because an adult they respect convinced them of the dangers - usually a teacher, coach or religious leader.’<sup>288</sup> Ordinary people and parents can make a significant difference. Therefore *Forward Together* aimed to work with a wide range of state services and community groups<sup>289</sup> to discourage young people ‘from ever trying illegal drugs or misusing solvents.’<sup>290</sup> The secondary aim was to improve the effectiveness and number of treatment places to assist those who want to stop.<sup>291</sup> The Department of Health defines ‘community engagement’, for example in relation to prevention, as ‘the simultaneous and multifaceted engagement of supported and adequately resourced communities and relevant agencies around an issue or set

---

<sup>282</sup> WOFF *Forward Together: A Strategy to Combat Drug and Alcohol Misuse in Wales*. Central Office for Information 1996:1

<sup>283</sup> Ibid

<sup>284</sup> Roger Howard, *Across the Divide Building Community Partnerships to Tackle Drug Misuse* (London: Department of Health, 1993)

<sup>285</sup> WOFF *Forward Together: Tackling Substance Misuse in Wales* In 2000 this was relaunched as with an additional 18 million funding available for 2003-2006

<sup>286</sup> W. Hague in WOFF *Forward Together*, 3. See also *Updated Drug Strategy* Home Office Drugs Strategy Directorate 2002

<sup>287</sup> David. Blunkett in *Updated Drug Strategy*. At the time he was the Government advisor on drugs.

<sup>288</sup> Dixon, *The Truth about Drugs*, ‘Why Governments are Scared of Drugs Prevention’

<sup>289</sup> Specifically health bodies such as hospitals, clinics, treatment, rehabilitation, and counselling centres; the social services, education and youth services; HM Customs & Excise, the Home Office and HM Inspectorate of Constabulary, the Police Service, the Prison Service, the National Criminal Intelligence Service, Probation Officers and members of the community, churches and voluntary organisation

<sup>290</sup> WOFF *Forward Together*,

<sup>291</sup> Ibid, 14-15

of issues in order to raise awareness, assess and articulate need, and achieve sustained and equitable provision of appropriate services.<sup>292</sup>

A more recent but less decisive drug education programme in the North East of England called *NE Choices* was aimed at helping teenagers between the ages of 13 to 16 make better-informed choices about taking drugs if they chose to do so, using an innovative delivery that combined drama, media and discussions.<sup>293</sup> The statistics gathered clearly demonstrated the significance of who communicated the message and how they did it,<sup>294</sup> and the influence of the philosophy behind the programme.<sup>295</sup> Like the school educational pack *Taking Drugs Seriously* it ‘starts from the position that [pupils]... should be given as much information and develop as many skills as possible with the minimum pollution by others’ dogma.<sup>296</sup> However, Plant says these ‘campaigns... risk increasing interest in drug use with possible adverse consequences.’<sup>297</sup> Some of the thirteen year old respondents said ‘it made them feel that taking drugs is all right if you know what you are doing... No one on the day said, ‘Don’t take drugs... It was more like this is what will happen when you take it. It’s up to you.’<sup>298</sup>

Conflicting and contradictory information such as combining prevention and ‘harm reduction’, often confuses the intended recipient and the effort is wasted. ‘Harm reduction’ messages such as teaching safer techniques and clean needle exchange delivered to all schoolchildren has been described as ‘covert propaganda for drug libertarianism.’<sup>299</sup> In response to such questionable results a European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has been set up in Lisbon to increase the effectiveness of prevention evaluation<sup>300</sup> and to share experiences and results.<sup>301</sup> They suggest that ‘One objective of a

---

<sup>292</sup> Moira Winters & Patel Kamlesh *Drug Misuse Needs Assessment Project: Community Engagement Report 1: The Process* (Preston: University of Central Lancashire, 2003)

<sup>293</sup> Martine Stead, AnneMarie MacKintosh, Douglas Eadie, & Gerard Hastings, *NE Choices: The results of a Multi-Component Drug Prevention Programme for Adolescents* (London Home Office DPAS Paper 14, 2001) The current national version is called *Drugs: Guidance for Schools* (Department for Education and Skills)

<sup>294</sup> Stead et al *NE Choices*, 35,50

<sup>295</sup> *Ibid*, 1,7,84

<sup>296</sup> I. Clements, J. Cohen, & J. Kay, *Taking Drugs Seriously 3 A Manual of Harm Minimising Education of Drugs* (Liverpool Healthwise, 2000), 4

<sup>297</sup> Martin Plant, *Drugs in Perspective* (London: Hodder & Stoughton 1987), 133-134;

<sup>298</sup> Stead et al *NE Choices*, 46

<sup>299</sup> National Drug Prevention Alliance <http://www.drugprevent.org.uk/> (accessed: 15/10/2008)

<sup>300</sup> EMCDDA *Evaluation: A Key Tool for Improving Drug Prevention: EMCDDA Scientific Monograph Series No 5* (Luxemburg: Office for Official Publication of the European Communities, 2000)

<sup>301</sup> EMCDDA *Guidelines for the Evaluation of Drug Prevention: A Manual for Programme-Planners and Evaluators* (Belgium: European Monitoring Centre for Drugs and Drug Addiction, 1998) 3

prevention intervention might be to change... cultural habits to make drug-free alternatives more acceptable.<sup>302</sup>

Patrick Dixon 'Europe's Leading Futurist'<sup>303</sup> states:

The idea of "value free" drugs prevention is pseudo-scientific nonsense... "Value free" slogans hide the truth, which is that "value free" education is shot through with value statements, which can all be summed up in one phrase: "Now you have some information, go and do whatever you like." But this abdication of moral responsibility for providing direction is itself a strong moral position... Giving facts is *bound* to increase curiosity, but that does not mean we should stop doing it. It just means that without balance "value-free" education will simply increase drug-taking.<sup>304</sup>

Substantial research agrees with this proposition. For example Swisher<sup>305</sup> demonstrated that 'the more young people know about illegal drugs the safer they regard such substances as being.'<sup>306</sup> Rather than explaining 'safe' methods of use for enticing experiences, prevention education programmes may be more effective if they focused more on the inevitable neurological effects of temporarily flooding the brain with mind-altering chemicals and the consequential long term destruction to the body's natural chemical balance. If prevention education is taught within the context of a healthy moral framework, understanding the process of tolerance and the experience of withdrawal, it could significantly reduce the number of young people who end up suffering from it. A strong focus on providing clear prevention education aimed at every school can bring dramatic results when implemented alongside other measures as was seen in the *Tough on Drugs*<sup>307</sup> strategy in Australia which ran between 1999 and 2001.

---

<sup>302</sup> EMCDDA *Guidelines*, 80. The word 'these' was omitted which referred to a previous discussion of varying cultural practices of alcohol consumption amongst other drugs.

<sup>303</sup> According to the Press Association. [www.globalchange.com](http://www.globalchange.com) (accessed: 15/10/2008)

<sup>304</sup> Dixon, *The Truth About Drugs* 'Ch 8 Why Governments are Scared of Drugs Prevention', italics in original

<sup>305</sup> D. Swisher 'Drug Education Pushing or Preventing?' *Peabody Journal of Education* 1971, 68-79. See also D. Glaser & M. Snow *Public Knowledge and Attitudes to Drug Use* (New York: Addiction Control Commission, 1969); B. N. Kinder, N. E. Pape, and S. Walfish, 'Drug and Alcohol Education Programmes: A Review of Outcome Studies' *International Journal of the Addictions* Vol.15 1980, 1035-1054; D. Schaps *et al.* 'A Review of 127 Drug Abuse Prevention Programme Evaluations' *Journal of Drug Issues* Vol.11, 1981, 17-43; P. Bandy and P.A. President, 'Recent Literature on Drug Abuse and Prevention and Mass Media Focusing on Youth, Parents, Women and the Elderly' *Journal of Drug Education* (1971): Vol.13, 1983, 255-271; M. Kalb, 'The Myth of Alcoholism Prevention' *Preventative Medicine* Vol.4, 1975, 404-416

<sup>306</sup> Plant, *Drugs in Perspective*, 131

<sup>307</sup> *Australian Drug Trends, Illicit Drug Reporting Systems* – NDARC Monograph 48 2001

## *Prevention: The Role of Families*

The one group of people that seem to get very little say in drug prevention policies in the UK, is the parents. For example, family members of users are not included in the possible membership of the Local Advisory Teams,<sup>308</sup> or the suggested membership of a Drug and Alcohol Action Team (DAAT).<sup>309</sup> Apart from the user, spouses and other close family members are amongst the people who are most affected by drug abuse. Parents, grandparents, aunts, uncles, sisters and brothers have a valuable contribution to make at all levels of drug prevention and care. Home attitudes do make the greatest difference<sup>310</sup> particularly in close rural communities, and for strong cultural groups such as the Kurdish and Turkish neighbourhood in North East London.<sup>311</sup> Family members are an important part of an effective strategy as found in examples in the US<sup>312</sup> and Australia. Part of the successful Australian ‘*Tough on Drugs*’<sup>313</sup> strategy, effectively encouraged 78% of parents to talk with their children about drugs during a two-week national media campaign in 2001.<sup>314</sup>

America has hundreds of anti-drug projects; one good example called *PRIDE* distributes a ‘*Tool Box*’ to help combat teenage drug use, including a voluntary two-way family pledge to encourage support and openness, which could be checked with hair testing.<sup>315</sup>

The US head of drug policy, General Barry McCaffrey in 2000 said ‘the prevention of drug, alcohol and tobacco use among children and adolescents is the overriding goal of current US drug policy.’<sup>316</sup> Later he elaborated: ‘The indirect campaign to legalise drugs has tried to manipulate the issues of “medical marijuana” and “harm reduction”. This approach should offend America’s sense of integrity. The welfare of children must come first. Reducing drug abuse is in our country’s most fundamental interest.’<sup>317</sup> A multicultural American Prevention

---

<sup>308</sup> WOOF *Forward Together*, 18 Fig 6 aimed at keeping the DAAT’s in touch with the community.

<sup>309</sup> Ibid, 17 Fig 5

<sup>310</sup> This research found that parents still hold more influence over a child than peers and other adults, teachers. <http://www.dpna.org/resources/books/adviceparenting.htm> (accessed: 26/6/04)

<sup>311</sup> Halkev Centre *Drug Use Among Young Kurdish/Turkish and Turkish Cypriot Teenagers in North East London* (Internal report., London: Kurdish & Turkish Community Centre, 2002): 7: ‘It was found that 100% of the current drug users said their parents did not know they used drugs.’

<sup>312</sup> The Drug Prevention Network of the Americas provide helpful advice and resources for parents found at <http://www.dpna.org/resources/books/adviceparenting.htm> (accessed: 26/6/04)

<sup>313</sup> The combined strategies of this initiative led to a 25% national reduction in heroin deaths within two years. ABS Data 2002 *Tough on Drugs Pamphlet*.

<sup>314</sup> <http://www.health.gov.au/pubhlth/nidc/index.htm> See Legalisation section for a description of Australia’s ‘*Tough on Drugs*’ initiative 2002 (accessed: 10/6/2004)

<sup>315</sup> □ Dixon *The Truth about Drugs*. ‘Ch 8 Why Governments are Scared of Drugs Prevention’ The ‘*Tool Box*’ also contained a CD, guide book, family bulletin board and information on drug testing kits.

<sup>316</sup> US Department of State, *Washington File US* (14 March 2000)

<http://usinfo.state.gov/topical/global/drugs/monsen.htm> (accessed: 10/4/2002)

<sup>317</sup> *Washington File US* 18 April 2000

Programme ‘identified and promoted four strategies for adolescents to successfully resist offers of substance abuse’<sup>318</sup> summarised by the acronym ‘REAL:

Refuse – by verbalising simple “no” statements,

Explain – by giving reasons for refusing,

Avoid – situations known to involve alcohol, tobacco or other drugs, and

Leave - the environment once substance abuse enters the picture.’<sup>319</sup>

The UN International Narcotics Control Board found that ‘The creation of a culture that is predominantly against drug abuse is the most promising form of prevention in the long term’<sup>320</sup> such as in Sweden where drug use is less than a fifth of that in other Western countries.<sup>321</sup>

### 2.2.3 Treatment

Treatment here is defined as any programme that helps people overcome their addiction,<sup>322</sup> and live a life free of chemicals or the dependence by which they were previously controlled.<sup>323</sup> According to Hubbard drug abuse treatment has two main goals: 1) abstinence from the substance and 2) the physical, psychiatric and psychosocial well being of the patient.<sup>324</sup> The World Health Organisation Regional Office for Europe carried out a *Comparison and Evaluation of Methods of Treatment and Rehabilitation for Drug*

---

<sup>318</sup> Jill Schlabig Williams ‘Multiculturalism at Least as Effective as Cultural Specificity in Test of Prevention Program’ *NIDA, USA Notes* Vol. 18/3 (2003): 8-10,10

<sup>319</sup> Ibid, 10

<sup>320</sup> *UN INCB Report*, ‘International Narcotics Control Board and the International Drug Control Treaties’ (UN Information Service 1997) [www.incb.org/pdf/e/press/1997/e\\_bn\\_08.pdf](http://www.incb.org/pdf/e/press/1997/e_bn_08.pdf) (International Narcotics Control Board UN Information Service. 1997), (accessed: 12/12/08)

<sup>321</sup> Watters ‘Christian Influence in a Pluralistic Society’ 14; Drug use comparisons in United Nations ‘International Drug Control Programme’, *World Drug Report*. (Oxford: Oxford University Press,1997), 14. ; See also *The Sunday Times* 8 July 2001, only 9% of Swedes between the ages of 16-59 have tried drugs while 34% of British have, as have 52% of Australians between 14-25; Home Office *Drug Misuse Declared in 2000: Results from the British Crime Survey* (Home Office 2001b) Table 2.1, 13

<sup>322</sup> Despite a literature search in several University libraries, national libraries and the drug resource centre DrugScope, very little up to date material was found regarding drug rehabilitation or recovery services, most of it dating from the 1970s and 1980s. The vast majority of reports focus on medical treatment and substitutes

<sup>323</sup> More recent programmes have changed the use of the word ‘treatment’ to include maintenance programmes that help people to live with their addiction, however, that was not the standard meaning nor is it the one used in this thesis.

<sup>324</sup> R. L. Hubbard, ‘Evaluation and Outcome of Treatment’ in J. Y. Lowinson, P. Ruiz, R. G. Millman & J. G.Langred, (eds.) *Substance Abuse: A Comprehensive Textbook* Third Ed. (Baltimore: Williams & Wilkins, 1997)

*Dependence and Abuse* in thirteen countries in Europe.<sup>325</sup> The list of ten recommendations includes focusing on care for the individual whatever the method, avoiding compulsion if possible unless life is threatened, learning from evaluation, and the importance of co-ordinating with others.<sup>326</sup> The majority of government sponsored and private treatments available are day programmes providing counselling or group therapy, sometimes in conjunction with methadone prescription.<sup>327</sup>

### *Non-Residential Treatment*

There are many helpful and supportive Narcotics Anonymous<sup>328</sup> and other groups using non-residential programmes. The challenge for the addict on a day programme is that they are still surrounded by all the same temptations of friends still using drugs and the triggers that stimulate their drug use in life at home.

Family Therapy ‘assumes that alcohol and drug addiction are behavioural problems – that is they learn to use alcohol and drugs, and that continued use and abuse are conditioned and reinforced through social interaction with significant others’.<sup>329</sup> Gilson aimed to ‘spur providers into more active involvement with family programming’<sup>330</sup> as ‘treatment outcome is closely linked to personal and familial motivation’<sup>331</sup> particularly in the early stages. Therefore, treatment methods aim to change the patterns of social reinforcement within the immediate social system in order to ‘unlearn’ the addict’s ‘behavioural syndromes’. For a survey of other anxiety-relieving addiction treatments including acupuncture,<sup>332</sup> hypnosis, meditation,<sup>333</sup> biofeedback, and electro-sleep<sup>334</sup> see Bourne *et.al.*<sup>335</sup>

---

<sup>325</sup> WHO Regional Office for Europe *Comparison & Evaluation of Methods of Treatment & Rehabilitation for Drug Dependence and Abuse* Frankfurt 12-16 March (Copenhagen: World Health Organisation, 1973):

<sup>326</sup> WHO *Comparison & Evaluation*, 13-14

<sup>327</sup> EMCDDA *Annual Report 2003*, 50 describes the quantity of use across Europe. (Lisbon: EMCDDA, 2003): 50

<sup>328</sup> William Wilson, *Alcoholics Anonymous Comes of Age: A Brief History of A A* (New York: World Services 1957)

<sup>329</sup> Manwell Pattison, *Family Therapy of Drug and Alcohol Abuse* (New York: Gardner Press, 1981), ix; see also M. E. Pattison, M.B. Sobel, & L. C. Sobel, *Emerging Concepts of Alcohol Dependence* (New York: Springer, 1977)

<sup>330</sup> B.P Gilson, *Summary and Recommendations in Surveying the Views of Alcohol and Drug Treatment Providers on Family Involvement in Treatment*, (unpublished MA thesis, University of Wisconsin-Stout, Wisconsin, 2001), 27

<sup>331</sup> *Ibid*, 13

<sup>332</sup> H. L. Wen & S.Y. Cheung ‘Treatment of Drug Addiction by Acupuncture and Electrical Stimulation’ *American Journal of Acupuncture* Vol.1 (1973), 71

<sup>333</sup> H.Benson & R.K. Wallace, ‘Decreased Drug Abuse with TM’ *Process Internal of Symptoms of Drug Abuse* (Philadelphia: Lea & Febiger, 1972); M. Shafiq, R. Lavelly R. Jaffe ‘Meditation and Marijuana’ *American Journal of Psychiatry* Vol. 131/1(1974), 60

## *Therapeutic Communities*

Many residential centres use a Therapeutic Community approach where everyone is given support and expected to be involved in the common programme.<sup>336</sup> Kaufman and DeLeon<sup>337</sup> suggest that early forms of Therapeutic Communities can be traced back to the religious tenets of Quakers, the Anabaptists, and the Qumran community described in the Dead Sea Scrolls, as well as the practices of Jesus' followers.<sup>338</sup> David Kennard identifies the roots as a combination of the Greek concept of democracy, the Christian concept of love and acceptance, and psychoanalysis such as that practised by Dederich, Lane and Cooper.<sup>339</sup> Classical techniques described by DeLeon<sup>340</sup> include 1) A 'role model', usually 'a recent graduate or advanced member of the programme... who are very much like the addict in attitude and language yet they have stopped using drugs. Identification permits confrontation to occur with empathy that helps prevent alienation.'<sup>341</sup> 2) An atmosphere of 'love and concern' that pervades the programme at all times and particularly helps in healing of emotional pain. 3) 'Confrontation and encounters' are used to get past the residents' rationalisations. *Phoenix House*<sup>342</sup> identifies the purpose of encounters as establishing 'empathy and identification with others ...to see who one really is and accept oneself, to break down communication barriers such as prejudices.'<sup>343</sup>

Graduates of a number of Therapeutic Communities, when followed up one to five years later, showed a very satisfactory change in lifestyle, including absence of opiate use, completion of school, and/or stabilised employment histories.<sup>344</sup> Research completed at *Day Top*, a Therapeutic Community in New York City, found that 88% of graduates were employed and

---

<sup>334</sup> Developed in the fSU and used since 1947. See E. Gomez & A. Mikhail 'Treatment of Methadone Withdrawal with Cerebral Electrotherapy (Electrosleep)' (paper presented at the Annual Meeting of the American Psychiatric Association Detroit MI. (1974) May 6-10)

<sup>335</sup> P. G. Bourne, J. D. Homiller, D. Wesson & D. E. Smith (eds.) *A Survey of New Treatment Techniques for the Treatment of Drug Abuse* (Rockville MD: National Clearinghouse for Drug Abuse Information, 1975)

<sup>336</sup> D. Clark, *An Introduction to Therapeutic Communities* (London: Jessica Kingsley Publishers, 2000)

<sup>337</sup> E. Kaufman & G. DeLeon, in Schechter & Mule 'Treatment Aspects of Drug Dependence, 84

<sup>338</sup> Ibid.

<sup>339</sup> D. Kennard *An Introduction to Therapeutic Communities* (Philadelphia: Jessica Kingsley Pub., 1998)

<sup>340</sup> G. DeLeon *The Therapeutic Community: Theory, Model, and Method* (New York: Springer, 2000) and also G. DeLeon (ed) *Phoenix House – Studies in a Therapeutic Community (1968-1973)* (New York: MSS Information Corporation, 1974). 42

<sup>341</sup> E. Kaufman, 'Group Therapy Techniques Used by the Ex-Addict Therapist' *Group Process* Vol. 5(, 1973), 3

<sup>342</sup> Phoenix House *Combating Drugs and Alcohol Within Your Community* (London: Phoenix House, n.d.) In the UK Phoenix House have centres in Sheffield, Hove, Tyneside, and London [www.phoenixhouse.org.uk](http://www.phoenixhouse.org.uk)

<sup>343</sup> Phoenix House Instructional Memo (undated) see Rosenthal Baise 'Phoenix House's Therapeutic Communities for Drug Addicts' *Hospital Community Psychiatry* Jan 1969, 43

<sup>344</sup> J. Held 'Success Rates: Validity and Reliability of Drug Abusers: A Critical Review 1963-1973' Therapeutic Community Planning Conference Paper, in Washington, D.C., January (1976)

49% were students.<sup>345</sup> A study of 177 ex-residents of the *Ley Community UK* reported that prior to their admission 164 (93%) had a criminal record. 'Two years later those who had stayed less than 3 months had a re-conviction rate of 63%, while residents who stayed for 6 months or more had a re-conviction rate of only 6%, and those who actually completed the programme of 12-16 months had a re-conviction rate of 1%.'<sup>346</sup> DeLeon observes that those who stay for six months are very likely to remain to the completion of the course.<sup>347</sup>

In order to identify factors that create effective Therapeutic Communities, Bale *et.al.* conducted a two year evaluation of 181 addicts who were assigned to three different Therapeutic Communities and a control group of 166 who opted for only brief detoxification. Significant factors affecting recovery included greater program clarity and order, staff control, and orientation to personal problems. Research by Rainstrick found that effective alcohol programmes were focused, active, social, motivational and included both relapse prevention and a strong system of after care.<sup>348</sup> Hubbard also stresses the significance of the post treatment experiences and in particular employment and after care.<sup>349</sup> Sorensen *et.al.* reviewed a wide range of studies on Therapeutic Communities from both the initial form and the more recent adaptation of lengthening stay and including relapse prevention training during residence, and concluded: 'The weight of the evidence from the phase 2 (1990-present) indicates that current standard and modified Therapeutic Communities provide effective treatment for the current generation of substance abusers who reveal a wide range of social and psychological problems. Based on their unique self-help perspective, TCs provide a favourable cost-benefit alternative to traditional institutional-based treatments in mental health, hospital, correctional and community based settings.'<sup>350</sup>

---

<sup>345</sup> W.V. Collier & M.A.A Hijazi, 'Follow-up Study of Former Residents of a Therapeutic Community', *International Journal of Addiction* Vol. 9 (1974), 805

<sup>346</sup> M. Small, 'Criminal Re-Convictions of Ley Community Ex-residents: A Retrospective Study of 1996-1998 Admissions' (Yarnton, Oxfordshire: Ley Community, 1999) <http://www.ley.co.uk/effectiveness.htm> (accessed: 9/12/08)

<sup>347</sup> G. De Leon, 'Longitudinal Changes by Time in Programme' Ch 9 In: *Psychological and Socio-Demographic Profiles of Addicts in Therapeutic Community* (Washington DC: National Institute on Drug Abuse, 1976 )

<sup>348</sup> D. Raistrick, 'Review of Effectiveness of Treatment for Alcohol Problems' *Alcoholism* Vol.17/6 (1998), 1-3

<sup>349</sup> R. L. Hubbard, 'Evaluation and Outcome of Treatment' Treatment' in J. Y. Lowinson, P. Ruiz, R. G. Millman, & J. G. Langred, (eds.) *Substance Abuse: A Comprehensive Textbook* (Baltimore: Williams & Wilkins, 1997)

<sup>350</sup> James L. Sorensen, Richard A. Rawson, Joseph Gudysh, and Joan E. Zweben, *Drug Abuse Treatment Through Collaboration: Practice and Research Partnerships that Work* (Washington DC: American Pathological Association 2003): 26;. A similar statement had been made about phase one before 1990

Some Therapeutic Communities have a Christian ethos and others do not: Christian examples in the UK include *Yedall Manor* for 22 men. *Hebron House* and *Bethany Lodge* for women have a 60-75% success rate.<sup>351</sup> *Yedall's* three-phase process starts with a focus on 'social learning concepts and responsibilities that are core operating principles of the therapeutic programme.'<sup>352</sup> Other Christian programs that use a TC approach include the *Gilead Foundation* in Devon who measure residents' progress through the programme based on attitudes and personal responsibility<sup>353</sup> and further *Caring Hands* who started their effective programme with the homeless in Newport.<sup>354</sup> Two research professors, and editors of *CRC Drug Dependence Series* and the *American Journal of Drug and Alcohol Abuse* respectively, have briefly reviewed many forms of treatment for various types of addiction and also observe that religious conversion 'has often proved effective in alleviating or substituting for addiction.'<sup>355</sup>

Secular programmes include *Narconon* in Arrowhead and Montreal<sup>356</sup> who use a biochemical methodology developed by Ron Hubbard<sup>357</sup> that includes saunas, marathons and teaching.<sup>358</sup> *Addington House*<sup>359</sup> provides a 3 month non-medical detoxification with group therapy, counselling and family groups and two year follow up. Other rehabilitation programmes in the UK include *Naomi Unit* who use motivational interviewing,<sup>360</sup> *Nymet Wood Trust* who run one week therapeutic community camps in the summer to build self-confidence and accountability<sup>361</sup> and *Middlegate Lodge*<sup>362</sup> and *The Parc* who focus on adolescents using a 12 week behaviour rationalisation programme and 12 Steps respectively.<sup>363</sup> Listings of treatments in the UK have been compiled by Mothner & Weitz in *How to Get off Drugs*.<sup>364</sup>

<sup>351</sup> Places for 7 and 4 women and six children respectively in family homes in Norwich. Success defined as not returning to substance abuse after completion of the course.

<sup>352</sup> [www.bridgeinternational.co.uk/about.html](http://www.bridgeinternational.co.uk/about.html) (accessed: 2/3/04) Overview of the Therapeutic Programme

<sup>353</sup> Separate homes for men and women. 15 places.

<sup>354</sup> <http://www.kings-church.org.uk/caringhands> (accessed: 2/4/04)

<sup>355</sup> Arnold Schechter & Joseph Mule *Treatment Aspects of Drug Dependence* (West Palm Beach Florida: CRC Press, 1978), 230

<sup>356</sup> <http://www.drugaddiction.ca> (accessed: 2/4/04)

<sup>357</sup> R. L. Hubbard, M. E. Marsden, J. V. Rachal, H. J. Harwood, E. R. Cavanaugh, & H. M. Ginzburg, *Drug Abuse Treatment: A Study of Effectiveness* (Chapel Hill: University of North Carolina Press, 1989)

<sup>358</sup> □ <http://www.cocaineaddiction.com> (accessed: 2/4/04)

<sup>359</sup> □ <http://www.addingtonhouse.com/index2.htm> (accessed: 2/4/04)

<sup>360</sup> Mixed accommodation located in York [www.retreat-hospital.org](http://www.retreat-hospital.org) (accessed: 2/4/04)  
c/o Drug Education Team

<sup>361</sup> 10 single rooms available in Lincolnshire

<sup>362</sup> Accommodates 12 young people in the grounds of Woodbourne Priory Hospital Edgebaston  
[www.prioryhealthcare.co.uk](http://www.prioryhealthcare.co.uk) (accessed: 4/4/04). Other rehab centres and counselling services can be found at  
[http://www.excite.co.uk/directory/Health/Addictions/Substance\\_Abuse/Centres\\_and\\_Counseling\\_Services/United\\_Kingdom](http://www.excite.co.uk/directory/Health/Addictions/Substance_Abuse/Centres_and_Counseling_Services/United_Kingdom) (accessed: 4/4/04)

<sup>364</sup> I. Mothner & A. Weitz: *How To Get Off Drugs* (London: Penguin Health 1997), 251-287; A list of US rehab and counselling centres is available at <http://www.residential-treatment.net/> <http://www.drug->

Residential programmes might initially appear relatively more costly, but have generally had higher rates of success in helping people overcome addiction particularly in programmes of over three months.<sup>365</sup> Cost benefit studies consistently find that benefits including improvements in crime, health and societal functioning are greater than the costs of substance abuse treatment.<sup>366</sup> In 1998 ‘for every dollar invested in drug treatment, \$7.46 are saved in health and social costs.’<sup>367</sup> A US survey measuring the effectiveness of long-term treatment found that drugs sold fell by 78%, shoplifting by 82%, violence by 78%, arrest rates for any crime by 62%, welfare recipients fell from 11%, employment increased by 19%, and reported homelessness dropped 43%. Health improved as alcohol or drug-related medical visits reduced by 53% and mental health problems fell by 35%; there were also reduced medical costs from risky sexual behaviour and needle sharing.<sup>368</sup> The benefits of successful treatment are not only for the person with dependency. ‘Children settle down at school as a parent returns to his normal self, truancy and petty crime falls – both often expressions of distress at home. Marriages recover, friendships and relationships with neighbours are restored and other risks, [such as HIV infection of sexual partners] are reduced.’<sup>369</sup> However, ‘there is an acute lack of residential places and the situation is deteriorating due to a steady decline in the proportion of residential care.’<sup>370</sup>

### *Twelve Steps*

The most well known spiritual recovery programme for dealing with addiction in America that has now spread around the world, including the former Soviet Union, is the 12 Step programme used by Alcoholics Anonymous – AA groups. It is a group based therapy programme where members work through the identified 12 steps or stages in overcoming

---

[rehab-program.net/](http://rehab-program.net/) <http://www.drug-rehab-program.org/> and <http://www.morphineaddiction.com/> all (accessed :13/9/03)

<sup>365</sup> G. DeLeon, *Retention in Drug-free Therapeutic Communities*, (Rockville MD: National Institute on Drug Abuse 1991) See also: Crits-Christoph and Siqueland *Psychosocial Treatment for Drug Abuse-Selected Review and Recommendations for National Health Care Archives of General Psychiatry* Vol.53 (1996): 749-757; Mats 1999 ‘Evaluating Residential and Institutional Treatment’: In Nilson *et.al.* 1999 *Evaluating the Treatment of Drug Abuse in the European Union* (Italy: European Monitoring Centre for Drugs and Drug Addiction EMCDDA, 1999);

<sup>366</sup> ‘Evidence that drug addiction treatments are effective comes from a series of reviews and additional data analyses of more than 600 peer reviewed research articles.’ H. Harwood ‘Cost Effectiveness and Cost Benefit Analysis of Substance Abuse Treatment: Literature Review and Annotated Bibliography’ Presentation at IRETA (20 February 2003) C. Marwick ‘Physician Leadership on National Drug Policy Finds Addiction Treatment Works’. *Journal of the American Medical Association* Vol.279:15 (1998), 1149-1150

<sup>367</sup> C. P. Rydell, & S. S. Everingham, *Controlling Cocaine Supply Versus Demand Programs*. (Santa Monica, CA.: RAND Drug Policy Research Center, 1994)

<sup>368</sup> Quoted in Dixon, *The Truth about Drugs*, Ch9 ‘Why Treatment for Drug Addiction Works’

<sup>369</sup> Ibid.

<sup>370</sup> Ibid.

addiction and it is used as the main form of recovery treatment in many churches throughout America. According to the current CEO of the Christian Recovery Movement there are now over 10,000 12 Step groups around the world, demonstrating that ‘people found it to be a practical help in staying sober’.<sup>371</sup> There are different types of 12 Step groups focusing on various types of addiction problems: Alcoholics Anonymous (AA), Narcotics Anonymous (NA), then for their co-dependants Al-anon and Narco-anon. In addition, there are many other support groups for people seeking to overcome anorexia, bulimia, overeating, nicotine addiction, gambling, pornography, and compulsive sexual behaviours.

The 12 Step program had its beginnings in the 1930’s with Bill Wilson, a chronic alcoholic who came out of the Oxford Group, a pietistic hard working movement which emerged from Oxford University and sought to use the Bible to change lives so completely that addiction was no longer acceptable. In struggling with his own frequent failures to resist the attraction of the bottle, Bill Wilson made repeated confessions to his doctor friend Dr Bob.<sup>372</sup> Over time, he found God’s help in admitting his weakness and steadily addressed and confessed his wrong to others. As he regained hope he was able to help a number of others in the hospital through his own experience and before long the ward had a different atmosphere; he discovered a key to release was honesty and admission of wrong which is possible in an uncritical accepting community.<sup>373</sup> Today some groups hold closer to the original Biblical basis, seeking strength from God for their sobriety and giving God the credit for any success, and call themselves Christian 12 Steps.<sup>374</sup> However, the majority of programmes have adapted the content to suit any religion by using ‘inclusive’ language and allowing each member to identify their own Higher Power in whatever way they choose.<sup>375</sup> Amongst addiction services in America, there are ongoing debates as to the extent to which 12 Steps follows Biblical principles; some feel it is ‘a thinly veiled Christian message while in other places it is primarily seen as a mutual-self support therapy.’<sup>376</sup> The benefits and concerns with the 12 Step programme is discussed in Appendix One.

---

<sup>371</sup> Dale Ryan ‘The Christian Recovery Movement: An Introduction’ *ISAAC Forum* No2 (Winter 2003):2003, 4-7, 4

<sup>372</sup> Michael G. Huber ‘The Characterological Nature of Bill. W. and Alcoholics Anonymous as Depicted in the Film “My Name is Bill .”’ *Journal of Ministry and Addiction Recovery* Vol. 7/2, (2001), 11-35

<sup>373</sup> Alcoholics Anonymous, *The (Big) Blue Book*, (Centre City, Minnesota: Hazelden Information and Education Services, 2002)

<sup>374</sup> Such as described by Katherine Michael ‘The Twelve Steps: A Biblical Foundation for Recovery’; *Journal of Ministry in Addiction & Recovery* Vol. 5/2 (1998) : 75-84

<sup>375</sup> Alcoholic Anonymous *Twelve Steps* (New York: Alcoholics Anonymous World Services, 1976) see also Rebecca F. Wallace ‘Wanted: A Higher Power’ *Journal of Ministry and Addiction* Vol.6/2 (1999), 41-52

<sup>376</sup> Charles J.Sandoz ‘*The Spiritual Experience in Recovery: A Closer Look*’ *Journal of Ministry in Addiction & Recovery* Vol. 6/2 (1999b), 53-59; Kenneth E. Hart ‘A Spiritual Interpretation of the 12-Steps of Alcoholics Anonymous: from Resentment to Forgiveness To Love’ *Journal of Ministry in Addiction &*

In relation to the source material received for this research, none of the life stories came from a 12 Step programme.<sup>377</sup> However, three of the international centre leaders used some form of 12 Steps groups or teaching in their rehabilitation, as did a couple of the Russian rehabilitation centres, but they normally adapted and combined it with other teaching. 12 Step programmes are more often found in the traditional churches such as Catholic, Orthodox, or traditional Baptist.<sup>378</sup> Two national representatives interviewed reported that in their countries the majority of residential programmes were run by evangelicals, while the Catholics ran the AA groups, and the government provided drugs education.<sup>379</sup>

To summarise this section each of these approaches above including legalisation, harm reduction and AA<sup>380</sup> are based on the premise that addiction is a disease and that there is no way out of addiction. ‘Once an addict always an addict.’ The whole philosophy is based on gaining acceptance of the current condition by the individual and society, and then working towards damage reduction for both parties. The rehab centres in this research are not based on this premise, they believe there is a way out, therefore they set much higher goals of abstinence from all forms of addiction and are seeing very different results.

### **2.3 Drug Treatment in the Former Soviet Union.**

This last section draws together the two aspects necessary for setting the context for this thesis. That is the local responses to drug and alcohol addiction within the geographical and sociological region of Russia and Ukraine.

In reality, drug rehabilitation provision has decreased due to the huge capital deficit that the governments have had to deal with in the last fifteen years. ‘Since 1992 the Russian system

---

*Recovery*, Vol.6/2 (1999), 25-39; Robert Albers ‘The Spirit and Spirituality of Twelve Step Groups’ *Journal of Ministry in Addiction & Recovery* Vol. 6/1 (1999),

Charles J. Sandoz, ‘Exploring the Spiritual Experience of the Twelve Steps of Alcoholic Anonymous’ *Journal of Ministry in Addiction & Recovery* Vol. 6/1 (1999a), 99-107; Gary K. Lee ‘The Beatitudes of Jesus and the 12 Steps of AA’ *Journal of Ministry in Addiction and Recovery* Vol. 3/1 (1996) : 17-32

<sup>377</sup> This was not a deliberate selection, rather a result of selecting residential rehabilitation centres which are expanding

<sup>378</sup> Clearly there are exceptions. In the fSU it is also churches that have had American influence where AA is popular, such as the Baptist denomination.

<sup>379</sup> I1 & I6, see notes on summary information in Appendix 2.1

<sup>380</sup> Therapeutic Communities are more based on method and vary significantly in philosophy so it is not possible to put them as a whole in either category.

for providing drug treatment has disappeared, according to the Russian State Committee on Drugs Control.<sup>381</sup> Fleming, a UK drug advisor, identifies the limited treatment in Russia as due to ‘poor training in addiction, the low status of the speciality, over-medicalisation of treatment and the absence of any community-based services.’<sup>382</sup> Limited improvements have been made. Putin identified that ‘the strategy of this fight would comprise a set of [connected] preventive, educational, medical and law-enforcement measures.’<sup>383</sup> He also called for the development of a system for the rehabilitation of former drug addicts.

Government narcology clinics focus on registration of addicts and detoxification. Typically, addicts are offered a gradually reduced dose of the drug and possibly some psychological counselling; ‘While detoxification treatment is widely available throughout Russia, [in the cities] rehabilitation treatment remains unavailable in many parts of the country. Private drug dependence clinics ...are often unaffordable for drug users.’<sup>384</sup> Commercially run programmes for those who can afford it offer a wider range of treatments than the government run clinics, including use of substitute drugs. Sometimes addicts are given a complete blood replacement to try to get all trace of the chemicals out of their system; other programmes use hypnosis and various forms of shock treatment.

Some of the commercial organisations use some very harsh methods. The ‘charity’ called *City Without Drugs* based in Yekaterinburg attracted a lot of publicity<sup>385</sup> on account of the stringent methods they used. Addicts were chained to their metal beds, only fed very meagre rations, and taken out at random times of the day or night for a beating to convince them of how wrong it was to be an addict. Before acceptance parents had to sign away any rights to complain or sue even in the event of broken limbs or death and were required to pay \$2000 a week<sup>386</sup> for the privilege. Drug dealers were also treated equally harshly by the same organisation; with the silent support of the government, any house suspected to be used for drug trafficking was burnt to the ground. A human rights watch group gave this assessment of Russia’s response to drug addiction.

---

<sup>381</sup> <http://newsfromrussia.com/main/2003/11/18/51342.html> (accessed: 21/02/04)

<sup>382</sup> Fleming, ‘Drug and Alcohol User Services in Russia Perspective’ 1996, 103

<sup>383</sup> *ITAR-TASS Weekly News* ‘Putin’s solutions and excuses for Drug Abuse’ (written: 24/01/2002)

<sup>384</sup> [http://hrw.org/reports/2007/russia1107/1.htm#\\_ftn2](http://hrw.org/reports/2007/russia1107/1.htm#_ftn2) Juhie Bhatia ‘Rehabilitation Required: Russia’s Human Rights Obligation to Provide Evidence-based Drug Dependence Treatment’, Volume 19, No. 7(November 2007) (accessed: 23/09/08)

<sup>385</sup> *Times* July 2001

<sup>386</sup> Which was much more than rates in very expensive hotels. This is compared to the other rehab at the time, which charged only \$25 a week if they had the ability to pay.

Availability of drug dependence treatment is mixed in Russia. While there are narcology clinics in all major towns of Russia, most of these clinics offer only detoxification, which, on its own, does little to help a drug user achieve a lasting remission. State-run rehabilitation or relapse prevention centres, which provide the crucial second phase of drug dependence treatment by helping drug users manage psychological craving for drugs, exist in only 26 of Russia's 85 regions. In some regions commercial or faith-based rehabilitation centres exist, but treatment at the former is often too expensive for drug users.<sup>387</sup>

Western agencies like *International Centre for Policy Studies* and the New York based *Human Rights Watch* are aiming to put heavy pressure on the Russian and Ukrainian governments and Health ministers to adopt methadone maintenance of drug addicts,<sup>388</sup> however Russia's chief public health officer said that Russia was not ready to adopt practices such as methadone replacement therapy 'Methadone treatment is taboo in Russia because many feel that it is simply replacing one addiction with another. In fact, even bringing up the topic can provoke serious legal sanctions.'<sup>389</sup> Ukraine had a similar stance though despite significant local resistance three regions have started a Western grant funded production and distribution trial of methadone. However it is expected that the government will continue to fund it in a few years once the grant expires. This could potentially exacerbate the situation if the under resourced state health service is not able or decides not to pay.

There is considerable evidence to demonstrate that the government and secular drug services have not been effective in fighting addiction.

There is ample evidence that the state drug dependence treatment system in Russia is largely ineffective. In a 2006 survey of almost 1,000 injection drug users in 10 Russian regions conducted by the Penza Anti-AIDS Foundation, 59 percent of drug users who had made use of the state treatment system had gone back to using drugs within a month of finishing their treatment course; more than 90 percent had relapsed within a year. Various other studies also found that less than 10 percent of

---

<sup>387</sup> [http://hrw.org/reports/2007/russia1107/1.htm#\\_ftn2](http://hrw.org/reports/2007/russia1107/1.htm#_ftn2) (accessed: 23/09/08)

<sup>388</sup> Ibid. and [http://www.icps.com.ua/doc/nl\\_eng\\_20051010\\_0293.pdf](http://www.icps.com.ua/doc/nl_eng_20051010_0293.pdf) (accessed: 23/09/08) See the first three recommendations of both reports

<sup>389</sup> Julia Bhatia 'Russia: Intravenous Drug Use Leading Cause of HIV/AIDS' <http://globalvoicesonline.org/2008/09/20/russia-intravenous-drug-use-leading-cause-of-hiv-aids/> (accessed: 23/09/08); Also N. Bobrova, T. Rhodes, R. Power, R. Alcorn, E. Neifeld, N. Krasiukov, N. Latyshevskaja and S. Maksimova, 'Barriers to accessing drug treatment in Russia: a qualitative study among injecting drug users in two cities', *Drug and Alcohol Dependence*, Vol. 82 (2006), S57-S63;

patients of state narcological clinics remain in remission a year after their treatment.<sup>390</sup> Indeed, Human Rights Watch interviewed drug users in each of the regions visited for this report who told us that they had gone back to using drugs within days of their release from the detoxification clinic. Using other measures of treatment effectiveness, such as the treatment system's ability to recruit patients and retain them for a length of time adequate for appropriate treatment, the Russian system fares equally poorly.<sup>391</sup>

A few non Government Organisations have branches of programmes such as AA or 'Steps' programmes. As typical at many support meetings the 30 attendants of the first AA meeting in the regional town of Uman in Ukraine had 'one common language silently spoken in that room: Misery. No one looked up. No one said hello. People were fidgeting nervously.'<sup>392</sup> After the two-hour presentation with testimonies; 'No one was laughing and smiling, but it no longer looked like a mass suicide was the only option. Later, the doctor described his patients' reaction to the meeting. "They liked it very much," Leschenko said. "They told me no one ever talked to them that way before. No one ever told them that they have an illness and it's not their fault."<sup>393</sup> However, 'Dr. Oleskiy Leschenko, a public health doctor in Uman, [Ukraine] said he had no effective way to combat these addictions'<sup>394</sup>.

Initially, churches were reluctant to start caring for addicts and opening rehab centres partly from a feeling that addicts had brought their problems on themselves, and partly due to an acute lack of training and resources. Unlike churches in the West one barrier that Churches in Russia and Ukraine have not been limited by is the assumption that addicts are the Government's responsibility. Enhanced by the acute lack of government provision for social welfare services, many Soviet churches have developed a high awareness of social responsibility and understanding that through their practical care people will experience God's love for them.

---

<sup>390</sup> See, for example, Russian Ministry of Health 'Treatment Protocol for rehabilitation of persons dependent on drugs' 2003 (on file with Human Rights Watch); and US National Institute for Drug Abuse (NIDA, USA), 'Principles of Drug Addiction Treatment: A Research-Based Guide,' NIH Publication No. 99-4180, October 1999, <http://www.nida.nih.gov/PODAT/PODATindex.html> (accessed 27/08/07), principle 9.

<sup>391</sup> [http://hrw.org/reports/2007/russia1107/1.htm#\\_ftn2](http://hrw.org/reports/2007/russia1107/1.htm#_ftn2) (accessed: 23/09/08);

<sup>392</sup> Ibid.

<sup>393</sup> Ibid.

<sup>394</sup> <http://www.dcn.davis.ca.us/~gizmo/2003/12step.html> (accessed 23/9/08) Elisabeth Sherwin, 'A 12-step meeting comes to Uman,' (Ukraine) (written: September', 2003). 'Treatment at his clinic consisted of talk therapy and some drugs, but the results were not particularly encouraging'

The first rehabilitation programme was started in December 1992 by an Orthodox charity called *Old World* running a counselling support service in Moscow, who report that 86% completed their 12 Step based programme.<sup>395</sup> The first residential centre was started by a Pentecostal church in Kiev in 1994, followed, independently, by another now very large centre in St Petersburg in 1995. The news of these rehab centres' positive results filtered out and many grateful graduates returned home to start similar centres for others suffering as they had been. A primitive graphic film called '*Podvali*' (Basements) was made of the dire state of addicts living on the heating pipes under the blocks of flats in St Petersburg.<sup>396</sup> It showed the desperate needs, and then portrayed the stark contrast of these people now fulfilling different roles at the *New Life* rehab centre. This film was instrumental in several other centres starting across Russia. Despite very limited resources or support from either the government or western donors an increasing number of churches are no longer able to ignore the desperate needs of addicts and their families and have started residential rehab centres for addicts and alcoholics. The rehab programmes have started simply out of Christians' concern to offer the love of Christ to those who are suffering. Sometimes the concern started out of a youth programme, as with *Street Cry*<sup>397</sup> in St Petersburg, while other programmes in Lusk and Bucha were started by regularly visiting inmates.<sup>398</sup>

One of the differences between the Christian Rehab centres in the former Soviet Union and the majority of rehab centres in Europe is that they do not send their residents to detoxify first nor do they use medical substitutes. The majority of the rehab centres are run by Churches who believe in the healing power of prayer. They pray for the new resident's release from addiction and do not rely on other chemical substitutes for detoxification. Clients often report that their withdrawal was pain surprisingly easy and other claimed that it was pain free. None of the Christian centres used in this research in the former Soviet Union use any chemical substitutes as they seek a complete release from dependence.

In 2004 there were about 140 Christian rehabilitation projects throughout Russia<sup>399</sup> and about the same in Ukraine.<sup>400</sup> The vast majority of these are run by evangelical Protestant churches,

---

<sup>395</sup> Dennis Bowen, 'Christian Psychology in Russia' *East West Church & Ministry Report* Vol. 6/2, Spring, 1998), 2-3

<sup>396</sup> The Russian film '*Poval*' can be obtained from the New Life rehab centre <http://newliferus.ru/> (accessed 12/7/09)

<sup>397</sup> [www.streetcry.org](http://www.streetcry.org) (accessed: 13/09/08)

<sup>398</sup> Two projects in Ukraine for example

<sup>399</sup> Alexei Ostapov, previous regional coordinator for Russian Christian rehab centres, correspondence April 2004

and a few by Orthodox churches.<sup>401</sup> The current estimates have more than doubled. One Charismatic church network alone claims to have ‘been instrumental in starting over 300 rehab centres for drug addicts and alcoholics, situated all over Ukraine and Russia.’ and helped ‘3,000 people [to be] set free from drug and alcohol addiction.’<sup>402</sup> Like other churches their publications and website regularly records stories of lives transformed.

## 2.4 Conclusion

Having painted the background scenery by covering the broad aspects of life in Russia and Ukraine, we then moved to another canvas to sketch a different outline, portraying the horrific size of the worldwide drug problem and have explored four common responses to addiction found in different countries. These two drawings came together as we reviewed the drug treatment options in Russia and Ukraine. This provides the setting necessary to comprehend the action to follow. We are now ready to adjust the focus and zoom into the familiar scenes in the lives of everyday addicts in Ukraine and Russia. This ‘typical life story’ has been compiled from gathering and categorising the common elements at each stage of the addicts’ life from the fifty stories gathered.

---

<sup>400</sup> Nikolai Sirodan, correspondence with Ukrainian and Russian ISAAC Coordinators 21 March 2004  
<sup>401</sup> Eugene Bobrova, *Наркотики и Наркомания* (Drugs and Drug Addicts), (Moscow: Tirada, 2002), 181-239, Appendix four contains a list of centres and support groups.

<sup>402</sup> <http://www.godembassy.org/en/embassy.php> (accessed: 24/09/08). The full name of the church is ‘*The Embassy of the Blessed Kingdom of God for All Nations*’ based in Kiev, led by Pastor Sunday & Bose Adelaja. Due to their size they function as their own network and are not part of the ‘Ukrainian Alliance for Christian Rehabilitation Centres’ therefore the figures are often calculated independently.

## CHAPTER THREE: TYPICAL LIFE-STORY OF AN EX-ADDICT

This chapter follows the major stages in life of people before they got involved with drugs, the reasons they start, a summary of their increasing tolerance and loss of control, its effects, and their growing desire to find a way out. It then describes the options open to them, their decision to come to a Christian rehab centre, their experience of the programme and the consequential changes that take place in their lives. The understanding has been developed through my experiences with the hundreds of drug addicts I have worked with over a period of six years, many of whom I got to know very well through living and serving together. The information gained from observation has been combined with an analysis of the 50 life-stories received, and the 20 interviews undertaken and summarised into the stages identified below. See the Methodology section in Chapter One for a description of the process of analysis used to put together this 'typical life-story. Most of the story has been told using their own words to bring to life their thoughts feelings and experiences.

What I seek to do here is to provide a representative summary with a particular focus on the drug addiction scene in Russia and the Ukraine. Leaders refer to the participants in their programmes in a variety of ways. Where training is a key factor in the process of change, they are often referred to as 'students' such as in the *Teen Challenge* centres, and where programmes are primarily medical they refer to those they serve as 'clients' and refer to the centres as 'treatment centres'. In ministries where the prime focus is on creating a loving family community, those receiving care are called 'brothers' and 'sisters', such as in Betel, while other centres simply focus on their physical state as 'residents' of a 'community' and this is the term I have used most often. As a collective noun 'resident' is the term that is most widely used among the centre studied. When referring to a specific individual then brother or sister is very common.

### 3.1 Life at Home

Drug addiction affects every layer of society, both rich and poor, and people act and react in different ways. It is impossible to predict from someone's upbringing who will become a drug addict. Most of the young people in the centres actually had a good life, were doing well at their studies and had hopes and dreams for the future before they started taking drugs, and many came from good supportive homes where they had their needs met. However, there do

seem to be two particular groups who are at greater risk, first the privileged and under disciplined, second those growing up in families where parents or other family members are addicted.

### 3.1.1 Background

The largest percentage of the life stories collected came from people who had a privileged background, those for whom money was not a particular limitation.<sup>1</sup> Often both parents worked and the young people spent a lot of time unsupervised on the streets. Many tried to compensate for their lack of attention with material gifts. Here are some examples of the upbringing of people who despite a good start in life all later became heroin addicts:

*My father was the assistant director of a Veterinary Home; mum was head of department in an Institute. I was a late and only beloved child and so I was very well cared for. From childhood, I was spoilt. Dad often travelled abroad and brought back expensive things, so I was the best dressed girl in the class, I was trained in music and swimming and had great success.(B5)<sup>2</sup>*

Being an only child is very common in Russia: *'I grew up with my Mom, Grandmother and Grandfather who loved me very much and spoiled me.'*(C5) Money was not a restriction for these people: *'My life flowed like other normal people. I was brought up in a well-off family, lacking nothing.'*(A4) One man was *'from a well off family, he had loving parents, and an older brother who was an excellent example to follow. He found interesting work, which paid well. Then drugs came into his life.'*(B9)<sup>3</sup>

*'On the outside my life looked not too bad. I was a university student, living separately from my parents in the apartment that they gave me as a gift, not burdened with thoughts of where to get money for food and clothing because my parents took complete care of me.'*(C1) *'I*

---

<sup>1</sup> The data referencing has been described in Chapter 1. Each life story and testimony has been given a unique code comprising a letter and a number. This means that comments from the same person can be linked together. Factual information of particular cities, centres or people has been also been omitted or replaced with a generic name, where convenient, to protect anonymity.

<sup>2</sup> A note on the language in the life-stories: Some of the language is quite colloquial speech, and not in full sentences. When translating I made a deliberate attempt to try and keep the style of the original. All the formatting for emphasis, such as capital letters, italics, or underlines in quotes were in the original copies of the life-stories received; I have not added any in the quotes.

<sup>3</sup> A few of the life-stories were received, written in the third person. I have not changed them into first person, only removed personal names.

*grew up in a family that was well provided for as my father is an executive manager in [a large city], I never heard the word 'No' from my parents.'*(A2)

This last quote indicates another factor for this group at risk: those who have not learned clear boundaries; they had easy access to a bit of spare cash and were used to getting what they wanted. *'Too early I was given freedom, my parents trusted me completely, they believed in my great future, and met my every desire. I began to drink and smoke very early. At twelve I tried cannabis and I liked the sensation a lot.'* (E4) Another said: *'My Mom allowed me all that I wanted, and that basically spoiled me - I had full freedom of actions'*. (C7) Mafia and black-market trading is rife in Russia and provides a few with many privileges: *'I traded on the black-market and had a lot of money; respect from friends and big plans for my life, in which there was only riches and happiness.'*(B8)

The second group of vulnerable people are those growing up where abuse of alcohol and other drugs is common. When the adult members of the household do not keep their own healthy boundaries then the child will clearly be exposed to greatly increased risks.<sup>4</sup> One man I worked with lived in a small southern town, with his aunt who traded drugs. When he came to the centre, his older sister had just died of an overdose. A 29-year-old woman came for rehabilitation, with her three young children who were also all addicted to hard drugs. *'My eldest son was growing up and asked for his mother's company, care and love. But his mother was constantly hiding in alcohol. I had not even noticed that my son became a drug addict when he was 6.'*(F1)

Another man at a different centre *'did not come from a privileged family, his mother was often drunk and his father was frequently in prison, on release he was soon back behind bars. [He] still remembers when he was four years old, during a drinking session round the table his parents making fun of him, they gave him vodka in a saucer and some bread to dip in it. Of course, the little boy didn't like it, he screwed up his face and tried to get away but was held tight. It all felt like a horrible circus performance.'*(B4)<sup>5</sup>

There are fewer people in this group than might be expected for two main reasons. The first is simply time: illegal drugs have only been widely available in the last ten years and primarily

---

<sup>4</sup> See Stephanie Brown *Treating Adult Children of Alcoholics: A Developmental Perspective*. (New York: John Wiley and Sons, 1988)

<sup>5</sup> This is another example of a life-story that was partly written in third person.

of interest to young people whose children are still young.<sup>6</sup> The second important reason is that most drug addicts do not live very long. In the former Soviet Union, the average life expectancy of a drug addict is under six years,<sup>7</sup> they often die of an intentional or unintentional overdose.<sup>8</sup>

### 3.1.2 Reason for Starting

Again the reasons for first taking drugs are varied, but these are the most significant ones I met in Russia in order of frequency. Naturally, in many cases, it is a combination of these factors.

Sadly the most common reason given for taking their first drugs was out of a desire to experiment.<sup>9</sup> Ninety-seven percent of all Ukrainian drug addicts first tried drugs when they were 12-20 years old, when teenagers want to experiment and try to be cool.<sup>10</sup> Often drugs are offered by recent acquaintances, or recent ‘friends’, at parties and discos: *‘My curiosity overtook my common sense and father’s warnings. I started trying hash with other curious friends. Like many other teenagers now and earlier, we started gathering in the basement of the flats. Up outside there was light, sunshine and life, but we hid from all of this and screwed up our minds.’*(B3)

*‘At 16 I started to seek an exciting life. I was already using marijuana. When I started to inject with heroin I quickly fell to rock bottom.’*(A8) *‘I kept looking for better entertainment, for something more interesting and extreme. Ordinary prospects for the future like college, finding a suitable job, having a family of my own didn’t inspire me that much. Alcohol and discos stopped satisfying so I gradually moved to smoking hash. Then one morning my friend*

---

<sup>6</sup> However, even young children can be addicted. One director reported visiting a rundown village where the majority seemed to be addicts, young and old, he watched a young boy of four coming to his mother and stretching his arm out for a heroin injection.

<sup>7</sup> Drugs stats from the Ukrainian Ministry of Internal Affairs in: Ilya Kravstov *Отче прости им (Father Forgive Them)* (Lexington, KY: *Авен-Езеп. Ebenezer*, 2004), 2 Information published in a drugs awareness booklet providing contact details of treatment centres. Other countries are very similar.

<sup>8</sup> Others die from violence, accidents, or eventually infection kills them. Those who do have children are not able to care for them adequately so they are mostly looked after by grandmothers, or if other family members are not available, the state See section ‘Effect on family’ below for several examples.

<sup>9</sup> This agrees with the finding of the European Monitoring Centre for Drugs and Drug Addiction ‘the main reasons for consuming such substances are curiosity and thrill’ EMCDDA ‘European strategy on fighting drugs 2005-2012’ (Report No 2004/2221(INI)), 14.

<sup>10</sup> Ukrainian Ministry of Internal Affairs 2003, 2

*came over and offered me an injection of opium. I heard stories of what drugs can do to people, but I decided that it certainly wouldn't happen with me so I agreed.'*(C7)

*A young couple report 'we were united with one philosophy, [which said], "Try everything in life." Teenage rebellion, striving to be different and dissatisfaction with our parents' lives led us to search for our own truth. This involved a first cigarette in the 3<sup>rd</sup> grade, the first alcohol in the sixth, and an early sexual experience. A desire to show off and be independent led to crime (stealing, swindling and fraud). The desire to be ahead of my contemporaries led to marijuana and other different drugs and to an anti-formal youth gang.'*(B7)<sup>11</sup>

*Their awareness of the dangers of addiction was limited, as drugs like heroin have only become easily accessible in the last 5-10 years. Drugs came into one man's life 'Not by accident. The whole time he wanted to try them, but was restrained for fear of getting hooked. At one small party with a group of friends, someone admitted: "I tried three months ago – didn't like it." "And you're not drawn to it again?" [he] checked. "Perfectly no desire – I don't need it." This answer decided everything. He thought: I'll only try it. But he then couldn't stop.'*(B9)

*Some had no idea of the risks involved, like this girl. 'One day in one of the bars I saw a very unusual group. They were hippies: very strange, dressed in torn jeans with long hair and didn't behave like others at their table, there was no spirits but they were very lively. I easily got to know them, and in a few days after meeting I was offered to buy a 'happy' cigarette. That's how drugs entered my life only I didn't know it. At that time, it was said that drug addicts were only found in the 'Wild West' and no one knew anything about them or the effects of taking drugs. Therefore, I wasn't afraid of the consequences, I merrily spent my time smoking marijuana and going round the bars. But soon that wasn't enough. The desire for new, strong feelings drew me to take my first injection.'*(B5)

*Others did know of the risks but were not convinced; they 'thought it would never happen to me,' as in these examples: 'I thought I'd be able to control using drugs, but before I knew it drugs were controlling me.'*(C3) *'When I started doing drugs, I enjoyed it thinking I can stop when I want and everything would be fine. But everything turned out the opposite.'*(A7) Quite

---

<sup>11</sup> For a study of the anti-formal youth gangs in Russia, see Hilary Pilkington, Elena Omel'chenko, Moya Flynn, Ul'iana Bliudina, & Elena Starkova *Looking West?: Cultural Globalization and Russian Youth Cultures*, (Pennsylvania: Penn State Press, 2003) and Sarah Bowers, *A Soteriology for Generation X with particular reference to the Problem of Evil: Salvation for a Post Modern Youth Culture* (unpublished MA thesis, Oxford University, 1999a)

a few were professional sportsmen; they had easy access to money and drugs and considered themselves stronger than others. *'The bad things I heard about drugs did not stop me. I'm strong, it broke the lives of the others, it won't break mine I thought.'*(C10)

The second most common reason given for starting was a feeling of emptiness or an insatiable inner hunger: *'I guess I took drugs from my internal dissatisfaction. People are seeking to find what's missing in their life but nothing really satisfies.'*(A10) *'I was constantly trying to escape; not realizing that running away from yourself doesn't work... FINALLY MY ENDLESS SEARCH BROUGHT ME TO DRUG ADDICTION. Heroin wasn't the answer, but I could not quit.'*(C1)<sup>12</sup>

*'I was into boxing. In knowing how to apply my fists I saw a way of achieving my goals. My "happy" life went on full speed. Fight, fight, the strongest is always right. Crime, robbery and so on. You are going after your dream and are ready to pay the price not understanding until the end that the price in reality is your life.... Money and cars can never satisfy. They are never enough. Money can never be too much. You always want to replace the car with a better one. Knowing that there was more, I wanted more. This same "search" brought me to drugs.'*(C10)

Others described their search for purpose and meaning to life. David Dan calls them 'the painful questions for which their addiction [becomes] a kind of anaesthetic: Why am I here? What is the meaning of my life?'<sup>13</sup> *'Cries such as 'Who am I? What do I live for? Was I born just in order to die? What kind of a mad mind could think about this? All these thoughts would disappear in the air having found no answers, but from time to time when I felt sober, they would come back and again stay unanswered. This turned into a terrible torture: I was not sure what tomorrow would bring, I was afraid for my children, I feared death, everywhere I looked was just fear, fear, fear.'*(F1) *'I didn't have anything worth living for. I was in darkness, not knowing where I was going and what's ahead. I felt dirty inside.'*(C8) *'This search for life and a striving to find a sense in life, to fill the emptiness inside through crime and drugs made us slaves to drugs and crime.'*(B7)

Clearly peer pressure is a factor in many cases, as the drugs are widely promoted and used at school or college discos and parties. A few people actually mention it as their prime reason. *'At the first Saturday night school disco I drank my first glass of champagne and bought my first cigarettes. To start with I didn't like it. But I didn't want to stand out from the others.'*

---

<sup>12</sup> Capital letters in original

<sup>13</sup> D, Dan 'Recovery: A Modern Initiation Rite' *The Family Therapy Networker Journal* Vol.14 No. 5 (1990) :28

*Soon I enjoyed it.’(C6) ‘And then when my birthday came around, my old friends came to congratulate me and I thought that you can’t have a birthday without vodka and that I wouldn’t be able to refuse, but God wanted me to say no to alcohol voluntarily. That is how another bout of hard drinking started.’(B4)*

Lack of hope and depression, was the least common reason given for starting to take drugs amongst the centres studied, although still very real for some, often older, residents. This small proportion overall may be explained by the fact that in the majority of cases they start taking drugs when they are young, under 20,<sup>14</sup> and at this age the desire to experiment is a far greater reason for starting. However, as we will see later, depression and a lack of hope feature strongly in their life as an addict.

*My father died, when I was a young girl so I was left with my mother, brother and sister. When I was sixteen I went to live with a young man. That was in 1978. I was pregnant when he died which was a great blow for me. Desperation overshadowed me. My son Sasha was born, but I didn’t find comfort in him. I continued to go the cemetery and spent a lot of time there. My girlfriend’s brother took drugs (morphine). I understood all the consequences, because in Siberia there were many drug addicts. However, I was very depressed and really wanted to escape the reality that surrounded me. So I started to take drugs – initially codeine tablets, and soon was injecting.(B2)*

Alcohol abuse is extremely common amongst the older generation,<sup>15</sup> who suffer more from depression, particularly due to the significantly reduced standard of living for the majority of them since the end of communism, and their disillusionment as the ideals they strived for crumbled before their eyes. Vodka is very closely tied to the culture and all ‘celebrations’, making alcohol abuse a high risk.<sup>16</sup> *‘I started drinking as everyone did – first on feast days, not thinking about myself as addicted to alcohol, but soon alcohol made me a complete slave.... All my attempts to fight alcohol addiction were in vain. I was ready to do anything just to be able to give up alcohol. Somebody told me that drugs could help to give up alcohol.*

---

<sup>14</sup> Ilya Kravstov *Omче nросmu um (Father Forgive Them)* Lexington, KY: ‘Авeн-Езeр (Ebenezer, 2004), 2

<sup>15</sup> ‘By the year of 1980, Russia produced 10.8 litres of alcohol per head which was 2.5 times higher than the world average. The World Health Organization states that by that period 40 million Russians were alcoholics and drunkards. Alcohol production reached 18.5 liters per head by 2000, in:

[http://english.pravda.ru/main/18/90/359/11593\\_alcoholism.html](http://english.pravda.ru/main/18/90/359/11593_alcoholism.html) ‘Alcohol Makes Russians an Extinct Nation’ Written 19/12/03 (accessed: 3/11/08)

<sup>16</sup> See Chapter Two.

*And yes, I could see that drug addicts do not drink. And I swallowed this bait as well. 25 years of alcohol addiction led to 5 years of drug addiction.’(F1)*

## 3.2 Life as an Addict

### 3.2.1 Stages of Addiction

This section provides an overview of the stages in the life of an addict and its negative effects and then outlines the various attempts to find a way out of addiction. While the focus of this research is on recovery and restoration not addiction per se, it is necessary to understand the very different experiences and feelings of the user in each stage.

I observed this sad process again and again, as young people thought they would be an exception, and not end up like others. Due to the well known consequences of drugs, the histories of the addicts who came to the centres, and the tear-filled reports by the addicts’ mothers, each had a familiar ring of an increasing trail of destruction.

The ‘stages of addictions’ charts included below have been adapted from *Life for the World Trust* and has been used as it closely reflects what I was seeing every day.<sup>17</sup> Each stage of addiction is accompanied by increased loss of control and greater tolerance, meaning less stimulation and more serious consequences. This schema was well received by the Russian rehab leaders when introduced at one of their training conference. For each stage, I have included some of the life stories from that stage.

Level One	Characteristics:	Consequences:
<b><u>EXPERIMENTAL USE:</u></b>	<b>Tolerance Low:</b> it doesn’t take much to feel the effects	<b>Social:</b> Few if any, first episode of intoxication or high. Can hide use.
<b>Learning a mood swing from drugs</b>	<b>Responsible Use:</b> First alcoholic drink or marijuana joint maybe with parental knowledge.	<b>Personal:</b> Few except with solvents. Hangovers, unexplained loss of money or valuables.
First experiences of alcohol/drug use; uses occasionally	Can use alcohol/drugs without parental knowledge; sometimes alone but more often with friends.	<b>Emotional:</b> Great highs, few noticeable negative consequences,

<sup>17</sup> Used with permission. Life of The World Trust ‘The Church in an Addictive Society’ (Seminar Notes (unpublished) presented 2003)

At this stage, the side effects are not really noticed by the user: *‘My first experience with drugs was at age 19. I thought it was great, the wonderful feeling that drugs bring a surge of energy, good mood and a chance to see the world through rose coloured spectacles. However it didn’t last.’*(A16) Experimental users are normally able to hide their drug use from parents or employers, as these two quotes from teenagers describe: *‘My initial experiment with drugs was in my first year of college and I greatly enjoyed the experience. Having no fear of the future, I decided to continue with the injections and smoking hash. I was able to keep it from my parents for the first two years.’*(A2) *‘My parents didn’t guess for a long time. Or more likely they were afraid their suspicions would be confirmed, so mum simply rejected all such thoughts from her mind.’*(B9)

<b>Level Two</b>	<b>Characteristics:</b>	<b>Consequences:</b>
<b><u>RECREATIONAL USE:</u></b>	<p><b>Tolerance starting to increase:</b></p> <p><b>Control &amp; Choice still present:</b> can decide when and whether to use and how much to use.</p>	<p><b>Social:</b> Illicit drug users are breaking the law. Schoolwork starts to suffer. Starts lying about whereabouts and activities and becomes less responsible. May feel strong peer pressure to use. Starts associating with other users.</p>
<b>Seeking a mood swing</b>	<p><b>Pattern of use develops:</b> Weeknight use is still the exception</p> <p><b>Self-imposed rules are established</b> eg ‘I’ll only get high or drunk at weekends.’</p>	<p><b>Personal:</b> More time and energy spent planning chemical use. Equates social occasions with using chemicals. Starts minimising extent of use. Lies and makes excuses for behaviour.</p>
Uses chemicals regularly but usually only at weekends.	<p><b>Alcohol use without parental permission:</b> To impress friends, to prepare for a social occasion or to relax.</p>	<p><b>Emotional:</b> Severe and unexplainable mood swings. Normal emotional development hindered.</p>

Initially the addiction is more psychological than physical, and seems to be needed to have a good time, as these two young people express: *‘Marijuana is a sly thing. There is no physical discomfort in going without, but it is in the soul – without it the world seemed grey and dull and so I continued.’*(B3) *‘Simply, sure that he can’t live sober – just doesn’t work. Without an injection you’re not a person.’*(B9)

<b>Level Three</b>	<b>Characteristics:</b>	<b>Consequences:</b>
<b><u>ABUSE:</u></b>	<b>Tolerance increasing steadily:</b>  <b>Less Control &amp; Choice:</b> Over whether and what to use.	<b>Social:</b> More truancy or absenteeism. Stealing to fund habit. Stays in room alone, out overnight.  Verbally/physically abusive. Friends are all drug users.
<b>Harmfully involved</b> – Early stages of addiction	<b>Rituals:</b> Around preparation and use are established. <b>Self-imposed rules are modified:</b> e.g. more exceptions allowed <b>Makes repeated promises</b> about cutting down	<b>Personal:</b> Injuries, change in weight, overdoses, loses interest in physical care of self. Blackouts. Shorter attention span, decreased motivation.  Rationalises chemical-use and blames others.
Preoccupied with chemicals uses 2-3x weekly & w/e	<b>Becomes more ingenious:</b> About hiding use etc. <b>Regular solitary use starts:</b>	<b>Emotional:</b> Depression & suicidal thoughts, Going against value system causes guilt and shame.

As the body adjusts to the presence of the chemical, the corresponding euphoric feelings are reduced, thus prompting an increase in the dose to reach the same high. *‘I wanted something more, stronger feelings, and I tried injecting for the first time.’*(B3)

*‘Just to feel normal, it was necessary to increase the dose.’*(B9) *‘I wasn’t working and had no money, but my required dose only grew.’*(B1) *‘It started lightly with hash, marijuana and then increased to heroin. The last years I shot up just to survive.’*(A11)

Even when the physical addiction is cleared a psychological addiction remains as this father describes: *‘10 days after our daughter was born, I was caught on a crime, with a gunshot in my leg and wound up in prison. I had awful cold turkey and couldn’t sleep for 21 days. It was dreadful. I thought I would finish with drugs for good. Another month had gone by when I started to look for a ‘high’ again, I did everything to get it, all honest and dishonest means. Deep within me there was a thirst for drugs.’*(B7)

This addict had clearly analysed his condition: *‘Several times I went through hospital treatment programs with the hope of finding a release. Many of these are very expensive and though they might remove the physical dependence they don’t release the psychological and spiritual dependence. After each course I returned to the tug of the ecstatic highs. A drug addict is controlled by an evil spirit and therefore without the power of Jesus Christ forgiveness at the cross, complete freedom is impossible.’*(A2)

<b>Level Four</b>	<b>Characteristics:</b>	<b>Consequences:</b>
<b><u>DEPENDENCY:</u></b> (In Russian called 'Ha cecтeмa -on the system')	<b>Tolerance HIGH:</b> i.e. takes large amounts of the substance to produce an effect. Body adapts to the presence of the substances to maintain homeostasis. <b>No control over chemical use:</b> Self-imposed rules abandoned. Can't predict amount to be used.	<b>Social:</b> More serious crime and consequent jail sentences. Stays away from home for longer periods, or leaves altogether. Broken relationships family & friends.
<b>Harmfully dependent –</b> Using to feel normal	<b>Life becomes drug centred</b> everything else becomes secondary and suffers. <b>More &amp; more rigid rituals</b> e.g. using at regular times.	<b>Personal:</b> More serious injuries and health problems, withdrawal symptoms, impaired memory, flashbacks.
Uses substances compulsively, usually several times daily.	<b>Grandiose &amp; aggressive behaviour:</b> More risk taking. <b>Obsessed with chemicals:</b> Always feels the need to keep a supply. Never uses all of supply with friends <b>Solitary Use Increases &amp; Binge use</b>	<b>Emotional:</b> Deep remorse and despair, paranoia, possible suicide attempts, the conflict between values and behaviour becomes subconscious and no longer restrains or inhibits behaviour.

This stage is signified by a loss of hope that things can or will ever change. *'Soon I no longer found comfort in drugs, and my life was full of loneliness, I paid to shoot up just to avoid withdrawal. I was 22, and I realised that over the last five years I had gone from one problem to the next.'*(B2) One woman described: *'My life was full of drugs, sex and a complete loss of hope.'*(A23) Three others describe their state: *'The mud was sucking me in – deeper and deeper. I ended up in prison. It was horrible! Nothing gave me joy in life any more. Emptiness was in my soul. No one cared for me. Everything was lost.'*(C6) *'My friends lost any hope for me to return me to normal life, too. I understood that no people, no money, and no power could help me or bring me life again. I was empty, fearful and hopeless. Heroin became the lord of my life. It drove and manipulated me.'*(C7) *'After 11 years of dependence I had completely given up hope of finding release. In depression I avoided everyone.'*(A2)

This repeated failure to find freedom leads to hopelessness. The levels of depression described in the life stories very typically culminated in a desire for death. Many reported various attempts to commit suicide, usually by taking a planned overdose as these quotes illustrate. *'Depression and suicidal thoughts became my "normal condition".'*(C9) *'Drugs came into my life and destroyed everything so I planned to die. All ten years of drug dependency brought one word – PAIN.'*(A4)

<b>Level Five</b>	<b>Causes:</b>
A sudden or slow <b>DEATH</b> due to:	Suicide, Overdose, Accidents, Liver failure, TB, Hepatitis C & HIV/AIDS

*With that aim [of suicide] I went to the Dubenko market and there met one acquaintance, also an addict. He had a huge quantity of opium, I grabbed it all off him and came back to the cellar. Already drunk with alcohol, I also swallowed a whole packet of sleeping pills, (relodorma) and injected 10 cubes of opium in the groin. I lost consciousness for a day or more – I don't remember. That was in Feb 1997.(B1)*

As already stated the life expectancy in the CIS for a practising addict is under six years.<sup>18</sup> Premature death is listed as the last stage or end result of addiction, either intentionally due to the prolonged despair and hopelessness causing addicts to see death as preferable to their daily suffering, or unintentionally. Fatal accidents are common while under the influence of the chemicals, and overdoses are a constant risk where the purity of the chemicals is unknown. The slower causes include the growing prevalence of hepatitis C, tuberculosis and AIDS.

The speed at which a person will move through the stages of addiction is determined by their circumstances, the access to drugs and their level of self-control.

### **3.2.2 Effects of Drug Abuse**

Being a drug addict brings with it many accompanying problems; the first effect addicts are likely to notice is a change in their own interests and commitments as these are increasingly replaced by drugs: *'Drugs completely ruined my life, I lost everything; my health, the girl I loved, and my family turned away from me. I abandoned my commitment to sport. I saw no point to life.'*(A14)

*From the age of 8 I practised sport; at 15 I was training as a fighter and already by 19 a professional sportsman. My dream was to become an excellent champion and gave my whole life to sport. But I never fulfilled my dream because drugs got in the way... With my friend, we had our own little restaurant and the business was growing. Every day our friends came. One day, around the table, one of the friends*

---

<sup>18</sup> Ukrainian Ministry of Health- Drugs statistics 2003:2 – A similar estimation was given for Russia in a presentation by ISAAC.

*offered me a fix. I agreed to try and in a week I had another and another and another. Within a short time, it became a habit I was dependent on. My life was spiralling down. I gave up sport, and stopped training; my life had a new purpose and interest – DRUGS.(B1)*

Like his friends this young man ‘*was finishing college, was interested in music, writing poems, and dreamed about his future... [but] then drugs came into his life. The first feeling wasn’t a high – no, but a feeling analogous to stupor, - completely indifferent to everything and everyone. In reality life. was being sucked out of me.*’(B9)

All those people close to the addict are also affected, which over time this develops into an unhealthy relationship called ‘co-dependency.’ ‘Broadly defined co-dependency is really a continuum from one who is in a relationship with an addict ... to one who is so dependent on a relationship that the relationship is more important than oneself... [or] to simply being a member of a dysfunctional family.’<sup>19</sup> It is a result of trying to find self-worth in an unstable relationship, and can become very judgmental and controlling. *My mother aged daily watching how her daughter was dying. (B5)*

A Jewish rabbi and addiction consultant states: ‘Those afflicted with addiction inevitably ensnare significant others in a web of co-dependency. Both are in need of recovery which can be found in the rich tradition of a theology of the covenant.’<sup>20</sup> The process of change for both will be described in the next chapter. All the life-stories used were from addicts so the quotes below only describe their view. However from my experience and from other life-stories of co-dependants received, family members may also be brought to such depths of depression that they also attempt to end their life, however they are more likely to use other means. A divorced woman, who was a close personal acquaintance told me how she had prepared the rope and worked out where to tie it on the stairs ready to hang herself, as she could not bear to watch her only son destroy himself through drug addiction. She had done everything she could to help him, but to no avail and now with huge debts, her life had become miserable. Previously her son had been her pride, joy and focus in life. It was at this time she met Christian ex-addicts through whom her son was dramatically transformed. She also became a Christian and later became a great support to many other mothers whose children were addicts.

---

<sup>19</sup> Kerry M. Olitzky, ‘Moving from Co-dependency to Covenant: A spiritual Counselling Model for the Jewish Community’ *Journal of Ministry in Addiction & Recovery* Vol. 4 No.1 (1994).33-39

<sup>20</sup> Olitzky, ‘Moving from Co-dependency.’ 33

As a result of the pressure or curiosity some spouses and parents end up taking drugs themselves. *‘Now it was both the mother and the son looking for drugs and going down together. We made lots of debts, did some illegal things, and as a result our house burnt down and we lost a place to live. I was denied the parental legal rights over my second son and was put together with my elder son to prison. I was given a 3-year sentence for dealing in drugs.’*(F1) *‘I was working, I had a good salary, and three years after I was released, I started injecting again. Was it because I was tired of watching my wife [take drugs]?’*(B6)<sup>21</sup> The effect on family members and the help that is provided for them is described in more detail below in section 3.4 Life of Co-Dependents.

Drugs have many negative effects on the body. While addicted to hard drugs, mental and emotional development is blocked, accompanied by a loss of memory and inability to concentrate or reason. Loss of appetite and high levels of stress leads to serious weight loss. Other related problems include collapsed veins, an inability to fight infection such as stomach ulcers and abscesses from dirty needles. Over an extended period of time there can be a physical distortion of the nose, and a deterioration of the gums and decay and loss of teeth, particularly the front ones, a problem exacerbated by an increased desire for sweet food and poor hygiene.

All the addicts coming to the centres had experienced serious health problems: *‘In a few years my appearance lost its attractiveness. On my body appeared the signs of injections, bruises, and abscesses. My skin turned grey, and under my eyes there were black circles. People stopped hiring me [as a prostitute].’*(B5) *‘Problems started with my health. I was tired of living. Phlegm or mucus wouldn’t leave my body.... When I was brought to the centre half of my organs had packed up. My condition was getting worse and worse. The doctors advised [the centre director] to get rid of me, they said “She’s dying, and that will cause problems for the rehab centre. She’s only got a couple hours left”.’*(B2)

Some effects can be directly life threatening such as liver or kidney failure, Hepatitis, and TB.<sup>22</sup> Not least is the concern over the growth in AIDS. According to a BBC survey in 2003,

---

<sup>21</sup> Other personal acquaintances told me how their siblings, father or mother had followed them into their drug habit.

<sup>22</sup> See HEALTH-RUSSIA: ‘Drug Resistant TB runs rife in Russian Jails’, In ‘Drug resistant TB is spreading worldwide’ *BMJ Journals* <http://www.bmj.com/cgi/content/full/319/7219/1220/a> (accessed: 10/9/08), ‘General Vladimir Yalunin, head of the Russian prison service, said: “About 100000 people confined within the

which interviewed nearly 3000 people, ‘the speed with which HIV is spreading means both [Russia and Ukraine] face a medical time-bomb’.<sup>23</sup> ‘The epidemic really took hold in the mid-1990s when it spread like wildfire among injecting drug users.’<sup>24</sup>

*‘I was able to keep [my drug use] from my parents for the first two years, until I caught the typical hep B infection from shared needles.’(A2) ‘I discovered another problem. A year and a half ago I found out that I have got HIV. This was the end to all my dreams, all my life.’(F3) ‘The fifth time I ended up in prison, when I had my blood tested I found out that I was infected with AIDS.’(A6)*

Due to a breakdown in relationships, many also have difficulty in finding somewhere to live. Some move on to avoid being found by police, others choose the freedom of the life in the cellars; despite the awful conditions, there is one attraction – access to drugs. *‘At that time I lived in a cellar on Dubenko Street where drugs were sold. In the cellar I completely let myself go to pieces. I lived there a year. My hands and feet rotted, I looked an awful state, people were shocked at the sight.’(B1) ‘Guys and girls lived in the cellars like rats. I was very sick, dying slowly. I lived there for six months, had dysentery, became dangerously thin, had lice and my legs rotted – there was no way out.’(B7)*

*When I regained consciousness [in the cellar, after an intended overdose] I was lying in a cold puddle, and gradually recovered feeling. I tried to stand, but couldn’t because my inguinal veins had become clotted and my legs had swollen twice their normal size. The lower half of my body was unmoveable. In that state I sat in that puddle and cried. I realised that again I was left alive and knew that within three hours the spasms would start and I would be tormented, and this hellish life wouldn’t end. Out of helplessness I cried and remembered all my past life, and cursed the day of my birth, and cursed my friends who got me addicted to drugs.(B1)*

---

Russian prison system have been diagnosed with active tuberculosis. About 40000 of them have multidrug resistant tuberculosis.”

<sup>23</sup> Eke 2003 <http://news.bbc.co.uk/1/hi/health/2869689.stm> 2003/21/3/2003 (accessed: 10/9/08)

<sup>24</sup> Sarah Rainsford (Moscow: 2003) <http://news.bbc.co.uk/go/pr/ft/-/1/hi/world/europe/3284141.stm> (accessed 3/12/03)

### 3.2.3 The Search for Solutions

The first step is the addict's own recognition that they are addicted and want to get off; only then will they start looking for a solution. *'In my childhood I liked to read books and kept a diary, but that stopped the year I started poisoning myself. One year later only one entry appeared – it was the cry of my soul in desperation, a recognition of the fact that I was a drug addict.'*(B3)

The first attempts to stop, or at least to control, their own drug taking habits are almost always personal, often due to a fear of their family finding out, which is initially a great motivation for many addicts due to the shame associated with addiction. However, as their dosage increases, so does the difficulty in keeping their habit hidden. Once they are aware of the problem, parents normally try and do all they can to get their child 'out of the swamp'.<sup>25</sup> One girl describes her confession: *'I told them that I was shooting heroin and didn't see any reason to live. I felt that nobody needed me and my rejection was so strong that I was sure my parents would put up with the thought of my death and would accept it. I didn't expect the kind of reaction from my parents that followed. They were determined to save me. Detached from reality I watched their attempts. I didn't really care. Numerous decisions were being made and cancelled regarding a place or a clinic for treatment, people that could help in any way.'*(C1)

Parents' longing to put an end to the destruction overtaking their children has led to some desperate measures such as parents trying to lock their son or daughter in at home in an attempt to limit access to drugs<sup>26</sup> and some parents have literally handcuffed their teenager to a radiator for weeks on end, just bringing them food and water.<sup>27</sup> *'When I stole half of my Mom's belongings and sold them, she understood that I was a drug addict. She tried to help me: locked me at home, bought all kinds of medicines, sat at my bed when I went through withdrawals. Two months I spent chained to the radiator by handcuffs. It did not help. In 3 months I was back using heroin.'*(C5) After repeated failures to control or help release their child from addiction, parents may attempt to cut off all contact; to avoid theft, reduce their

---

<sup>25</sup> Literal translation of local phrase referring to the trap of addiction.

<sup>26</sup> Many parents talked of locking their sons or daughters in the flat but through super human effort they manage to escape. However one acquaintance after returning from prison in agreement with his mother was helped to stay off heroin for six months by never leaving the house, and then found further support through attending a Christian drug centre.

<sup>27</sup> This was tried in different families on two sons and a daughter in the town I worked in, but served only to increase the desire to escape.

great pain of helplessly watching their deterioration, and hopefully to shock their son or daughter into changing. *'Finally my parents rejected me and kicked me out of home because I pilfered all their belongings.'*(B6) *'I was prevented from coming near my home or family.'*(B8)

In the former Soviet Union there is very little government help available despite the epidemic growth of drug abuse. One rehab leader recounts that *when we came here, [in 1995] there was no belief that there was any freedom from addiction, no rehab centres. We kept meeting addicts so we started a [rehab] centre.*'(I2) Most of the addicts who arrive at the Christian centres have already been through the hospital systems many times. One man from the south attended the regional government narcology hospital 29 times; another went through the 'best possible treatment' 11 times.<sup>28</sup> *'I lay in the Army hospital academy for treatment. I went through the full course of treatment, I was 'codified', replaced all my blood, psychologist sessions, hypnosis, but nothing helped. I left the hospital. I didn't suffer physical withdrawal symptoms, but inside I still felt dependant. I was followed by a feeling of fear and in the end I had another fix.'*(B1)

The hospital narcologists, by their own admission, acknowledge that they are not able to provide a lasting solution to addiction. Their aim is simply to remove the body's physical demand for the drug by a gradual dosage reduction. *'By the age of 19 I went through several clinics trying to get rid of my addiction. The doctors were all coming to the conclusion that there was no way of saving me.'* (C5) *'I was telling everyone about my attempt to commit suicide. I told my doctor who'd been trying to help me for many years and asked him, "What shall I do?" He suggested a more sure way of ending my life – find the tallest possible building and jump off.'*(C3) *'Two years later I realised my end was very close. I returned to the doctor who had helped me for seven years to give up drugs, when I heard a frightening verdict: "You only have two months left, don't torment yourself, you won't survive withdrawal." I was terrified, I didn't want to die a drug addict.'* (B5)<sup>29</sup>

I heard many other stories similar to this example: *'My friends found me in the cellar and took me to hospital. That was already the third attempt at treatment. In the 23 days I was in hospital, again I was given a complete blood transfusion and encoding and other procedures. But it didn't help and I asked the doctor to inject me with half a cube (boiler) of heroin. The*

---

<sup>28</sup> Both known personally

<sup>29</sup> Her terror is likely to be based on the Orthodox understanding that drug addicts will go to hell. See Spiritual History

*Doctor was infuriated and said: “Lad, there’s nothing I can do to help you! Thirty years I worked with addicts, and I am one of the best narcologists in the whole Soviet Union, but not one addict received freedom. Addicts must either, die or be born anew, a third option doesn’t exist!” That was his last words, and then he left.’(B1)*

The main government response has been via increased laws,<sup>30</sup> police checkpoints on the roads and police raids in areas known for drug dealing. *‘One time when I was caught by the police, they tied electric wires to me and then gave me electric shocks over and over. I even got grey hair after that incident. After this “therapy”, I went to treatment seven times, I tried to quit, but nothing helped.’ (A12)*

The private treatment programmes are similar, only much more expensive, often costing thousands of dollars. *‘From time to time I was treated in an expensive hospital, which my parents and grandmother paid for, but the result was always the same – on completion of the course of treatment, I’d return home, and continue taking drugs.’(B8) ‘Every year I tried to break out of this cycle, turning to various hospitals private and public. The best narcologists in town tried to help me. They were very successful in freeing my body from the physical dependence and abstinence, but my soul was left in slavery. I either ran out of the hospital, or the first day out it started all over again. And every time I thought, and promised mum that it was the last time.’(B5)*

With more resources the private treatments were some times more varied in their approach: *‘One of the doctors recommended putting me in a mental institution. He said that if I would see what this place was like, I might reconsider the lifestyle I chose. But even that had no affect on me. The only thing that scared me more than death was getting up in the morning and not having a dose. I’d gone to all the clinics imaginable and had blood transfusions.’(A21) ‘Life degraded into one monotonous dream from one shot to the next. I continually tried to give up. Eight times I was submitted to different hospitals but within a month it would all start over.’(A11) ‘Within 5 years, I had gone through numerous treatment programs, but had no results. Once, my grandmother told me that I would be better off by dying because they could not deal with me anymore.’(A1)*

---

<sup>30</sup> See <http://english.pravda.ru/politics/2002/09/25/37182.html> Vladimir Putin signs decree on combating trafficking in illegal drugs (accessed: 10/9/08)

As described earlier a common response to the realisation of being trapped in a problem over which one has no control is deep depression. These fears typically stimulate further relentless drug taking where getting the next fix literally becomes all that matters in life, whatever the cost personally, or on relationships to others. As this continues many people attempt to commit suicide because they see no way out, as this man expressed: *'I realised that there was no point staying at the hospital. I saw only one escape DEATH.'*(B1) For most addicts an overdose is considered the best method. *'Finally I told myself that death is the best way out. On October, 31 - my birthday - I went to my country house with a dose of heroin that would kill me – more than 2 grams, plus a bottle of vodka and a pack of very strong sleeping pills. I had no fear, no regret. I wanted to die. I took this extremely deadly mixture but in 2 days found myself still alive. I did not die physically but inside I was dead. I felt neither joy nor sorrow, I had no plans.'*(C3) Another expressed *'I had no future. My present was horrible. When I looked back, I saw that I didn't even have a decent past. I had nothing. I only had a dream – to die. I DECIDED TO COMMIT SUICIDE.'*(C1)

### 3.2.4 “God if you’re there”

It is often at this point of desperation that people start earnestly to call out for God as these four stories illustrate. *'I remembered the words of my doctor who said that an addict must either die or be born again. I cried and called out to God: “Lord! If I had a possibility of being born again, then I would start my life differently!” It wasn't a thought out prayer, but all the same I prayed that God would help me.'*(B1)

*'I was reaching the bottom. My final decision to quit this life prompted me to go to GOD. I did not really believe in Him, but I would try. I scraped together the leftovers of my conscience and confessed that I am a sinner and asked HIM to forgive me.'*(C9)

*'With increasing frequency I went down to the lake that was near our house, sitting on the bank I cried, pouring out the bitterness in my life and begging for help from the One who I didn't yet know. And He heard me.'*(B5)

*'Having destroyed 12 years through drugs I saw no point to life and only wanted one thing, to die. But when I remembered God and lifted my hands to heaven he answered and saved me. My life changed 180 degrees.'*(A3)

### 3.2.5 The Decision to Attend Christian Rehab

The vast majority of people come to the centres because they know a friend or family member who has already found release from drugs. *'On one of those days I met a person who I knew for a long time yet this time he looked different. He somehow became more alive and there was a spark in his eyes. He started telling me about Jesus Christ, brought me to a church and then to rehabilitation ministry.'*(E5) *'When I sent a birthday card to [my girlfriend] I received an answer. She wrote saying she had been through rehabilitation in a [Christian] rehab centre ... and wasn't a drug addict any more I couldn't believe it.'*(B7)

In their search for a solution to their child's tragedy often the parents or other family members first hear of the positive results that Christian rehab centres are finding. One girl explains how she happened to find out about a Christian centre *'In 2000, my mother brought me to [the rehab centre] for which I am very thankful to her.'*(A12) *'By a miracle my Mom and I came to St. Petersburg (from far-away in northern Siberia). Now I know that God Himself provided for us.'*(C1) As they investigate, they receive a welcome with time for their many questions, and invitation to the open meetings and family support groups. A transition gradually takes place as the family members realise the benefit of coming for themselves and not just their child who is considered to have the 'real problem.' Often the mothers become Christians first and start praying for their children. *'It is only because of their prayers that I came to a realization that I couldn't do anything using my own strength and that I needed to turn to God. There was a time when I considered believers as weak people, even though to turn away from sin requires much more strength as opposed to sinning, which you can do without any effort.'*(A13)

*'In 1999, ...(I lived in the summer house out of town), my grandmother heard about the Christian rehabilitation centre.... A month later I arrived at that Centre.'*(B8) At this centre the process of application requires calling in each week to register to confirm their desire to stay on the waiting list. If they live locally they are also invited to attend weekly preparation meetings where they learn about the principals and expectations of life at the centre. Normally this process takes about a month from first contact, and helps them psychologically prepare for this major change in their lives. As one project worker said *'each person must be certain that he is not on the right path when on drugs, and convinced that he needs to get free. Then we can give him hope that he can get out, and inspire him that he can become a helpful*

*person in society. Give him an aim and direction in life. Show him your confidence that he has great potential, and can be a blessing to people.'* (R5)

Many of the projects have teams of outreach workers. These workers are ex-addicts who go out and befriend current drug users wherever they are in the streets, cellars, squats or market squares. In pairs they seek out friends who are still using drugs or follow up an invitation from a parent who desperately hopes their teenage child will be home and will respond positively to the invitation. *'My aim is to reach people, first by becoming a friend to them. Addicts will see the love that we have for them that they don't experience from their parents.'*(R5) Having recently been in the same situation the outreach workers are fully aware of the type of reactions they may get including deceit or violence, but also of the underlying desperation these addicts feel as they share their own stories and tell the current users of the freedom they have found from drugs through Christ: *'I met a fellow who I once shared drugs with. He told me that he had accepted Jesus Christ into his life and Jesus delivered him from drugs and completely changed his life. In fact, looking at this guy I couldn't quite recognize him myself. He was radiating with joy and love.'*(E4)

The outreach process varies greatly in different programmes depending on their vision, location and the number of voluntary workers. The process for city outreach in one programme started when the team of workers met together for prayer, worship and sometimes for teaching in one of their homes. They prayed specifically for the contacts they had made and for guidance as to who God would have them visit that day, and then they made their arrangements. In the afternoon they went out in pairs to meet addicts either on specific appointments or to the locations where addicts are known to be, such as near the dealers, and in the narcology clinics. In the evening they ran youth meetings, parents support groups and Bible studies and/or they visited other addicts.

Often the outreach workers appeared to arrive as a specific answer to prayer. One girl described how a few days after pouring her heart out to God by the lake *'at the door of my home appeared some people. At first they looked perfectly normal but their eyes were unusually clean and bright. They told me there is a God who can help, who loves me, and who needs me. At that time everyone, apart from my mum, had abandoned me. I really couldn't understand why God could need me – a drug addict, prostitute, and thief. How was it possible to love someone like that?'*(B5) A female addict recalls the day she called out to God in desperation; *'[at] 8:00 that evening in the cellar where I was dying came some Christian guys*

*from [the rehab centre]. They pulled me out of from the cellar, washed me and redressed me.’(B1)*

Despite their valuable work the outreach workers can only visit a small percentage of those needing help. *‘Here in [the large city] people are very different, in the way they think to those we experienced [in the provinces]. People here are very suspicious, closed and cautious... Therefore, we need a lot of time with people, maybe two or three weeks with one person to build up trust. Only through the persistence of [one of the workers] was one mother willing to come.’(R5)*

All centres have a telephone contact point available 24hrs a day that is given out in publications, such as brochures or invitation flyers, for people who are interested. This may be the centre number where the leaders on duty will handle the calls, or it may be an office in town, that is usually based in a workers’ flat. Often particularly in smaller centres it is the mobile number of the director. One centre leader and outreach worker summarises *‘I guess that is the most important – to give fallen people hope.’(B9)*

Many rehab centres have developed good relationships with the narcology clinics and AIDS hospitals and are welcomed to visit regularly, which I have also been able to participate in. Several centres have gained permission to hold regular open services for residents of these hospitals. *‘We also do lots of evangelism in hospitals, children’s homes, and schools; the openness there is entirely dependent on the director.’(R1)* I know several narcology clinicians who are now Christians and members of the local church through hearing the testimonies of these ex-addicts, often people they had previously tried to help themselves. One lady I met is now working fulltime for the centre as she feels their work is more effective in meeting the needs of those she was professionally trained to serve.

So far, very few have heard about the rehab centres through public media advertising. A half hour documentary was put out on regional television about one centre but it was shown at 6:00 am and only one person came to the centre as a result. Nevertheless, the one who responded became a good friend, and he is now free from addiction and working as a pastor. Centres in other regions have had more television coverage: *‘One day by chance we saw a programme on TV about a centre for drug addicts in St. Petersburg and [my wife] decided to go there. She was ready to go anywhere, just anywhere where there were no drugs and where they could understand and help.’(B3)* Another man *‘by chance saw on television a program*

*about the rehabilitation centre in St Petersburg, where drug addicts detox without resorting to medical substitutes. With difficulty he convinced his parents to give him the travel money and went, faith mixed with doubt that there he would be helped.’(B9)*

This slightly more detailed story is a good representation of the outreach process as it demonstrates the combination of love, personal experience and faith that is understood to be necessary:

*One morning an ex-drug addict friend came to visit me. “Do you have some time?” he asked. “Yes”, I said “about half an hour, sit down and have some tea.” [My guest] had been an addict for 20 years but was now a sincerely committed Christian, miraculously set free through faith in God. His example was infectious and as he talked, I started to believe that faith in Jesus could straighten me out, but I was already starting to suffer from lack of a dose. So I said “What you say sounds real good, and I might even believe that this actually happened for you, but what can your God do for me, right here and right now?” - He said, “Let’s pray.”*

*‘In prayer for about an hour, I poured out all the pain in my heart to God, and didn’t experience any withdrawal symptoms. After [he] left I had such peace, I immediately fell asleep without taking any drugs.’(A2)<sup>31</sup>*

### **3.3 Life in Rehab**

This section describes the different stages and aspects of this process of community living that has been developed to facilitate peoples recovery from drug and alcohol addiction. All the residential programmes I visited,<sup>32</sup> and those whose leaders I have met at conferences from the former Soviet Union, are based on community living. The residents and workers keep a common timetable; eating, working, learning and living together in shared bedrooms.

The names of the rehab centres indicate both the aim of their founders and often reflect the experience of the residents. Common examples include, *Life, New Life, New Birth, Victory,*

---

<sup>31</sup> Sleep is something that drug addicts really struggle to gain, as without a dose they are far too agitated to relax. I heard several, on arrival at the centre, confess that they had not slept for a week or more.

<sup>32</sup> I have visited over 60 projects in former Soviet Union and several others in other countries. The centres in the West tend to have more staff and rely on the residents for fulfilling all the functions. See Introduction for details.

*Salvation, Power of the Resurrection, Breakthrough Love-Hope & Joy, Love, Hope, Grace, Peace, Peacemaker, Father's House, The Ark, Exodus, Morning Star, and Barnabus.*

### **3.3.1 Pre-admittance and Reception**

A genuine desire to leave drugs completely is absolutely necessary for someone to leave drug addiction successfully. In the interviews with centre leaders, a personal desire to change was reported as the main prerequisite for someone being accepted at a rehab centre. *'The desire to change, it doesn't matter what problems you have whether you're proud, or afraid.'*(R1) Various methods are used to measure an applicant's level of motivation. At one centre, for example people were required to phone during a specific period in the week for four weeks to confirm their desire to attend the year long rehabilitation programme. This weeded out some who might change their mind after the first few days of arrival. Unless a person is convinced of the need for fundamental transformation, they will not have the perseverance to go through withdrawal symptoms (if they have them), and the adjustments needed to change their life style or to fit into life at a rehab centre.

The outreach workers in one project invite confirmed applicants to come and live with them in their flats for a few days as preparation for their life at the centre. Here they are given 24-hour attention, which provides lots of opportunity for encouragement, prayer, Bible study and fun. They are restricted to similar limitations as at the centre, which include no access to money, drugs or alcohol, and not being allowed anywhere alone, which clearly tests the sincerity of the addict's commitment to quit. The expectations to stop smoking and keep to a timetable were not applied. When they are ready and a space is found in one of the centres in a different city, they are escorted there. A couple of times, when I was travelling in the same direction, I was asked to provide this service. The period provides intensive support during detoxification and means that these new residents adjust quickly to the centre routine because they have already made some good friends and are clear about what to expect.

At a different programme one drug addicted couple confessed: *'It was of course a bit frightening to go off into the unknown, but our great desire to give up helped us. We ended up in different branches of this centre, 50 km apart. For a whole year we didn't see each other, just wrote. It was very difficult. But I think because I saw the way people were changed, I decided firmly, whatever the cost, to go through it all.'*(B3) Couples or close family members

who apply together are found to adapt better separately, so their potentially unhealthy relationship does not interfere.

*'The first few days are hard for all drug addicts here (at the centre), but I had a strong desire to quit drugs.'*(B6) Poor health may be good enough reason to bring someone to the rehab centre, but it was clear that their desire to change would need to deepen otherwise as soon as their health improved they would be tempted to give up the necessary process of change and return to their previous life.

One addict that had been accepted describes his departure; *'I wasn't told about any of the rules of the centre, but I understood that all that I had – needles, drugs, cigarettes – needed to be chucked out. Without understanding my actions I chucked it all, sat in the car and went off.'*(B6)

On arrival, the leaders meet with the applicant to explain the philosophy, the programme and to evaluate their desire to stop taking drugs. Their clothing and belongings are searched for drugs or weapons, and a record is made of their medical and legal needs, such as reporting for bail. When the newcomer is clear about the expectations of participating in the programme, they sign to confirm their agreement and submit their passport and money for safekeeping in the office. However, they are free to leave at anytime if they choose. The new resident is introduced to their 'older brother' or 'sister' who will provide their prime support, and then, together with the leaders, they pray that God would reveal Himself, demonstrate His love, and heal them.

The new residents are often taken aback by the welcome and love they receive on arrival, often for the first time they are meeting many people who all have similar desperate stories, and yet now seem full of joy and hope. Praying for the addicts when they first arrived was always very exciting. Often there was a radical change in their countenance as God touched their hearts. The apprehensive and fearful emptiness in their eyes was replaced by a radiant smile from a tear-streamed face. *'To start with I was alarmed, I was so unused to help, but when I really understood, I had tears in my eyes.'*(B6)

Those going through detox are told ‘If you feel pain at anytime of the day or night let us know and people will pray for you.’<sup>33</sup> They regularly report how amazed they are that their withdrawal has disappeared, or that they could sleep their first night for the first time in weeks. *‘The first miracle I saw was that God spared me the withdrawal symptoms in coming off drugs. There just weren’t any! I found the way out, which I had been searching nine years for.’*(A4) *‘Only when I came to God did I receive complete healing in three days without withdrawal symptoms.’*(A15) *‘“Lord” I cried, “if there is any hope for me, help me, set me free.” Miraculously God gave me complete healing without any withdrawal symptoms. Clinically speaking my liver and kidneys should have collapsed. After many years of insomnia and restlessness I was at last able, through prayer, to sleep well and only woke up after a week.* (A2)

Common expressions of encouragement heard from other residents include things like; ‘Don’t worry, I looked worse than you when I arrived’. ‘In a few weeks you’ll have gained weight and be much stronger, I put on 20 kg in my first month and my mother didn’t recognise me’ or ‘We’ll pray and God will take your withdrawal away, like he did mine’. ‘I slept the first night I arrived for the first time in two weeks and now my stomach ulcers and abscesses have healed.’ This support helps the new arrival to start to have hope and faith for themselves as this girl recalls: *‘I came to a rehabilitation centre for an interview, to people who could help, but not only did I meet the people, I met Him! The guys I met told me about Jesus. It touched my heart. I had a feeling that this was what I’d been looking for all along, something different, and something real. Of course, I didn’t understand the importance of what was happening and probably first of all only saw a way out of my ugly situation. I was really touched by the verse from the Bible that said there is a future and my hope is not all gone.’*(C1)

Another man recalls *‘At the beginning I was an unbeliever, but in the same way that I became interested in drugs so I was curious about the One I didn’t know. For me it was difficult, but I saw the way that He helped and changed people. I asked that He would touch me and change my life. Now I have a completely different life.’* (B6)

In the UK and the US most treatment centres require an applicant to have previously gone through detoxification, largely due to the increased medical responsibilities involved. In the former Soviet Union, however, it is very rare for a treatment centre to require prior

---

<sup>33</sup> This is the normal conclusion of a newcomer’s introduction – Personal observation.

detoxification as that is the main reason addicts are motivated to attend. Firstly, for practical reasons it is harder to find places to detoxify and secondly the Christian centres do not want to miss the opportunity for the addict to experience God's healing power.<sup>34</sup> However in practice where local detoxification services are available centres usually give applicants the option of completing a detox programme first and then attending rehab. Here's the description from one of the residents who came direct : *'Arriving at the ...rehab centre, I gave my life to God and was healed without any medication, only the Word of God and the prayers of my brothers and sisters in Christ. Thanks to God. He enabled me to give up drinking, smoking, and taking drugs.'*(A14)

### **3.3.2 Organisational Structure and Length of Programme**

The practice that I observed most frequently, amongst the centres that I visited while undertaking this research, is that most of the work of running a rehab centre is done by advanced residents. There are two main reasons for this. First, very few of the centres have much left in the budget for salaries on top of food and service costs. More significantly, though, the sharing of responsibilities in the community develops the residents' sense of responsibility and enables them to learn many new skills. As ex-addicts demonstrate growing maturity during their rehabilitation they are assigned greater amounts of responsibility and thereby grow further in ability and confidence. In a small centre of fewer than 20 people, there was often only two or three staff and maybe a couple of trainee assistants who graduated from the programme earlier, and now wanted to help others.

The initial level of responsibility is care for one younger resident who may have arrived only a few weeks after them. On arrival each new resident is assigned to another more experienced resident who will act as an 'older brother' or 'sister' for the newcomer and will answer for the behaviour of his or her 'disciple'. This means that they are together 24 hours a day, particularly for the first 3-5 days to provide support while going through withdrawal, if they have any, and adjusting to the life in the community. I regularly saw how having responsibility for another person, simulated the older resident to set a good example themselves. This helped both the older and younger residents make the most of being in the programme.

---

<sup>34</sup> Conclusion of a discussion among Russian centre leaders on hearing the conditions of entering rehab centres in Britain

The next level of responsibility, at medium to large size centres, is to become a room leader. Bedrooms depending on their size will normally have between 4 and 10 residents of the same sex sharing. The duties of a room leader may include facilitation of the room-based activities like evening prayers and sometimes the inductive Bible studies. They are answerable for how tidy and clean the room is kept; and are expected to encourage punctuality and a positive attitude by other residents of the room intervening if there is any foul or divisive language. As they mature they help the centre's director stay in touch with the progress and attitudes of their roommates, particularly looking out for the new members of the community. As I watched the residents take on new areas of responsibility it was clear how with each new sphere they increased in ability, sense of self-worth and confidence.

Another area of responsibility given to the more experienced residents is oversight of the different work duties of running the community home. The size of the centre determines the level of subdivision, but responsibilities included cooking, food preparation, washing up, catering and other supplies, laundry, construction/repairs, vegetable garden, feeding and caring for the animals, chopping firewood for heating and other practical needs. At this stage of labour division, for convenience, simple titles were used such as 'responsible for the kitchen' or 'responsible for the animals,' for short they became the 'responsibles.' (*ответственны*) Of course, the novices made mistakes, but overall they rose to the challenges surprisingly well. The people responsible for cooking were the most appreciated. *'From the very beginning [the centre leader] and his two helpers warn the newcomers. "There is one requirement to submit to the common program and work honestly."'*[B9]

The food is essential to the whole programme. Even though all the centres studied are operated on a very tight budget, they try as much as possible to provide good quantities of nutritious food. This is very important as the residents have had an extremely poor diet during the years of their addiction and therefore arrive very emaciated. Without the drugs to numb all their feelings their hunger returns with a vengeance, so second helpings are very popular. Significant weight gain was very noticeable in nearly all the residents, so that within two weeks to a month they already looked much healthier. Their weight gain may also continue above normal while their body readjusts, which causes great concern for some of the women. An increased vigilance on all matters of hygiene and the quality and quantity of fresh food, has been stimulated by the needs of HIV residents. Due to the wide spread use of shared needles amongst users and contaminated drugs HIV+ people in some locations make up more than half the residents in a centre.

Most of the rehabilitation work studied, was started by local churches or individual Christians,<sup>35</sup> who have responded to the vast and obvious needs by taking people into their homes. Accommodation has always been a challenge. The main office and initial centre for the project I first worked in was an old derelict railway police office between the tracks, which they were given the right to use by the father of the first man who they had helped find freedom from drugs. There was no gas or running water, just a dusty shed, two pit latrines and an outside water pump. The floorboards were rotting, the roof leaked badly and there were cracks in the walls from floor to ceiling. Many of the rehab centres visited were located in a loaned 'dacha' (summer house) without gas or plumbing, sharing one outdoor pit latrine, and often without heating. Some of the larger projects have now been given allowed to operate from, disused and dilapidated government property, which they gradually restore.<sup>36</sup> For example a larger rehab project was given the use of an empty mental home well away from the nearest town, and again in a very run down condition. Later having developed that property they were also given an abandoned military equipment store with about a hundred sheds and a large area of land. Only a few centres I know of have been able to slowly construct their own purpose-built building, with each stage delayed till they have the necessary funds.

Accommodation at the centres is normally quite basic and undergoing renovation, as one girl describes. *'At that time the centre was like a wilderness, or forgotten wasteland, but to me it represented a field and garden. I said "I will do everything, I'm prepared to do anything, only let me live" and He did'* (B3). All the centres studied would be thought of as crowded to a westerner, often 6-10 people to a room, limited literally by the number of beds, including bunk beds, that could be squeezed into the room. Residents' rooms are shared partly due to the high demand on very limited accommodation, but also intentionally as it reduces isolation and the associated temptations of being able to get away with taking chemicals unnoticed. Only the senior leaders were permitted more space.

This description of the start of one rehab centre by a new leader provides some indication of the way the centres supported themselves. *'In less than two years, the centre has gone from a forgotten plot to a small farm. Acquiring animals has also helped, kind people like the director of the rabbit farm, who, without wanting anything in return, gave the centre 10*

---

<sup>35</sup> Out of the 200 or more rehab projects in Russia & Ukraine only three are known to have formed with joint western and local initiative.

<sup>36</sup> I visited two such places in the Urals, one in St Petersburg and one in the Caucasus.

*rabbits (now there are 100); [a] battery farm gave hens. In the summer the garden yields food, and we have fish nearly the whole year round. Even though the garden isn't big it still needs constant care, so those living at the centre are busy from morning to night.'*(B9)

The length of the courses is normally between six months to a year of residential community living. Several centres found that by extending this period, people are able to leave stronger and far less likely to fall. However, the direct cost of this is a reduction in the number of people able to be accepted. This Russian leader describes his programme: *'The course of rehabilitation is for nine months, in this time of being alone with God a person can be free from drugs, [the leader] states confidently. Having got to know a new life they no longer want to return to the old. They have something to compare, their current state of abiding peace in their soul and physical health. All nine months a huge painstaking work being carried out in their soul.'*(B9)

Despite all the care and effort of the leaders not everyone who comes is ready to change. Staying at the centre is entirely voluntary, so people are free to leave when they wish, although it is always a disappointment for the community. *'People came and left. Some were not happy with the rules (you can't smoke, drink, or swear, and moral and physical abuse is forbidden, etc). Some just come to avoid withdrawal, others were forced by their parents, but the strongest ones stayed, those who really wanted to start a new life, but couldn't do it on their own. So the centre was for this kind of person, but not for those who were still unsure whether they wanted to quit (or who hadn't had their fill of the disgusting life of addiction).'*(B3)<sup>37</sup>

### **3.3.3 Rehab Methodology**

The methodology in the Christian rehab centres studied was primarily understood through observation and participation. The majority of written material on drug rehabilitation is anecdotal, including an abundance of testimonials but very little academically published works. Often the only written material to give clues to a centre is the timetable and the invitation brochure. The educational programme varies according to the teachers and material that they have available. However, in all the centres the clear aim is to help each recovering addict to grow as a disciple of Christ, in their understanding of the Bible and how to apply it

---

<sup>37</sup> Centres do not accept applicants who do not chose to come themselves though the initiative may first be made by a family member.

to their lives. Chapter Four explores how the process of Christian discipleship helps to enable and equip people in recovering from addiction. In this section, I simply present an outline of the practical aspects of the programme.

As has been said the Christian rehab centres in Russia and Ukraine all use a non-medical detoxification. None of the programmes studied use any substitute drugs such as methadone, naltrexone, palfium or dextromora to help relieve pain during detoxification, rather they consider that such practices can hinder a person from relying on God and finding lasting freedom from addiction. Additional reasons are that they do not have the finances to provide these drugs or the medical personnel to administer them. To offer a drug based rehabilitation programme would be a significant shift in their approach. Even where some grant providers have offered to fund this service, it has not been accepted.

The life of an addict is completely lacking in structure, so after the recovering addicts have been through detoxification, or are released from their cravings, one of the first things they need is order in their lives. As one project leader describes: *‘they need to learn and practice that it is so good to have a structure in your life: that you wake up at the normal time and that you eat at the normal time. That is something that they haven’t been doing for years. We offer an environment where that structure and discipline can grow.’*(14) At the same time the new residents are surrounded by others who are setting an example and providing company as they eat, work, and rest. The common daily routine of a centre helps bring order and structure into their previously chaotic lives. Whenever I was visiting a centre I would participate in as much of the programme as I could. This gave me the best opportunity to experience the pressures and observe the extent to which people were adjusting to their new life. Living together in close community meant that each person’s attitude, either positive or negative, had a large influence on all the others.

The typical pattern in most centres starts with morning prayer and worship followed by breakfast and daily chores or practical work. The afternoons vary between centres where some place more emphasis on study while others leave study to the evenings or special meetings. Taking part in the practical work teaching and worship earned me respect to share observations and encouragement. Like Judith Oakley my experience of ‘participation in

production',<sup>38</sup> and in the life of the centre, led to a breakthrough in relationships, as I became a contributing member of the community.

After dinner, and before lights-out, there is frequently more personal time to come to God in small groups in the bedrooms. Taking part in these meetings I was able to learn more deeply how the respective residents were processing the challenges they faced each day. Sometimes they were struggling with temptation, other times they had personal questions of faith, but most often it was relationship issues that surfaced. This is an opportunity at the end of the day to review what could have been done better, ask for forgiveness and give thanks to God for all that was received.

The timetables all include these important aspects: learning a Biblical lifestyle; practical work therapy; worship and times of fun. The actual proportions vary in each centre according to the priorities of the leader and the practical situation. Here are examples of typical timetables used in centres in Russia and Ukraine. Both these examples are of fairly large centres where extra time needs to be allowed to serve and clear a large dining room. The smaller centres require less time around meals. Others programs will probably have different work hours, somewhere between those set in these two examples.

---

<sup>38</sup> Judith Okely, 'Participatory Experience and Embodied Knowledge', in Judith Okely and H. Callaway (eds.) *Anthropology and Autobiography*, (London: Routledge, 1992), 17; For further discussion on this see Chapter 1

### *Timetables*

7:00	Wake up	6:00	Wake up
8:00	Morning worship & prayer	7:00	Morning prayer
9:00	Breakfast	8:00	Breakfast
10:00	Work	9:00	Work
2:00	Free time	2:00	Lunch
3:00	Lunch	3:00	Work
4:00	Bible Study	8:00	Dinner
7:00	Dinner	9:00	Prayer & Bible study <sup>39</sup>
8:00	Video/Free time <sup>40</sup>	10:00	Lights out.
10:00	Evening prayer		
11:00	Lights out.		

Their emotional health is extremely important. The process of healing starts in rehab but will need to continue throughout their life; they learn to identify and face up to their pain and fears with the support of their discipler and their small group.

*‘The therapeutic aspect [of the programme] is critical because they are all very wounded people. I was a very wounded person, and didn’t have a clue how wounded. We help them see all the baggage that Jesus wants to free them of. It’s almost like sobriety is superfluous. It’s what brings them there, but it’s not what keeps them there. It’s a symptom.’(18)*

This ‘baggage’ includes all the unforgiveness, resentment, anger, which they have. As the recovering addicts gain a healthy relationship with God and others they grow in freedom to face up to the truth about themselves and learn to recognise and accept that there are still areas in their life which need changing. According to a rehab leader the requirement for continued growth is to maintain the attitudes of ‘*trust, commitment, openness and honesty*’(R4) which they learnt during rehab. As the recovering addicts heal and mature, their focus transfers from being trapped in their own world of self-centeredness through fear and insecurity to be concerned about the feelings and needs of others around them. This starts in small ways during rehab and grows as they gain maturity and responsibility. Later in the community they are encouraged to have an attitude of service to others. By reaching out in love and practical

---

<sup>39</sup> The second example also had one night in the middle of the week dedicated for teaching and worship. The weekend provided more time for relaxation.

<sup>40</sup> The videos watched were a mixture of teaching and worship tapes from live church services and good moral films

care for those in difficulty, their own needs for purpose and self-worth are met. Feeling needed by others helps heal the rejection they have experienced and they become freer from concern about their own reputation.<sup>41</sup>

Participating in the worship times at the centre was very inspiring. The direct honest prayers of the residents provided a window to their hearts. The recovering addict's love for God flows naturally out of gratitude for their release from the bondage of addiction, and for wiping the slate clean and giving them the chance to start a new life. One young woman described her joy *'He gave me freedom from drugs, He gave me healing [from being HIV positive], He gave me new life. I will never be able to thank Him enough for everything that He has done in my life, and for everything that He keeps doing. Only God gave me real joy. The joy that filled up my heart and pours out all around.'*(C1) I recognised the resident's desire to express their emotions and their identification with the psalmist as the Psalms was often the favourite book of the Bible selected for personal and group Bible reading in many rehab centres. The Psalms so aptly express their awe at the greatness of God,<sup>42</sup> as well as providing an apt expression for their joys and fears.<sup>43</sup>

Recovering addict's love grows deeper as they understand more about God and are overwhelmed with the wonder of His mighty power and majesty. Time is set aside each day for corporate times of prayer and worship as seen in the above examples, and personal Bible study and prayer is also greatly encouraged. *'In the evenings in our meetings they would say – you can't be changed by work or by time, only God can change you. Even if you don't believe in Him, turn to Him; ask Him to help you, and He will come into your life. So I did just that.'*(B3) Another man was advised *'to really be free from drugs, he was told read your Bible and pray. "But where are the icons?" – [he] asked in bewilderment, as there were no icons. The protestant church, under whose covering the centre operated, avoided the typical Orthodox created environment. "God is in everyone's soul," he was told. "Pray and He will definitely hear you and help you". And God did. He started to learn to live in a new way, of labour and prayer. I expect it is hard to understand, and so it's left only to accept in faith.'*(B9)

A leader reported that some of the foundations of his centre included, *'worship, and worshipping in community. Worship is very important. Morning devotions and*

---

<sup>41</sup> Examples of these activities are described in Section 3.3.2 Characteristics of New Life

<sup>42</sup> e.g. Psalms 103, 104, 107, 135, 136, 145, 146, 148, 150

<sup>43</sup> e.g. Psalms 11, 37, 38, 128

*teaching...These are the basic principles.’(I10) Another leader expanded: ‘I think that everything we do is teaching them, how to pray, and listen to God. Most people would think our centres were contemplative prayer centres. There’s a lot of contemplative aspects to it. We really teach people to listen and hear from God what’s going on in their life. The most important part is hearing from God.’(I8)*

The leaders of the rehab centres take on a tremendous responsibility for the well-being and development of all the addicts who come into their care. It is vitally important that the person recently set free from the hold of the addiction learns to live out a new life, otherwise they will not only lose the benefit of their new freedom, but return to a deeper sense of despair and their return second or third time round is harder.<sup>44</sup> The development of the new person is a process of personal discipleship, Bible study, teaching for living in community, and appropriate discipline, in line with the centre’s rules. All this aims to facilitate the recovering addict’s closer relationship with the living God. The discipleship structure and theory is described in more detail in the next chapter. At one centre new residents are told, “*You don’t have to read the Bible and pray but then your time here will be wasted. Prayer is absolutely necessary.*” “*But what about those who don’t feel like it, or who were brought up without faith?*” [asks one] “*I guess they need to overcome their own self.*” “*It’s necessary*” nods, [the leader] “*But hope gives them strength.*” (B9)<sup>45</sup>

The Bible study time is usually a process of working through a book of the Bible by chapters as a group, understanding the context and meaning of the passage, and then discussing together how it applies to their daily lives. Other times it may be systematic Christian teaching as a structured lecture focused on essential themes of the Christian life with personal questions to check their understanding. Together these provide a solid foundation for their new-found faith. This is how one man expressed its effect: *‘I read the Bible, prayed and then repented, and my life started changing. I went through a re-education of my soul, mind and heart. It is difficult to explain – you need to experience it. As it is difficult for a drug addict to explain the feeling of an injection to someone who has never tried drugs, in the same way it is difficult to explain what happens when Jesus Christ touches your heart.’(B3)*

---

<sup>44</sup> These differences between the first and subsequent courses in rehab can be seen from the more detailed testimonies and were regularly observed in practice; those who fell back during rehab had a harder time coming off drugs the second time round but also a greater appreciation and desire to change.

<sup>45</sup> Not many of the life-stories gave much detail about the process of rehabilitation in the centre; therefore much of this information is taken from personal observation. However, their comments tie in very closely with the experience I had working and sometimes living in different centres.

While teaching I noticed a clear difference between new residents who had been prepared by a city team, as they were familiar with the basics and keen to learn, and those who came direct from home and consequently found their first lessons a big challenge. Typically, residents had to overcome considerable insecurity associated with the classroom learning environment: listening to instructions, taking notes and asking or answering questions. From the time they started taking drugs, their studies had suffered. Most had dropped out of school early and some struggled with both reading and writing. As much as possible I attempted to promote an atmosphere of mutual support, for example by asking the experienced residents to help the newer ones with understanding the questions and finding the passages. Adjustments were made to the pace and language used to benefit those who were new or struggled with the practical aspects of learning. In time they were all able to fully take part in the discussions and lessons with much encouragement from the teachers and support from their 'older brother' or 'sister'. Though many had never previously opened a Bible, and the Christian foundation lessons involved concepts that were contrary to their previous way of life, they seemed to have had a hunger to learn about God and a great desire to honour Him.

Even at the centre where I was working as their Bible teacher, I was not the only one providing instruction. An important part of the role of senior leaders was seen as providing Biblical instruction, inspiration and revelation. Most of their teaching was in the form of sermons on Sundays and at other large frequent gatherings. Their topics were both guided from their own experience and revelation from God, and in response to situations that needed addressing in the centre. The vast majority of leaders only used the Bible for preparation. Indeed, there tended to be a healthy scepticism towards other authors until they had been identified as remaining loyal to Scripture and the internal witness of the Holy Spirit.

The lessons I taught tended to be quite different. I kept them as interactive as possible to keep their attention and energy, and help me maintain an understanding of what different people had and had not yet grasped. I also requested that each person take detailed notes in their own exercise books and helped them in the process summarising the range of correct answers. I wanted to ensure that they would have the material to refer back to and use later in situations. The books I used were closely vetted by the leaders. I was told to keep to the foundations they would need to grow as Christians and not veer into philosophical ideas. I used a number of different materials including the Alpha Course, that became a favourite,<sup>46</sup> and a question

---

<sup>46</sup> The Alpha Course developed by Nicky Gumbel and Holy Trinity Brompton London. *Alpha Course* <http://www.alphacourse.ru/> (accessed: 1/10/03)

based method of teaching, which worked well. Each point is written in the form of a question with a couple of Bible references given to guide the answer.<sup>47</sup> As different members of the class looked up and read out the verses they got to know their Bibles and learnt to interpret the passages as well as gaining an understanding the subject. We discussed the answer and they would write it down with the references for personal use.

The lessons were topically based, on key subjects initially based on the list of foundational subjects given in Hebrews 6:1, including repentance, faith in God, prayer, baptism, laying on of hands, resurrection from the dead, and eternal judgement. Then other subjects were included to assist them as disciples of Christ. I tried to make each lesson self-contained, in response to the high fluctuation of the residents' attendance. This was not due to their commitment, but the rotating timetable of duties and the movement of residents between centres so that they could learn to adjust to different situations and responsibilities. Although residents were expected to attend lessons, and they were seen as high priority, in rehab centres there are many different requirements to be met. For example in the centre where I started teaching, two of the guys were usually asleep after doing night watch, a couple of people were in the kitchen, others could be on a visit to medical services or their parole attendance, or they were accompanying a less mature resident who had to go off site. There were also new residents arriving at any time and others who had completed or had been sent to a different centre for other reasons. Though, from an academic point of view, there were no exams, the results were visible through the change to attitudes, language and actions. Many of their notebooks go mixed up or lost, but some people testified to me years later of how those lessons had formed a foundation for their new life as a Christian. Several people I know used this material for teaching in other centres where they were later made leaders.

The training is *'holistic physical spiritual mental not only spiritual. Integrated scheme channelled to work in other projects to give them experience and to demonstrate their commitment.'* (I6) *'Each worker needs to aim to pass on their skills to others.'* (I3) Taking part in the various necessary functions of the daily operation of the community enables new skills to develop that are helpful for ongoing work.

The ongoing development of a person during and after rehab will greatly depend on their attitude; this is where their real desire to change is tested. Living in community with shared

---

<sup>47</sup> Course material such as Bob Gordon *Foundations for Christian Living* (Chichester: Sovereign World, 1988)

bedrooms with about four to eight men or women to a room greatly reduced the temptation to break the rules, smoke, or abuse chemicals, as there were very few situations where residents would be on their own. They found this also helped reduce loneliness and attacks of negative thoughts at night. Most of the rehab centres in Ukraine are single sex but in Russia there are more that take both men and women in different sections with some activities done separately and others, like teaching and meals, together.

There is a significant difference between those who had genuinely had a change of heart and were keen to learn and willing to help, and others who were biding their time aiming to get by with the minimum effort. The typical attitude of drug addicts on the street is a total obsession with looking out for oneself. Out of desperation for the next fix they become very good at manipulating people and situations. If this type of behaviour were allowed to continue in the rehab centres, it would completely undermine the positive life-changes taking place. Many of the powerful lessons were provided as I, with the other community members, watched how the leaders handled difficulties such as those who challenged the system. For example, by responding with gentle firmness, they demonstrated a different manner of handling conflict from the violence addicts were used to on the street.

When living and working together essential values of *'Love and acceptance, discipline, respect and dignity,'*(I5) are refined. New attitudes are acquired almost subconsciously when godly behaviour is consistently lived out around them. I was surprised at the recovering addicts' ability to pick up new tasks, even those they had never attempted before like cooking for the residents and staff, redecorating or property refurbishments. Being in new situations together enables the learners to grow in knowledge and understanding, through observation and participation, without necessarily making a conscious effort to do so. Thus residents may grow in responsibility during their stay. *'We will gradually build up their responsibilities'* (I4) as they are able to handle it. Living in community means that there are always opportunities to serve, some of these were formal and many were informal, simply based on a relationship of care. *'For me the most difficult part wasn't the work (I always worked at home), or following the rules (they were acceptable), but the necessity of submitting yourself to people – the centre staff: to do the work, not the way you wanted, but as you were told to, to swallow your pride, irritation and not to tell bad jokes about others. I am thankful to the staff of the centre for their work. All of them are former drug addicts.'*(B3) The daily duties are part of the training, and help keep the centre running. *'I did the heavy work because I was told that it would assist my recovery. Also faith in God. This played a huge part.'*(B6)

Finally, the atmosphere in the centre is usually very lively, with jokes, music and worship often heard in the background, though of course there are painful times when someone is being disciplined or decides to leave. Each day as I arrived the noise level and tone of voices quickly indicated the atmosphere. The recovering addicts love to celebrate on all possible occasions and are very creative in writing and performing sketches, which often involves satirising their old way of life. Some perform songs they have written themselves out of gratitude to God. We all enjoyed the birthdays as they featured some special food provided by the residents' parents for all to share. The particular recreational opportunities were partly determined by the location and facilities available. At the centre where I was based, there were weekly opportunities for sport, usually football, and table tennis was also very popular during free time. Two of the centres I taught at were on the coast so in season, after the work and study were done, excursions to the beach made a very welcome break.

*'Instead of using chemicals as previously, Christ has taught me how to experience a life of real joy: joy in work, fellowship with Him and others. I know my Father and continually experience His protection and love, that for me is worth celebrating.'*(A2) *'Only God gave me real joy, the joy that filled up my heart and pours out all around. I USED TO THINK THAT JOY IS SOMETHING THAT YOU NEED TO POUR INTO YOURSELF, SNIFF OR INJECT. I did not know that real joy, on the contrary, comes from within and that only God can give it.'*(C1)

### **3.4 Life after Restoration**

Not all the people who arrive make it through to the end of the programme, but the majority do. Statistics of those who have continued to live a completely drug free life<sup>48</sup> are difficult to obtain, but from the centre records those who continue to live with the use of drugs or alcohol after rehab range between 50 and 80 percent.<sup>49</sup> From my observation of being based in the centre for the 3 years many of those who do not make it and leave in the first few days or weeks, later return after relapse with greater appreciation for their freedom and stronger resolve to change completely. Some of those who had relapsed I met later in other Christian rehab centres.

---

<sup>48</sup> This includes no smoking or alcohol.

<sup>49</sup> These percentages are calculated by the leaders and include all who come to the centre and continue to live with out drugs for at least a year...

This section first discusses relapse, explaining what it is, what the common causes are, and how centre leaders help prepare and equip recovering addicts to avoid it during rehab and afterwards. The next section describes the last stage of the life of the typical ex-addict illustrating ways that ex-addicts talked about their current life after restoration.

### 3.4.1 Maintaining Freedom – Avoiding Relapse

The principles for maintaining their new freedom are the same as those needed to gain it. The main resources for ongoing strength are their dependence on God and their discipleship relationship with an older believer for encouragement, challenge and accountability in their faith. This process is discussed further in Chapter Four. The section below clarifies the terms and identifies the reasons why some recovering addicts can get into trouble.

Clinically, ‘relapse’ is defined as any intake of the abused drug or substitute drug by a recovering addict.<sup>50</sup> All the definitions of relapse have negative connotations: ‘to fall or slip back into a former state, practice, etc. to fall back into illness after convalescence or apparent recovery, to fall back into vice, wrongdoing, or error; backslide: to relapse into heresy.’<sup>51</sup> Using alternative chemicals, for example, a drug addict resorting to alcohol, although not considered relapse in many western studies,<sup>52</sup> seriously interferes with restoration, as the person trying to recover is still dependent on chemicals. In the centres studied, the use of substitute drugs such as methadone, or even alcohol, is considered relapse. Furthermore centre leaders in fSU found that such substitution usually led to a return to abuse of the chosen drug, such as heroin.

Some programmes draw a helpful distinction between a ‘lapse’ and a ‘relapse’. A ‘lapse’ is where the recovering addict has been doing well in their recovery, and is actively seeking to change, but gives in to using on a certain occasion. If at that point they do not give up, but immediately come back with genuine repentance being prepared to do what is necessary to get back on track, then this is called a ‘lapse’. A ‘relapse’ would be if they allow this

---

<sup>50</sup> Quoted in Teren Palm Steele, *Relapse and Spirituality: Spiritual Well-Being and Quality of Life as a Critical Factor in Maintaining Recovery from Addiction* (unpublished Masters thesis submitted to the University of Wisconsin-Stout, 1999), 22

<sup>51</sup> <http://dictionary.reference.com/browse/relapse> (accessed: 01/10/2008).

<sup>52</sup> In the Russian and Ukrainian centres taking substitute drugs would normally be considered as relapse, and smoking brings discipline.

occurrence of alcohol or drugs use to change their direction by continuing to use drugs or drink, thereby abandoning their pursuit of freedom from their addiction. These terms will be used in this discussion. In Russian the term used in the rehab centres means ‘to fall’ which includes both the concept of falling from grace and falling back into a lower state of being.

The first thing to underline is that a lapse is not complete failure. Even though they have broken their commitment to sobriety it is not the end. It is clearly understood as destructive for the recovering addict to drink or use chemical substances again but it not a reason to give up. If handled correctly a lapse of sobriety can be used as a learning point to identify dangerous situations or triggers to be avoided. By examining the circumstances surrounding the build up of stress before the lapse they can understand the roots of pain in their life which need healing. In circumstances where these events or places are very difficult to avoid, they can have extra protection and support built in until that they grow in strength to handle these situations on their own. For example, if visiting a certain location or market has a strong alluring association to drug use and that place is unavoidable then arrangements could be made so that they do not go alone until they are much stronger. Or, if money is a temptation, when the recovering addict starts to have access to significant cash again, they can ask someone else to guard the majority of their money and only keep on them the amount needed immediately. They can also agree plans in advance with a respected friend for how the money or salary is going to be used and immediately transfer appropriate sums accordingly. At all times, key is to remain open and accountable in all areas particularly those where the recovering addict is likely to be tempted.

Second, a lapse, and to a greater extent relapse, impairs the gains they have made in health both physically and spiritually, towards living a new life and in their relationship with others. For those who have now committed their life to God and are seeking to follow Him, returning to their addiction is also a ‘sin’ like all wrong doings that form a barrier in their relationship with God. They do not change their status as a child of God, however, and the two-way flow of communication and life from God is hindered making the believer vulnerable to further failures. Others prefer not to use the religious language of ‘sin’ and to keep to less emotive words like ‘slip up’ or ‘fall back’. Using the spiritual language clarifies the path to recovery after a lapse for the recovering addict. In the same way as they started their new life, they need to go back to the foundational principles of their recovery and seek God in repentance.<sup>53</sup>

---

<sup>53</sup> J. Prochaska & C. DiClemente, ‘Stages and Processes of Self-Change and Smoking: Towards a more Integrative Model of Change,’ *Journal of Consulting and Clinical Psychology* 51 (1983): 390-395

Whilst at the centre they are also expected to ask forgiveness publicly from the leaders and other members of the community for breaking their promise. This expectation helps both the members of the community not to feel bitter or betrayed and the person who lapsed to acknowledge the effect their actions have on others.

According to the literature, the reasons for relapse are given as craving or renewed desire for the drug,<sup>54</sup> negative emotional conditions such as depression, loneliness or boredom;<sup>55</sup> situations of conflict<sup>56</sup> and as pressure from using friends to resume drug use.<sup>57</sup> All these reasons, whilst they may be factors influencing a lapse, will not necessarily cause relapse given alternative supportive circumstances.

Initially when the rehab centres in Russia and Ukraine started, there was not much analysis of relapse, but now some of the older ones have been going for ten to fifteen years, several centres are doing more analysis, and building more specific relapse prevention training into their programs. Gorski developed a helpful analysis of relapse in the form of a chart that categorises the different identified causes of both relapse and recovery.<sup>58</sup> In both the 'Recovery Grid' and the 'Relapse Grid' Gorski identifies six stages. Each stage has five or more factors that can lead to a progression towards relapse. We will use these causes to categorise the concerns of rehab leaders. Few of the rehabilitation centres in the fSU have analysed the occurrence and reasons for relapse to the level of Gorski, so at this stage direct

---

<sup>54</sup> D.D. Simpson *et al.*, 'Addiction Careers: Etiology, Treatment and 12 year follow up outcomes,' *The Journal of Drug Issues* 16, no.1 (1986): 107-121; W.E. McAuliffe *et al.*, 'Explaining Relapse to Opiate Addiction Following Successful completion of Treatment' in F.M. Tims and C.G. Leukfield (eds.) *Relapse and Recovery in Drug Abuse*, (NIDA Research Monograph 72 Washinton DC, 1986) ; Nick Heather & Anna Stallard, 'Does the Marlatt Model Underestimate the Importance of Conditioned Craving in the Relapse Process,' in M. Gossop et al *Relapse and Addictive Behaviour*. (London: Routledge, (1989):180-208; and M. Gossop, M. Battersby and J. Strang, 'Self detoxification by opiate addicts: A Preliminary Investigation' *British Journal of Psychiatry* 159 (1991): 208-12

<sup>55</sup> Marlatt Cummings & Gordon Myres Brown, 'Relapse, Prevention and Prediction,' in P.Miller (ed.) *The Addictive Behaviours: Treatment of Alcoholism Drug Abuse, Smoking and Obesity*, (Oxford: Pergamon Press, 1980); T. R. Kosten, B. J. Rounsville and H. D. Kleber, 'A 2.5 year Follow Up of Depression Life Crises and Treatment Effects on Abstinence among Opioid Addicts,' *Archives of General Psychiatry* .43 (1986): 733-738; D. Rhodes, 'A Longitudinal Study of Life Stress and Social Support among Drug Abusers' *International Journal of Addictions* Vol.18 (1983) : 195-222; B. Judson and A. Goldstein, 'Episodes of Heroin Abuse During Maintenance Treatment with a Stable Dosage of Acetyl-Methanol,' *Drug & Alcohol Dependence* 11 (1983): 185-193; G. Marlatt and J.R. Gordon, *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviours* (New York: Guilford Press, 1985); B. P. Bradley *et al.*, 'Circumstances Surrounding the Initial Lapse to Opiate Use Following Detoxification,' *British Journal of Psychiatry* 154 (1989): 354-359; and S. M. Hall, B. E. Havassy and D. A. Wasserman, 'Effects of Commitment to Abstinence: Positive Mood, Stress and Coping on Relapse to Cocaine Use' *Journal of Consulting and Clinical Psychology* 59 (1991): 526-532

<sup>56</sup> Marlatt Cummings & Gordon Myers Brown, 'Relapse, Prevention and Prediction'; T.R. Kosten, B.J. Rounsville and H.D. Kleber, 'A 2.5 year Follow Up of Depression Life Crises and Treatment Effects on Abstinence among Opioid Addicts,' *Archives of General Psychiatry* .43 (1986): 733-738

<sup>57</sup> Cummings & Myers Brown, 'Relapse, Prevention and Prediction'

<sup>58</sup> Terrance T. Gorski, *The Development Model of Recovery: The Relapse/Recovery Grid* (USA: Hazelden, 1989)

comparison is difficult. However, from observation much of the teaching that takes place in the centres can be organised into the categories that Gorski provides. I will therefore use Gorski's categories of 'high-risk factors' as a framework for discussion identifying the triggers for relapse that were observed. The prime focus for relapse prevention in the rehab centres visited was on the importance of keeping a close relationship with God, so that His voice of encouragement and protection could always be heard. This meant being quick to ask for forgiveness so that there were no hindrances in the relationship and grievances were not given space to grow into bitterness and resentment. The other important aspect of their teaching was never to rely on oneself to resist temptation, but to admit one's dependence on God and need for others' support and regularly ask for help, seeking His strength to resist cravings.

### Gorski's Relapse Grid

<b>1 High-Risk Factors</b> <sup>59</sup>	<b>2 Trigger Events</b>	<b>3 Internal Dysfunction</b>	<b>4 External Dysfunction</b>	<b>5 Loss of Control</b>	<b>6 Lapse/ Relapse</b>
1.High-stress personality	1.High-stress thoughts	1.Difficulty in thinking clearly	1.Avoidance and defensive behaviour	1.Poor judgment	1.Initial use of alcohol or other drugs
2.High-risk lifestyle	2.Painful emotions	2.Difficulty in managing feelings and emotions	2.Crisis building	2.Inability to take action	2.Severe shame, guilt and remorse
3.Social conflict or change	3.Painful memories	3.Difficulty in remembering things	3.Immobilisation	3.Inability to resist destructive impulses	3.Loss of control over use
4.Poor health maintenance	4.Stressful situations	4.Difficulty in sleeping restfully	4.Confusion and over-reaction	4.Conscious recognition of the severity of loss of control	4.Development of health and life problems
5.Other illness	5. Stressful interactions with others	5.Difficulty in managing stress	5. Depression	5.Option reduction	
6.Inadequate recovery programme		6.Difficulty with physical co-ordination		6.Emotional or physical collapse	
		7.Shame, guilt, hopelessness			
		8.Return of denial			

Ottenburg said 'Treatment and recovery must offer more fulfilling and sustaining values and meaning to the alcoholic, which includes the spiritual components of life,'<sup>60</sup> otherwise they will always struggle with a temptation to relapse. From the testimonies received, and the

<sup>59</sup> Gorski, *The Development Model of Recovery*, 52

<sup>60</sup> D.J. Ottenberg, 'Addiction as Metaphor' *Alcohol Health and Research World* E. (1984): 18-20,

Christian ex-addicts I got to know, all testified that their relationship with God, and all He provided, was far better than their previous life both during and before they started using drugs. Some reported that drugs were still a temptation for example if they allowed nostalgic thoughts of their previous drug life to intrude, or reverted to old methods of escaping their problems but they were learning to recognise the build-up to these feelings and seek support to resist them.

### *High-stress personality*

‘The chemical use, whether it is alcohol or other mood altering chemicals allows a person to feel better without having to think better or act better,’ [therefore users] ‘bypass the normal steps of emotional growth... Emotionally mature people recognise that feeling good is linked to what they think and do. They accept that in order to feel good they must think productive thoughts and take productive action.’<sup>61</sup> ‘*I am very concerned when I see a lack of humility or there is pride, confidence and reliance on oneself.*’(R4) People using alcohol or other drugs tend to remain at the maturity level of when they started regularly to use. Immature reactionary behaviour leads to unstable emotions and very high stress. Therefore the rehab centres accept the need to train residents not just to live without drugs but to overcome ‘*irritability, spite, bitterness, taking offence, [and] inertia.*’(U2) Leaders seek to develop personal responsibility in character, relationships, finance, work and time management so that when they leave they are able to continue maturing.

At the centres the leaders often warned about remaining humble and not relying on one’s self to resist temptation and noticed the importance of having ‘*a desire to be diligent against wrong thinking such as: pride, condemning yourself or others.*’(U2) Honesty and openness were given as key requirements for remaining free from addiction. In agreement with Gorski the opposites of denial, evasion and anger, are seen by rehab leaders as leading to relapse.<sup>62</sup>

### *High-risk lifestyle*

Residents are taught that their faith must be applied and visibly affecting all areas of their life. ‘*The Gospel can not only be verbal but also vital expression and applied in their context.*’(I6) The rehab leaders ‘*want to give [recovering addicts] the realisation that they are responsible for their own life,*’(I4) so that when they leave they will continue the daily choices for healthy

---

<sup>61</sup> Gorski, *The Development Model of Recovery*, 1

<sup>62</sup> *Ibid.*

living that they learned during rehab. For example where they socialise, the friends they mix with, the type of literature and films they watch are all considered as either encouraging their life and health or undermining it.

Understanding the stage of maturity and strength the recovering addict is at is imperative. Mixing with friends who are still using drugs is a high provocation and peer pressure to relapse. However, when they have grown stronger in their ability to resist temptation, then with the support of other ex-addicts they can go back and share their story of what God has done for them with old friends.

Ex-addicts are expected to demonstrate a *'consistent ongoing lifestyle –[which is] characterised by day to day service.'*(I6) Many leaders interviewed stressed the importance of *'the principle of service – we believe everyone is called to the ministry in some way.'*(I2) Therefore *'from time to time we invite them so that they can be more active, not just attend church.'*(U3) The reason *'addicts especially need to serve others [is] because if they concentrate only on themselves they will never be satisfied. Your own problems take your attention. But when focusing on others needs, not your own problems, you receive blessing.'*(R1)

### *Social conflict or change*

Major life changes such as starting work or moving to a new city can create stress and disturb the recovering addict's established healthy routine. All high stress situations can stimulate a desire to escape with the use of drugs. Conflict is another major stress trigger particularly in close relationships. Therefore, during rehabilitation leaders warn and train residents to avoid the causes of conflict, to resolve attitudes that can lead to conflict and a possible relapse including , *'pride, disobedience, distrust, craftiness, rebellion, and arrogance.'*(R4)<sup>63</sup>

Several descriptions were recounted to me of the stresses many people face on leaving the centre. They demonstrated that pleasant changes could also lead to problems: starting a new job, for example, or forming a new relationship. Life becomes exciting again. The individual's sense of worth improves and their motivation to do well increases. They dress well and look well, but if not well established in advance budgeting and time management can get out of hand. Other responsibilities are ignored - 'temporarily'! However, before long they

---

<sup>63</sup> Pride is thought to lead to the other hindrances to recovery: disobedience, craftiness, rebellion and arrogance.

have demands that cannot be met, and the pressure mounts up creating more stress. Situations like these demonstrate the importance of on-going discipleship and accountability as discussed in Chapter Four.

#### *Poor health maintenance*

In order for the recovering addicts to continue to progress towards full health they need to pay attention to all aspects of their health, physically, emotionally and spiritually. The practical aspects of maintaining good personal hygiene are given close attention during rehabilitation as well as maintaining spiritual health. As described in the programme outline, all the centres also aim to ensure that there are good opportunities for exercise through work and sport. The resident's diet is carefully planned to provide the maximum benefit of balance and energy within the budget. It is important that when they leave these good habits are continued. Some centres have football clubs for the graduates as an encouragement for ongoing social and physical activity.

Centres provide ongoing emotional support and encouragement to ex-addicts in different ways. *'There is a Christian club in [our city] mainly for ex-drug addicts who have returned to the town to work and be with their families. This provides ongoing fellowship and encouragement to be active in church.'* (R3) *'We also get together ourselves periodically even if they have a role or ministry in the church, as a family, as all who have come through [rehab] so that they can value [where they've come from] and share with those who are currently in the rehabilitation program, as they can be a good example.'* (U3)

The resources and processes needed for recovering addicts to maintain good spiritual health are discussed in Chapter Four. To help prevent relapse the leaders teach that *'Your stability [is] in walking with God - not to stop at certain problems.'* (R1) There is also the specific spiritual danger for people who are used to experiencing an induced trance-like state through drugs. Without good teaching, they can enter into worship looking for the good feelings rather than out of a desire to glorify God. This 'high' may be sought particularly through the experience described as being 'in the spirit' such as with the use of singing in tongues in charismatic worship, or the chanting of prayers found in traditional services.

#### *Other illness*

Most rehabilitants arrive at the centres in very poor health. During rehabilitation they quickly put on weight and their wounds and abscesses heal. However, other common infections experienced by addicts, such as Hepatitis B and C, tuberculosis and HIV, have long-term effects and are much harder to overcome. If one of these illnesses flares up it can discourage the rehabilitant from pursuing their process of recovery. Similarly other personal tragedies, such as the death of a loved one, will lead to the need for close support.

#### *Inadequate recovery programme*

Gorski identified the inadequacy of the programme as the least likely cause for relapse. Therefore, there is less reason for leaders to feel guilt. Nevertheless the rehabilitation leaders in Russia and Ukraine are aware that even though they are seeing good results there could be ways of improving their programmes. The leaders periodically review and adjust their programmes and are very keen to gain training. The rehab leaders consider programmes as inadequate that do not address the needs of the whole person including their spiritual needs and emotional healing<sup>64</sup> and practical needs.

### **3.4.2 Characteristics of New Life**

All the recovering addicts who stay in a centre notice an improvement in their health, some quickly, for others it is a more gradual process. One of the most noticeable changes is their increase in weight. There are many who have literally been pulled back from death's door, as in the following descriptions: *'With no hope in man I gave Christ a try and unexpectedly received healing from AIDS, epilepsy and drug addiction. Now 2 years later I am alive healthy and full of joy.'*(A7) *'I wanted proof [of God's love] – and got it. The proof was two medical documents: one saying that the result of my blood test shows that I have HIV, and the other, (after receiving Jesus, getting delivered from heroin, and receiving prayer for healing of HIV) which stated that I don't have HIV anymore! That was more than enough. I saw the mercy of God on my life.'*(C1)

*'According to the doctors I was already a dead body "You didn't need to call for an ambulance but a coffin." This was all said in my presence, I was already not counted. Everyone prayed for me with one heart, they believed, strongly believed that I would be healed; and a miracle happened. Gradually I was able to lift myself up on the bed, (previously*

---

<sup>64</sup> Emotional healing is discussed in Chapter 4.

*I couldn't get up at all). I started to feel better, soon I was able to stand and complete a few jobs. It was practically like the Word of God: "Stand, take up your bed and walk."<sup>65</sup> Of course, it was very difficult at first but I knew I had to move, stir myself. I wanted to help others, and be useful. Many of my internal organs didn't work as they should, or they didn't work at all – practically I could have been classified as an invalid, I have the x-ray and the results of the examination. However today I am a worker at the centre because God revealed His love to me and saved me.'*(B2)

*A young women describes her experience after repentance '...for ages I was bedridden. Now I had strength and my withdrawal had disappeared somewhere...God prepared wonderful things for me, and He started with my illnesses. In a month I had put on 27 kg and my new, already genuine friends suggested that I get my blood tested. The analysis was excellent; there was no trace of the cancer left. A little later God restored, and healed all my internal organs. The colour of my face changed, the bruises disappeared, and my wounds healed.'*(B5)

*A month ago a commission of police and regional narcologists unexpectedly turned up at the centre. The police made certain that there was no laws being broken here and calmed down, but the doctor couldn't quieten down for a long time, having seen the change in ex-drug addicts, clearly visible to an onlooker. Intelligent bright eyes, genuine interest in everything, and confidence in their own strength – all that seemed forever cut off by drugs, had again returned to those who gained a spiritual foundation.*(B9)

*'Thanks to God, I was freed [from prison] after 1.5 years. Having received freedom from drugs, smoking, having recovered from cyst and TB.'*(F1)

In the ex-addicts' new relationship with God, the tremendous shame they previously lived under is washed away. This was the most encouraging difference as residents now sought to rebuild their lives. A leader illustrates; *'We say we take beggars of the dung hill and set them as princes. You have to affirm their person their character and ability to succeed to preach the gospel, to have the authority of God. So we take a very positive approach and we talk that way and think that way. Our people don't live under condemnation. Yet there's a real humility and gentleness and sweetness in them.'*(I10)

---

<sup>65</sup> Reference to a miracle of Jesus recorded in Matt 9:6; Mark 2:11; Luke 5:24 and John 5:8

The love and concern of the residents prompted frequent requests for me to pray for parents and partners from whom they were still estranged. They no longer suffer overwhelming embarrassment in meeting people they used to know. On the contrary, the forgiven addicts now feel valued and loved by God<sup>66</sup> and eager to tell others about what happened. *'When I turned to God, I got born again. I BECAME DIFFERENT, my heart changed. God has promised to give a living heart instead of a stony one and He fulfilled His promise. I feel that now I am alive, I can love.'*(C1) The enormous contrast between the way they were, when nobody wanted to know them and all lived in fear of them, and the people they have become by God's grace, honouring and glorifying Him, provides an example to others. *'I went through the whole rehabilitation program and during that short period of time God freed me from drugs, alcohol and smoking, He completely changed me inside.'*(E5)

The changes in heart lead to changes in attitudes and values for living. Two ex-addicts express the change they experienced: *'Only God can fill hearts with joy and real love. I did not want money, beer, cigarettes or drugs [as before]. I wanted to be close to my Creator. Day by day God has been changing me, my life. He has cleansed my heart from anger, hatred and hurts, from all kinds of dirty things.'*(C6) *'After my body was restored, Jesus took all the painful memories from my soul, that's why I am so free to write you about it. All the offence, bitterness hatred and pain that filled my soul have gone forever, thanks to fact that God's love filled my heart. The Lord taught me to forgive and to love.'*(B5)

Naturally, the change in attitudes will be reflected in action and changed behaviour. For this man his own reactions came as a surprise to himself: after being at the centre *'about a month – he realised something was happening to him, something was changing in his soul. He stopped swearing. He was not drawn to alcohol. He had lived the last years lying, but once when he was being deceitful there he burst into tears like a boy and suddenly realised that he could no longer cheat people again.'*(B9)

The transformation in the ex-addicts also enables restitution in broken family relationships. Partners are reunited, as divorce proceedings are dropped<sup>67</sup> and children accepted back into the family home. *'Now I'm freed from sin I've returned to my family and am regaining health. Jesus also has given me a new loving family of sympathetic brothers and sisters. It's*

---

<sup>66</sup> 1Peter 2:9,10 'You are a chosen people a royal priesthood a holy nation, a people belonging to God that you may declare the praises of Him who called you out of darkness into His wonderful light. Once you were not a people but now you are the people of God; once you had not received mercy, but now you have received mercy.'

<sup>67</sup> I witnessed two such examples in the first six months of work and heard of others.

*wonderful to be part of His family, and have the right to be called His child. All praise to him alone.’(A23) ‘Now I have a completely different life, my relationship with my relatives has been restored, and my parents are pleased to see me.’(B6) ‘At last I was brought to the rehab centre and I accepted Jesus Christ as my God and Saviour. Now I am overjoyed, I have many friends and my relationship with my family is restored. God resurrected me.’(A6)*

As well as the beauty of restored relationships, a change in character provides the ability to form new healthy relationships. *‘In our centre there are marriage classes, marriage therapy, support groups though the week. Even in our adolescent programmes, we do have those as well.’(I8)* Many weddings are performed at the centres; one large centre, in the first eight years of operation, has registered more than 100 weddings. Some of these are from restored relationships of previous partners, but the majority are new couples who met during or after their rehabilitation. *‘At the end of the Bible school, I got married to the guy who had come up to me in church [after I fell]. God turned the heart of my son back to me, and taught me to love and bring him up well. We became a happy family; because it was all the handiwork of God... Three years later my mother died. Surrounded by care, she left happily and quietly to be with God.’(B5)* A rehab leader recalls: *‘One day a girl was brought to the centre – emaciated and helpless: six years of heroin addiction, it seemed, had killed everything in her. The hospitals refused to accept her, so the centre was her last hope. Work with her was difficult. In a month, having got stronger, she left. But after relapsing she returned again. Gaining hope gave her faith and faith – love. In a little while [we] married. Today [our] daughter is a year old.’(B9)<sup>68</sup>*

It is a great joy to watch the transformation as the ex-addicts develop and blossom in different ways. *‘God has given me a new musical talent and now I lead the worship at the church and rehab centre.’(A9)* Having previously shown no interest in studying music, one young woman is now *‘19 years old, speaks fluent English besides her native Russian, and is presently studying violin and drums. She is also returning to her high school education which was interrupted for 3 years due to her glue addiction.’(C8)<sup>69</sup>* Now free from his anger and addiction, a middle aged ex-addict *‘is now happily married, has 3 beautiful children and is a pastor.’(C9)<sup>70</sup>*

---

<sup>68</sup> Names removed for anonymity.

<sup>69</sup> Taken from leaders commentary added to the end of her life story.

<sup>70</sup> Taken from leaders commentary added to the end of his life story.

For others their new freedom brings a restoration of previous talents destroyed by addiction. *'It [drug ministry] reclaims the talents and gifts God has given. Addicts are very talented people.'*(U2) Some drug rehab leaders believe that talented people are more likely to take drugs because they are not satisfied with the status quo and need more stimulation and fulfilment. *'All our people are talented that is why they took drugs. Now their talents are coming out.'*(R4) During their rehabilitation, several ex-addicts started writing poems for the first time; or playing musical instruments and now lead worship. Other are simply able to return to enjoy talents that had been destroyed by drugs. *'The way to God was at the same time the way to himself – to that person who once wrote poems, enjoyed music, and dreamed about the future.'*(B9)

A leader explains: *'We help each person find God's will for the end of his or her time in rehabilitation. We take an individual approach to each person aiming for quality rather than quantity.'*(R3) The old selfishness is replaced by a love and desire to help others. For some this happens straight away while for others it develops over time. This love for others gives them joy particularly in helping other people, who were suffering like themselves, to find freedom from their addiction to drugs. Here are three examples: *'At the centre [he] has really started his new life. He met his wife there and in his family there are now three children. He works there and helps people like him to receive salvation.'*(B4) *'Also [while] in Bible school we started to help other drug addicts. Knowing a way out of the deadlock, it's impossible to keep quiet about it. Later we went to work in a rehabilitation centre for drug addicts... There, God [also] entrusted us with the training of two more [of our own] boys.'*(B5) *'I thought about what I should do after rehabilitation. I don't want to live the life I used to live, and I haven't yet learned how to live a new one. I read what Jesus said in the Bible (what you have received, give it away). God's voice said to me – I gave you freedom, so you can live now as you want, or to live by helping others who are slaves to drugs to find a way in me. You choose. I knew that [my wife] wanted to serve God and that God said to her in her heart the same, but I was still not sure. Then one Christmas God said to me, clearly and briefly, deny yourself, take up your cross and follow me. It was written on a heart shaped card that was given me. I understood that it was God's will for my life.'* (B3) From the summary of the interviews and life-stories, it is clear the vast majority of people running the rehab centres are people who were themselves previously in bondage to addiction.

Before examining the process the rehab leaders use in leading people to freedom we will pause to consider the effect on and needs of the addicts family members, the co-dependents

who journey alongside the recovering addicts. They inevitably affected by the roller-coaster life of the addict and significantly influence their recovery.

### **3.5 Life of Co-Dependents**

The effect of the addict's life has a strong impact on the people close to them, which in turn can trigger the addict to greater use of substances by increasing their desire to escape, either due to guilt when they notice the suffering they have caused, or due to frustration from attempts to control and limit their drug and alcohol use. The first sub-section provides some facts relating to co-dependency: how it forms, who is affected by it and how. The following sub-section provides an understanding of the assistance provided to co-dependents and the different ways they are helping to support the work of the rehab centres.

#### **3.5.1 Co-dependents -who, why and what are they**

Instead of being dependent on chemicals 'a co-dependent person is one who has let another person's behaviour affect him or her, and who is obsessed with controlling that person's behaviour'.<sup>71</sup> Therefore, co-dependency has been labelled 'The disease to please'.<sup>72</sup> As seen above, co-dependents are all those who have a significant relationship with the addicts. Parents, spouses, children, siblings and others, can all become ensnared by the instability and manipulation of an addict close to them. 'Broadly defined co-dependency is really a continuum from one who is in a relationship with an addict ... to one who is so dependent on a relationship that the relationship is more important than oneself... [or] to simply being a member of a dysfunctional family.'<sup>73</sup> In other words, co-dependency can be seen as another form of addiction that restricts the freedom and development of the sufferer and warps their identity of themselves. The level of co-dependency is determined by how close the person is to the addict and is a measure of his or her own maturity and self-worth.

---

<sup>71</sup> Melody Beatie *Codependent No More: How to Stop Controlling Others and Start Caring for Yourself* (Centre City MN: Hazelden, 1992), 36. See also Robert Burney, *The Dance of the Wounded Souls*. (Robert Burney PO Box 977, Cambria CA)

<sup>72</sup> Jean LaCour, 'Co-dependency' *Dawn 2002 Pakistan National Drug Conference 3-6 Nov* (2002): 116-124

<sup>73</sup> Kerry Olitzky, 'Moving from Co-dependency to Covenant: A spiritual Counselling Model for the Jewish Community Journal of Ministry,' *Addiction & Recovery* 4, no.1 (1994): 33-39, 33

Due to the demanding nature of addiction there are very few addicts who have been able to give up for the sake of another person, irrespective of how intimate their relationship is or how great their or their partner's suffering is. If they did so it was because they decided to in the earlier stages before they got fully ensnared in their addiction. 'Drug addiction is a sick love relationship with mood-altering chemicals,'<sup>74</sup> which is totally possessive and so destroys all other relationships. No amount of control, manipulation, coercion or incentive is going to be successful - on the contrary, these methods are more likely to reinforce the addict's desire to take drugs.

The causes of co-dependency normally come from within the family. According to Bradshaw 'Co-dependency is the most common form of family illness because it is what happens to anyone in any kind of dysfunctional family... Anyone who becomes controlling in the family to the point of being experienced as a threat by the other members, initiates dysfunction.'<sup>75</sup> Children growing up in a family with an addicted father or mother were forced to deny the reality of themselves and their parents' addiction. They denied their own needs, feelings of abandonment, betrayal, deprivation of love and attention, and neglect.<sup>76</sup> They often suffered violence, emotional incest, fear, and depression.<sup>77</sup> Emotional incest is a very common form of co-dependency, typically a result of one or other parent's emotional needs not being met in their marriage, due to their addiction or other breakdown in relationship and using a child to fill the gap. Therefore, the child grows up feeling responsible for their parent's emotions and well-being: so they become 'Daddy's little princess', or 'Mummy's big boy'. A third and wider description by Robert Subby says: co-dependency 'is an emotional, psychological and behavioural condition that develops as a result of an individual's prolonged exposure to and practice of a set of oppressive rules - rules which prevent the open expression of feeling as well as the direct discussion of personal and interpersonal problems.'<sup>78</sup>

These experiences in childhood all affect a person's behaviour in adult life as Ernie Larsen, one of the early writers on co-dependency, summarised. 'Those self-defeating, learned behaviours or character defects result in a diminished capacity to initiate or to participate in

---

<sup>74</sup> Robert McAuliffe, M and Mary Boesen McAuliffe, *The Essentials of Chemical Dependency: Toward a Unified Theory of Addiction* (USA: Author House, 1975)

<sup>75</sup> John, Bradshaw, *Bradshaw On: The Family* (Deerfield Beach, FL: Health Communications, 1996)

<sup>76</sup> M.S. Lawson and G.S. Wilson, 'Parenting Among Women Addicted to Narcotics' *Child Welfare* 59, no.2 (February 1980): 67-79;

<sup>77</sup> LFTW 2003d:5 See also M.J.U Williams, 'Cause for Concern The Problems of Children Born of Drug Addicts,' *Maternal and Child Health* June 8, no.6 (1983) 258-263;

<sup>78</sup> Robert Subby, is director of Family Systems, Inc. in Minneapolis. Robert Subby quoted in Beattie, *Beyond Co-dependency*, 28

loving relationships.<sup>79</sup> The effects of co-dependency are typically low self-worth, repression, denial, mood swings, sexual problems and dependency on the relationship with the addict. They may be controlling, obsessive, angry, poor communicators and have weak boundaries. Often co-dependents carry more than their fair share of responsibility in relationships, continually serving to fill their own sense of unexplained guilt and worthlessness. They seek to fix people's feelings by speaking for another person, making excuses, solving their problems, and meeting others' needs without being asked to do so and before they have agreed to this occurring. Plant observed that children of an alcoholic grow up spiritually dead with emotional maiming, mental torture and physical violation.<sup>80</sup> Rather characteristically in the reports from co-dependents from Russia, most do not mention their own pain or frustration, only what they did to seek a solution on behalf of the addict<sup>81</sup>.

Why focus on co-dependents? The first reason is that they are as in need of healing as any other addicts: co-dependency is a form of addiction.<sup>82</sup> Like other addictions, it is a coping mechanism, it can appear to be a disease and can cause physical and mental illness and due to long-term stress, it is progressive.<sup>83</sup> The family members of an addict also need support like the chemically addicted addict, though it can be hard for them to admit it. The approach must be gentle and compassionate as often they can be very wounded people. Many have been regularly robbed, abused and systematically deceived, creating insecurity, mistrust and fear, commonly leading to desperate hopelessness. The second reason is that, 'if we do not, or cannot help the user's family, we may jeopardise the recovery of the user'<sup>84</sup> because the old dysfunctional behaviour patterns that have developed in order to cope with their volatile relationship will be repeated, causing previous pain to resurface, which could lead to relapse. Therefore, co-dependents need to find healing for themselves as much as for the sake of the recovering addict although initially this may not be recognised.

Co-dependency is a primary, progressive, chronic, fatal, and treatable disease, which is caused by being raised in an emotionally dishonest and spiritually hostile environment. The primary environment is the family system, which is part of the

---

<sup>79</sup> Ernie Larson quoted in Melanie Beattie, *Beyond Codependency: And Getting Better All the Time* (Centre City MN: Hazelden, 1989), 12, 28

<sup>80</sup> Martin A. Plant, *Women Drinking and Pregnancy* (London: Tavistock, 1985)

<sup>81</sup> A couple of stories were sent to me from mothers of the addicts, which included parts of their own story. The facts and events in the story were very similar but as these were written from such a different angle these did not fit the criteria for use them in the set of 50. There are some examples included in the Exodus film in Appendix 3.1

<sup>82</sup> Olitzky, 'Moving from Co-dependency to Covenant': 33-39. 'Those afflicted with addiction inevitably ensnare significant others in a web of co-dependency. [All] are in need of recovery.'

<sup>83</sup> LFTW, *Certificate in Substance Misuse Care and Counselling* Module Four: Codependency the most Underestimated Addiction, (2003d) 5 available from *Life for The World*

<sup>84</sup> LFTW 2003a:8

larger emotionally dishonest and dysfunctional society, which is part of a civilisation that is based on false beliefs about the nature and purpose of being human.<sup>85</sup>

When the place that is supposed to provide safety and security becomes a battlefield, then the experience is defined as ‘sanctuary trauma.’<sup>86</sup> The battlefield was created due to their war with parents not out of malign intentions. The co-dependency needs to be addressed so that this cycle does not keep multiplying from one person and generation to the next.

The majority of the co-dependents that are part of the Christian rehab networks in Russia are parents of young people who had become addicts, although some were wives of addicts and a few were children.<sup>87</sup> A few of the wives felt it necessary to attend rehab themselves in order to understand and experience the transformation seen in their husbands. Though humbling, they found it most helpful and rewarding. Other rehab residents noticed these wives had many of the same personality issues that they were dealing with, such as denial, anger and control. One man confessed that ‘*Relationships in my family were spoiled. My wife constantly threatened to divorce me and take our child.*’(B1) Another concluded ‘*I forgot about happiness, I decided it must be not for me. And I was strengthened in such thinking as two marriages fell apart, and I lost a job I really liked (as a successful photographer-artist) because of my alcohol addiction.*’(C9)

Children that are born of parents who are taking drugs will often be addicted from birth. ‘*Ilya my second son was born and immediately suffered withdrawal from drugs in the delivery ward. The doctors gave him a drip and fought to save him. His appearance into the world gave me the opportunity to escape prison.*’(B2) During rehab many children of addicts were left with the addict’s parents for daily care, a practice which had usually started during dependency. This at least removed them from the daily instability and neglect experienced when living with addicted parents. As discussed earlier, children in drug-using and alcoholic families are at great risk and adopt dysfunctional means of coping with their stress and pain.<sup>88</sup>

---

<sup>85</sup> Robert Burney, *Co-dependency: The Dance of the Wounded Souls* (Cambria, CA: Joy to You & Me Enterprises 1995)

<sup>86</sup> LFTW *Certificate*, 5

<sup>87</sup> There were very few fathers who came, partly because many of the young people did not have fathers, lots were alcoholics and nearly all took much longer to respond. If a married woman came to the centre, often her husband was also an addict or he had disappeared long ago due to her addiction.

<sup>88</sup> LFTW 2003a:8 See also Lawson & Wilson 1980; Williams 1983; and Plant 1985

### 3.5.2 Support for and from co-dependents

Many of the parents I met had got into huge debt in the desperate longing to find a solution for their children, only to have their hopes shattered days if not hours after their child returns: *‘When his parents found out they did everything to save him. It was a great trial for everyone: the path from hope to despair and again from despair to hope drains too much emotional strength. Whoever has not gone through something similar is unlikely to understand. But God forbid that anyone experience that testing. The horror of the situation is that the family of an addict loses the normal flow of life.’*(B29) Some parents, after trying everything, found it easier to think of their son or daughter as dead and eventually cut them off completely from the family.

All the rehab centres also work with co-dependents,<sup>89</sup> depending on their vision, location and resources. They understand the importance of working with the whole family. *‘As a treatment director I would say that the family would almost have to be involved, it’s almost non-negotiable unless the family is just not accepting – you know... The parents are required to come for a couple of nights to begin to interact with their young person. So family is very crucial.’*(I8)

Although the emphasis may vary in different programmes the meetings for parents nearly all involve time for answering parents’ questions; providing the parents with teaching and support and prayer for themselves and their children. The teaching is parallel to that given to the addicts in the centre, but applied to the situation family members are in.

It clearly points them to God as their source of hope, and emphasises the need for them to think about their own healing and release as well. Though they have different issues to deal with, they find release and freedom in the same way as for other addicts. The co-dependents find freedom as they come in humility, recognising their own need for salvation, releasing control for their own and others’ lives, and submitting their lives to God and find the most faithful, consistent, loving friend. Here is one centre leader’s summary of their work with co-dependents: *‘Twice a month we have a meeting to provide support for co-dependents given on two levels. 1) Before their son or daughter has accepted treatment, they have personal consultation and advice. Our focus then is on questions related to drugs and alcohol. 2) While their children are in rehabilitation, co-dependents come to meetings for their personal*

---

<sup>89</sup> All except one of the projects visited held weekly meetings particularly for family members.

*spiritual growth. The leader is one of the mothers whose son has been freed.*'(R3) This mother is able to share the experience that she has been through both of suffering and joy to give other families practical advice and hope.

I took part in many meetings for co-dependents' which typically consist of a time of thanksgiving to God, testimonies from people whose lives have been changed by the power of God, and an opportunity to learn the Biblical principles being taught at the centre. Often there is also an invitation to become a Christian. After the formal part of the open drug support meetings, the leaders are available to meet and answer specific questions of concerned family members. *'We work a lot with the parents every day.'*(R1) Sometimes these meetings are open for any would-be applicants as a place where they can learn about God and life in the centre. This support meeting provides a link between family members based in the town and the leaders and residents living at the centre, normally located out in the country and as such not in easy reach by relatives. In practice these meetings are often attended only by women: the mothers and wives of the addicts. During the first stage of the addict's recovery, family members are restricted as to when they can visit.

*'Each meeting there is teaching, a time of prayer and then an opportunity to share.'*(I3) The support meetings run by rehab centres focus much of the time for sharing on testimonies giving thanks to God, by people whose lives have been changed by His power, as opposed to focusing on their problems. The teaching applies the same Biblical principles being taught at the centre to their context as family members.

The chart below, or some variation on it, is often used when the rehab leaders are teaching or giving advice to co-dependents. This scheme identifies six 'C's to confirm what the co-dependent needs to know about their loved one's addiction, which will help them break out of their dependence.<sup>90</sup>

### **Three false beliefs to Counteract:**

I did not Cause it – Therefore I do not need to feel guilty or ashamed about the problem at home; it is not my fault.

I cannot Control it – Hiding the bottles or syringes will not stop my family member's drinking or using.

---

<sup>90</sup> Adapted from material quoted in LFTW *Certificate: 7*. Clearly the alliteration for these points does not work out the same in Russian.

I cannot Cure it – Trying to convince my family member to stop drinking or using will not work.

**Three positive steps to Complete:**

I can Care for myself – I can protect myself as much as possible leaving the house if I feel in danger.

I can Communicate my own feelings – My confused thoughts and feelings are normal. It is good to hate the problem and at the same time love the person. Talking about my feelings will help me.

I can make healthy Choices – I can find support and get involved in activities outside the home.

The project I first worked at placed almost equal importance and time in the work for the recovery of the addicts and the restoration of the co-dependents, seeing both groups as addicts needing freedom and restoration. *‘We work a lot with the parents every day.’*(R1) The co-dependents get to know other at the support and training meetings and often form close caring friendships form through the shared experience of common problems. They are reminded to care for themselves and advised on healthy options for further support. Families also share their joy with each other. Having united in support while things were difficult, when their son or daughter in time comes to receive healing from their addiction, the joy together is multiplied. The parents testified that their freedom and hope was experienced when they became Christians and learnt to receive strength by praying to God. Sometimes it was still years before their son or daughter showed any signs of being willing to change. This provided a powerful testimony of hope to other parents. Through their relationship with God, their identity changed from victim to victor based on God’s unconditional love for them. Coming to know God as a caring Father gave strength not to dwell in self-pity, seek to control or even to rescue their young person from the problems they create; for example by paying their way out of jail. *‘Our principles are total honesty, share what’s happening in the here and now, [not dwelling on the past.]’*(I3) Joining with the other parents of addicts they regularly prayed together and found support and encouragement to face the continuing patterns of betrayal and manipulation at home. For some the waiting was not long, while for others, years later, it is still not over. However, they have now learnt to find self-worth and stability through knowing the unconditional, unchanging love of God. Their hope is restored and their faith and wisdom grows steadily.

Despite having many of their own needs, the immediate family or co-dependents have a lot to give and can play an extremely important role in assisting with the rehabilitation process of their child. We have already seen one of the main forms of assistance that family members bring the addicts: a significant proportion come to the centre due to the information that a family member has gathered, or the relationship they have already formed with the leaders of at a rehab centre.

Another important way that co-dependents help support the recovery process of the addict in their family is by being willing to renew their image of them. In their major life adjustments, recovering addicts need the approval of those important to them. This is one of the main reasons why the rehab centres spend significant time with the family members and facilitate the forming of a new relationship with teaching, discipleship and positive shared experiences. McIntosh & McKeganey found 'it was vital that the recovering addict's claim to a new identity be accepted by his or her significant others.'<sup>91</sup> For example the rehabilitants from the Christian programmes recognised how much easier it is not to relapse if other family members have joined them in their new faith and also decided to follow God. As a family, they would continue to support and grow together in their new Christian lives. This is noticed particularly on visits home and is even more significant for those who returned to live with parents after rehabilitation.<sup>92</sup>

Part of forming a new relationship involves being able to forgive the addict for the enormous amount of pain they have caused. The co-dependents who had become Christians are able to draw strength through their, relationship with God, understanding that they had been forgiven for their own wrong doings. As the co-dependents learn to receive the love and forgiveness from God for themselves, the healing process could begin and they are able to receive strength and love to forgive their child and following that learn how to pray for them. *'Jesus came to my family; my mother found God, found salvation and started praying for me. And God answered her plea. He led me to the Christian rehab centre... where Jesus revealed Himself to me, pardoned my sins and gave me eternal life. He has given me joy, comfort and peace of heart. And I also found the release from my illnesses. Jesus has given me hope, faith and meaning in life.'*(F3)

---

<sup>91</sup>

and McKeganey, *Beating the Dragon*, 102 Ch5 Staying off

<sup>92</sup> Many people in their 20s and beyond remain living with their parents due to the limited options for accommodation, see Chapter Two.

McIntosh

Some centres even taught that a mother has extra spiritual authority to pray for and influence the spiritual health of her son or daughter. *'My mother is a Christian and continued to pray for me all through my problems. I agreed to go to this rehab centre, where I am now receiving healing through love and prayer.'*(H3) Clearly, the mother's love for their child motivated them to pray earnestly and faithfully for them. Apparently, their prayers are heard, as there was noticeable correlation between the spiritual growth of a mother and the ongoing stability and development of their son's or daughter's progress through and development after rehabilitation.<sup>93</sup>

In the former Soviet Union, the group of mothers related to current or previous residents typically provided the strongest support network for the centres.<sup>94</sup> They met many of the practical needs for the centres, whether it was special food for a celebration, or curtains to be made, or extra furniture needed; they generously provided what they could out of gratitude to God and the centre leaders for the new joy and pride they could feel for their long lost son or daughter.<sup>95</sup> In some cities, the mothers' network also took an active part in drug prevention education in schools and was diligently committed to preventing other mothers from going through the pain they had suffered. Others set up a telephone hotline to provide information and support for concerned parents. In several cities, parents are also involved in raising support, finding sponsors and representing the centre before government and business officials, particularly where they have contacts through their work with people in influential positions.

In summary, the process of unlearning ingrained patterns of harmful behaviour takes considerable time. During the initial stages of rehab, contact with parents and other close relationships is limited and carefully controlled as before they have received healing both the drug addict and the co-dependent tend to continue the destructive behaviour patterns of behaviour they were operating with previously. Later, as they receive their own healing and training, they become valuable members of the community. Co-dependents, similar to other recovering addicts, need unconditional love and acceptance, and regular discipleship as

---

<sup>93</sup> I personally observed evidence of this correlation with the many families who were involved in the life of the rehab centre and the church it was linked to.

<sup>94</sup> These meetings were in theory for both parents but in practice there were only one or two men in some cities who attended. Most of the fathers had either left the family long ago or were unwilling to recognise their own need for God. So these events became known as the mothers' meetings. However some wives, grandmothers, sisters and brothers also attended.

<sup>95</sup> One centre did not allow gifts to be sent during rehabilitation of their child in case it was then seen as payment in kind or a type of bribe.

described above. Likewise, the means to prevent a return to the destructive behaviour patterns, (relapse) and for continued growth is the same as for the chemical ex-addict.

This chapter has described the seriousness of addiction and its increasing destruction in all areas of life. No one sets out to become an addict but each ended up there through foolish and sometimes naive choices. They were looking for meaning and pleasure; they wanted to be somebody, to have control of their life and destiny. However, the sense of elation and power evaporated as quickly as it had come and they were left more alone and empty, desperate for more. The patterns and rituals developed into repeated use and so, bit by bit, destroyed their soul and left behind a trail of suffering. After many broken promises and failed attempts to find an escape they eventually realised that trying to run their own life had not worked. The addicts met God in different ways, though mostly through knowing other addicts who had received freedom. Each has their own unique powerful description of how they came to understand God's love and power for them.<sup>96</sup> When they were ready to hand over control of their lives and submit themselves to the mercy of the living God, they found love and grace that started the process of restoration, by the indwelling Spirit of God, which reaches every area bringing healing and transformation. For many it came after much suffering at a point of desperation as they cried out 'Help -' Is there anyone out there'. Only a few were ready to give their lives to God earlier. The recovering addicts' lives in rehabilitation are in a process of adjusting from their old patterns of behaviour and problem solving, to new ones guided by the Spirit of God in them and in line with the Biblical principles they are taught.<sup>97</sup> Having outlined the 'typical life history' as defined by Bertaux et.al.<sup>98</sup> we are now ready to analyse this process of change in the next chapter. The final chapter then draws together the conclusions from ethnological and theological viewpoints.

---

<sup>96</sup> It has been a great encouragement and privilege in writing this paper to work with so many amazing stories of transformed lives.

<sup>97</sup> What is meant by Biblical principles is explored in Chapter Four. 'Christ's Provision for Freedom'

<sup>98</sup> Life-story researchers Daniel Bertaux, Martin Kohli and Isobelle Bertaux-Wiame, 'Biography and Society: Life-Stories in the Bakers' Trade' in Daniel Bertaux & Isobell Bertaux-Wiame (eds) *Life History Approach in the Social Sciences* (Beverly Hills, CA: Sage, 1981), 169-190; and Daniel Bertaux & Martin Kohli 'The Life Story Approach A Continental View' *Annual Review of Sociology* Vol. 10 (1984) 215-237 – See Chapter One 'Introduction' for an explanation of this theory.

## CHAPTER FOUR: CHRIST'S PROVISION FOR FREEDOM

### 4.1 Introduction

This chapter reflects on the process of change described in the life stories of the ex-addicts summarised in Chapter Three. In order to identify the most important Biblical principles that enable addicts and co-dependents to find freedom from dependency, and subsequently for ex-addicts to remain confident of maintaining their freedom, structured interviews were undertaken with twenty programme leaders who have been analysing their work and refining their programmes over many years.<sup>1</sup> A Russian and English copy of the open questions used can be found in Appendix 2. The issues they identified were sorted according to the stage of the processes they referred to before, during or after residential rehabilitation. Key explanations were used in description that makes up Chapter Three according to each stage. Later the interviews were also analysed for the resources used and theological processes involved in the transformation from a life of addiction to a life of freedom. The three main resources God provides were identified as the Bible, the Holy Spirit and the Church. The key processes given as effective in leading to lasting change emphasised the importance of their relationship with God, a change in identity, and accountability. Each of these themes are discussed with a combination of Biblical doctrine and teaching observed in the rehab centres, references to contemporary literature, and examples either from personal observation or from the interviews with leaders to illustrate and set the context for this way of thinking.

Having visited over 60 drug and alcohol rehabilitation programmes in the former Soviet Union (fSU) and others in the UK, Holland and Spain, and attended 30 regional conferences for rehab leaders, my observation is that the ones that appear to be seeing the most lives being transformed are those that confidently base their programme on Biblical principles.<sup>2</sup> Christian programmes in the fSU boldly proclaim their confidence and total dependence on Biblical principles and expect a high commitment to change. Virtually all leaders of Christian rehabilitation centres who are linked to the ISAAC international networks in Russia and the Ukraine<sup>3</sup> would claim the Bible as the source of their methodology and a relationship with Jesus Christ as the key to freedom.<sup>4</sup> Initially, when I, or others, asked what programme or method was used, the question itself often brought a perplexed reaction as if there could be

---

<sup>1</sup> See Appendix 2.1 for a table of the qualities and experience of the interviewees.

<sup>2</sup> Other rehabilitation programmes may be using Biblical principles without actually recognising God as their source.

<sup>3</sup> ACRC Ukrainian network, Love rehab network, Moldovan Alliance and several regional associations in Russia.

<sup>4</sup> Summary analysis of interviews and life-stories.

any other appropriate direction or guiding authority than the Bible. While socialising over tea with several leaders, they joked about how foreigners came and asked them those intellectual questions about methodology, while they saw themselves as simply following what God had taught them, and saw great success. Many leaders have now become used to foreigners asking these types of questions on methodology and are better equipped to give an answer, and often one that is a variation on my hypothesis: the Biblical process of conversion and discipleship is appropriate and effective for freeing people from addiction.

The Biblical theology discussed in this analysis is the in-depth exploration of the process of transformation used in the Christian Rehab centres. The leaders emphasise that they do not heal addicts but are careful to claim that it is God who sets them free. Though many factors can help in the process, none of these programmes would be the same, or be effective, without the reliance on God's gift of forgiveness and freedom from all bondage including various forms of addiction: *'We understand that our responsibility is not to set people free but through our program, that God sets them free.'*(U3)

Therefore, I will examine the two key steps understood by the Christian rehab centres as being needed for a person to be transformed from addiction and to find lasting freedom.<sup>5</sup> First is conversion, which includes receiving forgiveness from sin, release from the power of sin and bondage to the destructive cycle of addiction that they are trapped in. Second, is the vital role of discipleship for growing in their relationship with God and understanding of the privileges and responsibilities that they gain with their new identity as a child of God. According to the Christian rehab centres, the addict must initially want to change and be willing to seek God's help. As addicts learn about God's love and power through other Christians, they are invited to turn to Jesus Christ in humility and repentance, acknowledging Him as their Lord and Saviour, and in doing so Christ, by His Spirit, sets them free from dependency and the need for the next dose. Then, it is vital that these recovering addicts, as new Christians, join with other believers on a regular basis to receive nourishment and strength in God's family. Both aspects of church life are important; the small group time for open and honest discussion of how they are coping with the challenges they face, and the corporate time for worship and teaching.

---

<sup>5</sup> All the analysis is a discussion and representation of the theological understanding 'according to the Christian rehab centres studied in Russia and Ukraine.' These groups have been identified in the methodology in Chapter One. Having made this clarification it is cumbersome and unnecessary to repeat each time. When reference is made to other groups it will be clearly identified.

To continue their process of recovery, Christian rehab centres teach residents to learn to apply the resources of the fellowship of God's family the Church, the Word of God and follow the guidance of the Holy Spirit. Recovering addicts initially have the fellowship at the centre where they are with people who know and are like them. During their time in rehab they are gradually introduced to the benefits of healthy friendships, discipleship, and teaching available through the local church. Section 4.2 discusses the resources God has provided for people to find freedom. They are love and discipleship from Christians, the Bible and the Holy Spirit.

Section 4.3 constructs a more in-depth study, using a psychological model to represent how the different aspects of people are interrelated and in order to understand how the process of addiction affects the user and increases its influence on all areas of their life. They have progressively decreasing choice and increasing compulsion, till their very identity has changed. In order to be free from the destructive cycle of their lives as addicts they need faith and forgiveness, which they will receive when they recognise their need for help and come humbly to ask God to change their whole way of life.

Section 4.4 shows how forgiveness gradually releases the layers of pain and with God's strength they learn to develop healthy relationships. This starts with the social, emotional recovery process of growing in their relationship with God and learning to receive daily the resources He provides. The power of the Holy Spirit working in the life of the recovering addicts gradually heals them physically and emotionally and transforms their desires and values as they continue to walk in obedience and dependence on God.

Section 4.5 then concentrates on the concept of discipleship and the process by which the ex-addict grows in their faith and their newfound freedom. Finally, section 4.6 examines the centres' understanding of how to maintain freedom from drugs and responses to relapse when it happens. After relapse, the route to restoration is the same one of repentance and renewed commitment to the authority of Christ though the experience may be different. This section identifies responses from the rehab leaders and the recovering addict so that each failure can be turned into a lesson and be used to strengthen their ability to live free from the addiction that controlled them.

The last section provides a brief summary of the whole process highlighting the key aspects and leads into the conclusion of this thesis.

## 4.2 Resources Leading to Freedom

There are three resources that the centres see as having been given by God to enable people to receive and maintain freedom from addiction and bondage: His Word, His Spirit, and His people. Clearly, there is a high interaction between the three because they are all of God: *‘In prison I saw a New Testament for the first time. We had people coming to evangelise. For me it was something ‘weird’, but the seed of faith fell into my soul.’*(B3) In this example we see the active role of the Holy Spirit using the written and spoken Word of God brought by believers to plant faith in this addicted man’s heart.<sup>6</sup> However to understand each of the resources more fully, and to see how they work within the centres, it is simplest to examine them separately.

### 4.2.1 The Use of the Bible in Rehabilitation

This section focuses on the how the Bible is used in the process of helping people change their way of life and find freedom from life-controlling behaviours and destructive thought patterns. Initially it is important to define the parameters that guide the use and interpretation of the Bible in this analysis, which I have as much as possible sought to reflect as those commonly held amongst the rehab centres represented. They have been compiled based on observations during fieldwork, with the benefit of a number of commentaries that reflect the rehab leaders beliefs.<sup>7</sup> Naturally there are some differences of belief and practice across the different centres. However, all would agree with the principles defined here.

*‘Our aim is “to help people be open to God and others, to learn to trust God and His word.”*”(R4) One of the prime functions of the rehabilitation process is the progressive development of new ways of thinking and consequently of acting. All rehabilitation programmes have some kind of philosophy.<sup>8</sup> The Christian centres analysed choose to base

---

<sup>6</sup> There are clearly many other aspects of the interaction that are probably taking place but this is clear enough to make the point.

<sup>7</sup> These have been compiled with reference to the following commentaries. Mathew Henry *Matthew Henry’s Concise Commentary on the Whole Bible* Public Domain London: Hendrickson Orrig,1706; Jamieson, Robert, A. R. Fausset, & David Brown *Jamieson-Fausset-Brown Bible Commentary* (London: Hendrickson Publishers, 1997); Walter A. Elwell, *Evangelical Commentary on the Bible* Baker Book House, 1996, c1989; *Word biblical Commentaries*, World Publishing, Dallas, Texas; JA Motyer and John RW Stott (eds), *The Bible Speaks Today Series*, (Leister IVP 1981-1992); The IVP New Testament Commentary Series (18 vols) Leister: IVP

<sup>8</sup> Frans Koopmans, *De Hoop’s view on Care about Identity and Professionalism* (Amsterdam: DeHoop Dordrecht unpublished paper, 1997)

their teaching on the Bible. *'The basis of our programme is Jesus Christ and the Bible is our text book. Spiritual growth comes through Bible lessons, participation in Church life, and the discipleship by the leaders.'*(U1) God's Word is the catalyst for change and is used to set standards for behaviour and guide the programme; including use of time and resources; methods of discipline; and style of relationships. Paul asserts the origin and purpose of scripture, which is supported in the rehab centres, that 'All scripture is inspired by God and profitable for teaching, for reproof, for correction, and for training in righteousness, that the man of God may be complete, equipped for every good work.'<sup>9</sup> *'His Word changes us.'*(U1)

The Bible, therefore, is accepted as the fully authoritative Word of God orchestrated by God through the inspiration of His Spirit. 'First of all you must understand this, that no prophecy of scripture is a matter of one's own interpretation, because no prophecy ever came by the impulse of man, but men moved by the Holy Spirit spoke from God.' (2Pe 1: 20-21) God also speaks today through His prophets who are likewise inspired by the same Spirit of God as in Old Testament times (Deut 18:18-20) and in the Church (1Cor 12:7-11). The Spirit of God does not change (Ps 110:4; Mal 3:6), therefore further revelation will not contradict that which is already given in the written Word of God.

The Bible is accepted as accurate in all its original manuscripts and appropriate for guidance in all matters of faith and conduct. It is also seen as reliable in its historical, geographical and scientific accounts taking into consideration generalisations, possible mistakes in copying from the original manuscripts and the use of simplified quotations of the Old Testament in the New Testament. The two testaments are seen as two distinct parts of the whole canon of scripture, the significant difference being that the New Testament is fulfilment of the promises in the Old Testament, regarding the coming of the messiah Jesus Christ in human form, as one part of the trinity, both fully God and fully man.

It is recognised that interpretation of Scripture will always be subject to human differences to a certain extent. However, this does not preclude confidence in interpretation given the following guidelines: the use of a historico-grammatical method for interpretation, (that is taking the plain meaning of words as they were used at the time of writing); authors are recognised to be using figures of speech when this is directly clear from within the context of the text. The best interpretation of Scripture is understood to be other passages of Scripture dealing with a similar theme. Within the canon of scripture, interpretation takes a

---

<sup>9</sup> 2Tim 3:16-17 (RSV)

progressive approach such that later sources can bring greater understanding to themes raised by earlier authors. For example the understanding of atonement through Christ is a greater and more complete fulfilment of the act of atonement for sin made through the daily sacrifices as laid down by the Torah (the first five books of the Old Testament). Old Testament legal and prophetic passages are therefore seen as applicable for the Church today through the interpretation of New Testament teaching. Then, with reliance on the Holy Spirit, the supreme author and guide, and submission to the authority of the Church, a diligent reader can obtain a high degree of objectivity of interpretation, in order to have confidence that true conclusions can be reached.<sup>10</sup>

The use and interpretation of the Bible found in the Christian rehab centres in the former Soviet Union are in line with the parameters given above. The Bible is their common basis of understanding, and for applying their principles. Their practices are compared with their Biblical teaching and examples, and the results applied to the different groups of people affected by substance abuse: current addicts, ex-addicts, rehabilitation leaders, and co-dependents.<sup>11</sup>

As indicated by the title of the programme used in the network of Ukrainian rehab centres, which is ‘The truth will set you free’,<sup>12</sup> the cognitive process of understanding and appropriately applying the Word of God to the lives of ex-addicts is considered foundational to the transformation process. The expositional style of teaching most commonly used, and my involvement as a Bible teacher, has been described more fully in Chapter Three.

*Life For The World* is a British based training organisation who aim to equip Christians to give help and hope to those caught in various forms addiction including drugs, alcohol, eating disorders and co-dependency. Their modular based certificate course equips and accredits people to work in residential and non-residential settings. They have run a number of training weeks in Russia including two in Southern Russia attended by the workers, including myself,

---

<sup>10</sup> Some examples of widely accepted authors who demonstrate this approach include: Wayne Grudem, *Systematic Theology* (Leicester: IVP, 1994); William Robertson Nicoll, *The Expositor's Bible* (6 Vols.) (New York: A.C. Armstrong, 1903; John Stott, *Basic Christianity*, IVP, 1971); David L. Edwards and John Stott, *Essentials* (London: Hodder & Stoughton, 1988); James Montgomery Boice, *Foundations of the Christian Faith* (Leister: IVP, 1986)

<sup>11</sup> The majority of this thesis simply uses the term addicts. As explained at the end of chapter three co-dependency is the most common form of addiction. Much of the discussion on recovery and restoration applies equally to the different types of addiction be it drugs, alcohol co-dependency or other forms. Occasionally I have chosen to mention them separately to keep the different types in mind.

<sup>12</sup> A description of this programme is included in Chapter 5 Section ‘Objective Opinions’ and a summary of it is included in Appendix.3

of the Izhod rehabilitation program. Their material was very well received as it is based on the same foundations as those used in the Christian rehab centres. The charts and diagrams format were considered new and helpful. I asked permission to use their material in my own teaching, both informally from the lecturers at the time, and later officially via email from central office with a specific consent for use in this thesis. Due to the common approach to addiction and local use, I have found much of the *Life for the World* material appropriate for use in this thesis.

#### 4.2.2 Empowering Holy Spirit

The many roles of the Holy Spirit are all important for the recovering addict: before they come to God; in confirming their relationship as God's child; helping them walk with God; and empowering their service.<sup>13</sup> Some Christians underplay the role of the Holy Spirit, either because they feel that others have overemphasised His gifts or due to lack of personal experience. Naturally, a healthy balance of all Scriptural teaching is needed; however, the Christian life without the active role of the Holy Spirit easily becomes dry and prone to legalism.<sup>14</sup> On the discussion of methodology, one widely respected international leader was at pains to stress that type of methodology was not the determining factor in the effectiveness of their program, but the heart of God and His love and Spirit.

The Holy Spirit is seen as vital in bringing people, including addicts, and co-dependents to faith by revealing the glory and authority of Jesus Christ<sup>15</sup> and leading them to conviction of sin and repentance.<sup>16</sup> When people surrender their lives to God's authority, they receive God's gift of the Holy Spirit bringing new life and so are born spiritually into God's family as the Holy Spirit Himself comes to live in the Christian believer providing the guarantee of

---

<sup>13</sup> A clarification of the understanding of the Holy Spirit used in this Chapter is that the Holy Spirit is the third person of the Trinity, received as a gift from God (John 7:39; John 20:22; Acts 2:38) to every child of God; in various ways and times including through prayer (Acts 2:3-4; Acts 8:15) and the laying on of hands. (Acts 8:17-18; 19:6) He lives in each believer as a fountain of God's love (Rom 5:5, 15:30), refreshment (John 7:38-39; John 4:13-14), guidance (John 14:17,26; 16:13; 1Cor 2:10-13; Ps 25:5; 43:3), and counsel (John 14:16; 15:26; 16:7).

<sup>14</sup> Legalism was reported in the interviews as a major barrier for working with some of the local traditional churches in several regions.

<sup>15</sup> Matt 3:16; 12:18; Luke 3:22; John 1:32-33; John 15:26

<sup>16</sup> Acts 2:37 response to Peter speaking by the Holy Spirit. 1Thess 1:5; Micah 3:8;

eternal life.<sup>17</sup> The Spirit's presence in recovering addicts provides conviction that they are forgiven and accepted by God, which gives the recovering addicts great joy.

The ongoing life of a Christian is also dependent on the work of the Holy Spirit to provide the strength to resist temptation and to guide us in all truth.<sup>18</sup> *'I strongly believe that God wants to reveal Himself to us more than we want to seek Him, He wants to reveal His heart to each individual. He speaks in pictures, words, visions, prophesy and gifts of healing.'*(17) A recovering addict learns that the desires of the flesh, that is many of the passions that they used to live by, are in contrast to the way of the Spirit.<sup>19</sup> The Holy Spirit in each person wants to follow God<sup>20</sup> bringing life, but our flesh or sinful nature, is in opposition and leads to death.<sup>21</sup> So the recovering addict has a continual choice of direction: 'for if you live according to the flesh you will die, but if by the Spirit you put to death the deeds of the body you will live.'(Romans 8:13)

Christians grow in their knowledge and understanding of God when they learn to recognise His voice.<sup>22</sup> An ex-addict confirmed *'As you fellowship with God through prayer and the Bible, He will reveal Himself to you and reveal His will for your life.'*(C1) The power of the Holy Spirit in Christian recovering addicts sanctifies them.<sup>23</sup> Sanctification is a process by which a person grows in similarity to the character of God. It involves a change of understanding and values, which leads to a change in behaviour and eventually character and identity. For example, the voice of the Holy Spirit speaking through their conscience gives them and increased awareness and disgust for what is wrong. Then power of the Holy Spirit at work in them enables them to resist temptation<sup>24</sup> and if necessary to endure the struggle till they come through.<sup>25</sup> The wisdom given by the Spirit is demonstrated in very stressful situations such as in court. I heard specific cases where current residents in the centre testified

---

<sup>17</sup> Receive the gift of the Holy Spirit: Luke 11:13; Acts 5:32; bringing new life: John 6:63; Rom 8:11; 1Cor 15:45; 2Cor 3:6; born spiritually: John 3:5,6,8; become members of God's family: Rom 8:14,15, 23; indwelling of the Spirit: John 14:17; Rom 8:11; 1Cor 3:16; promise of eternal life:2Cor 1:22

<sup>18</sup> John 16:13

<sup>19</sup> Rom 7:6; 8:2, 4-6, 9,13, Romans 8:6 (RSV) 'To set the mind on the flesh is death, but to set the mind on the Spirit is life and peace.'

<sup>20</sup> Matt 26:41; Mark 14:38;

<sup>21</sup> Rom 8:9-13

<sup>22</sup> John 10:3-4 (NIV) This is a vivid illustration of the healthy functioning relationship and the benefit of listening to and following the voice of the guide. 'The watchman opens the gate for him [the shepherd] and the sheep listen to his voice. He calls his own sheep by name and leads them out. When He has brought out all His own he goes on ahead of them and His sheep follow Him because they know His voice.'

<sup>23</sup> Rom 15:16; 2Cor 3:18

<sup>24</sup> Romans 8:11 (RSV) 'If the Spirit of him who raised Jesus from the dead dwells in you, he who raised Christ Jesus from the dead will give life to your mortal bodies also through his Spirit which dwells in you.' & Eph 3:16

<sup>25</sup> Acts 7:55

that the Spirit gave them the words to say when being cross-examined in court about previous convictions.<sup>26</sup> Sometimes despite previous prison sentences, they were given parole, which enabled them to continue their rehabilitation process in the centre. God gives to each Christian His Spirit, who provides both specific warnings to stay away from evil and guidance to live a life that is glorifying to God: ‘You are not controlled by the sinful nature but by the Spirit, if the Spirit of God lives in you.’(Romans 8:9a)<sup>27</sup>

Another role of the Spirit of God is continually conforming Christians to the likeness of Christ.<sup>28</sup> When addicts come to the centre, they have been used to living and thinking only about themselves. The high demands of drugs cause selfishness such that even the needs of their own young children are ignored.<sup>29</sup> At the centre, they are immediately faced with community life, where the selfish attitudes, patterns of deceit and laziness are challenged by the vital work of God’s Spirit in their conscience.

By learning to be continually filled with the Spirit, they receive the necessary strength to meet the challenges first in the centre and then when they are on their own after completing the programme.<sup>30</sup> The Spirit also provides the wisdom and means to handle problems so that situations get better rather than worse. The ex-addicts reported many stories, particularly on visits home from the rehab centre, where they believe God, knowing their level of growth, protected them from meeting previous addict friends or gave them the strength to walk through the market or station and ignore the drug sellers. Later on, when strengthened through His Spirit,<sup>31</sup> they were able to meet up with their old addict friends and testify to the transformation God had caused in them.

One of the many names for the Holy Spirit is the Spirit of truth<sup>32</sup> due to His role as our teacher,<sup>33</sup> continually directing us in the will of God,<sup>34</sup> bringing revelation<sup>35</sup> and warning of

---

<sup>26</sup> Several ex-addicts felt God specifically give them direction in court when answering charges for previous convictions. Matt 10:19-20, Mark 13:11; Acts 4:8; Acts 4:31; Acts 6:10;

<sup>27</sup> NIV Chosen for clarity

<sup>28</sup> Rom 8:29

<sup>29</sup> See Chapter Three

<sup>30</sup> 1Tim 1:12; 2Tim 4:17-18

<sup>31</sup> ‘that according to the riches of his glory he may grant you to be strengthened with might through His Spirit in the inner man,’ Ephesians 3:16 (RSV)

<sup>32</sup> Other names are ‘councillor’ John 14:26;15:26, ‘comforter’, ‘guide’; ‘Spirit of Truth’ John 14:17; John 15:26;

<sup>33</sup> John 14:26; John 16:13; 1Cor 2:13;

<sup>34</sup> Matt 4:1; Luke 4:1;

<sup>35</sup> Acts 5:3,7,9; 1Cor 2:10-12; Rev 1:1

future suffering.<sup>36</sup> Further, the Spirit of God is continually at work interceding for us as He knows the mind of God.<sup>37</sup> Therefore, Paul says ‘guard the truth that has been entrusted to you by the Holy Spirit who dwells within us’<sup>38</sup> so that you will know how to live. This is central to the whole rehabilitation process.

### 4.2.3 God’s Caring Family

There are many terms used for Christians, in the Bible and amongst themselves. Being part of God’s family is one of the centre’s favourite as it underscores their close relationship with God, who has called Himself their all-powerful and loving Father.<sup>39</sup> It also helps to explain the inter-connectedness that Christians feel with each other as brothers and sisters with a common purpose, inheritance and future and growing similarities in character and interests.

The prime method by which most addicts hear about God’s offer of forgiveness and invitation to start again is through other Christians often those who were previously suffering from addiction themselves. God has given Christians the privilege and responsibility of making His name known and showing His care and love in practical ways to meet people’s needs including those suffering from addiction.<sup>40</sup> For this He has promised His participation and enabling power, which includes praying for healing and deliverance from demonic forces.<sup>41</sup> However, addicts have not always experienced this response from Christians. In many situations the more common attitude experienced particularly from legalistic churches was that of judgement and rejection. Therefore, many addicts were not quick to go to the Church for help.

Christians who actively seek to live out their faith are a vital resource in the process for an addict finding, and growing into the complete freedom God offers. First, addicts need to learn about God’s offer of forgiveness and the chance to start all over again, then many still need considerable evidence that this opportunity also applies to them irrespective of what they have done. Meeting people who have had such a life change, and experiencing the love and acceptance from believers, all helps them in this process.

---

<sup>36</sup> Acts 11:28; 20:23; 21:4;

<sup>37</sup> Rom 8:26-27

<sup>38</sup> 2 Timothy 1:14 (RSV)

<sup>39</sup> Matt 6:9, 26 –describes His fatherly care; Mark 3:34 ‘Who ever does God’s will is my brother and sister and mother’. 1Cor 9:5.

<sup>40</sup> Mark 16:15; Matt 28:19

<sup>41</sup> Mark 16:16-18 Matt 28:20 Matt 10:1

When Christians meet a person clearly suffering from addiction the rehab leaders consider it vital that they do not react in line with the stereotypes held by society - with judgement and blame, but follow the example and teaching of Jesus.<sup>42</sup> The addict, or recovering addict, is particularly vulnerable to feeling rejected and judged; they expect it and may sometimes provoke a response to test the safety of a relationship. ‘Edmund White confirms “a wounded part needs a special welcome back into life,” it is our job as therapists to understand our patients well enough to provide that special invitation.’<sup>43</sup> Tillich explains,

‘The theological assertion is that for the individual, transformation is a gift of God which occurs when God's grace breaks into the destructive cycle. The time, place and occasion for this event or process lies hidden within the mystery of God. Our responsibility as members of the faith, therapeutic or healing community, is to provide the matrix of love and acceptance coupled with the gifts and skills God has given us to create an inviting context of grace where God's Spirit can effectively do its work through us.’<sup>44</sup>

People who are currently addicted to alcohol or other drugs find it easiest to believe a Christian ex-addict who has been in the situation they are in, and can personally testify to the reality and effectiveness of taking the decisive and seemingly risky step of putting their trust in God. As described in Chapter Three, this is why nearly all the centres have some form of outreach and means of sharing their stories with current addicts. However according to the rehab leaders all Christians need to genuinely accept addicts, as God does, with His unconditional love.<sup>45</sup> ‘The distinctive thing about love, which is motivated and engendered by God's love, is that it is not selective, nor is it qualified or quantified by human standards.’<sup>46</sup> Jesus used parables like the Good Samaritan,<sup>47</sup> and the Prodigal Son,<sup>48</sup> to teach the importance of showing unconditional love, and as always, Jesus' teaching was demonstrated in His life. He showed love and compassion for the multitudes: ‘When He saw

---

<sup>42</sup> Jesus instructs ‘Judge not, and you will not be judged; condemn not, and you will not be condemned; forgive, and you will be forgiven;’ Luke 6:37. James admonishes us to watch our behaviour so as not to judge and show favouritism: Jam 2:1-4

<sup>43</sup> Jacqueline Wallen, *Addiction in Human Development: Development perspectives on Addiction and Recovery* (Binghamton NY: Hanworth, 1993), 136. Quoting Stephen Johnson, a therapist and teacher who has written extensively on the narcissistic issues of both clients and therapists.

<sup>44</sup> Paul Tillich, *Systematic Theology 3 Vol.* (Chicago: University of Chicago Press [1951], 1963),3:245-246

<sup>45</sup> Eph 2:4&5 ‘But God, who is rich in mercy, out of the great love with which he loved us, even when we were dead through our trespasses, made us alive together with Christ (by grace you have been saved),’ (RSV) See also 1 John 3:1, 4:9-11

<sup>46</sup> Robert H Albers, *Shame: a Faith Perspective* (Binghamton NY: Hanworth, 1995), 126

<sup>47</sup> Luke 10:30-37

<sup>48</sup> Luke 15:11-32, see also Luke 16:19-31 Colossians 3:2;

the crowds, he had compassion for them, because they were harassed and helpless, like sheep without a shepherd'.<sup>49</sup> Then later 'as he went ashore he saw a great throng; and he had compassion on them, and healed their sick.'<sup>50</sup>

Current psychologists have recognised the healing power of healthy relationships.<sup>51</sup> The psychologist Terry Merry sets out 'Six core conditions Necessary and Sufficient for Personality Change'.<sup>52</sup>

1. Physiological Contact
2. Client is in a state of anxiety and incongruence
3. The therapist is real not being the expert
4. The therapist has an unconditional positive regard for the client
5. The therapist has empathetic understanding for the client
6. All the above is communicated to the client.

When Jesus was on the earth, He demonstrated this type of attitude and character traits, which enabled all who recognised their need and came to Him, to change and receive the healing they needed. 'For God sent the Son into the world, not to condemn the world, but that the world might be saved through Him.'(John 3:17) We will take one specific example to examine how each of these conditions were met in an encounter Jesus had with a sick elderly unclean woman.<sup>53</sup> I will use the type of explanation used of such passages in the rehab centre Bible studies and discussions. This specific illustration is the encounter with the woman who had an uncontrollable flow of blood, but was healed when she touched the hem of Jesus' cloak (Mark 5: 24-34).<sup>54</sup> The first criterion Merry lists is that the carer must be in some form of physiological contact to have any meaningful relationship. Maybe this is why Jesus was concerned that the woman should come and meet Him, so that she could receive not just physical but also psychological and spiritual healing. The second criterion is the state of anxiety or incongruence, which comes from an awareness that something is wrong and therefore of the need to change. The woman had been seeking help for twelve years, but when she came in faith to Jesus, she was healed. Thirdly, honesty and openness are the hallmarks of

---

<sup>49</sup> Matthew 9:36 (RSV) John 10:11 'I am the good shepherd. The good shepherd lays down His life for the sheep.' (NIV)

<sup>50</sup> Matthew 14:14 (RSV), see also Matthew 15:32; Mark 6:34 and Mark 8:2; Psalms 86:15;

<sup>51</sup> See also Brian Mearns & Dave Thorne, *Person Centred Counselling in Action* (London: Sage, 1999)

<sup>52</sup> Tony Merry, *Learning and Being: in Person-Centred Counselling* (Ross-on-Wye: PCCS Books, 1999),

39

<sup>53</sup> Several other examples are used in this chapter. God made many covenants with mankind to establish a relationship with them. Gen 2,9,12,15,18 Ex 3, 20, but the best and final one is through Jesus John 3:16-17

<sup>54</sup> Also in Luke 8:43-48.

genuine relationships with others. Jesus revealed openly what he had experienced, and invited the woman to do the same, much to the bewilderment of His disciples and the crowds around Him. ‘The woman fearing and trembling, knowing what had been done to her, came and fell down before him, and told him all the truth’(Mark 5:33) Through her openness and honesty she was overcome her shame and was released from hiding. She came in fear and went in peace healed physically and emotionally. Criteria four and five reflect the importance of respect and acceptance which Jesus demonstrated. Likewise the leaders strive to show an unconditional acceptance of all addicts whatever their background or type of addiction and come alongside them to understand and share their pain in order to bring them hope and healing. This open attitude filters through the centre and helps overcome common prejudices that residents come with, such as the typical disregard between drug addicts and alcoholics.<sup>55</sup>

Jesus is the expert counsellor and He unconditionally accepts everyone who comes to Him. Only God has the right to judge and Jesus taught: ‘judge not that you will not be judged.’ (Matthew 7:1)<sup>56</sup> Therefore no one has the right to set criteria by which other people will be accepted. The woman was ashamed, as for many years, due to her condition, she had been unclean and therefore not meant to touch others, however, on her admission, Jesus does not criticise but blesses and commends her faith.<sup>57</sup> By stopping despite the urgency of His journey, and singling her out in the crowd for attention, He demonstrates His valuing of her. When Jesus blessed her and released her in peace He demonstrated His empathetic understanding for her by addressing deeper needs she has not expressed. Finally, there is no result if the care is not communicated and received by the sufferer, preferably on an ongoing basis. Through this brief encounter with Jesus, the woman’s life was transformed physically emotionally and spiritually.

In another personal encounter, which the rehab leaders use and an example to follow, the Samaritan woman Jesus met at the well was transformed by the relationship.<sup>58</sup> Jesus initiated the relationship by asking for water and so humbling himself before a foreign woman. Though at first she was not looking for help, Jesus, through specific spiritual knowledge, pinpointed her need and in love, gently ‘Jesus said to her, “You are right in saying, ‘I have no husband’; for you have had five husbands, and he whom you now have is not your husband;

---

<sup>55</sup> This point is further discussed in the Conclusion and in Appendix 1.

<sup>56</sup> Also in Luke 6:37; Jesus also told a parable on the ‘unrepentant servant’ to demonstrate this lesson.

<sup>57</sup> Luke 8:47-48 ‘And when the woman saw that she was not hidden, she came trembling, and falling down before him declared in the presence of all the people why she had touched him, and how she had been immediately healed.’

<sup>58</sup> John 4:4-29

this you said truly.’” (John 4:17-18) He affirms her statement then identifies her sinful life not to increase her shame but to set her free from shame. He shows her He is aware of them so she has no need to hide.<sup>59</sup> Instead of the rejection she expects He shows compassion and acceptance reaching down to the root of her pain to bring healing and offers her ‘a spring of water welling up to eternal life.’(John 4:14) Acknowledging her guilty state and His spiritual authority she seeks His council. In a very short encounter with Jesus she is so transformed that she runs back into town and convinces many and leads them to the Messiah. The only one who perfectly loves and accepts people as they are is the Lord God. He is the perfect example for all real relationships, completely faithful and the real source of healing.

Prezioso called this positive connectedness with others and with God ‘security in the belief that life has meaning and purpose and that although imperfect, each of us is acceptable, loveable and worthwhile.’<sup>60</sup> However, until a person experiences genuine love from other people it can be very hard to believe God’s love for them. Mother Teresa said ‘being accepted is the greatest need we have. It frees us to understand that change isn’t our responsibility. That is God’s responsibility and only He can change a person.’<sup>61</sup> Dr Albers, previous editor of the *Journal of Ministry in Addiction and Recovery*, confirms that love and acceptance is key to leading someone to the transforming power of God. In a recent book, he wrote:

For many shame-based people who are a part of the community of faith, there is often considerable doubt as to whether or not God is really concerned about them or interested in their plight... Attempting through rhetoric to persuade them otherwise serves only to increase the sense of shame: For some people, the transformative moment may be a sudden insight, a sudden awareness of the presence of God; but for most, the conviction that God is faithful and that faith in God is the foundation upon which life is to be built occurs as faith in others begins to develop.<sup>62</sup>

Dr Robert Alders considers that for practical purposes he sees love and acceptance as synonymous.<sup>63</sup> This statement needs clarification; clearly accepting people is an important first stage of loving them. However, I think the confusion arises in not recognising the

---

<sup>59</sup> The fact that she was collecting her water in the heat of the day indicates that she was seeking to avoid the company of others who would normally fetch their water in the in the cool of dusk.

<sup>60</sup> F.A. Prezioso, ‘Spirituality and the Recovery Process’ *Journal of Substance Treatment* Vol. 4 (1987), 233-238, 233

<sup>61</sup> Albers, *Shame a Faith Perspective*, 117

<sup>62</sup> Albers, *Shame a Faith Perspective*, 117-118

<sup>63</sup> *Ibid*, 126

essential difference between accepting people and accepting their actions. There are some people, mainly in the West, who say you cannot love and accept someone without accepting their behaviour and choice of lifestyle, though most Russian and Ukrainian Christian leaders would disagree. Carers in all professions need to fully accept the people they serve, but to bring a positive change they also need to identify the destructive actions and attitudes that are causing them to suffer such as an allergy to certain foods or suppressed anger that's robbing them of sleep. A parent who unconditionally loves their child will be careful to warn them of danger and train them in healthy and moral life choices. Jesus' attitude and behaviour vividly demonstrates this difference; particularly in some of the astonishing encounters with women who were being judged by other local men. By meeting their need for love and acceptance and challenging their own and society's wrong attitudes Jesus sets them free from their sinful patterns of behaviour.

When the scribes and Pharisees wanted to stone the women they found in adultery, Jesus did not approve of her or her partner's action,<sup>64</sup> rather He helped all present recognise their own sin. 'Let him who is without sin among you be the first to throw a stone at her.' (John 8:7)<sup>65</sup> When everyone had disappeared out of guilt, with gentle compassion Jesus said, 'Neither do I condemn you; go, and do not sin again.' (John 8:11) In this way He acknowledged the sin but forgave her and gave her another chance. In response to another prostitute who lovingly sacrificed valuable ointment on Him,<sup>66</sup> Jesus said 'Therefore I tell you, her sins, which are many, are forgiven, for she loved much; but he who is forgiven little, loves little.' (Luke 7:47) Acknowledging the magnitude of her sin did not prevent Jesus from accepting her repentance and gratitude. Jesus saw her broken contrite heart and faith in coming to Him, and used her as a demonstration to challenge His host's Simon the Pharisee's arrogance and judgemental attitude. He contrasted her love and generosity with his lack of common courtesy expected when welcoming guests. Looking down 'He said to her, "Your sins are forgiven"' (Luke 7:48) and then 'Your faith has saved you; go in peace.' (Luke 7:50) In each case, Jesus challenges the judgement of society by fully accepting the women despite His full awareness of their actions. Gently he communicates to them as individuals, breaking through their fear and affirming them, but clearly not condoning their sinful behaviour. – 'Go and do not sin

---

<sup>64</sup> Maybe the Pharisees' lack of accusation of the male partner is a reflection on the masculine culture.

<sup>65</sup> John 8:3-11 (RSV)

<sup>66</sup> There are also two similar examples of women who express their love for Jesus in culturally unacceptable ways. First, the 'sinful woman' who came and washed Jesus feet with ointment and tears, kissed them and dried them with her hair, recorded in Luke 7:36-50. Secondly, just before Jesus' death another woman was judged for wasting a whole bottle of expensive ointment on Jesus' head. Recorded in Mt 26:6-13; and in Mk 14:3-9

again.<sup>67</sup> Calling their actions sinful does not mean that Jesus is unable to accept them as people, affirm and defend them and even receive their expressions of affection. On the contrary, as He identifies and exposes the sin, He brings truth and hope for a different life.<sup>68</sup>

The rehab leaders do not believe that they could help people find a better life of freedom while at the same time approving of the behaviour, which brought them, and often people around them, to destruction. They would claim that they do people no service by trying to quieten their conscience, as much of modern psychology aims to do, rather they serve people by helping them receive cleansing of forgiveness and the power to live within their conscience. Conscience is a God given control mechanism to help guide the individual, for their own and others' good, but it also needs correct education from the Word of God and can be destroyed by repeated offences. Genuine love and compassion also needs to be felt by those who do not respond to the offer of freedom, not only those who accept the message. The rehab leaders are very clear that they must be careful not to fall into the trap of creating 'rice Christians' by only serving those who do respond.<sup>69</sup> Following Jesus' example, we see that he taught, healed and on occasions provided food for all,<sup>70</sup> but focused his time and attention on those who did obey His teaching.<sup>71</sup> People do not always respond immediately, but God is the only true judge of people's hearts and He alone knows the time and place each person will come to him.

This section has focused on the importance of having the right approach and understanding in providing acceptance, friendship and love to all suffering from addiction. In summary, the desire to 'be Christ' to people, by giving their love, was the prime motivation given by the project leaders for doing their work, *'Incarnation for the poor, to be Jesus to them, in the way we live amongst them,'*(I7) *'and transmit the revelation of Christ to individuals.'*(I10) *'We serve these people with the love of Jesus. Without love for these people who feel rejected by the world, it's impossible to bring them to Christ.'*(U3) This love is exactly what one girl, like many of other addicts, had experienced:

---

<sup>67</sup> John 8:11 (RSV)

<sup>68</sup> We are not given information about the women caught in adultery, but the 'sinful woman' became one of Jesus' strong followers right to His grave. The Samaritan woman, instead of avoiding people, ran and told the whole town of her joy.

<sup>69</sup> A term which arose during early missionary work in China where only those who 'repented' and attended services were fed, causing people to meet providers'/outsider expectations for the visible immediate benefit rather than a genuine desire to change.

<sup>70</sup> taught: Matt 5:1-2 (a main section of teaching can be found in Ch 5-8); healed there are many examples: Mark 1:32-34; Luke 4:40-41; fed: Matt 14:15-21 The focus for many of his parables Mark 4:10-20

<sup>71</sup> Mark 3:34

*When they pulled me out of the cellar I had a very high temperature of 41.6 degrees, blood poisoning, and I lost consciousness. They called an ambulance for me but when the doctors heard the diagnosis, they refused to come, saying they do not come out to collect corpses. However, the guys who collected me were believers so they did not stop praying for me, that God would have mercy on me and keep me alive. In the end, one Christian doctor arrived and took me to hospital. I was there a week and then driven to the rehabilitation centre.(B1)*

#### **4.2.4 Summary**

This section has covered the resources that God has provided to assist people in growing into and maintain freedom from bondage to all forms of addiction. However, the use of these resources will not be effective to bring freedom, in the view of the rehab leaders, until a person has understood and undertaken the process God has provided for release from the destructive power of sin to give them a new identity. This process is described in the next section.

#### **4.3 Relationship with God**

The rehabilitation process used in the rehab centres is based on a holistic understanding of how humans are composed. Broadly speaking people are identified as having a body, a soul and a spirit. Each different aspect is interrelated so that what we do and experience is both a result of influences from the different parts and in turn affects all three aspects. These interconnections are examined in the pursuit of fulfilment or ‘self-actualisation’ as Maslow calls it<sup>72</sup>.

I will use this model as the basis for the following analysis of the processes used in the rehab centres studied. I examine how the rehab leaders understand addiction, and its spiritual effects on the user so affecting their relationship with their Creator. A range of theologians’ and practitioners’ views on addiction are presented, and then three paradigms or ways of understanding addiction are presented. First as an expression of rebellion, second as a form of idolatry, which leads to the third - slavery or bondage to their addiction. I have identified

---

<sup>72</sup> Abraham Maslow, *Motivation and Personality*. (New York: Harper, 1954), 236

these paradigms in the rehab leaders' teaching and use them to explain the basis of their view of addiction as sin. They illuminate the effect of the addicts' acquired dependency on the drug, limiting their ability to control their use and behaviour. There is broad agreement on the understanding that addicts must reach a point of wanting to change before real change is going to be effective. The final section identifies the factors that are seen as influencing that decision. A summary follows of the process through which the addicts in the centres studied, developed a new identity.

#### 4.3.1 Destroyed Identity

Rehab leaders teach that '*Each person, both staff and client, needs to find their identity in the presence of God....*' (I3) This evaluation agrees with the conclusions of research by Beirnacki, McIntosh and McKeganey but takes it further by offering the source of a new identity.<sup>73</sup> The main conclusion that Beirnacki makes is that 'to change their lives successfully addicts must fashion new identities, perspectives and social world involvements wherein the addict identity is excluded or dramatically depreciated.'<sup>74</sup> McIntosh and McKeganey confirm: 'the theme which dominates our interviewees' accounts is their concern to repair an identity severely damaged by drugs and to recapture a sense of value and self-respect; in other words a desire to regain a positive sense of self.'<sup>75</sup> The process by which the centres studied help people to gain a new 'identity in the presence of God' will be explored in this section.

It is very clear that addicts, after years of addiction have often lost their self-worth, their self-respect and their future. Apart from drugs they have little, if any, meaning or purpose in life so that eventually many see death as a preferable option. Addicts do not have a good reputation: 'Addicts were called "narcissistic", self-centred, manipulative, and devious and they suffered from low self-esteem.'<sup>76</sup> We start by asking, therefore, why do drugs result in destroying a person's identity and character so drastically?

To explain what is going on I want to borrow from one of the psychological models frequently used in Christian counselling to illustrate who we are as humans, and how people

---

<sup>73</sup> P. Beirnacki, *Pathways from Heroin Addiction: Recovery Without Treatment* (Philadelphia: Temple University Press, 1986), James McIntosh & Neil McKeganey *Beating the Dragon: The Recovery from Dependent Drug Use* Harlow: Pearson Education, 2002

<sup>74</sup> Beirnacki, *Pathways from Heroin Addiction*, 141

<sup>75</sup> McIntosh and McKeganey, *Beating the Dragon*, 44

<sup>76</sup> G. Gerald May, *Addiction and Grace* (San Francisco: Harper & Row, 1988), 54

are made.<sup>77</sup> This model is typically represented with three concentric circles, (see fig below).<sup>78</sup> The outside ring represents our physical bodies. It is through our bodies and our five senses that we receive information. Whether we feel hot or cold, tired or hungry is all a result of our physical needs. The second circle represents our soul, which includes our mind, will and emotions. This gives us our ability to think, to decide and to feel emotional love, joy, pain and sorrow. We all desire to feel loved and accepted, to be understood, to have choice and to experience positive emotions. The central inner circle is represented by the spirit, or in English translations of Biblical texts as the ‘heart’ or our ‘inner nature’.<sup>79</sup> Jamieson, Fausset & Brown calls this ‘inward man - our spiritual and true being.’<sup>80</sup> This is the part of us that can, even in our mortal bodies ‘manifest the life of Jesus.’ (2Co 4:11). Our inner nature gives us our identity, meaning and purpose. From our identity, we understand who we are. Knowing our identity enables us to think clearly and decide our priorities. It provides a fundamental basis on which to make practical, relational and moral decisions. We each have several identities, for example as a mother or father, spouse, manager or employee, son or daughter, as a house owner or tenant, and in different situations, some will be more in focus than others. We can also communicate in different ways by our actions, at a physical level through positive or negative touch, at an emotional/rational level and at a spiritual level in the unseen world with spiritual beings either good or evil.

---

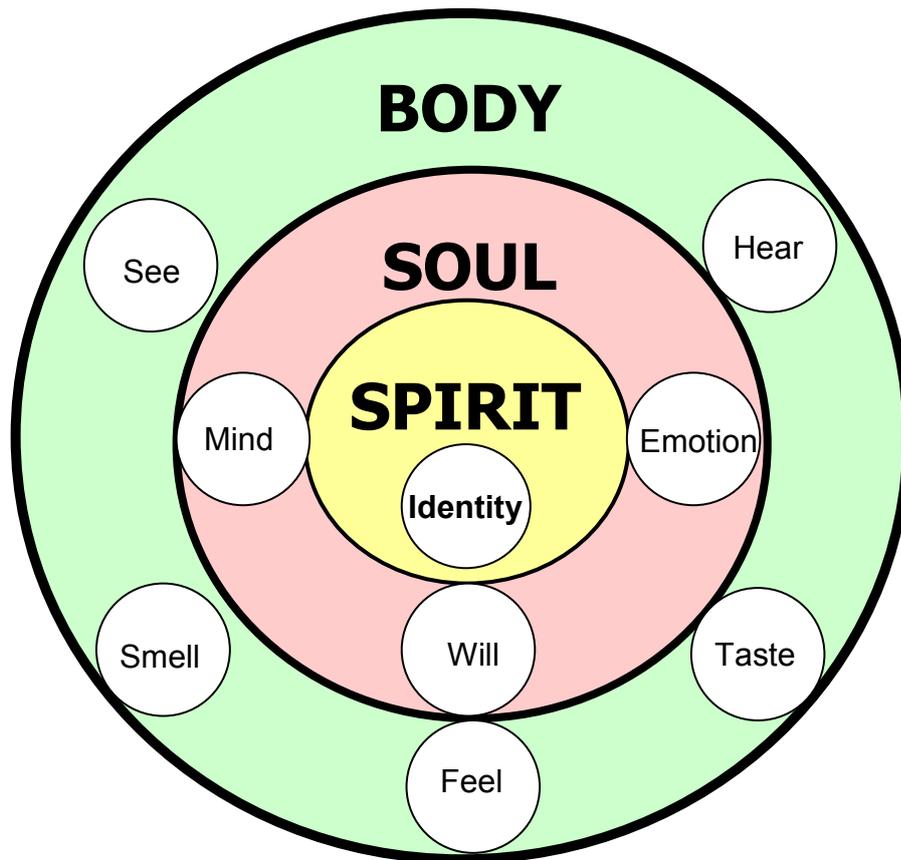
<sup>77</sup> Based on the verses such as 1 Thessalonians 5:23 (RSV) ‘May the God of peace himself sanctify you wholly; and may your spirit and soul and body be kept sound and blameless at the coming of our Lord Jesus Christ.’ c.f. Heb 4:12;

<sup>78</sup> Diagram adapted from a combination of similar diagrams used by Neil Anderson & Mike Quarles, *Freedom from Addiction: Breaking the Bondage of Addiction and Finding Freedom in Christ* (Ventura CA: Regal Books, 1996), 280

<sup>79</sup> 2Cor 4:16 ‘So we do not lose heart. Though our outer nature is wasting away, our inner nature is being renewed every day.’ (RSV) also Prov 4:23 ‘Keep your heart with all vigilance; for from it flow the springs of life.’ (RSV) Eph 3:16

<sup>80</sup> Robert Jamieson, A. R. Fausset, & David Brown *Jamieson-Fausset-Brown Bible Commentary* (London: Hendrickson Publishers, 1997) on 2Cor 4:11

## Diagrammatic Representation of Body Soul & Spirit



It is important to understand that as a whole personality these spheres are interconnected. The Bible gives many examples of how our spiritual health affects our physical health.<sup>81</sup> People who have a purpose and meaning in life, something to live for, are more motivated and have more energy and chances of achieving than people who do not have meaning and purpose.<sup>82</sup>

The three levels of needs implied in the circle model also correspond with Maslow's classic hierarchy of needs.<sup>83</sup> Maslow's pyramid of needs listed from bottom up is defined as:

1. Biological and Physiological needs - air, food, drink, shelter, warmth, sex, sleep, etc.
2. Safety needs - protection from elements, security, order, law, limits, stability, etc.
3. Belongingness and Love needs - work group, family, affection, relationships, etc.

<sup>81</sup> Several Biblical verses also support this link. Prov 4:20a,22 (RSV) 'My son, be attentive to my words... For they are life to him who finds them, and healing to all his flesh' and echoed in the NT 1Peter 3:10-12 'He that would love life and see good days... let him turn away from evil and do right; let him seek peace and pursue it. For the eyes of the Lord are upon the righteous.' Deut 7:15; 8:1; Ps 34 Ps 16:9; Prov 19:24; Acts 2:26 and being spiritually sick (or dead as the Bible describes before Christ Eph 2:1) has a negative effect on the body Ps 31:9, 44:25; Is 10:18; Micah 6:7,

<sup>82</sup> *New Scientist* reports that women with a history of depression have lower bone density and therefore a high risk of bone fractures in later life. (19 October 1996), 11

<sup>83</sup> Abraham Maslow, *Motivation and Personality*. (New York: Harper, 1954) 236, see also Abraham H. Maslow, *The Farther Reaches of Human Nature* (Arkana Pubs, 1984 Edition)

4. Esteem needs - self-esteem, achievement, mastery, independence, status, dominance, prestige, managerial responsibility, etc.
5. Self-Actualization needs - realising personal potential, self-fulfilment, seeking personal growth and peak experiences.

Maslow theorised that only when our physiological needs for air, water and food are met will we be able to meet our needs for safety and shelter. When they are taken care of we will be able to focus on our emotional needs for love and belonging only after that can we be concerned about the needs of the soul. Addressing the higher needs for self-fulfilment and peak experiences, Maslow described as his level 5 'Self-Actualisation'. Mara Carroll compared the relationship between Maslow's hierarchy of needs and Fowlers 'stages of faith'<sup>84</sup> for recovering alcoholics and adult children of alcoholics.<sup>85</sup>

Fowler's faith stages are defined as:

Stage 0 – "*Primal or Undifferentiated*" faith (birth to 2 years), is characterized by an early learning of the safety of their environment (i.e. warm, safe and secure vs. hurt, neglect and abuse). In addition, sharp attention is paid to mammalia (e.g. woolly sheep)

Stage 1 – "*Intuitive-Projective*" faith (ages of three to seven) is characterized by the psyche's unprotected exposure to the Unconscious.

Stage 2 – "*Mythic-Literal*" faith (mostly in school children), persons have a strong belief in the justice and reciprocity of the universe, and their deities are almost always anthropomorphic.

Stage 3 – "*Synthetic-Conventional*" faith (arising in adolescence) characterized by conformity

Stage 4 – "*Individuative-Reflective*" faith (usually mid-twenties to late thirties) a stage of angst and struggle. The individual takes personal responsibility for their beliefs and feelings.

Stage 5 – "*Conjunctive*" faith (mid-life crisis) acknowledges paradox and transcendence relating to reality behind the symbols of inherited systems

Stage 6 – "*Universalizing*" faith, or what some might call "enlightenment".

Maslow's self-actualisation (S-A) can be related to Fowler's level 4, and requires an ego-self fulfilment, which is dependent on one's own resources. Self-transcendence (S-T), at Fowler's

---

<sup>84</sup> James W. Fowler, *Stages of Faith: The psychology of human development and the quest for meaning*. (New York: Harper & Row, 1981)

<sup>85</sup> Mara Carroll, 'Spirituality and Alcoholism: Self-Actualisation and Faith Stage,' *Journal of Ministry in Addiction & Recovery* 6, no. 1 (1995), 67- 84

level 5 or 6, is a rare experience of oneness with the Creator, which requires the activity of the Spirit, and a realisation and acceptance of self. This would be classified as in the inner spiritual level, where our identity and meaning is formed. Carroll found that ‘The S-A respondents were in the higher faith stages indicating a transformative conversion process. Data on current life functioning demonstrated correlation between S-A, [and] faith stage.’<sup>86</sup> In other words, the recovering alcoholics whose faith was more developed demonstrated greater ability to meet the demands of everyday life. Carroll identifies two necessary and interconnected concepts to gain ‘S-A’, ‘an innate dynamic source to search for God and the surrender of self as a grieving process.’<sup>87</sup> She proposes that ‘the higher the personal level of self-actualisation the less chance addicts will have of relapse, as there is deeper satisfaction and less searching.’<sup>88</sup>

In the view of rehab leaders, we have become dissatisfied with our previously rational answers to the fundamental questions of life.<sup>89</sup> Who are we? – how do we understand our ‘Identity’? Why are we here? – how do we gain ‘Meaning’? Where are we going? – for what is our ‘Purpose’ in life?<sup>90</sup> A conscious or subconscious awareness of ‘internal emptiness’ could be considered the fundamental reason that addiction has grown epidemically around the world. As found in the previous chapter the main reason the addicts who gave their life-stories started using drugs was due to a desire to experiment, looking for something more fulfilling, or for a means of escape from themselves.<sup>91</sup> ‘*I had not seen the meaning of life that I could dedicate myself to. I could not get any satisfaction from rock music, kung fu, eastern philosophy, family life or vodka.*’(F4) And another; ‘*I was searching for something but I didn’t know what. At age 16 I started taking drugs.*’(A21) Young people in particular are looking for something to fill ‘the void.’

Where do these questions come from? According to the rehab centres they come from our spirit seeking ultimate meaning. Half a century ago, Thomas Merton said ‘There is a natural desire for heaven, for the fruition of God, in us.’<sup>92</sup> The Bible describes us as being created in

---

<sup>86</sup> Carroll, ‘Spirituality and Alcoholism: Self-Actualisation and Faith Stage,’:67

<sup>87</sup> *ibid*

<sup>88</sup> *ibid*

<sup>89</sup> David Lundy, *Beyond Internalisation: An Evaluation and Plan for Globalization Operation Mobilization*, (unpublished D.Min. Thesis, Gordon-Conwell Theological Seminary, USA, 1995), 121-122

<sup>90</sup> W. L. Craig, *Politically Incorrect Salvation, Christian Apologetics in the Post-modern World*, Phillips and Okholm, eds. (Leister: IVP, 1995)

<sup>91</sup> See Chapter Three

<sup>92</sup> T. Merton, *The Sign of Jonas* (New York: Harcourt Brace Jovanovich, 1953), 112

the image of God,<sup>93</sup> but what does this mean? Emil Brunner, the Swiss minister and theologian, suggests, ‘even as sinner, man is not an animal but a responsible person. He still always possesses that quality which distinguishes him as “person” from the animal: namely, all that is meant by “being made in the Image of God” the quality which makes him, as person, like the divine Person.’<sup>94</sup>

Though there is much we do not know about God we can depict a Biblical understanding of Him as applying to the same three spheres we identified for a person. God, the divine Person, is often described in Biblical texts as being a Spirit,<sup>95</sup> He has some form of glorious body and we know God has a mind that creates, and a will that chooses and relents.<sup>96</sup> The Bible also presents God as having emotions that are affected by relationship with us – humans. The rehab leaders explain that we cause Him grief, joy and pleasure; in turn He has feelings for us of compassion, pity, anger, jealousy and love.<sup>97</sup> So in an unfathomable way God has created us humans in His image. Why? - to have friendship with us.<sup>98</sup> ‘From one man he made every nation of men, that they should inhabit the whole earth; and he determined the times set for them and the exact places where they should live. God did this so that men would seek Him and perhaps reach out for Him and find Him, though He is not far from each one of us.’(Acts 17:26-27)

The understanding of the centre leaders is that God is continually calling to our spirit, and He allows fundamental questions about life to draw us to Himself. Instead of coming to Him,<sup>99</sup> as we saw in Chapter Three, many seek instant gratification or drown their concerns in a chemical induced high or other form of escape. Gerald May, a Christian Addiction psychologist, has the same inclusive approach to the problems of addiction as do the rehab centres. He says ‘we naturally seek the least threatening ways of trying to satisfy our longing

---

<sup>93</sup> Gen 1:26-27

<sup>94</sup> Emil Brunner, *The Christian Doctrine of Creation and Redemption Dogmatics Vol.II* (London: Lutterworth Press 1952), 122 Double quotation marks and capitals as in the original.

<sup>95</sup> Gen 1:2; John 4:24; Phil 3:3; 2Cor 3:17

<sup>96</sup> Verses indicating God’s: a) glorious body: Rev 1:13-16, Gen 3:8, Heb 1.3 b) creative mind: Gen 1.1; Gen 2:4; Matt 1:20 c) will: 1Cor 1:27-28 – the ‘foolish things’; 2Thes 2:13-us, Col 1:27 – to reveal d) ability to change His mind Ps 106:45; Ex 32:14; 1Sam 15:11,35; 2Sam 24:16

<sup>97</sup> References to Gods emotions of: a) grief due to our sin Gen 6:6; Eph 4:30; b) joy Luke 15:10 - over sinners repentance Heb 12:2 c) pleasure John 3:16; Rom 5:8; Eph 2:4, 5:25 d) compassion and pity for people Judges 2:18; Joel 2:18; Jonah 4:11 e) anger Ex 34:6 Neh 9:17; Joel 2:13; Mica 7:18 and f) jealousy Ex 34:14; Ps 79:5; Zach 8:2-3

<sup>98</sup> Gen 3:9; 2Chron 20:7; James 2:23 – Abraham; John 14:23

<sup>99</sup> John 6:35 (RSV) ‘Jesus said to them, “I am the bread of life; he who comes to me shall not hunger, and he who believes in me shall never thirst.”’ and also Rev 22:17

for God, ways that protect our sense of personal power and require the least sacrifice.’<sup>100</sup> People seek to create meaning in their lives, and find fulfilment in many ways; they set goals and strive for them. Of themselves these may be good things such as relationships, education, and careers to give us a sense of worth. However, they do not completely satisfy us and will not last; none are truly a reliable basis for identity, sense of worth and/or meaning, as ultimately they will all let us down.

Due to his depth of insight and non-judgemental approach to the understanding of sin and addiction, which is shared by the centre leaders, May is one of the prime authors I will draw on. He explains ‘the spiritual significance of addiction is not just that we so easily lose freedom through attachment to things, or even that things so easily become our ultimate concerns. Of much more importance is that we try to fulfil our longing for God through objects of attachment... The more we become accustomed to seeking spiritual satisfaction through things other than God, the more abnormal and stressful it becomes to look for God directly.’<sup>101</sup> However, the good news is that when we do reach out to our creator we find fulfilment. ‘[W]hen you seek me with all your heart, I will be found by you, says the LORD,’<sup>102</sup>

### 4.3.2 Understanding Addiction

In the psycho-physiological model represented by the three concentric circles that I have been developing, our ‘identity’ is part of our inner being, our spirit, the nucleus of a person. Knowing our identity, we gain ‘meaning’ in life; we understand who we are and how we relate to other people and the spiritual world; and what role or functions we have – our ‘purpose.’ We learn our identity growing up through both positive and negative experiences, which determine the way we view the world. Our identity develops by the choices we make, by what or whom we choose to submit to, and make our focus, so we can choose a particular education, career, sport or relationship. It is a process that develops over time with repeated actions that confirm our choices and reinforce our identity.

---

<sup>100</sup> G. Gerald May, *Addiction and Grace: Love and Spirituality in the Healing of Addictions* (San Francisco, CA: Harper Collins, 1988), 93

<sup>101</sup> *ibid*, 92

<sup>102</sup> Jer 29:13b & 14a, see also Deut 4:29, 1 King 4:48-50, 2Chron 2:9-10.

This psycho-physiological model can be used to help us to understand what is going on for the addict irrespective of the particular type of addiction. Whether we are talking about drugs, alcohol, sexual addiction, pornography, gambling, workaholism, adrenalin ‘sports’, anorexia or bulimia or the increasing number of adrenalin increasing behaviours people are becoming addicted to, the fundamental principles are the same, though of course the physical effects vary. Addiction is very subtle; it begins with an easy enjoyable experience often with no apparent negative consequences.<sup>103</sup> The addict feels important, powerful, confident, alert; all sorts of words are used to attempt to describe the experience - high, trip, rush, gouch. Each type of addiction, or drug, has its specific, and possibly unpredictable, effects on a person; some drugs create a sense of overwhelming detached calm (called downers), others a rush of adrenalin and energy (called uppers). Addicts claim that heroin gives the highest emotional experience humanity has been able to create. For the short lived experience it reaches into their highest spiritual needs, making a person feel like they have reached self-actualisation and found meaning, a sense of worth, identity and purpose.<sup>104</sup> Many musicians like the Beatles on LSD in *Tambourine Man*, the Eagles’ *Hotel California* and a number of Led Zeppelin tracks have described their trip as a spiritual experience.

Drugs also have strong effects on the other spheres of the model. For example cocaine psychologically increases the user’s boldness by dampening fear or caution, and physically gives them extra strength and energy. LSD psychologically plays with the mind by creating hallucinations and flashbacks that leave the user disorientated. The user can have a good trip causing a feeling of glee and contentment or a bad trip creating paranoia. Heroin has a calming effect emotionally and physically, making the user feel like they have been ‘wrapped in cotton wool’ and relaxing their bodies. Some might consider this wonderful if that is how it stayed. However, it never does and through continued use, the person becomes more and more preoccupied with anticipating, planning and preparing for the next use or experience. With alcoholism and drug addiction, the body grows in tolerance creating not only a mental dependence but also a physical dependence thereby increasing the amount of the substance required to reach the fulfilment. The addictive substance always invites itself back for more by leaving an emptiness that could not be filled: *‘the pain and emptiness in my soul and in my heart, which always caused me to return to the old ways’*.(B5) The addiction steadily and effectively captures the heart or spirit of the victim and eventually becomes their only purpose for living, attaching meaning to their actions and relationships. Over time, being an addict

---

<sup>103</sup> See Chapter Three.

<sup>104</sup> This point is elaborated later in this section.

becomes their very identity; they have decreasing ability to control their actions and are unable to reason normally, therefore cannot fulfil other commitments. All other loyalties are forced to submit to their desire for drugs. Their physical suffering increases both from the withdrawal symptoms and from the negative effects of the drug on their health.

With so many maladies to deal with, what is the solution and where do the rehab centres start? The majority of government programmes in the former Soviet Union and in the West, as we saw in Chapter Two, focus on the physical problems, using medical solutions to meet the cravings, by replacing one type of chemical with another or versions of the same drug regularly distributed. The second most common approach seeks to go deeper by concentrating on the psychological concerns, how the addict feels, and what they fundamentally think and believe about themselves and those around them. It then seeks to adjust their learned behaviour primarily using counselling and group therapy. While these methods may well bring some relief particularly at a physical level, it appears that they are really only dealing with the symptoms and not the root cause.<sup>105</sup> From the views of the continual flow of addicts attending the Christian rehabilitation centres, I cannot remember them recommending any of the other drug services, even the very expensive treatments. Maybe the staff were caring and ‘doing what they could’, it was just that they did not solve the problem. Although, clearly there may be bias in using the views of residents at one program to evaluate other programs, the difference in results reinforces their views.<sup>106</sup> *‘I was dying and sought treatment in rehab centres in Bishkek, Uzbekistan, and Pitergorsk near St Petersburg. But didn’t last more than two months.’* (A15)<sup>107</sup>

What is going on? Why do addicts end up so helpless? It is the firm belief of the Christian centres analysed that the most effective response to bringing freedom from addiction is to focus on the heart of the problem, the addicts crushed/damaged spirit in alienation from its Creator. There are three paradigms, which I have chosen to help explain the Christian rehab centres’ association of addiction with sin. These have not been explained to me explicitly but I have identified them from the type of language and teaching the used in these centres.

### *Rebellion*

---

<sup>105</sup> These other methods are discussed in Chapters Two and Three.

<sup>106</sup> See detailed discussion in Chapter Five

<sup>107</sup> These are all secular treatment programmes.

The first paradigm is that of addiction as a form of rebellion. With the use of drugs, a rebellious attitude is clear, due to the reinforcement of the law which confirms that the use of drugs is destructive.<sup>108</sup> The rebellious root however initially takes hold with much simpler things as this man explained:

*Everything started out so well. From childhood, I was surrounded by the love and care of my parents. We had everything needed, ... When I began understanding the difference between right and wrong, for some reason I was attracted to the wrong. I wanted to try everything in life and when I broke the rules, I considered myself better than everyone else. Yes I had many dreams and plans in my life, but it was all built around selfishness, desire for wealth, pride, and ambitions. The result was a complete disaster. I was always attracted to people with a criminal past, they interested me.(A13)<sup>109</sup>*

For young people their lack of respect for the advice and example of their parents can lead down a very dangerous path. One man who became an addict for many years confesses:

*I think it all started from disobedience. From the age of 8 I lived with my widowed father, who having survived the last World War and Stalin's concentration camps was made an invalid, therefore he could not physically control me. However made wise from life, he warned me to avoid the semi-criminal life on the street. Having given up smoking and drinking himself after the war, he refused to use bad language, hated lies, never took what didn't belong to him and fulfilled all his promises on time. Being used to work according to his conscience he was a worthy example to follow. He told me that life could be wonderful without all the minimal pleasures, of sex, alcohol, cigarettes, or drugs. (B4)*

In reference to the stages of addiction described in Chapter Three this paradigm would reflect 'Stage 1, Experimentation' when an alcoholic is gets drunk, or an addict occasionally shoots up just for the fun of it, and 'Stage 2, Recreational Use', when they are regularly getting drunk or high on social occasions. As a result their other commitments to study or work are suffering and compulsive lying sets in to hide and excuse visible consequences. Already they have severe and unexplainable mood swings and their emotional development is hindered.

---

<sup>108</sup> This understanding is growing weaker due to the declassification of certain drugs in certain countries. See Chapter Two for a brief discussion on the declassification and reclassification of cannabis in England from a level B drug to a level C and back again.

<sup>109</sup> So disastrous that all three children in this family became drug addicts.

The development of rebellion usually starts with a rejection of their parent's or teacher's advice and not respecting any methods they might use to attempt to influence or control them. *'My mother always told my brother and I the dangers of drugs. But despite her concerns, I began using light drugs. The desire for a new sensation was above everything. I also began drinking all kinds of liquor.'*(A12) For older people it may be they choose to ignore their boss or their spouse's requests to drink less. Fundamentally it is a selfishness that puts personal desire and fulfilment above the wishes and benefits for others. Ultimately all rebellion is a rebellion against God and His will for our lives.

No one plans to become an addict and though the dangers of excessive drinking and drugs are well known the problems of other addictions can be harder to identify at an early stage. Things like anorexia, workaholism and sexual addictions develop when the use of good things in life is given too high a priority:

*My sister and I never lacked parental love because we always were taken care of...Everything was going well until I was approached by my friends and offered some drugs. My mother worked at the hospital where she had seen people die every day. Ever since my childhood she was telling me how dangerous drugs were and that the cure for drug addiction did not exist. I was not thinking about that when I tried heroin.(A1)<sup>110</sup>*

Though they might not recognise the dangerous path they are on, God certainly does and is continually speaking through their conscience to call them back to a life of health. In order to become addicted a person has had to ignore their conscience on many occasions. Though there is not much record of other chemical drugs used in the Bible there are plenty of references to the negative effects of drinking excessive alcohol and there are specific directions to avoid intoxication:<sup>111</sup> *'Do not join those who drink too much wine.'* (Prov 23:20-21)<sup>112</sup> *'A band of drunkards, they give themselves to harlotry; they love shame more than their glory.'*(Hosea 4:18) Paul repeatedly listed drunkenness with the activities of those who will not inherit the Kingdom of God.<sup>113</sup> In the instructions Jesus gave of how to live before He returns He warns: *'But take heed to yourselves lest your hearts be weighed down with dissipation and drunkenness and cares of this life, and that day come upon you suddenly*

---

<sup>110</sup> This man does not mention in his story using any other drugs earlier, which is likely to have involved legal drugs and may have been others, but it appears to reinforce the prevalence of heroin as an entry drug as reported in Chapter Three.

<sup>111</sup> Eccl 10:17;Is 28:1,3,7-8; Joel 1:5; Amos 6:4-6; Matt 24:48-51; 1Cor 5:11

<sup>112</sup> (NIV), see also Ephesians 5:18 as quoted above

<sup>113</sup> Gal 5:21; 1Thes 5:6-8; 1Cor 6:10;

like a snare.’ (Luke 21:34) Paul also implores ‘let us conduct ourselves becomingly as in the day, not in revelling and drunkenness, not in debauchery and licentiousness, not in quarrelling and jealousy.’(Rom13:13)<sup>114</sup> Drunkenness is a state of being under the influence of alcohol, and loss of self-control; repeated drunkenness can lead to alcohol addiction, i.e. alcoholism, which is a state of even less personal restraint or responsibility.

The rehab leaders teach that the addicts are not necessarily responsible for all the negative things that have happened to them, but they are responsible for their reaction to these events. One of the rehab leaders explains: ‘*I think at least the beginning of addiction starts with moral choices... you are responsible for the choices you make and have made. This is not to say that we negate the experiences you might have had as a child or that as a girl you were abused. You can't just say don't think about it. However what you do with it now that's your choice.*’ (I4) Therefore the process of allowing one's self to become addicted is seen as a form of rebellion, against others, against themselves, and ultimately against God.

### *Idolatry*

Another paradigm used to gain a Biblical understanding on the issue of addiction is ‘idolatry’, in other words, what is given the highest priority in a person's life. As seen in Chapter Three, the drug, or other type of addiction, grows in importance in the life of the addict until it becomes their very reason for living. Using the model of human composition, discussed above, addiction captures the spirit by being given priority in the user's life. ‘*I tried the drugs and found them attractive. Drugs became the most important thing, and I did not care about anything else.*’(F3) Addiction counsellors Bob & Mary McAuliffe called addiction a ‘sick love relationship to mood altering chemicals.’<sup>115</sup>

*I spent a lot of time partying. But after a while, clubs were just not doing it anymore, so I switched my crowd and very soon someone introduced me to snorting heroin. It did not seem like a big thing to do, plus I liked it and I went on doing that. But then I came to what I thought was the point of no return, I tried the needle. I started getting high every day. I began to steal things from home such as dad's money and mom's jewellery to support my habit. I dropped out of school and I fell in love with drugs. Heroin was the only thing on my mind and I could never get enough of it. (A21)*

---

<sup>114</sup> The contrasts used in both Paul's references serve to reinforce the difference.

<sup>115</sup> Robert M McAuliffe & Mary Boesen McAuliffe, *The Essentials of Chemical Dependency: Toward a Unified Theory of Addiction* (USA: Author House, 1975), 267

Another ex-addict explains: *'An addict simply cannot be a law abiding citizen. Simply to feel ok he needs to obtain at least the average monthly wage on a daily basis. So whether he wants to or not he is forced into cheating, theft, robbery, and other criminal activity.'*(A2)

This paradigm most closely relates to Addiction Stage 3, 'Abuse', where their desire for the drug is now regularly put before close relationships and other personal commitments despite serious consequences, such as job loss, court cases or breakdown of relationships. The addict has lost interest in personal care for food or hygiene. They will be stealing to fund their habit, experiencing blackouts, frequent accidents, guilt, shame and depression. Specific rituals analogous to religious acts of worship are set for preparation and intake of the drugs.

Building on the model introduced above we note how, as the addiction takes hold, it steadily and ruthlessly challenges every other value and authority the addict has as it claims the place of ultimate authority in their lives. The user's honesty and integrity; their commitment to college or career or sport; their respect for their parents; their fear of the law; and even their care for their children are surrendered. Strong moral principles not to steal, burgle, or sell their own body, get steadily crushed.<sup>116</sup> Each commitment is tested and sacrificed to appease the demand for the drug steadily destroying their identity and self-worth. So many times I have heard the despair of broken promises as the user's mind becomes totally preoccupied with preparing to get the next fix: *'I thought I would never steal - sell my body, I told myself I would never inject...but I did.'*<sup>117</sup>

The leader of a group of rehab centres in Russia, during my fieldwork, vividly expanded this imagery of 'idol worship in addiction' during a sermon. He drew parallels of idol worship with the increasing cost of 'sacrifices' made in the 'worship' of their drug – or the feelings that it gave them. In order to get the necessary money, drug users start by selling their own possessions, then those at easy access, like in their family, later this grows into a life of regular crime. Even women's submission to prostitution found parallels in some cultic practices.<sup>118</sup> The rituals of worship were likened to the rituals that formed, and were

---

<sup>116</sup> See Chapter Three for many examples. The life-stories studied included many references to female prostitution but no males, though in other situations male prostitution is known to occur.

<sup>117</sup> The life stories B5 and A2 give some such examples.

<sup>118</sup> Prostitution was a strong part of Baal worship and is still practised and can be found in temples of India. <http://www.sikhspectrum.com/052007/devadasi.htm> Devadasi literally means God's (Dev) female servant (*Dasi*), A report commissioned by the National Commission for Women (NCW) in India at <http://uk.geocities.com/dalitsnuk/dalitrights/issue6.html> found that all Devadasies were from the Dalit community of untouchables and estimates that over 250,000 girls were trapped in this form of prostitution dedicated to temples in the Maharashtra-Karnataka border.

religiously followed, in the addict's preparation and intake of drugs. The actual experience of drug intake was easy to relate to 'spiritual' experience, in its various forms, by giving addicts 'superhuman' power to achieve their devious goals against incredible odds, and giving them 'other world' experiences such as a trance or hallucination. There was a lot of discussion over the following week based on this paradigm. Many of the residents in the centre easily identified with their own particular forms of idol worship and found it particularly helpful in explaining why their lives got into such a mess.

From a Biblical perspective, idolatry occurs when an individual gives first place or priority in their lives to something or someone other than God. These can of course be good things, like work or family, which on any other basis appear harmless, but nevertheless hinder the person's relationship with God. This is likely to be the case for co-dependents who become preoccupied with the behaviour of the addict in their home. With drug addicts and alcoholics, the idolatry is even more destructive as the object of their 'worship' is, of itself, physically and emotionally harmful, and damaging to other positive relationships they still have.

This description is strongly supported by May's conclusion: 'The objects of our addictions become our false gods. These are what we worship, what we attend to, where we give our time and energy instead of love. Addiction then displaces and supplants God's love as the source or object of our deepest true desire.'<sup>119</sup>

### *Slavery-Bondage*

The last paradigm I propose to understand the nature of addiction as sin, is in the way that it leads to bondage. The nature of addiction and denial is such that the user still considers that they are in control of the situation and can stop well after they have lost the ability to do so. This is definitely the most common concept used in the language and teaching of the rehab centres probably because this is the stage they have reached by the time they seek help. Many of the life-stories refer to being enslaved, or now helping others out of bondage; quite likely due to the fact that most of them reached this stage before coming to the centre.

*'When my mother heard from the chief doctor [that I was an addict] she fell to the floor in shock. I cried in repentance and immediately promised never to take drugs again. But all such promises are only empty words when enslaved to the regular dose. That was when I realised that my search for pleasure had led me into captivity for which I saw no exit.'* (A2)

---

<sup>119</sup> May *Addiction and Grace*, 13

This stage most clearly reflects Addiction Stage Four, ‘Dependency’, of the progression of addiction described in Chapter Three. By this stage the addicts are desperate to use drugs three or four times a day in order to avoid pains of withdrawal, and the great highs are gone. In short they become a slave to their addiction. They have lost control of when or how much they use and are now typically involved in more serious crime. Most have lost family and friends and health. Even death appears a more attractive option. *‘Several times I tried to commit suicide, but the Lord protected me. I stayed alive even after jumping off the fourth floor and I did not appreciate this.’*(F3)

Paul’s teaching is clear: ‘Do you not know that if you yield yourselves to any one as obedient slaves, you are slaves of the one whom you obey, either of sin, which leads to death, or of obedience, which leads to righteousness?’ (Rom 6:16) Jesus’ words in the gospel of John reinforce the point from the other direction. ‘Truly, truly, I say to you, everyone who commits sin is a slave to sin.’ (John 8:34) Addicts become controlled or enslaved by their cravings and, as shown in Chapter Three, addiction eventually leads to a premature death. Co-dependents are increasingly emotionally trapped and become insecure and unbalanced.

The Greek word in Titus referring to the abuse of alcohol means ‘slavery’ - ‘be reverent in behaviour, not to be slanderers or slaves to drink.’<sup>120</sup> Jesus is very clear ‘No one can serve two masters; for either he will hate the one and love the other, or he will be devoted to the one and despise the other.’ (Matt 6:24) The conclusion that ‘you cannot serve God and mammon’<sup>121</sup> is clearly demonstrated in the life of an addict. This is why Jesus spoke strongly to many who attempted to compromise their commitment to Him:<sup>122</sup> ‘No one who puts his hand to the plough and looks back is fit for the kingdom of God.’ (Luke 9:62) This verse underlines the total commitment needed. We cannot call Him Lord and choose to go our own way,<sup>123</sup> or trust in our own logic.<sup>124</sup>

---

<sup>120</sup> Titus 2:3b (RSV)

<sup>121</sup> Matt 6:24; and Luke 16:13

<sup>122</sup> Luke 9:57-62 Jesus gave three examples of people who promised to follow Him but put their first their commitments money or relationships.

<sup>123</sup> Luke 18:18-30

<sup>124</sup> Acts 5:1-11 Ananias and Sapphira

## Summary

The three different paradigms for understanding addiction make clear the ways in which the Christian rehab centre see addiction as a sin. We will now examine the last and primary paradigm in greater depth.

When specifically discussing guilt the moral theologian and addiction councillor John C Ford states:

The average alcoholic, I am convinced, feels himself more or less guilty for the things that happen while he is in this state, [under the influence]... He may feel that if he had not been drinking he never would have done these things; but he feels that even though drinking he did not have to do them. At other times he feels that the reason he was drinking was in order to have the courage to do these very things. At other times he feels that he was so under the influence of alcohol that he was not responsible... But to me the remarkable thing about some of these cases is the alcoholic, though he feels responsible for the sins committed while on a spree, does not consider himself responsible for the drinking itself. That was something he had to do, or at least had to continue once he got started. The drinking itself presents itself to his mind with an inevitability that in no way attaches to the other sins committed while drinking... To my mind this is further evidence of the compulsive character of the drinking.<sup>125</sup>

This quote highlights the main problem Christian workers identify with addiction: the loss of self-control. In this illustration the craving is for alcohol, but many woeful stories of regret were heard from the drug addicts before and during rehabilitation. Apart from the acknowledged wrongdoings committed while under the influence of drink or drugs, the real issue is one of continual submission to the control of chemicals, leading to compulsive behaviour and thereby losing the gift of discernment and self-control.<sup>126</sup> It becomes a vicious cycle as the more a person drinks or takes drugs the more shameful actions are committed. The increased feeling of shame intensifies the sense of hopelessness and desire to escape the problems of reality, which for an addict strengthens the urge to take more drugs or drink. C.S. Lewis highlights the importance of control: 'It doesn't matter how small the sins are, provided that the cumulative effect is to edge the man away from the Light and into the Nothing.'<sup>127</sup>

---

<sup>125</sup> Morgan "Chemical Comforting" and the Theology of John C. Ford, 69

<sup>126</sup> Prov 25:28; Gal 5:23; 2Tim1:7; 2Pet 1:5-6

<sup>127</sup> Clive Staple Lewis, *The Screwtape Letters* (London: Harper Collins, 1942), 60

Self-control is a quality that Peter tells us to strive for as it leads to godliness. ‘For this very reason make every effort to add to your faith goodness, and to goodness knowledge, and to knowledge self-control, and to self-control perseverance, and to perseverance godliness’.<sup>128</sup> God does not want us to be controlled by anything other than His Spirit, which brings us blessing. ‘Do not get drunk with wine, for that is debauchery; but be filled with the Spirit.’ (Eph 5:18) The alternative to the compulsion of sin, Brunner describes as ‘freedom which is based only in the love of God, the freedom which is identical with “being in the love of God.”’<sup>129</sup>

James’ description of temptation portrays addiction as a revolving wheel that reinforces itself. ‘(E)ach person is tempted when he is lured and enticed by his own desire. Then desire when it has conceived gives birth to sin; and sin when it is full-grown brings forth death.’ (James 1:14-15) This is a process depicted by Life for the World in the diagram below, entitled ‘The Cycle of All Addictions,’<sup>130</sup>

---

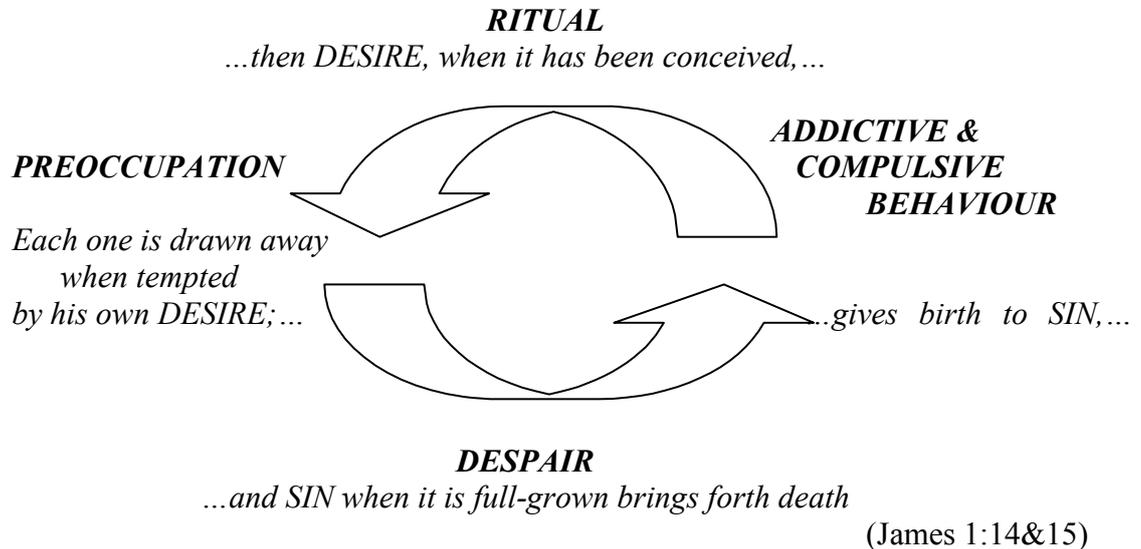
<sup>128</sup> 2Peter 1:5-6 (NIV – chosen for clarity). The list continues to produce love, all the characteristics keep believers from being ineffective. v8 Paul gives a similar instruction in 1Thes 5:5 (RSV) ‘For you are all sons of light and sons of the day; we are not of the night or of darkness. So then let us not sleep, as others do, but let us keep awake and be sober. For those who sleep, sleep at night, and those who get drunk are drunk at night. But, since we belong to the day, let us be sober, and put on the breastplate of faith and love, and for a helmet the hope of salvation.’ adapted from LFTW Life For The World Trust ‘The Church in an Addictive Society *Certificate in Substance Misuse Care and Counselling* Module 1 Course Notes available from Life for the World, 2003, 4

<sup>129</sup> Emil Brunner *The Letter to the Romans* (London: Westminster Press, 1959), 73

<sup>130</sup> Adapted from LFTW, ‘The Church in an Addictive Society’, 4

## ADDICTIVE COMPULSIVE BEHAVIOUR

- v 14a Preoccupation - 'each person is tempted when he is lured and enticed by his own desire.'
- v 14b Ritual - 'Then desire, when it has conceived,'
- v 15a Addiction and Compulsive Behaviour - 'gives birth to sin;'
- v 15b Despair - 'and sin when it is full-grown brings forth death.'<sup>131</sup>



The diagram above depicts a downward vicious cycle that addicts are caught in. James in this passage personifies 'desire', and likewise 'Paul did not conceive of sin merely as an action or attitude contrary to God's will. A study of the vocabulary used in association with it clearly shows that he personified it. Sin is a king, a slave owner, is dead or alive... It is an enemy that has invaded man.'<sup>132</sup> According to Paul, we should not allow anything to control us. "All things are lawful for me," but not all things are helpful. "All things are lawful for me," but I will not be enslaved by anything.' (1Cor 6:12)<sup>133</sup> C.S. Lewis expresses this process ironically in the letters of a senior Tempter to his junior trainee: 'The first job of their Tempters was to harden these choices of Hell-ward roads into a habit by steady repetition. But then to turn the habit into a principle – a principle the creature is prepared to defend.'<sup>134</sup> This is precisely the process that can be seen taking place in someone becoming addicted:

*'I was invited to participate in a promising business. I had all the money I needed and more – no need to get into crime. I thought I'd never be in prison again but I was in prison already – in prison of drug addiction. If you are a drug addict you can't live a normal life. I tried to fight this devilish affliction.'*(C3)

<sup>131</sup> James 1:14&15 This version is from the RSV, the diagram uses the NIV

<sup>132</sup> Frederick Fyvie Bruce (ed) *The International Bible Commentary* (Grand Rapids MI: Marshall, Morgan & Scott, 1986), 1327

<sup>133</sup> Repeated in 10:23-24 & See also Matt 12:30, Mark 9:40, Luke 11:23

<sup>134</sup> Lewis, *The Screwtape Letters*, 191; The Screwtape Letters is written from the standpoint of the chief Devil as he advises his young devil nephew in how to entice and capture humans. Capitals in the original.

### 4.3.3 Addiction and Sin

For the Christian rehab leaders there was no doubt or debate that addiction was a sin. The three main reasons for this have been discussed in the previous section. This is also the accepted view in society in the former Soviet Union where in most places possession of drugs is a criminal offence. We now turn to other views on this relationship.

To start with we can note a recognition of the spiritual aspects of addiction among other writers. The majority of the literature available focuses primarily on alcoholism. For this analysis, we are therefore forced to rely heavily on studies of one particular addiction. Alcoholism is one form of addiction, and while there are clear differences with other hard drugs in the way that alcohol affects the body and its legal status, the principles of addiction remain the same.

The Catholic priest, John C. Ford played a significant role in the sixties and seventies in developing an understanding of addiction.

I taught at the Yale School of Alcohol Studies, edited *Twelve Steps and Twelve Traditions* and *AA. Comes of Age* for Bill Wilson, and met Sr. Ignatia and Dr. Bob Smith. I too encouraged the Catholic Hospital Association to treat alcoholism and face the greatest spiritual and social dilemma of our times. As a moral theologian, I often wondered, is alcoholism a sickness? A mental or emotional problem? A moral problem? I think the answer is: It is all three.<sup>135</sup>

Booth describes addiction as a disease that encompasses the whole individual, including the spiritual self.<sup>136</sup> Several other respected practitioners in the field of addictions also recognise the spiritual element of addiction.<sup>137</sup> The Oxford Diocesan Board states that addiction, which leads to drug abuse and alcoholism ‘is not just a medical issue, or even a social issue; it is an

---

<sup>135</sup> Oliver Morgan ‘“Chemical Comforting” and the Theology of John C. Ford, SJ: Classic Answers to a Contemporary Problem’ *Journal of Ministry in Addiction & Recovery* Volume: 6 Issue: 1 (1999), 29-66, 29

<sup>136</sup> L. Booth, ‘A New Understanding of Spirituality,’ *Journal of Chemical Dependency Treatment* 5, no. 2 (1995), 5-17

<sup>137</sup> Patrick McCormick, *Sin as Addiction* (New York: Paulist Press, 1995); H.J. Clinebell, *The Pastor and Drug Dependency* (New York, NY: National Council of Churches, 1968); H. P. Brown, & J. H. Peterson, ‘Assessing Spirituality in Addiction Treatment as Follow Up: Development of the Grown Peterson Recovery Process Inventory’ (B-PRPI) *Alcoholism Treatment Quarterly* Vol.8/2 (1991), 21-50; M.E. Buxton, D.E. Smith and R.B. Seymour, ‘Spirituality and Other Points of Resistance to the 12-step recovery process’ *Journal of Psychoactive Drugs* 19(3) (1987); and May *Addiction and Grace*

issue that damages the spirit and that needs to be addressed in a spiritual way.<sup>138</sup> Miller has also identified that spiritual issues are ‘an important but neglected area in drug and alcohol treatment research.’<sup>139</sup> Prezioso ‘suggested that spiritual issues like ‘powerlessness’ and relationship to God are at the heart of addiction and recovery.’<sup>140</sup>

Goodman states that people have grown up learning from society ‘to depend on something external to control internal problems,’ rather than relying on the indwelling spirit of God. The learned dependency may also become an addiction and ‘through this dependency they deny their own spirituality’ missing the prompting to seek and see God answer.<sup>141</sup> According to the Russian theologian, Berdayaev, ‘there is no freedom of spirit without God as its original source’<sup>142</sup> everything else he implies that does not come from God leads to bondage.

This relationship between alcoholism or addiction and a thirst for wholeness and transcendence has also been described by authors such as Carroll in ‘Spirituality, alcoholism and recovery: An exploratory study.’<sup>143</sup> Carroll compared ‘Spirituality and purpose in life, in alcoholism recovery.’<sup>144</sup> She notes that alcoholism not only fails to fill the thirst for wholeness and transcendence but also blocks the relationship with God. Adrian van Kaam considers addiction ‘a counterfeit of religious presence.’<sup>145</sup>

Continuing with the example of alcohol, Royce in ‘The effects of alcoholism and recovery on spirituality’<sup>146</sup> concludes that only God fulfils a person’s hunger for love. True spirituality according to Anderson & Worthen, and O’Rourke involves integrating the spiritual, physical, emotional and mental dimensions of the personality,<sup>147</sup> thus addressing all the areas affected by addiction. The rehab leaders also take this line and would agree with Prezioso, who

---

<sup>138</sup> Oxford Diocesan Board, *Drugs: Use and Misuse: An Issue for the Church*, (Oxford: Oxford Diocesan Board for Social Responsibility, 2000)

<sup>139</sup> W.R. Miller, ‘Spirituality the Silent Dimension in Addiction Research The 1990 Leonard Ball oration’ *Drug & Alcohol Recovery* 9 (1990), 259-266

<sup>140</sup> F. A. Prezioso, ‘Spirituality in the Recovery Process,’ *Journal of Substance Abuse Treatment* 4 (1987):233-238

<sup>141</sup> Mike Goodman, *Release* (London: National Drug and Alcohol Advice, 1996), 49-77

<sup>142</sup> Nikolai Berdayaev, *Realm of Spirit and the Realm of Caesar*, trans. by Donald A. Lowrie, (London: Victor Gollancz, 1952), 32

<sup>143</sup> Mara S. Carroll, ‘Spirituality, Alcoholism and Recovery: An Exploratory Study’ *Alcoholism Treatment Quarterly* 15, no. 4 (1997),153-175

<sup>144</sup> Mara S. Carroll, ‘Spirituality and Purpose in Life in Alcoholism Recovery,’ *Journal in Studies on Alcohol* 54, no. 3 (1993), 297-301

<sup>145</sup> Adrian van Kaam, “Addiction: Counterfeit of Religious Presence,” in *Personality fulfilment in the Spiritual Life* (Wilkes-Barre, PA: Dimension Books, 1966), 123-53

<sup>146</sup> Royce, ‘The effects of alcoholism and recovery on spirituality’, *Journal of Chemical Dependency Treatment* 5, no.2 (1995):19-37

<sup>147</sup> Quoted in Booth, ‘A New Understanding of Spirituality’

considers ‘the treatment from chemical dependency is by its very nature a spiritual process,’<sup>148</sup> as it is about healing the wounded spirit and helping the addict restore communication with the transcendent God.<sup>149</sup> Most proponents of AA also deem spirituality to be a necessary ingredient for recovery.<sup>150</sup> The Russian and Ukrainian rehab leaders therefore are not alone in identifying the relationship between addiction and spirituality.

May takes the link of spirituality and addiction further when he describes all sin as a form of addiction or ‘attachment’ that enslaves and destroys people: ‘I learnt that all people are addicts and that addictions to alcohol and other drugs, are simply more obvious and tragic addictions than others have. To be alive is to be addicted and to be alive and addicted is to stand in need of grace.’<sup>151</sup> Addiction programme directors in other part of the world also find slavery a useful paradigm for understanding addiction. Having worked for seventeen years with addicts, Kent Martin in a concluding conference speech declared: ‘Let’s not be afraid to call this social scourge what it is. My conclusion is a dramatic one - addiction, at best, is nothing less than slavery, and it is just as cruel to its victims. It scourges and overworks the body, it endlessly torments the psyche, stripping it of all dignity and civilised behaviour.’<sup>152</sup> Franz Koopman in a programme description writes: ‘DeHoop sees addiction as a form of slavery. Addiction is something that has control over the addict. Addicts are not free in the choices they make, for them everything revolves around the substance or the habit. They have become slaves. Often they are not capable of breaking the habit.’<sup>153</sup>

Linda Mercadante, an addictionologist, challenges the disease model of addiction used in most drug treatment programmes in the West, which simply focuses on the physical or psychological aspects of addiction. Like the rehab leaders interviewed, she claims ‘the

---

<sup>148</sup> Prezioso, ‘Spirituality and the Recovery Process’, 233-238

<sup>149</sup> V.E. Frankl, *Man’s Search of Meaning: An Introduction to Logotherapy* (Boston: Beacon Press, (1959); Prezioso, ‘Spirituality and the Recovery Process’, 233-238. Rehab leaders would agree with Frankl on the need for addicts to restore communication with God but are unlike to agree with his methods for doing so. See C.L. Whitfield, ‘Stress Management and Spirituality During Recovery: A Transpersonal Approach Part 1’ *Alcoholism Treatment Quarterly* 1, no. 1 (1984), 3-54

<sup>150</sup> L. Booth, ‘Aspects of Spirituality in San Pedro Peninsula Hospital’ *Alcoholism Treatment Quarterly* 1, no. 2 (1984), 121-123; D. Black, *It will never Happen to Me* (Denver CO: M.A. C. Publications, 1981); H.P. Brown, J.H. Peterson and O. Cunningham, ‘Rational and Theoretical Basis for a Cognitive/Behavioural Approach to Spirituality,’ *Alcoholism Treatment Quarterly* 5, no. 1-2 (1988), 47-59; S. Wegscheider-Cruse, *Another Chance: Hope and Health for the Alcoholic Family* (Palo Alto CA: Science and Behaviour, 1981); and Whitfield, ‘Stress Management and Spirituality During Recovery’, 3-54

<sup>151</sup> *May Addiction and Grace*, 11 ‘my own work with addicted people, and the consequent realisation of my own addictive behaviour that brought me to my knees. I am glad. Grace was there.’ p10

<sup>152</sup> Kent Martin, “Raising the Standard” One day ISAAC-UK conference on 12 June 2004 in Beel, Birmingham

<sup>153</sup> Frans Koopman, *Information about DeHoop: Evangelical Aid and Treatment of Addiction* (Internal Publication, 2003), 1

concept of 'sin' is hidden within the addiction metaphor.<sup>154</sup> The words for sin in the Hebrew are *chatta* meaning guilt, in need of purifying, or *asham*, to trespass or commit offence by going the wrong way. In the Greek *skandalizow*, to cause offence, to trip up, fall or stumble or *hamartia*, to miss the mark, wander from the path and be mistaken.<sup>155</sup> All these aspects apply to a person who is addicted to alcohol or drugs as it causes people to fall frequently, morally, and physically, and to make unwise choices. Addiction repeatedly causes offensive or violent behaviour even if it is not seen as an offence in itself.

Proverbs gives us a classic description of the alcoholic, demonstrating that the writer of the proverb was dealing with the same effects of drunkenness that we see today.

Who has woe? Who has sorrow? Who has strife? Who has complaining? Who has wounds without cause? Who has redness of eyes?

Those who tarry long over wine, those who go to try mixed wine.

Do not look at wine when it is red, when it sparkles in the cup and goes down smoothly. At the last it bites like a serpent, and stings like an adder. Your eyes will see strange things, and your mind utter perverse things. You will be like one who lies down in the midst of the sea, like one who lies on the top of a mast.

"They struck me," you will say, "but I was not hurt; they beat me, but I did not feel it. When shall I awake? I will seek another drink." (Proverbs 23:29-35)

'Many people in recovery get nervous or angry if the word 'sin' is mentioned. Many consider it inappropriate if not downright unacceptable to bring up the concept of sin in the context of addiction.'<sup>156</sup> Thus addiction is considered 'a disease, not a disgrace,' and that the addict is 'not a bad person getting good, but a sick person getting well.'<sup>157</sup> However from a Christian perspective, not to mention sin obscures the basis of the problem, which hides the path to a solution. The language of sickness denies a responsibility for becoming addicted. The addicts see themselves as victims who need handouts, rather than offenders who need to learn to amend their behaviour. This attitude strongly discourages taking responsibility for seeking a way out. The freedom from addiction found in the Christian rehab centres was obtained by getting into a right relationship with God. If someone does not know they have sinned, that they have fallen short of God's standards of holiness, they will not realise their need to repent.

---

<sup>154</sup> Linda Mercadante, 'Sin, Gender and Addiction,' *Journal of Ministry in Addiction & Recovery* 4, no. 1 (1997), 37-45, 37

<sup>155</sup> Dave Cave, *A Biblical Theology of Addiction*, (London: ECOD Evangelical Coalition on Addiction, 1993), 26

<sup>156</sup> Mercadante, 'Sin, Gender and Addiction', 37

<sup>157</sup> *Ibid.*

If they do not repent they will not be able to receive God's forgiveness and freedom from the hold that sin has on their life, or the grace of God that equips believers with to walk uprightly.<sup>158</sup>

Mercadante states, 'talking about sin is not about the separation of "good people" from "sinners". On the most basic level, it is a turning away from God and the good. Sin is inherited, sin is taught, sin is chosen. And that is, in many ways what we are talking about when we talk about addiction as a spiritual disease'.<sup>159</sup> Addiction in every way destroys our ability to enjoy life as God intended.<sup>160</sup> It destroys us physically, emotionally, relationally and eventually our very identity. Sin is not only a result of individual choice there are reasons that some people are more susceptible to addiction. The child of alcoholic parents can receive both genetic propensity to addiction and destructive patterns of learned behaviour.<sup>161</sup> This view however, is not a basis for judgement, as no one has a right to the high moral ground.<sup>162</sup>

Identifying addiction as sin does not deny any of the physical and psychological aspects that clearly result from addiction, rather as seen above all these aspects are interrelated. However, addressing the physical and psychological aspects alone is not adequate to explain the bondage that controls an addict. If we continue to avoid the extremely important – even crucial – relationship between sin and addiction, 'the loss is great. In fact for those of us who see addiction as a spiritual problem, the loss is unacceptable'<sup>163</sup> because we are restricting those who suffer from finding lasting freedom through repentance and receiving God's forgiveness, grace and mercy.

The main problem with the disease model for many of the Christian rehab leaders is one of orientation; it is focused on a human solution, expecting addicts to be able to heal themselves, and it diverts addicts and therapists from recognising our complete inability to change our own nature and therefore from coming to God for help. Mike Genung explained 'When I tried to disconnect the spiritual from the physical, telling myself I needed [my sexual addiction]

---

<sup>158</sup> 1John 1:9 These concepts are discussed later in the chapter.

<sup>159</sup> Mercadante, 'Sin, Gender and Addiction,' 38

<sup>160</sup> Jer 5:25; Jer 2:17; Ps 107:17

<sup>161</sup> Ex 34:6-7 'The LORD, the LORD, a God merciful and gracious, slow to anger, and abounding in steadfast love and faithfulness, keeping steadfast love for thousands, forgiving iniquity and transgression and sin, but who will by no means clear the guilty, visiting the iniquity of the fathers upon the children and the children's children, to the third and the fourth generation.' also Ex 20: 5-6

<sup>162</sup> Rom 3:23; Ps 51:5

<sup>163</sup> Mercadante, 'Sin, Gender and Addiction,' 38

just for physical release, I still felt empty afterwards. The spiritual component of sex can't be separated from the physical.'<sup>164</sup>

To be politically correct, 'addiction' became 'drug abuse', then 'drug misuse' and now an addict is commonly referred to simply as a 'user.' However people do not avoid the feelings of rejection and guilt just by changing the terms. Experience has shown that 'the disease model of addiction easily becomes surprisingly moralistic, ascetic and over-focused on our slips and weaknesses.'<sup>165</sup> Depending on the context different types of language are appropriate. Sometimes these terms are used 'partly as a strategy in order to get persons involved in recovery.'<sup>166</sup> In outreach inclusive language can help build the initial relationship but during rehab problems need to be identified and owned before they can be resolved. Political correctness on the other hand can make it more difficult to deal with root problems as they are buried under non-specific language.<sup>167</sup> Rejection needs to be overcome with unconditional acceptance that is not ignorant or blind to the problems but loves the sinner regardless of their sin.<sup>168</sup> This unconditional love brings freedom from fear that faults will be discovered that threaten the relationship. Rather than hiding and trying to cover up failures and problems they can be acknowledged, confessed and forgiven. Resolution of guilt comes from sincere repentance to God and those offended. This leads to a restoration of relationships.

Not only is addiction, not the addict, abhorrent to God, for all the above reasons, but I would also like to suggest that addiction can be seen as a prototype for all kinds of sin; that is there is much that can be learnt about the way sin affects people through observing the progression of addiction in a person's life. It appears that the encroachment of addiction on a user's life reflects a pattern similar to other methods 'the Father of lies'(John 8:38) uses to deceive. A temptation is by definition attractive. Often sin initially appears to be harmless and fun. However, the pleasure is temporary and the fulfilment anticipated illusory, but the costs are high. Continually giving in to the temptation eventually leads to fear, isolation and emptiness. The more often a person gives in to a particular temptation the easier it becomes. The price for satisfaction steadily increases, but subtly the ability a person has to stop

---

<sup>164</sup> Mike Genung 'The soul warping effects of masturbation... and how to live without it.'  
<http://www.blazinggrace.org/> (accessed 22/4/08)

<sup>165</sup> Mercadante, 'Sin, Gender and Addiction,' 38

<sup>166</sup> *ibid*

<sup>167</sup> Lewis, *The Screwtape Letters*, 191 'And of course we [the devils] have contrived that the very language should be smudge and blur.'

<sup>168</sup> Rom 5:8 'But God shows his love for us in that while we were yet sinners Christ died for us.'(RSV)

decreases, pushing them further from the blessings of peace, freedom and inner fulfilment that God intends for them. All forms of sin, whether it is lying, stealing, or adultery, like drugs, initially appear very attractive with no or very little noticeable negative consequences. Each time a person succumbs to temptation, the easier it is the next time; that is, our tolerance to sin increases through repeated offences. The sinner is then enticed to push the boundaries further and further as their conscience is chipped away and grows accustomed to the new 'norms' for behaviour. The greater the risks, the more the apparent excitement and adrenalin are created. However, the further they go down this path, the harder it is to turn round and escape the consequences of destruction to relationships, reputation, identity and self worth. Sin still leads to death,<sup>169</sup> first spiritually, then emotionally and later physically, because it separates us from God, the source of life.<sup>170</sup>

This understanding puts alcoholics, drug addicts and others on the same moral ground as non-addicts. Rather than being the judgemental approach that it is normally considered to be, associating addiction with sin is actually the most loving and responsible position as it separates the behaviour from the person. The addict can be welcomed, loved and respected but their behaviour, including attitudes and actions, identified as destructive. No one can deny giving in to some form of temptation and doing things that they knew were wrong; only for addicts, the consequences are more obvious.

Psychologist Gerard May draws together many of the concepts used by the rehab leaders in this identification of addiction as sin, and so provides a good summary for the discussion in this section:

I am not being flippant when I say that all of us suffer from addiction. Nor am I reducing the meaning of addiction. I mean in all truth that the psychological, neurological, and spiritual dynamics of full-fledged addiction are actively at work within every human being. The same processes that are responsible for addiction to alcohol and narcotics are also responsible for addiction to ideas, work relationships, power, moods and an endless variety of other things. We are all

---

<sup>169</sup> Gen 2:17b. God warned Adam, 'you shall not eat, for in the day that you eat of it you shall die.' Jam 1:15 as discussed above; Rom 6:23a 'For the wages of sin is death.' There are numerous studies to demonstrate how sin affects us psychologically. For example a study on unforgiveness and stress levels, Michael Brenneis, 'The Relationship Between Forgiveness and Physical Health Indicators in Recovering Members of the Clergy,' *Journal of Ministry in Addiction & Recovery* 7, no. 2 (2001) 43-59; see also VanLoon, Preston and Clay, *A Cognitive Development Intervention for Clergy: Forgiveness*, (Unpublished Doctoral thesis, Northern Illinois University (0162), 1997)

<sup>170</sup> Is 59:2; Prov 15:29; Deut 32:20; Mic 3:4. It is the author's opinion that the escalation of addiction around us is in part a result of moving further from God's intentions for our lives but can also be seen as a warning to show us how dangerous it is to 'experiment' with sin.

addicts in every sense of the word. Moreover, our addictions are our worst enemies. They enslave us with chains that are of our own making and yet that, paradoxically, are virtually beyond our control. Addiction also makes idolaters of us all, because it forces us to worship these objects of attachment, thereby preventing us from truly, freely loving God and one another. Addiction breeds wilfulness within us, yet, again paradoxically, it erodes our freewill and eats away at our dignity. Addiction is at once an inherent part of our nature and an antagonist of our nature. It is the absolute enemy of human freedom, the antipathy of love, yet in still another paradox, our addictions can lead us to a deep appreciation of grace. They bring us to our knees.<sup>171</sup>

May has graphically expressed the dilemma of the human soul addicted to sin in its various forms, enslaved to its ‘objects of attachment’ and idolising its passions. Motivated by selfishness and independence the individual ends up impoverished, lonely and dependent. In the same passage he points to the source of hope, the grace (undeserved favour) of God. Recognising both their need to change and their impossibility of achieving it on their own has brought many addicts to their knees to cry out to God for help even without knowing Him; and they are always heard.<sup>172</sup> There is a complete contrast between the life under the old ruler and that which Jesus is offering: ‘I am the door; if any one enters by me, he will be saved,<sup>173</sup> and will go in and out and find pasture. The thief comes only to steal and kill and destroy; I came that they may have life, and have it abundantly.’(John 10:9-10) Identifying addiction as sin, as the Christian rehab leaders do, is the responsible approach as it clarifies the source of the problem of rebellion and estrangement from God. Understanding a problem is the first step to solving it. Turning to God brings life and hope.<sup>174</sup> Christian rehabilitation enables the addict to leave their destructive lifestyle and equips them to live in freedom.

#### 4.3.4 Desire to Change

As was described in Chapter Three, in the first stages of drug taking, during experimentation and controlled use,<sup>175</sup> few people want to quit. ‘As long as the addict or alcoholic person pays

---

<sup>171</sup> May, *Addiction and Grace*, 3-4.

<sup>172</sup> Acts 2:21 ‘And it shall be that whoever calls on the name of the Lord shall be saved.’ Zach 13:9

<sup>173</sup> In line with the literal approach to Biblical interpretation, the rehab leaders use this verb to mean both saved from the ‘mess their lives are in now’ and heavenly salvation. It is seen as a process that starts with repentance and continues for eternity.

<sup>174</sup> John 14:3,6a ‘I am the way the truth and the life’.

<sup>175</sup> See description of stages of addiction in the previous chapter.

little price for the drinking and drug taking behaviour, he or she has little reason to stop.<sup>176</sup> Normally it is just seen as a way of having fun, reasoning that: ‘I’m not hurting anyone else, only having a good time so it must be OK.’<sup>177</sup> - ‘*Everything possible was done to me, but it was all useless, I DID NOT WANT to give up anything.*’ (B6)<sup>178</sup> At this stage, it is hard for them to believe they have fallen into a trap and realise the immense pain they will bring not only to themselves but also to those dear to them. ‘*I tried drugs when I was 15. I thought that I should try everything in my life and everything seemed easy – I would not have believed anyone if they told me how much grief such a life would cause me and those close to me.*’ (F2) Gradually the addicts’ desire to change increases, as the consequences of their drug habit become more costly: emotionally, physically and financially<sup>179</sup>.

‘No one with a dependency really seeks for help with their problem until the painful consequences of the addiction exceeds the pleasure it gives or its ability to cover up pain. Hence, many addicts need to hit ‘rock bottom’ before they look for a way out.’<sup>180</sup> Outreach workers might ask an addict on the street ‘Ты не накололась?’ *Ti ne nakololas?* [Aren’t you sick of taking drugs yet?] An applicant for rehab during the interview might also be asked ‘Ты точно накололись?’ [Are you sure you have had your fill of drugs?] to check their commitment to change. According to the drugs researcher Biernacki ‘Many addicts come to a point in their lives where they rationally and explicitly decide to stop using opiates. Often this point occurs after an accumulation of negative experiences coupled with some particularly significant and disturbing personal event.’<sup>181</sup>

In the later stages of drug taking, addicts definitely know that their drug lifestyle is unacceptable to their family,<sup>182</sup> society and to God, though they may not be able to explain why. All the subjects of the life-stories reported in different ways feeling overwhelmingly disgusted, ashamed of themselves, or feeling dirty, which led to further depression and drugs.<sup>183</sup> ‘*When you lead such a life, you go deeper and deeper down below. You are like in a*

---

<sup>176</sup> John & Pat O’Neil, *Concerned Intervention: When Your Loved One Won’t Quit Alcohol or Drugs* (Park Ridge, Ill: Parkside Medical Services Corporation, 1990)

<sup>177</sup> These comments were often made to me at the centre.

<sup>178</sup> Capitals in the original

<sup>179</sup> The factors that lead addicts to change are discussed in the previous Chapter.

<sup>180</sup> John & Pat O’Neil quoted in LFTW *Certificate in Substance Misuse Care and Counselling*, ‘Working with People who have Addictive Behaviour Problems’ Module Two, (unpub.2003), 9

<sup>181</sup> Biernacki, P. *Pathways from Heroin Addiction: Recovery Without Treatment* Philadelphia: Temple University Press, 1986, 49

<sup>182</sup> A10 Sorrow for the effect his addiction had on his mother was the reason given in his death note.

<sup>183</sup> This is the typical result of Satan’s influence, making a person feel horrible about themselves without providing any viable solution. It is these feelings of worthlessness and desire for significance that advertisers exploit to their own financial advantage with short term pleasures that are no more effective at providing lasting

*swamp of sin from where you cannot find an exit unless God helps you to. My parents tried to find a cure for me, paid big money, but everything was in vain.*' (F3) In a secular study on coming off drug addiction, recovering addicts report a 'profound sense of guilt, remorse and disgust that they felt towards the life they had led.'<sup>184</sup> Later as they come into relationship with God, the Holy Spirit lovingly reveals specifically what dishonours Him, while fully equipping them to make the necessary changes.

Before an addict can find lasting release from addiction, according to Christian rehabilitation principles, they need to admit that their own attempts to run their life have not brought them fulfilment and recognise their failure to live according to God's will.<sup>185</sup> *'What haven't I tried to make myself busy! What haven't I become at that time! But the diversions and busy life did not satisfy me and brought no joy or happiness. Misunderstandings, frustration, despair and bewilderment – this was the end result of my attempts to find self-satisfaction.'* (F1) It is at this point they are ready to change their allegiance from drugs to something else. Robert Albers, previous editor of the *Journal of Ministry in Addiction and Recovery* sees 'transformation as the key to recovery. Transformation from a theological perspective is a key conceptual framework within which to understand the recovery process from addiction. It is a gift of grace as a progressive phenomenon incorporating the reality of the past, the actuality of the present and the potentiality of the future.'<sup>186</sup>

#### **4.4 New Identity through Faith & Repentance**

As discussed earlier, an individual's identity is affected by who and what they submit to through life. It forms their understanding of their roles and responsibilities, such as getting married.<sup>187</sup> In a healthy relationship, the two individuals submit to each other to form one strong partnership.<sup>188</sup> Certain aspects of a person's identity change even by submitting to a new employer or swapping the sports team they play for, or support. Similar, though far more fundamental, is the change of identity and allegiance that takes place in an addict who decides to completely change ownership and submit to God. Paul Johnson in writing about the

---

meaning and fulfilment. God's spirit on the other hand reassures us of our eternal significance from being created in the image of God and worth enough to the Almighty to sacrifice His beloved son to buy us back.

<sup>184</sup> James McIntosh & Neil McKeganey, *Beating the Dragon: The Recovery from Dependent Drug Use* (Harlow: Pearson Education, 2002), 146

<sup>185</sup> Romans 6:23

<sup>186</sup> Robert Albers, 'Transformation: The Key to Recovery', *Journal of Ministry in Addiction and Recovery* 4, no.1 (1997), 23-36, 23

<sup>187</sup> Particularly true for a woman who also receives a new name

<sup>188</sup> Eph 5:21

universality of the human condition and the necessity of divine intervention states unequivocally that the solution is found in an experience of conversion that results in a transformation of the individual.<sup>189</sup> Tiebout also uses the language of ‘conversion’ to explicate his understanding of what occurs in recovery from addiction. Ultimately, he attributes ‘the metamorphosis, change or transformation in patients to the process whereby the patient gives up the omnipotent defiant grandiose approach to life and surrenders to [God] a power greater than self. The surrender of control, and acceptance of the self as one is, results in the gift of sobriety with serenity.’<sup>190</sup> All the leaders of the drug rehabilitation projects interviewed reported in different ways that a foundational principle for finding freedom from addiction is committing one’s life to God. ‘*Our message is just the gospel,*’ (I2) ‘*true freedom is possible only through Jesus Christ. This is the basic principle.*’ (U3) This is done by coming to God in repentance and faith and receiving His healing, forgiveness and power to live a new life. ‘*The process begins with a person knowing God and if a person develops their relationship with God they will develop in many ways.*’ (U1) It is not necessary that addicts understand everything before turning to God in repentance but enough to base their faith on; later their understanding, and with it their faith, will grow. However as they are willing to repent and give God control, God’s Spirit comes to live in them and begins the process of change.<sup>191</sup>

‘The New Testament authors understood so well that genuine repentance and genuine faith had to go together that they often simply mentioned repentance alone with the understanding that faith would also be included, because turning from sins in a genuine way is impossible apart from a genuine turning to God.’<sup>192</sup> The next two sections look at these two vital elements separately in order to clarify their specific functions in the life of the addict.

#### 4.4.1 Faith

What does it mean for an addict or non-addict to have faith in God? The Christian rehab leaders use the meaning given in the book of Hebrews, defining faith as ‘the assurance of things hoped for, the conviction of things not seen,’ (Heb 11:1) and state that it is a prerequisite for forming a positive relationship with God. ‘Without faith it is impossible to

---

<sup>189</sup> Paul Johnson, *The Psychology of Religion* (Nashville: Abingdon Press, 1959), 107-108

<sup>190</sup> Harry A. Tiebout, *The Act of Surrender in the Therapeutic Process* (New York: National Council of Alcoholism, n.d.)

<sup>191</sup> Heb 11:6

<sup>192</sup> Wayne Grudem, *Systematic Theology* (Leister: IVP, 1994), 716

please God, because anyone who comes to Him must believe that He exists<sup>193</sup> and that He rewards those who earnestly seek Him.’ (Heb 11:6)<sup>194</sup> Robert Albers ‘who has undertaken extensive pastoral and professional work dealing with individuals afflicted and affected by chemical dependency’<sup>195</sup> says ‘fundamental and foundational for comprehending the process of gaining freedom from the paralyzing effects of shame [such as from addiction] is to understand the nature of faith. Faith in God, faith in others, faith in oneself and faith in the power of the process by which ‘faithful’ relationships are created.’<sup>196</sup> Albers continues ‘Faith itself is a gift which God desires to give to all people. For me faith is... an unqualified trust in a gracious, merciful and loving God who suffers with people in the midst of their pain.’<sup>197</sup> The rehab leaders explain that in order to be able to experience new spiritual life there must be a new spiritual birth, so how is this possible? When Paul and Silas’ jailer asked: “Men, what must I do to be saved?” They responded: “Believe in the Lord Jesus and you will be saved, you and your household.”<sup>198</sup> The corporate aspect of this verse is also taken very seriously by the rehab centres. It encourages recovering addicts to believe for the salvation of their family. In order to be saved from all forms of sin, including addiction, the addicts are taught to believe and turn from their former ways and submit to the living God. Faith is also the foundation for the ongoing life of a Christian recovering addict,<sup>199</sup> ‘for we walk by faith, not by sight.’<sup>200</sup> The beginning of this chapter described the resources available to the recovering addict through faith that equips them to live free lives, namely the truth of God’s word, the guidance of the Holy Spirit and the encouragement of other believers.

In coming to God rehab leaders emphasise two particular aspects of His character that are important to believe; first that God is who He says He is, an all powerful God; secondly that He cares enough about us to meet us at our point of need. Most people in the former Soviet Union believe that there is some kind of God,<sup>201</sup> but have very little expectation that He will act supernaturally in their lives, and though they may tell God about their problems they do not rely on Him for the solution. The modern independent society, particularly as found in the West, leaves little need for reliance on God. For the addict, faith in the power of God is the belief that God has the authority and desire to forgive their sin, release them from addiction,

<sup>193</sup> Understood logically no one would come to God without some faith that He exists.

<sup>194</sup> IV translation clearer in this passage

<sup>195</sup> Robert H. Albers, *Shame: A Faith Perspective* (Binghamton NY: Hanworth, 1995), Preface

<sup>196</sup> Albers, *Shame*, 116

<sup>197</sup> Albers, *Shame*, 116-117

<sup>198</sup> Acts 16:30b-31 (RSV) See also Rom 3:28. The Roman jailer demonstrated his faith and gratitude by caring for the apostles’ wounds, and his whole family were changed.

<sup>199</sup> Rom 14:23; 1 Corinthians 16:13;

<sup>200</sup> 2Cor 5:7 (RSV), see also Colossians 2:6,7a

<sup>201</sup> See Russian context in Chapter One. About 70% profess to believe in God.

heal their sickness and meet other needs, as Jesus did for the paralytic when He said ‘which is easier, to say, “Your sins are forgiven you,” or to say, “Rise and walk”?’ But that you may know that the Son of man has authority on earth to forgive sins I say to you, rise, take up your bed and go home. And immediately he rose before them, and took up that on which he lay, and went home, glorifying God. And amazement seized them all, and they glorified God and were filled with awe’.(Luke 5:23-26a)<sup>202</sup> By demonstrating His power over the body, Jesus was also reinforcing His authority and right to forgive sins. In the holistic understanding of humanity discussed earlier in this chapter there is a close, though not always predictable, relationship between spiritual and physical health.<sup>203</sup> Sometimes in the Christian rehab centres, as with the paralytic who was brought to Jesus by friends,<sup>204</sup> God frees an addict from addiction before they have come to believe in Him themselves, through the prayers and faith of others at the centre. Recovering addicts and ex-addicts have seen God act in their lives so have faith that God will also heal others. One of the leaders interviewed who has often observed this, in over thirty years of addiction counselling and training experience, calls this God’s ‘*pre-emptive grace.*’ (18) However, the commitment to follow Him must be the healed person’s own choice, as the paralytic’s obedience demonstrated.

Whether immediately, or over a short time, God’s healing and freedom from the bondage they were suffering convinces the addicts of His power and love for them personally. For this reason some Christian rehab leaders explained they would much rather an addict comes to the rehab centre before going through detoxification otherwise they lose the most convincing opportunity to personally experience God’s powerful love and grace.<sup>205</sup> God in His mercy meets the addicts at their point of need; to their great surprise, He breaks the power that has held them dependent for so long. In the illustration of the ten lepers that Jesus healed, only one of them returned to give thanks.<sup>206</sup> Like the other nine healed lepers, a few addicts receive a miraculous healing from addiction without withdrawal, but refuse to acknowledge the supremacy of God and choose to continue living for themselves.<sup>207</sup> Observation of those

---

<sup>202</sup> Also recorded in Matt 9:2-7; Mark 2:3-12. This was in a small home to a very large crowd with Pharisees and other religious leaders who did not want Jesus to ‘work’ on the Sabbath.

<sup>203</sup> Spiritual health improves physical health; Ps 16:9; Prov 19:24; Acts 2:26, and being spiritually sick (or dead as the Bible describes before Christ Eph 2:1) has a negative effect on the body Ps 31:9, 44:25; Is 10:18; Micah 6:7, however, this does not always mean the reverse is true in either case. Spiritually healthy people also get sick and spiritually unhealthy people are not always physically sick.

<sup>204</sup> Matt 9:2-6; Mark 2: 3-10. See also examples of the Centurion’s servant Matt 8:5:13; Luke 7:1-10, the royal official’s son: John 4:46-54, and the Canaanite’s daughter Matt 15:21-28; Mark 7:24-30

<sup>205</sup> Personal discussion on comparing the Western and Russian methods. 4/7/04

<sup>206</sup> Luke 17:12-19

<sup>207</sup> R5, I3

who do not continue with God indicates that their ability to remain off drugs does not last long.<sup>208</sup>

Secondly, even when an addict accepts that God is real and powerful enough to heal someone else, they can easily assume that they are not good enough, or that He is too awesome and holy to be concerned with them. This is a teaching common in an Orthodox Church tradition, which emphasises the majesty and glory of God. Such an understanding is important to help people trapped in dependency believe in God's ability to heal, but without the balance of understanding other parts of God's character it may discourage a person from turning to Him for help. However, the demonstration of God's love from those who call themselves Christians,<sup>209</sup> and the explanation of relevant Scriptures significantly strengthens an enquirer's faith in God's ability and desire to heal them. This faith enables them to respond to God's invitation to manage their lives, which frees them from all other bondage as He has ultimate authority.<sup>210</sup> Naturally, all fear and doubt is overturned when God comes in His grace and supernaturally releases them from withdrawal. Invitations come both personally from the outreach workers and publicly in the church services or meetings for addicts and their families.<sup>211</sup>

#### 4.4.2 Repentance

Repentance leads to forgiveness and relief from the burden of guilt, which otherwise remains. Vallient's research of addicted women found that forgiveness remained the second most important need, even after as many as five years of no use.<sup>212</sup> May's thesis also draws out the universal need for God's grace 'because we are blinded by our attachments; we are so preoccupied – our attention is so kidnapped by our compulsions that we tune out the background of God's love, ... [which] remains unwavering even when our choices are destructive and their consequences hurtful'.<sup>213</sup> The Russian rehab centre leaders believe we cannot simply say that we believe in God. Quoting James explanation: 'faith by itself, if it is not accompanied by action is dead ... I will show you my faith by what I do.'(James 2:17b,

---

<sup>208</sup> I1, R4

<sup>209</sup> 2Cor 3:3

<sup>210</sup> Matt11:28-29; Ps 81:11-13,16; Heb12:22-25

<sup>211</sup> Using verses such as these for encouragement: Ps 51:17; John 15:13; Rom 10:9-10 Eph 1:7; 1Pet 3:18; 1John 3:16; Rom 10:13; Rev 3:20; 1John 4:18a; 1John 4:9-10

<sup>212</sup> George E. Vaillent, *The Natural History of Alcoholism: Causes Patterns and Paths to Recovery* (Cambridge MA: Harvard University Press, 1983)

<sup>213</sup> May, *Addiction and Grace*, 123

18b)<sup>214</sup> Words without action are meaningless, in the same way that a surgeon or pilot may be considered trustworthy but there is no benefit from their service until that trust is tested by submitting to their care. When a person truly begins to understand the glory of God, the natural response is to fall in worship and repentance before Him as the realisation of complete unworthiness to be in His presence is overwhelming, just as it was for Isaiah, John, Daniel and Ezekiel when they saw a vision of God.<sup>215</sup> Evidence of faith in God is demonstrated by willingly submitting to him,<sup>216</sup> which in practice means recognising God's highest authority,<sup>217</sup> and therefore agreeing to do things His way even when it is in conflict with one's natural choice. As 'Jesus told his disciples, "If any man would come after Me, let him deny himself and take up his cross<sup>218</sup> and follow Me. For whoever would save his life will lose it, and whoever loses his life for my sake will find it."'<sup>219</sup> The process of submitting to God is a key to starting a new life; it is a transference of allegiance from previously being controlled by one's own desires and relying on human logic, to acknowledging God's rightful authority in one's life. This involves repenting of all the wrong thoughts, words and deeds of the past, including abuse of alcohol or chemicals. As Jesus' disciple Peter instructed: 'Repent then and turn to God so that your sins may be wiped out, that times of refreshing may come from the Lord.' (Acts 3:19)<sup>220</sup> In theological terms, this can be described as the justification God gives believers whereby He pays for the penalty of their sin through His own death on the cross. Justification according to Grudem 'is an instantaneous legal act of God in which He 1) thinks of our sin as forgiven and Christ's righteousness as belonging to us, and 2) declares us to be righteous in His sight.'<sup>221</sup>

This initial process of submission and repentance by addicts leads to a completely new way of life. As Johnson confirms, 'Religious conversion is a revolution decisive enough to transform

<sup>214</sup> NIV Chosen for clarity

<sup>215</sup> One example from Isaiah 6:5 (NIV) ' "Woe to me" I cried "I am ruined for I am a man of unclean lips, and I live among a people of unclean lips and my eyes have seen the King the Lord Almighty," ' Rev 1:17; Daniel 8:18; Ezek 1:28

<sup>216</sup> Paul has repeated this in the introduction and conclusion of his letter. Rom 1:5 '... we have received grace and apostleship to bring about the obedience of faith for the sake of his name among all the nations,' (RSV) and Rom 16:26 see also John 12:24

<sup>217</sup> 'Therefore God exalted Him to the highest place and gave Him the name that is above every name that at the name of Jesus every knee should bow, in heaven and on earth and under the earth, and every tongue confess that Jesus Christ is Lord to the glory of God the Father.' Philippians 2:9-11 (NIV) and Eph 1:20-22

<sup>218</sup> The NIV commentary interprets this phrase 'take up his cross' as a symbol of total commitment.

<sup>219</sup> Matthew 16:24-25 (RSV) See also Matt 10:38; Mark 8:34; Luke 9:23

<sup>220</sup> NIV. This is Peter's instruction when speaking to the crowds who had gathered in the temple courts after seeing God heal a well known lame beggar.

<sup>221</sup> Grudem, *Systematic Theology*, 723

the whole personality.’<sup>222</sup> This provides the ongoing power needed to overcome temptation of returning to old ways of thinking and behaving. James summarised this process saying: ‘Submit yourselves therefore to God. Resist the devil and he will flee from you.’(James 4:7)

It will be helpful at this point to examine in detail the understanding of a couple of the key passages used in the rehabilitation process. The teaching from Paul in Romans is extremely helpful in dealing with addiction. Here he illustrates the contrast between the old and new life:

**‘For the wages of sin’** – or the results of ‘going our own way’ which is a Biblical definition of sin.<sup>223</sup> Addicts need to accept responsibility for their decisions.<sup>224</sup>

**‘is death’** – first spiritually, because sin separates us from God; then physiologically (will, emotions and mind) evidenced by their decreasing ability to control their use of drugs, their loss of love for significant others<sup>225</sup> and their lack of ability to reason clearly or concentrate, and ultimately physical death (Stage 5 of Addiction).<sup>226</sup>

**‘but the free gift of God’** – not earned by money, good works or religious position which they do not have to offer and know they do not deserve. His gift...

**‘is eternal life’** - ‘Truly, truly, I say to you, he who believes has eternal life.’<sup>227</sup> a wonderful life of true freedom with power over cravings that starts now.<sup>228</sup>

**‘in Christ’** – ‘there is salvation in no one else, for there is no other name under heaven given among men by which we must be saved.’<sup>229</sup> Typically addicts have already tried many other ways of escape.

**‘Jesus our Lord’**<sup>230</sup> - Jesus must continually be acknowledged as their Lord to enjoy the blessings of His management, which brings an ability to continue walking free.

---

<sup>222</sup> Paul Johnson, *The Psychology of Religion* Nashville: Abingdon Press, 1959, 107-108. Johnson earlier defined conversion as ‘a way of salvation open to man by renunciation and singleness of devotion to God in Faith that only God can give.’

<sup>223</sup> Is 53:6, 56:11, 57:17, 65; Ezek 33:17

<sup>224</sup> Franz Koopmans, ‘Information about DeHoop: Evangelical aid and Treatment of Addiction’ (Internal publication DeHoop Utrecht, 2003)

<sup>225</sup> See descriptions in Chapter Two

<sup>226</sup> Stages defined in Chapter Two. Also illustrated in Gen 2:17 & 3:19

<sup>227</sup> John 6:47. See also John 3:15-16, 3:36; John 6:40, 10:48, 17:2-3; Acts 13:48; Titus 3:7

<sup>228</sup> John 10:10b (RSV) ‘I came that they may have life, and have it abundantly.’

<sup>229</sup> Acts 4:12 (RSV). See also John 1:10 and Isaiah 26:13

<sup>230</sup> Rom 6:23 (RSV)

Recovering addicts recall becoming aware of their loss of will and emotions. *‘I was trying to fill the emptiness inside. I had no feelings -- I didn’t love anybody, I didn’t hate anybody. I thought, "This can’t be normal" and tried to produce at least the appearance of being sociable. But, inside my heart was ice and stone. I thought that I’m just modern, not emotional, kind of a cool young lady. Until one day I realised – I’m simply dead inside.’*(C1)  
*‘We lived together for a year and a half and then I left him. I had no feelings towards this man.’*(C5)

Another passage, which recovering addicts find very helpful in understanding their situation and choices, is from Ephesians. It helps them see God’s love and grace in their life as they easily recognise the results of their lifestyle of ‘gratifying their cravings’ and ‘following the desires and thoughts of their sinful nature’. Many of the same truths of this powerful exchange are reinforced. The commentary is written as used in the rehab centres from the view of the recovering addicts.

**‘As for you, you were dead in your transgressions and sins,**

dead as in powerless to overcome the hold of sin, and cut off from God

**in which you used to live when you followed the ways of this world**

the norm for society is not living submitted to the Lordship of Christ

**and of the prince of the power of the air,**

a reference to Satan’s power in the world

**the spirit who is now at work in those who are disobedient.**

another description of Satan’s role enticing people to disobedience.

The more this prince is followed the greater his destructive influence.

**All of us also lived among them at one time**

we were all on the same level as we have all followed our sinful nature

**gratifying the cravings of our sinful nature and following its desires and thoughts.**

a very apt description of all forms of addiction as May has defined<sup>231</sup>

**Like the rest, we were by nature objects of wrath.**

therefore our very nature deserves punishment

**But because of His great love for us God who is rich in mercy,**

this great love and mercy fills the atmosphere of the Christian rehab centre

**made us alive with Christ even when we were dead in our transgressions;**

while helpless we received the victory Christ won over sin on the cross

---

<sup>231</sup> May, *Addiction and Grace*, 3-4

**it is by grace you have been saved.**

God has miraculously given each of us a new start

**And God raised us up in Christ**

brought into unity with the Son of God giving us His nature

**and seated us with Him in heavenly realms in Christ Jesus,**<sup>232</sup>

we now enjoy the indescribable privilege of fellowship with God

For many addicts when they first hear this offer, it really sounds too good to be true. They feel so guilty and ashamed they find it very hard to believe that they truly can get right with God and have a chance to start again. However the wonderful peace and love that fills their hearts after repentance convinces them of their change of status.

#### **4.4.3 New Creation and Ownership**

Each of the life stories is unique but there are patterns. Some describe calling out to God in desperation and being surprised that He answered. Others were very sceptical of God's ability to help but really wanted to quit and were willing to try the Christian rehab centres. When they came to the centre God set some new arrivals free from withdrawal through the faith of other residents and then seeing the power and love of God they decided to become a Christian; for others it still took a while before they decided to make that commitment. Other addicts became Christians the first time they attended an evangelical Church not knowing much about God. As they surrendered their life to God, either with the help of a Christian friend, or often at the front of the church when they would then be prayed for by the whole church, they experienced a powerful encounter with Him washing them clean and setting them free. *'That day God revealed to me that the Gospel is the truth I was looking for since I was 12. And what I had to do was to make my choice: whether to follow Jesus or stay in sin. I have chosen Jesus.'*(F4) They then had to learn all it meant to be a Christian. Some of these later went on to Christian rehab centres for the training and discipleship. Others remained and served in the church and later went on to help other people receive God's offer of freedom.<sup>233</sup> *'After I repented of my sins I acknowledged Jesus as my saviour, my life started to change and I decided that I would not be a slave to sin. Jesus is my Lord.'*(F2)

---

<sup>232</sup> Ephesians 2:1-6 (NIV) NIV provides more current language.

<sup>233</sup> I worked with three such examples of people who were miraculously set free from a long addiction to drugs, and never went to a rehab but are now leading rehab centres. I met others in churches who were miraculously given freedom, which they still enjoy, but are serving God in other ways.

God gives freedom from the immediate bondage the addiction has over their lives. The testimonies describe this happening in different ways, sometimes when they have simply given their lives to God in a church service, they immediately feel release or it may follow after hearing God’s offer of salvation. Other times their release comes as God sends them people who can help. Often after prayer, His grace extends to a partial or total release from withdrawal symptoms that had driven them.

This change of identity and submission is a theme that runs through the New Testament. Here are some of the key verses that are used to help residents understand the nature and benefits of their new life in Christ and thereby equip them to live free from relapse. They are all used in the Bible studies and teaching in the rehab centres.<sup>234</sup>

*Teaching Foundation for a New Identity*

Gal. 2.20	I have been crucified with Christ	Christ lives in me.
Gal. 5.24	We have crucified the flesh.	We live by the Spirit.
Gal. 6.14,15	I have been crucified to the world	A new creation.
2Cor. 5.14,15	All have died.	Those who live, live for Him.
2 Cor. 5.17		A new creation in Christ.
	The old has passed away.	Behold the new has come.
Col. 2.12	You were buried with him in baptism	And raised with Him through faith.
Col. 3.1,3		You have been raised with Christ
Col. 3.9,10	You have put off the old nature.	You have put on the new nature
Eph. 4.22,24	(that you) put off your old nature	And put on the new nature.
2 Tim. 2.11	If we have died with Him.	We shall also live with him.
1 Pet. 2.24	That we might die to sin.	And live to righteousness.
Mark 8.34	Deny yourself, take up your cross.	And follow me.
Luke 14.27	Whoever does not bear his own cross	And come after me.

The gospel is the power of God to change lives. Morris in discussing Romans says ‘Paul makes it plain that he is greatly interested in the power he sees in the gospel. The gospel is not advice to people, suggestion that they lift themselves. It lifts them up. Paul does not say that the gospel brings power but that it is power, and God’s power at that.’<sup>235</sup>

<sup>234</sup> Adapted from Roger Bowen, *A Guide to Romans* (London: SPCK 1975), 89  
<sup>235</sup> Leon Morris, *The Epistle to the Romans* (Leicester: IVP, 1988)

Even after committing their lives to God, if the residents did not receive this kind of clear Biblical teaching, they may have continued to struggle with their addictions while they tried to understand the power of truth of God’s Word and learned to apply it to their daily lives.<sup>236</sup> Mike Quarles clearly explains this difference from the context of the struggles and guilt he faced. He was an alcoholic for sixteen years, and after becoming a Christian was unable to prevent himself binge drinking even while serving in church leadership;<sup>237</sup> he tried over 30 different methods, programmes and therapies to quit.<sup>238</sup> Like many people, though he had intellectually committed himself to God he had not realised the sufficiency of Christ’s sacrifice for his sin or the completeness of God’s unconditional love. He was trying to live up to his understanding of Christian standards in his own strength and make himself worthy. Quoting Romans six<sup>239</sup> Quarles describes ‘My freedom came when I understood who I was “in Christ”,<sup>240</sup> a new creation who has died and is freed from sin.

Brennan Manning, a Catholic priest and previous addict asserts; ‘The only lasting freedom from self-consciousness comes from a profound awareness that God loves me as I am, not as I should be... When I am really in conscious communion with the reality of the wild, passionate, relentless, stubborn, pursuing, tender love of God in Jesus Christ for me then it’s not that I’ve got to or I must or I should or I ought; suddenly I want to change because I know how deeply I am loved.’<sup>241</sup> It is not necessary to change to receive God’s love, rather the rehab leaders observe that knowing God’s love enables each person to change.<sup>242</sup> For Nee, like Quarles seven years an addict and a Christian, freedom came when he realised the effect of what Christ had done on the cross. Nee explains:

For months I was seeking and at times I fasted, but nothing came through. I remember one morning – one I can never forget – I was upstairs sitting at my desk reading the Word and praying and I said, “Lord, open my eyes!” Then in a flash I saw it. I saw my oneness with Christ... and that I was in Him when He died. I saw

---

<sup>236</sup> This process can be greatly assisted through healthy discipleship, which is discussed below.

<sup>237</sup> Anderson & Quarles, *Freedom from Addiction*, 100

<sup>238</sup> *Ibid.* 66-67

<sup>239</sup> Rom 6:6-7 ‘We know that our old self was crucified with him so that the sinful body might be destroyed, and we might no longer be enslaved to sin. For he who has died is freed from sin.’

<sup>240</sup> Anderson & Quarles, *Freedom from Addiction*, 130

<sup>241</sup> Brennan Manning, *The Wittenberg Door*, (annual journal, 1987)

<sup>242</sup> 1 Peter 3:18 ‘For Christ also died for sins once for all, the righteous for the unrighteous, that he might bring us to God, being put to death in the flesh but made alive in the spirit;’ (RSV) and John 15:13,14 ‘Greater love has no man than this, that a man lay down his life for his friends. You are my friends if you do what I command you.’ John 3:16,17; John 15:13; 1John 4:9,10.

that the question of my death [to sin] was a question of the past not of the future...

I jumped from my chair and cried, "Praise the Lord I'm dead."<sup>243</sup>

Quarles says 'I had always believed we are "sinners saved by grace" but what do sinners do? They sin. We call a person in bondage to alcohol or drugs an "alcoholic" or an "addict"; and alcoholics and addicts drink alcohol and use drugs.'<sup>244</sup> However, once forgiven, God no longer calls us sinners, or addicts, as He has given us a new identity. 'Therefore, if anyone is in Christ, he is a new creation; the old has passed away, behold, the new has come.' (2 Cor 5:17) God calls us his children, 'for in Christ Jesus you are all sons of God, through faith... There is neither Jew nor Greek, there is neither slave nor free, there is neither male nor female; for you are all one in Christ Jesus.' (Gal 3:26,28).<sup>245</sup> There is no basis for insecurity, such as considering oneself illegitimate or unworthy because it was God's achievement, and nor are there grounds for superior attitudes to others - believers or unbelievers - as the Christian's new status is the result of God's grace available to all.<sup>246</sup> It is crucial for Christians to learn to live out their new identity,<sup>247</sup> remembering 'it is not what we do that determines who we are; it is who we are that determines what we do.'<sup>248</sup> As Anderson says 'You are not primarily a product of your past; you are primarily a product of the work of Christ on the cross and His resurrection.' Your beliefs determine how you live 'Until we see the old self as crucified there is little chance to experience the freedom Christ purchased for us.'<sup>249</sup>

Having received by faith new life, the recovering addicts are seen as part of God's family. Through His indwelling Spirit they have power over sin and temptation, and the reassuring security of life with God for eternity. The Bible gives many illustrations to help former addicts understand their new status in Christ, such as Peter's description,<sup>250</sup> which powerfully portrays the restoration God has given people destroyed by addiction who have turned to Him in repentance:

---

<sup>243</sup> Watchman Nee, *The Normal Christian Life* (Wheaton Ill: Tyndale House Publishers, 1957), 65

<sup>244</sup> Anderson & Quarles, *Freedom from Addiction*, 130

<sup>245</sup> The reference to sons in v 26 indicates full privileges and inheritance, which in the local Jewish culture of the time normally went to the sons rather than the daughters, unless there were no sons, (Num 27:7-8), or occasionally if they were very rich. Job 42:15. This is not implying it is only for males rather than females as v 28 clarifies.

<sup>246</sup> 2Cor 5:21; Eph 2:5,8

<sup>247</sup> Rom 6:11-14 'So you also must consider yourselves dead to sin and alive to God in Christ Jesus. Let not sin therefore reign in your mortal bodies, to make you obey their passions. Do not yield your members to sin as instruments of wickedness, but yield yourselves to God as men who have been brought from death to life, and your members to God as instruments of righteousness. For sin will have no dominion over you, since you are not under law but under grace.' and also Gal 4:8,9

<sup>248</sup> Anderson & Quarles, *Freedom from Addiction*, 131

<sup>249</sup> Ibid, 133, 131

<sup>250</sup> 1Peter 2:9-10 (RSV)

**‘But you are a chosen race,’** – addicts felt rejected by everyone  
but now God Himself has chosen them.

**‘a royal priesthood,’** – before they felt worthless, now they have the honour  
of bringing worship to the King of Kings.

**‘a holy nation,’** – before they were deemed dirty, bad and evil people  
but God made them a pure holy people.

**‘God’s own people,’** – previously cast out of their own homes,  
now given the identity with the Lord Almighty.

**‘that you may declare the wonderful deeds of Him who called you  
out of darkness into His marvellous light.’**

– previously no purpose to live for, now assigned to do the  
very thing that gives them most joy, to lead others to His light

**‘Once you were no people but now you are God’s people’**

– with many broken relationships, now eternally grafted into God’s family

**‘once you had not received mercy but now you have received mercy.’**

– having been convicted and often spent much time in prison,  
now completely free from guilt and shame.

Peter uses this wonderful transformation as motivation to those forgiven not to return to their former cravings. Addressing them as close friends he uses a clear description of addiction. ‘Beloved, I beseech you as aliens and exiles to abstain from the passions of the flesh that wage war against your soul.’<sup>251</sup> Submitting to ungodly passions destroys the recovering addict’s new relationship with God. Rehabilitation is the process whereby a new believer grows in awareness of all that they have in their new position in Christ. One of the most important aspects, especially for addicts, is the way in which Christ has completely set them free from guilt and shame. Quarles says, ‘my identity and my sense of worth no longer came from my performance and the opinion of others. My identity came from God and I was OK. God said I was His dearly loved child and in addition, I was a saint, Christ’s friend, complete in Christ and God’s workmanship. My life was hidden with Christ in God.’<sup>252</sup> ‘There is therefore now no condemnation for those who are in Christ Jesus. For the law of the Spirit of life in Christ Jesus has set me free from the law of sin and death.’<sup>253</sup>

---

<sup>251</sup> 1Peter 2:11 (RSV)

<sup>252</sup> Anderson & Quarles, *Freedom from Addiction*, 146-147

<sup>253</sup> Rom 8:1-2 (RSV)

#### 4.5 'Discipleship - learning what it means to follow Jesus' (18)

This thesis has focused on what helps addicts and co-dependents recover successfully from addiction in Christian rehab centres, but it is clear that this is by no means automatic, nor can it be taken for granted even after a person has committed their life to Christ and got past withdrawal. There remains the daily task of bringing their lives in line with the Word of God through a process of discipleship.

Discipleship is the method of training that Jesus chose to accomplish tremendous transformation<sup>254</sup> in His close followers. Jesus taught the multitudes, but chose twelve very different people 'to be with Him,' (Mark 3:14) seeing this as the most effective way of passing on the truth, skills and mission that He came to complete. Jesus' training method relied strongly on sharing His life with His disciples on a daily basis as He said to them 'You are also witnesses because you have been with me from the beginning.' (John 15:27) The fact that they lived, travelled and ate with Him, more than anything else convinced them of the authenticity of His teaching.<sup>255</sup> Several times Jesus encouraged or admonished His disciples by reminding them of the teaching and miracles they had seen Him perform.<sup>256</sup> They learnt from hearing Him handle the interrogation of the Pharisees: on paying taxes;<sup>257</sup> over the woman caught in adultery;<sup>258</sup> on the question of marriage in heaven;<sup>259</sup> defending the disciples for not fasting;<sup>260</sup> and the several occasions that Jesus healed on the Sabbath.<sup>261</sup> The disciples were themselves amazed at the expectations He had of them; for example, before the feeding of the five thousand, Jesus, out of His own compassion for the people who had spent all day listening to him far from their homes, said to His disciples 'You feed them'. Also they were to 'have faith' in very frightening circumstances such as when they were about to drown in a violent storm on the lake of Galilee. However, when He sent them out they were able to do the same things He had done: to heal the sick, cast out demons, and preach about the kingdom of God.<sup>262</sup> Then a short time after His death when the rulers and Pharisees 'saw the boldness of Peter and John, and perceived that they were uneducated, common men, they

---

<sup>254</sup> Matt 10:1-4; Jesus' transformation in His disciples' lives enabled them to express the majesty and power of God, within three short years. They acquired their title, 'disciples,' through their role of following.

<sup>255</sup> Luke 1:1-3;

<sup>256</sup> Re: feeding the five & four thousand Matt 16:9-10; and Mark 8:18-20; Warning to be strong under suffering John 15:20, 16:4

<sup>257</sup> Matt 22:16-22; Mark 12:14-17

<sup>258</sup> John 8:2-11;

<sup>259</sup> Matt 22:23-33; Mark 12:18-27

<sup>260</sup> Mark 2:18-28; Luke 5:33-35

<sup>261</sup> Matt 12:1-8, 10-13; Mark 3:2-6 Luke 6:1-11, 13:10-17, 14:1-6 John 5:10-18, 7:22-23, 9:13-16,

<sup>262</sup> Matt 10:7-10; Mark 6:12-13; Luke 9:1-6, 10 Luke 10:1, 17;

wondered; and they recognized that they had been with Jesus.’(Acts 4:13) Before long they had ‘turned the world upside down’(Acts 17:6) with His teaching, which was heard by all the people of Asia Minor to the ends of the known world.<sup>263</sup>

In this section, we will draw on the resources identified earlier as leading to freedom, and discuss the second process considered by the rehab leaders vital for obtaining freedom from addiction. This second process is also vital in order for the person to learn how to maintain and grow in the extent of the freedom they enjoy. The overall process can be referred to as ‘discipleship’. As part of their new identity the residents have become disciples of Jesus Christ; in addition, the rehab leaders emphasise the importance of the young convert having older Christians who befriend and pray with them helping them apply the truth of God’s word to their life. For recovering drug addicts or alcoholics this process is best started with the intensive 24-hour support available during a programme of rehabilitation centre. Later as they grow stronger this process of discipleship should continue with members of the local church and small group. For people overcoming other less all-consuming forms of addiction they may be able to get the necessary support immediately from members of their church small group, with opportunities to receive counsel from experienced leaders or counsellors and more specific guidance when necessary.

The life-long process of discipleship provided by more experienced Christians in the life of a younger believer aims to develop ‘sanctification’ - increasing Godly character. Grudem’s definition of sanctification ‘is a progressive work of God and man that makes us more and more free from sin and like Christ in our actual lives.’<sup>264</sup> The whole process of rehabilitation is sometimes described by the leaders as one of sanctification; other leaders do not use the term but they emphasise same process. One network calls their rehabs ‘*rehabilitation centres, centres of spiritual restoration.*’(A22) another says ‘*We don’t even call it rehabilitation we call it regeneration,*’(I8) Each stresses the importance of the ongoing process spiritual of change. This process of changing destructive habits and patterns of thinking in the centres is done in a combination of four ways: through teaching, individual and small group support, through reward, and through discipline. The combination of all of these processes is often described as discipleship.<sup>265</sup> After they leave the centre, the same process continues with teaching, discipleship and small group support through their local church. Some of the

---

<sup>263</sup> Acts 19:10 ‘This continued for two years, so that all the residents of Asia heard the word of the Lord, both Jews and Greeks.’ (RSV) and also Romans 10:18 ‘But I ask, have they not heard? Indeed they have; for "Their voice has gone out to all the earth, and their words to the ends of the world." ‘ (RSV)

<sup>264</sup> Wayne Grudem, *Systematic Theology* (Leister: IVP, 1994), 746

<sup>265</sup> In other situations the discipleship process is used to refer to the individual training or mentoring.

teaching was described above in Section 4.2.1 ‘The Use of the Bible in Rehab.’ Specific passages relating to victory over temptation are included below in ‘Healthy Choices’. The rewards include being given greater responsibility and freedom. *‘The more responsibilities – the more freedom.’*(14) This is described in Chapter Three Section 2.2 ‘Organisational Structure’. The cost of disobedience generally results in reduced trust and freedom and sometimes entails performing additional tasks. This ongoing process of discipleship and personal discipline enables the recovering addict to change long-held patterns of thinking and established habits, but it takes time and persistence.

When people come to give their life to Christ, their faith is new and quite vulnerable, particularly for people like addicts, who have a vast amount to change in their patterns of behaviour and ways of thinking.<sup>266</sup> The Bible describes them as new babes in Christ who need spiritual milk.<sup>267</sup> It is a great privilege and responsibility to bring a new child into the world; they need constant care and nourishment. In a good loving family, they will grow strong and healthy, but if not given the necessary care and feeding they would die. There are many spiritual parallels between this and the responsibility for caring for a new child of God. The addicts when they are coming off drugs and going through detoxification, they need constant care and feeding on the truth of God’s Word to learn their new identity and help them resist the pressure to give up and return to their old familiar habits. The ongoing demonstration of Christ’s care and training was commonly described as a prime motivation by drug centre leaders interviewed and a key determinant of lasting change.

#### **4.5.1 Factors for Effective Discipleship**

Important factors for effective discipleship are for the disciple to have a desire to learn from the ‘discipler.’ She or he is the member of the community focussed on helping and encouraging the new Christian through their experience, maturity and non-judgemental love and care. It is important that they are able to meet, preferably in person, on a regular basis, often weekly. Though many different formats are used, the common components are a time of sharing on how life is going, including difficulties either side may be having, Bible study with discussion on its meaning and specific application to each person’s life, a period of praying

---

<sup>266</sup> This is not to say that they are more or less sinful; as before God without Christ all stand guilty. Rom 3:23

<sup>267</sup> ‘Like newborn babes, long for the pure spiritual milk, that by it you may grow up to salvation;’ 1Peter 2:2

for each other, specifically covering the concerns raised, and seeking to apply the truths learnt.

The recovering addict naturally forms a special relationship with the people who help them come off drugs, as does a new Christian with the person who helped them come to faith in Christ. This provides both privilege and responsibility for the discipler, to be a good example and to build a wise foundation for the ex-addict's new life.<sup>268</sup> If the same person is not able to continue to provide the spiritual nurturing, it can be handed over to another, but then respect will need to be earned. Peter gave three specific instructions for leaders and caregivers: 'Tend the flock of God that is your charge, not by constraint but willingly, not for shameful gain but eagerly, not as domineering over those in your charge but being examples to the flock'.<sup>269</sup> The service of oversight of others, like all other gifts,<sup>270</sup> should be done not because we have to, but because we choose to love them.<sup>271</sup> The second important warning is not to care for others from a motivation of personal gain, either financial or emotional, fulfilling our own need to be needed, or for other reasons such as status. A wounded healer is at risk of creating further damage. Training such as Life for the Word's programmes, *HopeUK* or the *Matthew Project* can prepare and equip people to work constructively with those who have addictive behaviour problems.<sup>272</sup> This does not mean that the natural blessing that comes from serving others is wrong; indeed, research demonstrates that altruism like all God's commandments is good for our health.<sup>273</sup> Complimenting the first instruction, Peter's third command instructs us that, just as we are to serve from a willing heart, we should encourage those in our care to obey willingly and not due to pressure. We must never abuse the free will of others but, out of love for them, persuade by our own example as the project leaders emphasised:<sup>274</sup> '*show by your own example Jesus Christ.*' (R2) Even though Jesus had 'all authority in heaven and earth' (Matt 28:18), He invited, encouraged and challenged people<sup>275</sup> and through His life

---

<sup>268</sup> Jer 3:15; Micah 7:14; John 21:15-17

<sup>269</sup> 1 Peter 5:2-3 (RSV)

<sup>270</sup> Ps 54:6; 2Cor 9:5,7; Phil 1:14;

<sup>271</sup> Ex 36:2; Col 4:12,13; Philemon 1:13. One of the most honourable gifts that God gave us was a free will.

<sup>272</sup> Life for the World provide a range of training from one-day seminars to help individuals and churches get involved, to a year-long Certificate in Substance Misuse Care and Counselling. See [www.lfw.org](http://www.lfw.org), or the Matthew Project similarly have a range of training services and counselling [www.matthewproject.org](http://www.matthewproject.org), or HopeUK [www.hopeuk.org](http://www.hopeuk.org) for church groups.

<sup>273</sup> 'The Bible Helps Your Health,' *Investigator* 57, (1997 November) Conclusion: 'For improved and longer-lasting health go to church and follow your Bible!'

<sup>274</sup> Titus 2:7. As Paul did Phil 3:17; 2Thess 3:9; Philemon 1:8-9

<sup>275</sup> Matt 7:12 'So whatever you wish that men would do to you, do so to them; for this is the law and the prophets.'

provided the perfect example to imitate, but He never forced people to obey or follow him but let them walk away to their own and His disappointment.<sup>276</sup>

Learning to live out the freedom that God has given the addict is the central process of recovery from addiction. A recovering addict as a young Christian will need sound teaching in God's Word, and the discipleship to learn to apply this truth appropriately to all aspects of their daily life. Older Christians, particularly those who have experience of supporting recovering addicts, can provide the ongoing support necessary to help them learn to take responsibility for themselves, practically, emotionally and spiritually and for their relationships with others. This is the main function of the rehabilitation process. Residents learn through the role models of staff and older residents, through teaching and through appropriate correction when necessary. 'Jesus then said to the Jews who had believed in him, "If you continue in my word, you are truly my disciples, and you will know the truth, and the truth will make you free."' (John 8:31-32) Whilst spending time at the rehab centres Bible verses are often heard being used for encouragement, comfort, admonishment and training by workers and amongst residents.<sup>277</sup>

They are taught how to fight the spiritual battle using the instructions of Paul to overcome the lies that they were used to living by: 'For the weapons of our warfare are not worldly but have divine power to destroy strongholds. We destroy arguments and every proud obstacle to the knowledge of God, and take every thought captive to obey Christ' (2Cor 10:4-5). Worldly weapons are based on self-effort and leave an addict feeling worthless and defeated. According to Devenish, the effective means of overcoming a 'stronghold', or blocked thinking, is by applying or acting in truth, not just trying to stop thinking about something.<sup>278</sup> Acting in truth to overcome a 'stronghold' is a more effective method of changing it and is best undertaken with the support of older Christians. For the recovering addicts during rehab, support will come primarily from their 'older brother or sister' and other people in the rehab centre, but when they have graduated, their support should normally come from the small group they join at Church.<sup>279</sup>

---

<sup>276</sup> Matt 19:22; Luke 18:23

<sup>277</sup> 2Tim 3:16

<sup>278</sup> Dave Devenish, *Demolishing Strongholds* (Eastbourne: Kingsway Pubs, 2000)

<sup>279</sup> 1Peter 5:2; Gal 2:6

Mike Dye, whose teaching is spreading in Russia and Ukraine,<sup>280</sup> recommends a similar process to overcome what are sometimes called ‘false beliefs,’ that is, statements that are held to be true but are not founded on reality and bring destruction to the holder. They are usually formed based on painful experiences in the past, which may then affect the person subconsciously for many years. One example that we experienced among new residents was ‘I cannot trust anyone’: *‘it seemed to me that all my life depended only on me. I always trusted only in myself and in my own strength.’*(I6) These ‘false beliefs’ need to be replaced with truth and, with support, acted on, so that their new positive experience can counteract the deep rooted fear. Quarles has identified four ‘strongholds’, or bonds, that addicts typically suffer from and the lies that support them<sup>281</sup>. If these are not dealt with after repentance, during recovery these false beliefs will greatly limit the recovering addict’s freedom in Christ and can make relapse more likely. This chart<sup>282</sup> summarises the four areas of negative thinking that are very commonly found amongst addicts. It describes the result of this stronghold, identifies the lie that has led to these conditions but then contrasts them with the appropriate truth of God’s word that can help a person find freedom from the negative state in that area of their life. These are each common examples of the process of teaching and discipleship that is going on in the rehab centres.

---

<sup>280</sup> Dye & Fancher, *The Genesis Process*, 35-41

<sup>281</sup> Anderson & Quarles, *Freedom from Addiction*. For another clear explanation of strongholds and how to deal with them see Don McMinn, *Spiritual Strongholds* (Oklahoma City:NCM Press 1993)

<sup>282</sup> Adapted from Anderson & Quarles, *Freedom from Addiction*. 191, 228-230

*Unlocking Strongholds*

<b>Stronghold</b>	<b>Description</b>	<b>The Lie</b>	<b>The Truth</b>	<b>Scripture</b>
<b>Hopeless</b>	Loss of self-esteem No purpose or direction Total loss of hope that things will ever change Feel inadequate	I am a victim and helpless I will never change – it’s hopeless I am different and so it’s my problem, so it won’t work for me	I am a victor in Christ; I am the righteousness of God in Christ The truth sets you free regardless of problem or person.	Matt 5:13,14 John 1:12 John 15:1,5,16 1Cor 12:11-13 Eph 2:6,10,12 Phil 4:13 2Tim 2:10-13
<b>Guilt after repentance</b>	Depressed, bitter; Discontented and grieved. Feel worthless Denial & dishonesty	I deserve to be punished, & condemned. I cannot face the awful truth about myself; I am a product of my past	After repentance there is no judgement in Christ In Christ I am a new creation I am a product of the Cross	Rom 5:1 Rom 8:1,2,33,34 Col 1:4 Eph 3:12 Heb 4:6 1John 1:9
<b>Self-Help</b>	Behaviour orientated Judgemental Weary and tired Trying to earn acceptance though performance	If it is going to be it is up to me God helps those who help themselves If I change my behaviour, it will change me inside.	Only God can change me. God helps those who give up & trust Him If I change my beliefs it will change my behaviour	1Cor 6:20 Col 2:10 Phil 1:6; 4:13 Eph 2:18 John 15:1,5,16
<b>Insecurity</b>	Worried & anxious Feels forsaken and without support Lack of meaningful relationships Unable to receive love & avoids intimacy	I am unworthy to be loved and accepted I need someone to validate me as a person I need someone or something to be secure	I am loved and accepted by God I am one with Christ. He is in me and I am in Christ I am eternally secure in Christ who will never forsake me.	1Pet 2:9-10 Rom 8:35 2Cor 1:21 Phil 3:20 Col 3:3 2Tim 1:7 1John 5:18 Ps 23:1-6

In many of the rehab centres in Russia and the Ukraine the disciple and discipled are living together so all behaviour and attitudes are clearly visible, providing plenty of opportunity for demonstration, which Charles Swindoll calls ‘the process of discipleship.’<sup>283</sup> It is impossible for the recovering addict continually to cover up and, eventually, problems that need to be dealt with emerge, such as suppressed anger, resentment and unforgiveness of others or themselves. These all need time for the work of God’s Spirit to heal, in an environment of unconditional acceptance and trust where the root problems can be identified and dealt with in love. Sometimes the hardest person to forgive is one’s self, as Marcus Porcius Cato wrote more than 2000 years ago ‘I can pardon everyone’s mistakes but my own.’<sup>284</sup>

<sup>283</sup> Charles Swindoll, *One-on-One Discipleship: Ministry Up-Close and Personal* (Anaheim CA: Insight for Living, 1999), 95. 2Tim 2:1-10

<sup>284</sup> Marcus Porcius Cato (34-149 BC) quoted in Sue Atkinson, *Climbing Out of Depression* (Peabody, MA: Lion Body & Soul, 1993), 135

In an environment of love, acceptance and openness, residents will be less afraid of being honest about their struggles and failures. Being in contact on a regular basis enabled a good level of trust to be developed. Sharing their painful experiences helps ex-addicts to identify and own the feelings that have festered under layers of defence mechanisms, such as the escape through drugs. Their discipler, and all the leaders, continually need to set a good example,<sup>285</sup> which in turn stimulates the leaders' own development, if they are transparent and do not attempt to put on a good front. *'All the workers live at the centre and when families argue it's really shocking for rehab members.'*(R2)

Of course, living together with the residents is costly for the leader's personal space, time and energy, but the rewards are high. Classroom teaching alone does not require as much effort but may not have such a positive influence on character. Wrong attitudes on either side of the relationship will be difficult for both parties and will yield poor results.<sup>286</sup> However, with attitudes of respect and openness these pairs become best friends as Jesus did with his disciples.<sup>287</sup> Many crucial lessons are acquired intuitively as new modes of behaviour and Godly problem solving is demonstrated in everyday life:

*Through different situations God shows us those character faults that should be dealt with. If we learn that lesson then it will be easier for us in the future, and it is always possible, because God does not give us more than we can handle. If we don't learn from this test, then we have to repeat it again and again until we pass it. He shows us what is distracting us – pride, anger, laziness, lack of responsibility, rudeness, etc. It is not easy not to answer rudely when someone is rude to you, to forgive injustices and offence, to step on your ego, to control your desires so that they would not rule you. You can never do that on your own. And God who was so far away now seemed to be so close.'*(B3)

#### **4.5.2 Accountability**

The leaders interviewed identified God's long-term provision for training and discipleship of each Christian as being the local church - the family of God. The rehab leaders strongly

---

<sup>285</sup> Acts 20:18-19; 2Thess 2:7-11 1Peter 5:3 Some of the leaders mentioned this as one of the main pressures of the job as all their family relationships are continually on view. However they still felt this was the best way for all and worth it.

<sup>286</sup> There are occasions when clearly this relationship is not constructive and then the disciple will be given a new discipler.

<sup>287</sup> John 15:15

encourage recovering and ex-addicts to remain actively involved in their local church. This normally includes Sunday teaching and worship, expressing gratitude to God for all He has done; participation in a small group where there are opportunities for personal sharing, support, prayer and some form of service so that they are growing in dependence on God and concern for others. This will also help them learn new skills and improve their self-worth. Being part of a healthy church community is vitally important for ex-addicts to help develop their relationship with God and as a healthy provision for many of their spiritual, practical and social needs. The head of a national association for addiction care reported that in his observation: *‘A hundred percent of those who stay in the church do not return to drugs. All the people who return to drugs have not had a good ongoing relationship with their church.’*(11)

Integrity and accountability are fundamental to bringing lasting change as our human nature is always inclined to present a distorted picture of ourselves either more favourable than the truth, or worse than the truth, and both completely undermine the process to wholeness. Once a resident has graduated and left the centres, the role of the discipler and person to whom they are accountable becomes even more important. Under the covering of wise mature leaders appointed to positions of responsibility in the church to watch out for people’s spiritual well-being there is protection and wisdom.<sup>288</sup> This spiritual oversight by a senior Christian in the church, either a pastor or weekly small group leader who probably knows them better, can help keep a check on their attitudes, faithfulness and service.

Once the disciple has matured with friends on a similar spiritual level there are also great benefits in mutual accountability relationships, especially where, in the small group of a few close friends, there is complete honesty and openness to hold each other accountable. This would involve having the freedom to ask each other honestly how they are dealing with typical temptations that they face. The most common issues are over money, sex and power. Often a misuse of time can be an indicator that there are problems arising. A senior consultant and rehab director explained the value of accountability to his ability to serve long term: *‘I don’t go anywhere, and I’m pretty far along in this, as far as time [30+ years], without being very accountable as far as my time, money stewardship and relationships etc. Most of the time somebody goes with me when I travel.’*(18)

---

<sup>288</sup> Ezek 33:7, Acts 20:28; Heb 13:17

By God's grace some people find freedom from addiction and are directly linked into a local church,<sup>289</sup> but the majority initially need more intensive care through the assistance of a Christian drug programme, so initially their discipleship will be through the rehab centre, and their long-term support and spiritual development is still through their local church. *'We believe that rehab ministries will disappear but that the church is eternal.'*(I10) Therefore, it is very important that the local church and the drug ministry work in close co-operation so that there can be a smooth and gradual transfer. Many drug centres are specific ministries of a local church so there is a direct sense of responsibility for the needs of the centre and its people. *'I understand that I serve the church of Jesus Christ to specific people. My pastor trusts me and blesses our work but does not try to control me. I also go to him for advice.'*(R1) Another rehab leader said, *'we are the ministry of [a particular Charismatic] church - they have about 2000 members.'* (R3) Other programmes are set up independently and seek to develop good relationships with a variety of surrounding churches. *'Most churches greatly respect us, some give financial support or other goods. From the churches we gain trustees, staff and maybe some addicts.'*(I5) *'On Sunday you can go to church. We are not a church. We do not want to become a church, definitely not. We are a rehab centre, a health institute.'*(I4) Some drug ministries have found they had to start their own churches to ensure the ongoing care of their 'graduates.' *'I wanted to start a church because there were no churches that expressed our values or where our ex-addicts would be accepted and encouraged to grow.'*(I2) *'We have about 185 in the [rehab] community, but we have 4-5000 in church. It would be one of the largest in [the country] .... The church has grown out of ex-addicts and their families who have been converted.'*(I10)<sup>290</sup>

#### 4.6 Failure, Forgiveness and Freedom

In this final section of this Chapter we will look more closely at some of the criticisms that can be made of the rehab leader's claim that addicts can find complete freedom from addiction through Christ. We ask what it means to have 'complete free from addiction', we look at the difference between dependence on drugs and the recovering addicts' growing desire to depend on God, and we look at the issue of relapse and the biblical strategies used to counter it.

---

<sup>289</sup>

R4, I8, B5,

<sup>290</sup>

The church is started and led by ex-addicts.

#### 4.6.1 Understanding Freedom from Addiction

First we need to examine in greater detail what is meant by ‘freedom from addiction.’ What is the nature of freedom that the authors of the testimonies frequently claim? Does this mean they are never tempted to return to that lifestyle or they never have any craving? Are they ‘free’ to drink socially, or join in at parties smoking dope? How can they say they are ‘free from drugs’ if some of them relapse? If they relapse what went wrong, whose fault was it? What about all the ‘religious stuff,’ is it just forced on residents once they arrive? Don’t they forfeit their freedom to think for themselves, in order to conform? These are all important questions that need to be clarified for a fuller understanding of the process of Christian rehab in Russia and Ukraine.

Before we answer these understandable questions we need to return and pick up the theological argument in the first section of this chapter on the relationship between addiction and sin. To summarise briefly there are three basic reasons that the rehab leaders could be calling addiction sin. First they see addiction as a form of rebellion from authority or escape from problems, which damage the user’s character, health and relationships with others including their family, society and God. It destroys other relationships and commitments and becomes idolatry, the most important thing in their life, thereby causing further risky unlawful or destructive behaviour, such as stealing, accidents, and fights. Fundamentally it leads to a loss of control and people in all forms of addiction end up in bondage and enslaved to their destructive patterns of behaviour. *‘To work with addicts is to discover the core of the human condition without masks.’* (13)

This connection between sin and addiction helps us to understand the basis of the Biblical reasoning for finding freedom from addiction as used and taught in the rehab centres studied. All the Biblical verses referring to overcoming sin, and resisting temptations to sin, are applied directly to overcoming addiction. In a similar vein, the rehab leader’s teaching in the subsequent discussion below demonstrates how the Biblical principles apply to, and facilitate, the recovering addict to grow into their new life of freedom from addiction.

When a person comes to a Christian rehab centre to get off drugs they do so knowing that it is a Christian centre. All the workers are very clear and make no apology about the foundations on which they work. It is stated in the brochures and clearly explained in the pre-entry interview. For example, this man met a centre director via his mother *‘who told me that God*

*could help me. Even though I was baptized in a church when I was 16 years old, I never believed in God. [He] told me that it didn't matter whether I believed or not, [I could come anyway] but to simply try, to which I agreed.'*(A12) Addicts are free to choose other programmes but the ones who do apply come with the understanding that they are willing to seek God's help to overcome their addiction. Most initially do not expect that it will do any good or believe that God can or will help, but they figure it is worth a try, particularly where their own previous efforts have not been successful. Before arriving or during their rehabilitation, along with the love, acceptance and support they receive from the community, they are also taught how they can get into a right relationship with God.<sup>291</sup> They learn how they can receive forgiveness for sin and the gift of new life and a new start under His lordship. They are never forced to become a Christian but they are invited to do so both in group meetings and occasionally in personal discussion when a leader feels the person is ready. For many this sounds too good to be true but despite their scepticism they want to check it out. Many addicts become Christians just before or on arriving at the centre. *'Some people came into my life who had told me about salvation, about Jesus Christ who loves and helps, about a different life, and that it is possible to leave everything and start over. For me this was an opportunity that I held on to because there was no other way. I came to the centre of spiritual restoration.'* (A22) They find true freedom, which Bultman describes as 'obedience to a law of which the validity is recognised and accepted when man recognises it as the law of his own being.'

Others take longer to surrender to God's authority over their lives. *'A man showed up to our house one day and taught my parents about God. They prayed for me, but I only laughed at them. He took my parents to church and they accepted Jesus Christ into their hearts. I decided to repent as well, but did not take it very seriously at that moment.'*(A1) Some will be a few weeks at the centre before deciding that they want to commit their life to Jesus' authority. *'When I first heard about Jesus, and that He can truly help me, I like many others, very sceptically reacted to this 'news'. I thought He could help anyone, except me'.* (E2)

What if a resident never decides they believe? They would never be asked to leave and as long as they are open and willing to participate, everything would be done to help them in their recovery, but neither do the leaders change the programme or start teaching them something different. In agreement with the Russian theologian Berdyaev, they believe 'there

---

<sup>291</sup> See description in Chapter Three 'Life in Rehab'

is no freedom of spirit without God as its original source,<sup>292</sup> implying that everything else which does not come from God leads away from freedom. The leaders have designed the programme according to what they believe is most effective. Over the six years I met one or two such situations, one person who the leaders had basically lost hope of changing became a Christian just near the end of the programme as he realised he did not want to be on his own when he left. Some residents would choose to leave and try somewhere else, which they are free to do at any time. I did meet several such people who later, sometimes years later, returned to the same centre with a different attitude.

After they have become Christians the same attitude of respect for God and His word continues. The whole time the leaders are appealing to people's reasoning and understanding, encouraging them to think as they read and study to help them grow in their faith and understanding. As has been demonstrated with several examples in the thesis, the teaching is explained logically and they have many opportunities to discuss, debate and ask questions. The rehab leaders are interested in their long-term freedom and success. They believe that the 'truth will set them free'<sup>293</sup> only as people believe and apply it to their lives.

What then is the extent of their freedom? When they have completed rehab, will they finally be able to go back to a normal social life with their friends? Although the centre leaders strongly oppose the thinking of 'once an addict always an addict',<sup>294</sup> they do understand that the person who was previously addicted to alcohol or drugs will have damaged their internal chemical control mechanisms and that these are unlikely to ever fully recover. In agreement with AA, the Christian rehab leaders do teach that a previous addict will always be susceptible to renewed dependence. They warn strongly that ex-addicts can never risk 'experimenting' again and social drinking is not an option as it will be particularly difficult for them to stop after a social pint or glass of wine. Even smoking is considered to put them in danger of being drawn back into their former addicted way of life. It is widely observed by the rehab leaders that if a drug addict or alcoholic relapses they will quickly return to the highest level of tolerance, which they had developed at the end of their addiction as a result of this loss of internal control. The result is that a person in relapse will very soon be in serious trouble. Testimonies describe these periods as very negative times in their life.

---

<sup>292</sup> Nikolai. Berdyaev, *Realm of Spirit and the Realm of Caesar*, trans. by Donald A. Lowrie, (London: Victor Gollancz, 1952), 32

<sup>293</sup> The name of the Ukrainian Christian Rehabilitation programme found in Appendix 3.2

<sup>294</sup> See discussion at the end of Chapter Two

*After four weeks, I left the centre thinking that I was alright and that I can make it. In three days, I was back to drugs. I lived through four months of true hell before I returned to the centre. When I came back, I weighed 50kg with my height of 1.75cm. In one month, I weighed 70kg. During my rehabilitation, God healed me from a stomach ulcer and healed my arm, which was supposed to get amputated. After a while, I made a decision to go to the end, thinking that if I tried everything else, I might as well try this.(A12)*

For some the acceptance of ‘permanent damage’ may be seen as a contradiction, with saying they are ‘free’ from addiction, and calling them ‘ex-addicts’,<sup>295</sup> however the rehab leaders do see a clear distinction. ‘*We have trouble with the sickness model.*’(I4) First, having a propensity or risk of developing a problem like heart disease or cancer does not mean they are currently suffering from it. The ex-addicts are not currently using any chemical substances to alter their feelings or escape from problems. They are completely free from all the reasons they felt they needed to drink or drugs. All freedom has boundaries, just as living as a free citizen requires keeping the law. Total abstinence is the boundary they are given to remain free.

Second, they consider that all forms of smoking, drug and alcohol use are destructive behaviours and so inappropriate for all Christians. Therefore, the ex-addicts are not limited from doing things that would otherwise be appropriate for them, or that other Christians they are mixing with would be participating in. It may be easier as a result for Christian ex-addicts in the former Soviet Union to maintain a strict life of abstinence due to the high moral norms on use of substances in the protestant churches around them. Furthermore, all Christians have certain areas in their life where they are weaker and find a particular temptation, so for the ex-addicts their prime area of vulnerability is likely to be their previous addictions. All Christians need to be aware of their weaknesses in order to develop particular vigilance and accountability so their growth and development is not to be held back.

Third, the leaders understand the great importance of helping their residents to develop a healthy identity. There is a lot of teaching on the influence of the words that we say about ourselves and those that are spoken to us.<sup>296</sup> Consciously or unconsciously, a person is most likely to perform according to their own expectations of themselves. As a result, in many of

---

<sup>295</sup> AA for example chooses to keep to the term ‘being in recovery’ or a ‘recovering addict’ no matter how many years it is since the last time they drank alcohol.

<sup>296</sup> See Chapter Two for further discussion of this point.

these church communities it is very common for people to speak blessing and give compliments to each other in conversation.

Therefore the Christian rehab leaders are able to differentiate between being addicted and a vulnerability to having the addiction return.

*We have saints who sometimes sin. But as far as I can understand from scripture once you are born again you are no longer sinners. We are not one drink away from being an alcoholic, we are new creatures in Christ, the old has passed away. Some people fall into sin, we know you shouldn't sin but if you do you have an advocate with the Father. So there's a tremendous liberty, and a liberation from condemnation of the old life. That's why you see joy.(I10)*

#### **4.6.2 Transfer of Dependence to God?**

Some ex-addicts now describe themselves as 'addicted to God', meaning that they cannot get enough of God and they recognise they need Him every day. From my observation in Russia this was not that common as most preferred to keep away from the language of addiction. Nevertheless, the common accusation against these Christian rehab centres, particularly when this type of language is used, is that the ex-addicts are not actually 'free'; they have simply changed their addiction to a religious one. They are not 'free to think or decide independently' and they continually need God as a 'crutch'. Can the freedom that these life-stories describe be called a 'transfer of dependence' onto God? Furthermore is it helpful, or appropriate, to encourage recovering addicts to be dependent on God? Different centres take different approaches. Like the word dependence in English, the Russian translation *зависимость* can have both positive and negative connotations.<sup>297</sup>

Many rehab centres teach people that they need to learn to be dependent on God rather than on drugs. For example, it is often taught that when facing problems, rather than escaping through drugs or alcohol, people should turn to God and rely on His guidance and strength to face it and work it out.<sup>298</sup> They use verses such as these from Proverbs.

---

<sup>297</sup> The majority of the time *зависимость* is used with negative connotations but different forms are more varied.

<sup>298</sup> Reliance on God: 2Chron 14:11; 16:7 Psalm 37:3,5; 62:8, 115:9-11 Psalm 146:3-5; Jer 17:7,8. Foolishness of relying on one's own wisdom and strength Col 3:18-20

Trust in the LORD with all your heart, and do not rely on your own insight. In all your ways acknowledge him, and he will make straight your paths. Be not wise in your own eyes; fear the LORD, and turn away from evil.(Prov 3:5-7 )

The residents recognise that ‘relying on their own insight and wisdom’ has not been very successful in the past; however it is still a challenge in each difficult situation to totally trust God. Each time an old problem resurfaces, or new ones appear, creating stress, fear or anger, the recovering addict is tempted to react according to old patterns of retaliation, lies and further escape into drugs. In the rehab centre the residents are taught how to move away from this evil and self-destructive behaviour and to ‘acknowledge God’ by taking their concerns to God in prayer both individually and with others in the centre. The promise that God will ‘make their paths straight’ is explained as helping the person who trusts God to work out the confusion of their own life problems and understand the path they should take. Many of the services have opportunities for people to testify to how their problems have been resolved after prayer. These stories also encourage other residents or group members where the ex-addict is now part of a small group from the local church.

Others programme leaders feel this language of ‘depending on God’ is unhelpful and warn of the dangers of transference from a chemical to a religious addiction. Certainly, a legalistic religion focused on the rituals can be used to escape from reality. Religious observance has often been used to cover personal problems and give the pretence of being fine. Sadly many have also used religion as an excuse for manipulation and wielding power over others. This was the type of religion that Marx was seeking to avoid.<sup>299</sup> Therefore, when religion is used as an alternative form of escapism it can also restrict a person from facing up to the issues in their lives that are destroying them and their relationships with others. Older traditional churches throughout the former Soviet Union have plenty of rituals, as do the newly started churches in their own way. The important determinant for all denominations is to hold on to God’s perspective on people and problems and not to slip back to the values and judgement of the surrounding culture: ‘for the LORD sees not as man sees; man looks on the outward appearance, but the LORD looks on the heart.’(1Sam 16:7)<sup>300</sup>

---

<sup>299</sup> Karl Marx “A Contribution to the Critique of Hegel's Philosophy of Right” (*Deutsch-Französische Jahrbücher*, 1844.)

<sup>300</sup> ‘For my thoughts are not your thoughts, neither are your ways my ways, says the LORD. For as the heavens are higher than the earth, so are my ways higher than your ways and my thoughts than your thoughts.’ Isaiah 55:8-9. See also Ps 147:10-11; 1Pet 2:4; John 7:24

We need to look deeper at the process and clarify the different types of dependence in order to avoid confusion. First, Christian rehab leaders are careful to stress the difference between following a religion, based on the outward compliance to a set of rituals, and a living relationship with God, through the ongoing inner communion of the Holy Spirit with the human spirit. The first has been described as mankind's attempt to reach God through the things that they do, which is otherwise called 'legalism':

Religion by definition is said to be man's attempt to reach God; Christianity is God's plan to reach man and redeem – or save him – from his lost-ness. Religion is based on man's efforts and is therefore flawed and inadequate, due to man's sin, but Christianity is a relationship based upon God's gracious initiative to provide a sacrifice for man's sins.<sup>301</sup>

A legalistic attitude can occur irrespective of the type of religion, and is found where people have a superior attitude. It focuses on detailed conformance to the expected standards of behaviour and does not pay attention to the inner motives of the heart. It is considered very destructive for the ongoing health of the individual and the community. The rehab leaders frequently identified a need to stop negative judgemental comments and help residents remember their equal standing before God and need for His grace.

Secondly, dependence on God is fundamentally different from dependence on drugs for a number of reasons. Drugs or alcoholic dependence starts as a voluntary choice but becomes an involuntary bondage that leads to great suffering, which the person involved is unable to leave without significant help. However, the dependence on God requires an ongoing voluntary submission to Him by actively giving over management control on a daily basis. At no point does God hold people by force or manipulation. Dependence on God is based on a relationship of trust and respect. It requires an inner confidence that God is the best leader and guide for their life even when things happen that do not make sense.

One of the common passages used to equip residents to resist relapse is Paul's teaching in the letter to the Romans. Other parts of this passage have been explained earlier; here Paul vividly draws out this contrast between obedience and dependence on the flesh or on God. He labels the first sin and the second righteousness. Paul describes the battle with all temptations and

---

<sup>301</sup> Rod Culbertson, Jr, 'The Questions Of Life' *Reformed Theological Seminary*  
<http://www.rts.edu/Site/About/questionsoflife.aspx> (accessed: 10/11/08)

this could equally be applied to resisting a desire to relapse. This next passage with its two vivid contrasting images underscores the important mental and physical work needed:

**‘So you also must consider yourselves dead to sin**

this deep change of identity starts in the mind as a daily decision.<sup>302</sup> Also translated reckon or count yourselves,<sup>303</sup> that is sin in all its forms no longer has authority or hold on the believer

**and alive to God in Christ Jesus.**

in other words choosing to live for God through Christ, gives the ability to resist sin. It involves being attuned to Christ in each situation.

**Let not sin therefore reign in your mortal bodies,**

while addicts they were ‘controlled’ by the need for more alcohol or drugs. Now as believers, they have a constant choice to live out their new identity through the strength of God’s Spirit

**to make you obey their passions.**

Self-control was lost in all areas of life but now they have power to resist

**Do not yield your members [faculties] to sin as instruments of wickedness,**

while enslaved in addiction they became a force of destruction to themselves and to others around them.

**but yield yourselves to God as men who have been brought from death to life,**

again, a daily surrender based on their gratitude for the rescue from the path to death and gift of new life, joy and purpose they have received.

**and your members to God as instruments of righteousness.’ (Rom 6:12-13)**

Now many of those who have found freedom from addiction are helping others get out and thereby increasing righteous living.

The verbs in this passage emphasise both the choice and responsibility of the believers for their part in the sanctification process. Dependence on God is by no means something that recovering addicts are enslaved by; on the contrary it requires diligence to maintain. Paul’s instructions are applied to them to ‘count yourselves’, or in the RSV ‘must consider yourselves dead to’, and ‘do not yield’. In contrast it is the ‘sin’ such as drug use which, if allowed, or ‘yielded to’ will ‘reign’ and ‘make you obey’ (RSV). Dependence on God requires ongoing active commitment, maintained for the benefits the believer experiences,

---

<sup>302</sup> See section 4.1.3.3 New Creation and Ownership for a fuller discussion of this identity change.

<sup>303</sup> Charles Kingsley Barrett, *The Epistle to the Romans*. (London: A. & C. Black, 1987), 127. Bowen, *A Guide to Romans*, 86; Same Greek used as Abraham was ‘reckoned righteous’ by faith. Gen 15:6 & Rom 9:3

unlike dependence on drugs which loses its attractiveness over time yet compels the user to continue against their own desire. Whatever a person's state, Paul clearly considers that his readers have the first choice and therefore responsibility not to 'let... sin... reign' or 'not to yield'. The believer's dedication is to live according to God's will as prompted by the Spirit and not their 'evil desires' or 'passions of the flesh' (RSV). 'Passions' indicates that they are hard to resist, and when sin is in control, before the addict repented and submitted to Christ's authority, they were compelled to obey these passions. Paul describes how believers, having been freed from this bondage through their death with Christ, have been brought to life with and for Christ.<sup>304</sup> 'For he who has died is freed from sin. But if we have died with Christ, we believe that we shall also live with him. The death he died he died to sin, once for all, but the life he lives he lives to God.'(Rom 6:7,8,10)

Thirdly, the nature, as well as the long-term consequences, of dependence on God and chemicals, are diametrically opposite. Dependence on God leads to increasing quality of life and much greater long-term health.<sup>305</sup> The only cost is a willingness to trust God. Dependence on drugs initially brings great emotional highs but these are short lived and have highly destructive consequences in all areas of the user's life. Paul goes on to implore the believers 'Do you not know that if you yield yourselves to anyone as obedient slaves, you are slaves of the one whom you obey, either of sin, which leads to death, or of obedience, which leads to righteousness?'(Rom 6:16)

In summary, therefore, although recovering addicts are depending on God they are not trapped or enslaved in the way that they were in their drug dependence. As for their freedom to think for themselves we saw that this is precisely what they are encouraged to do.

#### 4.6.3 Healthy Choices

Maintaining freedom is based on ongoing healing from past experiences and continuing to make healthy life choices about what and whom the recovering addicts listen to, and where they spend their time and their money. During rehabilitation the leaders are specific about what is and isn't healthy to think and talk about, what is helpful and unhelpful to read or watch, and the material available is carefully censored. This enables recovering addicts to

---

<sup>304</sup> This description is often interpreted as referring to baptism. See F.F Bruce, *Romans*, Tyndale New Testament Commentaries Series (Leicester: InterVarsity Press, 1983), 135-138;

<sup>305</sup> John 10:10, Ex 20:12

learn to discern the effect that certain movies, or old pictures from the drug-using life, have on their thoughts and attitudes. Paul implores believers continually to choose to walk in righteousness with the power, which Christ has given, from all forms of bondage and sin, and not become ensnared again by submitting to their former desires. The necessity of daily choosing to submit their will to Christ in order to enjoy the benefits was seen in the passage from Romans above. This whole section in Romans is considered extremely important for enabling recovering addicts to grow in their freedom, resulting in increasing levels of freedom, joy, peace, purpose and fulfilment, and a reduction in their fears and restlessness.

The writer to the Hebrews continues the theme of perseverance with uncompromising commitment using a vivid illustration of a race with traps and snares:

‘Let us throw off everything that hinders and the sin that so easily entangles, and run with perseverance the race that is marked out for us. Let us fix our eyes on Jesus the author and perfecter of our faith, who for the joy that was set before him endured the cross, scorning its shame, and sat down at the right hand of the throne of God.(Heb 12:1b)<sup>306</sup>

This verse is particularly helpful as it draws attention to the fact that many of the things in the recovering addict’s life are not necessarily wrong but are unhelpful distractions, for example attending discos. All forms of sin, like deceit and disobedience, ‘entangle’ recovering addicts and directly hinder their progress of regeneration and their relationship with God and others. It also highlights the cost, example and reward for all who are seeking to change from their old way of life to the new. Recovering addicts know well the daily perseverance of choosing what they know will increase their strength and freedom and not giving into the easier option of following their ‘passions’, or not being diligent over their thoughts and actions.

Addicts use their chemical of choice to escape from problems by shutting out the negative feelings of worry, guilt and fear by either getting high or chilling out. Clearly, this only deals with the awareness of the problem temporarily and compounds the difficulties they have to deal with. When recovering addicts fully understand the amazing grace of God, that his love is unconditional and forgiveness is not based on anything they do or say, it could be seen as another opportunity to escape from responsibility. Paul answers strongly. ‘What shall we say then? Are we to continue in sin that grace may abound? By no means! How can we who died

---

<sup>306</sup> (NIV clearer)

to sin still live in it?’(Rom 6:1-2)<sup>307</sup> Then using the language of life and death he demonstrates the victory people can have over their old nature.

*We know that our old self was crucified with him so that the sinful body might be destroyed, and we might no longer be enslaved to sin. For he who has died is freed from sin. But if we have died with Christ, we believe that we shall also live with him. For we know that Christ being raised from the dead will never die again; death no longer has dominion over Him. The death he died he died to sin, once for all, but the life he lives he lives to God.(Rom 6:6-10)*

During rehabilitation it is very important that the recovering addict learns healthy responses to overcoming their problems: first by recognising that there is a problem, accepting that it is their responsibility to act constructively and not just react out of their current emotion, such as frustration, anger, or jealousy. With slightly larger problems, or ones that are not resolved quickly, they are advised to seek the counsel and support of their discipler. In the Christian centres, many situations can cause tension, such as sharing a room with four or more people or undertaking the tasks set for work therapy. Submitting to the leaders, keeping to the timetable and completing the cleaning chores all require humility and discipline which addicts are not known for. These are all situations that, within the loving atmosphere of the centre and the support of their discipler and colleagues, enable the recovering addict to learn healthy problem solving skills and develop positive character traits.

#### **4.6.4 Responses to Relapse**

Freedom from addiction does not mean there is no possibility for ex-addicts to lapse and start using again, but that they have the ability not to. Certainly, there will be temptations, but gradually the new Christians become stronger and get to know themselves and their own areas of weakness and they also grow in their understanding of steps to avoid a lapse if they are tempted. Their response to the same temptation can be very different from using if their protection is in place.

For recovering addicts who are working to rebuild their lives, there is no need for leaders to increase their sense of guilt through punishment, as they will already be feeling very bad. On the contrary the leaders’ challenge is often to help prevent the lapsed recovering addict from

---

<sup>307</sup> Another helpful passage is Eph 6:11-17

feeling like a total failure, giving up on the programme altogether and continuing to use. Therefore clear policies are necessary, as *'unfairness [and] inconsistency'* (15) undermines motivation and can promote resentment. It is important to seek God about how best to care for each person because *'each addict is a unique person. Even though you might have ten addicts that have all been using heroin, in practice you will see that all of those addicts have a different background, different reasons for starting and continuing to use drugs.'*(14)

*'We have different expressions of [responses to relapse], all the way from: they have to go through a program again – which I think is overkill – to some kind of intervention and counselling and find out why this happened, what's going on there.'*(18) *'We do not want to have a superficial approach; we really want to deal with the underlying problems of addiction.'*(14)

However, for recovering addicts who have become complacent in their recovery and are becoming stubborn, appropriate discipline can cause them stop and think. It helps the recovering addict learn the connections between behaviour and consequences, which they have been avoiding though the escape of their addiction. The appropriate consequence may vary for different people depending on factors like the number of times they have relapsed, or the stage that they had reached in their recovery. A director advised: *'treat them as unique individuals, developing them individually but with respect to family rules.'*(15) He gave an example for illustration; there might be a policy that a demonstration of bad attitudes by foul language and anger will be punished, but the type of punishment and the way that it is administered can be appropriate to each individual. In order to be consistent and effective leaders need to know and understand the people in their care.

Some centres, typically the larger more established ones, have set guidelines that clearly define the consequences for each situation. In other, often smaller, centres, or where there are leaders who feel confident they are in touch with the attitude of the resident or programme participant, the decision may be left to the leader's discretion. The leaders consider asking someone to leave as the very last resort, when their behaviour is putting at risk the lives of other people in the centre or serving the programme. Even then they may be recommended another type of programme. The main aim is to foster a desire to continue pursuing their new chosen life style through the necessary lessons and adjustments.

The most constructive method of dealing with relapse is by helping the resident work through what went wrong. Mike Dye recommends that clients write out their relapse scenario, which they can talk through with the counsellor<sup>308</sup>. This is a very useful process, which can help the recovering addict to notice other unhealthy responses they had to situations that can, in their turn, become warning signals that they are ‘speeding up’ and heading down the path to relapse.

Leaders will naturally feel disappointed when a resident leaves, or a counselee lapses. There can quite often be strong feelings of guilt and self-blame, reasoning that they did not do enough. The people who have just lapsed are also likely to try to defend themselves by blaming the workers or the programme. As seen in Chapter Three, Terrence Gorski lists inadequacy of the programme as the last reason for a recovering addict to lapse.<sup>309</sup> There is great benefit for the leaders to meet together regularly to share observations and examine trends, such as those situations that most often occur as stumbling blocks for the programme participants. Leaders also need to create an atmosphere of continually learning by example. This demonstrates their humility and sets a good example. Leaders are called to set an example in the way they manage, by faith and healthy reliance on God, not a dependence on systems, programmes or substitutes. It is vital *‘we understand that our responsibility is not to set people free through our program, but that God sets them free.’* (U3)

For the recovering addict the lapse typically seems to come as a complete surprise. However, the experienced workers can recognise the danger signs building up such as irritability, resentment and not being able to relax. Other important triggers include changes in attitude and decreasing openness. The recovering addict needs to learn to recognise their own symptoms so they can take action and get support rather than trying to face the issues concerning them alone. As previously mentioned, there is often teaching in the centres and support groups about the importance of not relying on oneself to deal with problems or resist temptation.

When they have lapsed, recovering addicts typically feel overwhelmed with shame and guilt, which in itself is most likely to cause their lapse to continue further into full relapse or an alcohol binge. The teaching in the rehab centres encourages recovering addicts to stop and turn back with genuine repentance to God and to remind themselves of all the things that

---

<sup>308</sup> Dye ‘Déjà vu’, *Genesis Process*, 153-166

<sup>309</sup> Terence T. Gorski, *The Relapse/ Recovery Grid* Centre City, Minnesota: Hazelden, 1989, 52

remain true; to seek help and not to focus on the problem and wallow in self-pity. First of all, in order to counteract the feelings like ‘I can’t do it’, ‘I’m a failure’, the leaders point to the truths, particularly about God and His faithfulness and love for us.<sup>310</sup> He will never leave us<sup>311</sup>: -‘fear not, for I am with you, be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my victorious right hand.’(Is 41:10) ‘If you only believe what you feel you will never lead a victorious Christian life.’<sup>312</sup> Secondly, lapsed recovering addicts are reminded that when we come to Him in repentance, He will forgive.<sup>313</sup> ‘He who conceals his transgressions will not prosper, but he who confesses and forsakes them will obtain mercy.’(Prov 28:13) Counsellor Rowe warns ‘You will know no peace until you discover how to forgive yourself, to forgive other people and to let others forgive you.’<sup>314</sup>

The leaders will talk through with a resident who has relapsed to help them see what is going on and what went wrong. In many centres this will be an unstructured discussion leading to prayer. Some centres are using a tool developed called the ‘Faster Scale’<sup>315</sup> developed and introduced by Mike Dye which helps the person whose lapsed to recognise what went wrong for themselves. Reviewing their life before the relapse, it helps them to identify the build-up of unwise choices over the recent weeks, and not just the hour before, that led them to break their commitment. The advantage seen by leaders is that each individual can learn to recognise for themselves at an earlier stage when they are repeating the same behavioural patterns so they can take evasive action early. This process can also be used with the recovering addicts to evaluate and monitor their own status of health in recovery.

The second or third time around, detox may not be as easy as the first time. Several people describe how after relapse they did not receive the same level of miraculous grace to relieve them from the pain of withdrawal; however they have greater determination to change and the truths remain the same. As one centre leader says ‘*Always remember the pain to change is less than the pain to stay the same.*’(12)

Living in freedom from drugs or alcohol does not necessarily mean a complete freedom from the temptation to use drugs or drink, although it does reduce over time. Repeated avoidance

---

<sup>310</sup> Rom 8:31-35, John 3:16-17

<sup>311</sup> Deut 31:6,8; Josh 1:5,9; 1Kings 8:57; 2Chron 32:7,8; Ps 46:7,11; Matt 28:20; Heb 13:5-8

<sup>312</sup> Anderson & Quarles, *Freedom from Addiction*, 248

<sup>313</sup> 1John 1:9, 2:1-2; Ps 32:5, 51:2-5; Dan 9:4-19, Eph 5:26; Titus 2:14

<sup>314</sup> Dorothy Rowe quoted in Atkinson, *Climbing Out of Depression*, 141

<sup>315</sup> Dye & Fancher, *The Genesis Process*, 76-78. Where this has been introduced, it has been very well received by the rehab leaders as a tool that facilitated them achieving their aims.

strengthens their resolve and ability to live a healthy life style. Freedom means knowing and having access to a stronger power that enables the ex-addict to no longer be held in the bondage and helplessness of addiction, or use their addiction for escaping problems. The process includes learning to receive strength from God to solve problems constructively, and forming wise lifestyle habits that help them maintain good physical, emotional and spiritual health.

Continuing their discipleship process will enable them to continue growing and receive healing from deep wounds. Maintaining good relationships with the other Christian ex-addicts will encourage and support their new direction in life.

As described above in the 'Resources leading to freedom,' the ongoing discipleship support for the ex-addict is intended to be transferred to their local church. Where the church is involved in the rehab centre the teaching and atmosphere are normally similar so this transition is not difficult.

When an ex-addict moves to a different location and cannot continue their relationship with the same or similar type of church this transition can be particularly difficult. One of the difficulties ex-addicts experience is that in the rehab centres they are used to sharing and working through their problems with brutal honesty and look for the same support from the *'home cell groups in the church. [Sometimes] people are resistant to discuss problems, hurts and sins, therefore they don't find the benefit for healing and liberation that comes from sharing in a trusting environment.*(13) When they learn to do so *'this brings reality and Christ becomes more real to them.'*(13) They understand how the truth of God's Word applies to their life, and learn to recognise and follow the guidance of the Holy Spirit. In summary the process by which an addict can find freedom from the bondage of drugs starts when they recognise their inability to be successful in their own strength and come to God in humility, repentance and faith. God in His grace and mercy forgives their sin, frees them from the power of sin and provides them a fresh start with the indwelling presence of His Spirit to enlighten, guide and strengthen them. Normally addicts will learn of this offer from other believers who already have experience of the love and power of God and can guide them through the adjustment. Most will still need support in this process with the faith, understanding and personal encouragement of other strong believers. Receiving this fresh start is not enough to maintain their freedom, unless they continue in what they have been taught.

#### 4.7 Concise Path to Freedom

This chapter has identified powerful resources and key processes for finding freedom from addiction that were identified through the observation and information gathered during my fieldwork in Ukraine and Russia. It was established that addicts can find a freedom from addiction through the resources that God provides. The three main resources identified were the love and understanding received from Christians who believed in God's power to heal, an ex-addict moves to a different location and cannot continue their relationship with the same or similar type of church this transition can be particularly difficult. One of the difficulties ex-addicts experience is that in the rehab centres they are used to sharing and working through their problems with brutal honesty and look for the same support from the *'home cell groups in the church. [Sometimes] people are resistant to discuss problems, hurts and sins, therefore they don't find the benefit for healing and liberation that comes from sharing in a trusting environment.*(13) When they learn to do so *'this brings reality and Christ becomes more real to them.'*(13) understanding of how the truth of God's Word applies to their life, and learning to recognise and follow the guidance of the Holy Spirit. In summary the process by which an addict can find freedom from the bondage of drugs starts when they recognise their inability to be successful in their own strength and come to God in humility repentance and faith. God in His grace and mercy forgives their sin, frees them from the power of sin and provides them a fresh start with the indwelling presence of His Spirit to enlighten, guide and strengthen them. Normally addicts will learn of this offer from other believers who already have experience of the love and power of God and can guide them through the adjustment. Most will still need the assistance in this process through the faith, understanding and personal encouragement of other dedicated believers. Receiving this fresh start is not enough to maintain their freedom, unless they have support to continue in what they have been taught.

The second vital process for the recovering addict is learning to live out their new life without dependence on narcotics or alcohol. This involves learning to deal with problems with God's resources; growing in responsibility for themselves and then others; and finding their joy and fulfilment in God. This stage may be paralleled to the ongoing process of sanctification where the believer is being moulded into the likeness of Christ and learning use the resources provided by God to live holy lives.

The Biblical analysis discussed in this chapter offers an in-depth exploration of the process of transformation used in the Christian rehab centres. It is not an attempt to justify their methods from theological first principles, but rather to present their way of thinking and actions in a cohesive manner so that on a practical level what they have learnt can be of benefit in reducing the suffering caused by addiction elsewhere. The leaders emphasise that they do not heal addicts but are careful to claim that it is God who sets them free. Though the other factors can help in the process, none of these programmes would be the same or effective without the reliance on God's gift of forgiveness and freedom from all bondage including various forms of addiction.

## CHAPTER FIVE: CONCLUSION

The first four chapters have sketched the sociological context of drug abuse and the former Soviet Union, followed the ‘typical life’ changes in ex-addicts, and examined the determinants for change at each stage. This final chapter provides a summary of the thesis and evaluates the extent to which the original aims have been achieved. Then, finally, there are suggestions for further research to enable a broader and deeper understanding of these conclusions as they address the major worldwide concern of addiction.

The ‘Reported Results of Christian Rehab’, gathered below, bring a specific comparison between the work in the former Soviet Union and work taking place internationally. This is included to gather the lessons from different parts of the world and to help give a context for the results of this research from the Soviet Union for Western readers, rather than to develop a statistically based argument. The international content draws heavily on material gathered from structured interviews with ten widely varying rehabilitation leaders, totalling over 300 years of experience from ten very different countries across five different continents.<sup>1</sup> Other sources for the information outside Russia and Ukraine include literature research and the more detailed study of three international programmes chosen for comparison; namely St Stevens Society, Betel and Teen Challenge.

### 5.1 Review of Aims & Hypothesis

This thesis set out to establish whether the Biblical process of conversion and discipleship is appropriate and effective in setting people free from addiction. In other words, does this method work? There is no attempt in the thesis to use statistical results to prove the results of the work. The percentages and figures that are included below from Russia and Ukraine are there to provide an indication, but only a few have been validated by independent observers.

As the approach of this thesis is to establish whether this process is effective, whether a person can really become free from their bondage to addictions, we would be able to give a positive answer if there was just one person who had been a confirmed addict and was able to get free using this method. From just a couple of cases it would be justifiable to say that this

---

<sup>1</sup> See the summary chart of interviewees in the Appendix 2.1 for details and the Introduction for the methodology used.

works. The majority of treatments prescribed by practitioners to cure stomach ailments, infectious diseases or even headaches, do not work a hundred percent of the time. However, this does not stop them being recommended. The same treatments are still prescribed to other patients because sometimes they have been shown to work and the benefits are seen to outweigh any negative side effects. Even if only a handful of people were freed in this way, it would be considered worth the effort by the rehab leaders due to the great contrast in the life of the addicts released. Certainly, addicts and the addicts' parents in their search for solutions would still want to try it.

Some medicines simply reduce the effect of the symptoms, for example anti-inflammatory drugs or painkillers; others attempt to deal with the cause, like an antibiotic. The rehab centres focus on what they see as the root of the problem rather than dealing with the symptoms, as they consider the 'harm reduction' approach to do. The root of the problem of addiction is identified as being spiritual; therefore the appropriate solution needs to be a spiritual one. People express rebellion against God by seeking His benefits of love, joy, fulfilment, meaning, and contentment apart from Him and so end up with counterfeits that yield great results quickly. However, what seemed a cheap and easy solution ends up costing them far more in health, relationships and self-worth than they had bargained for. By rejecting God and the Biblical standards/guidelines He has given, they cut themselves off from their creator, the only source of true love, joy, fulfilment, meaning and contentment. When they come to God in repentance and faith they receive forgiveness, a change of heart and the new life of God within. Although physically invisible, this inner change of God's Spirit, when enabled to grow, leads to a transformation in all areas of the person's life: spiritually, mentally and physically.

The desires of the ex-addicts change, emotionally they look for restoration of their relationships. As their mind is now at peace, they are able to listen, concentrate and learn. Through the renewal of healthy appetites, their bodies gain strength and health. All other aspects of the programme - the love, discipline, teaching and community schedule - contribute to this transformation working out through the individual's life. The programmes are designed to facilitate the new believers' growth in their relationship with God, themselves and others, which in turn increases their ability to resist temptations to return to using drugs. As one leader interviewed said passionately *'I'm always afraid that people will try and take what I do without taking the heart of God.'* (17)

### 5.1.1 Limits to Research

A statistical study was not attempted in the design of this thesis because at that stage there were very few records available. The majority of the projects were so young that the administration of their work had not been established. Very limited internal records were kept and the procedures used were evolving, as with many young expanding organisations. Over time, many things have changed. These same organisations have grown rapidly and have now been operating for 7 to 15 years. They have become more established in their services and due to their effectiveness have gained wider recognition.

Irrespective of how much time or resources are available, all research projects need identifiable parameters to come up with clear conclusions. A single thesis is very limited in time and resources to address a particular question within a specific field of exploration; in this case one person's time over eight years. This paper focused on the experience and the theory of recovery from addiction, by exploring whether the Biblical model of conversion and discipleship is appropriate and effective for bringing an addict to freedom from compulsive behaviours. Specific focus was given to addiction to heroin and alcohol, which are the two addictions that most often cause an addict to seek rehabilitation,<sup>2</sup> and may be considered the most harmful and hardest to overcome.<sup>3</sup> Research was undertaken in Russia and the Ukraine, the two largest countries in the CIS, first from the inside perspective as an employee in a rehab centre in Russia, secondly from the view of fifty ex-addicts who have experienced this process of change, and thirdly from the rich understanding of twenty centre leaders who carry the responsibility for the health of the people in their care.

There are some inevitable limitations in this study regarding longevity, as drug rehabilitation in Russia is a relatively new concern due to the sudden influx of drugs a few years after the fall of communism. The rehab centres were started in response to the needs. An estimated 95% of the centres or services currently in existence were started after 1997. There were only a handful of centres before that. Although this is now twelve years on, it is still not yet possible within Russia and Ukraine to confirm long-term trends. Attempts to address this limitation were made through the interviews with project leaders from around the world who

---

<sup>2</sup> In the projects visited roughly 70-80% were seeking freedom from heroin, 1% co-dependency, the rest were from alcohol

<sup>3</sup> However, several recovering addicts found they had more cravings for smoke. This research includes some evidence to support this theory. Certainly it is sometimes the last to go but in these centres normally all addictions are dropped at the same time.

also approach addiction in a similar way by having a spiritual core. They have been seeing comparable success for over 30 years.<sup>4</sup> Though the majority of the Russian programmes developed independently from foreign input, they operate with very similar principles to many foreign programmes based on the Bible. This indicates that the Biblical methods promoted by the Russian and Ukrainian centres are not unique but applicable worldwide. The close parallels in the principles within these large international rehabilitation programmes, and the similar success they have been seeing for 30 years or more, therefore significantly compensate for the question of longevity. Many such programmes have been statistically researched and analysed in other doctoral theses, as described in ‘Reported Results of Christian Rehab’ below.

Correlations can only be implied for dealing with other forms of addiction, however further study is needed to test them. Practically all the drug addicts and alcoholics analysed also suffered from other addictions such as tobacco, uncontrollable rage, or sexual compulsion. Nor is addiction their only concern; the people arriving at the rehab centres demonstrated multiple problems such as personality disorders,<sup>5</sup> severe depression and psychological confusion, but the most visible factor that drew them for help was their addiction. As one director says, ‘*we do not see addiction as a problem ... addiction is showing that a person has a problem;*’(14) it is a symptom of many other disorders.

The other aspect that has made this research challenging has been the rapid pace of change that has taken place in the former Soviet Union, affecting all aspects of society but particularly social welfare and drug addiction. Setting the perspective from the UK has also been a moving target as during the time of writing there have been significant changes in approach and aims in treatment, particularly in Western Europe. The UK government, for example, has largely moved from focusing on abstinence to maintenance, primarily using methadone and there have been major changes in the laws on cannabis and tobacco.

### **5.1.2 Review of Data Sources**

#### *Personal Observation*

When living in an environment where similar patterns are taking place on a regular basis, they become the norm, even when those same events in another context would be considered

---

<sup>4</sup> See Interview Summary in Appendix 2.1

<sup>5</sup> Many had spent time in psychological readjustment centres.

extraordinary; such is nature's tendency to normalise so that one's expectations are adjusted. For example, the level of wonder is reduced for a surgeon regularly performing organ transplants, or a world-class sports champion at receiving yet another financial prize. The second aspect is that the changes going on around us are far less noticeable than those we only observe sporadically; for example parents are far less likely to notice their children's growth than distant relatives who only see the children occasionally. My own observation of the processes of rehabilitation while living and working in the Christian rehab environment over three years was no different – it certainly became the norm. Centre workers can easily take for granted the quick recovery of previously hardcore addicts suffering very limited withdrawal symptoms, but are reminded by the joy and wonder expressed by each new resident and the surprise of intermittent visitors. Izhod started in the April of 2000 a few months before I joined. In the first four years of their work, they helped more than a thousand people to be set free from addiction. The Izhod leaders calculated that 75% of all the people who come to them find lasting freedom from addiction<sup>6</sup> and many choose to stay on and help start projects in other cities and countries, enabling the work to expand further.<sup>7</sup> Those who have not made it the whole way yet, now have opportunities for support in doing so. In the first four years 22 rehab centres were established.<sup>8</sup> The new believing ex-addicts and family members of both current addicts and ex-addicts comprise 25 new churches. The vibrancy of these churches now attracts other people not directly related to the problems of addiction. Eight years on they have 70 rehab centres in four different countries accommodating over a thousand residents at any one time.<sup>9</sup>

I am grateful for the privilege I have had in the process of completing this thesis, to step back and evaluate what I learnt through daily observation, and through the close relationships formed, particularly with those who came at the start of the project. It has been an added encouragement, though not a surprise, to see first-hand similar rehabilitation processes taking place in rehab centres around Moscow, Yekaterinburg, St Petersburg, Rostov, throughout the Caucasus, in all the main regions of Ukraine and across Moldova. In many of the fSU programmes their confidence in God's supernatural healing from withdrawal is such that sometimes they even advertise their centre to addicts as the place to come to avoid

---

<sup>6</sup>       Statistic given to me by the director after their calculations in Nov 2003

<sup>7</sup>       Izhod (called Exodus in English) have now started work in four cities in the US and in London England.

<sup>8</sup>       Referenced from their recent project brochure. *Exodus an International Charity* printed in July 2004 (n.d. on publication)

<sup>9</sup>       [www.Exodus-church.org](http://www.Exodus-church.org) (accessed: 25/10/08)

withdrawal. ‘Don’t worry we’ll pray for you and God will heal you.’(A10)<sup>10</sup> However I did not see the same level of expectation for supernatural healing in many of the rehab programmes in the West. The reasons for this could be an interesting area of further research however it would require a lot more analysis of the rehab processes and basis of this difference in expectations, which is outside the scope of this thesis. A former director of a Western Christian rehab centre briefly explained their similar history.

*Previously very little medication was available, however in my experience hardly any one experienced a full withdrawal, and what they experienced was reduced by love and care provided by the Christian community in the centre, however the difference is we wouldn’t state an expectation of “no withdrawal”. Now things have changed, more medical support has become available for detox, now it is often easier to accept the prescriptions offered.(15)*

Maybe there is some correlation between the level of need or desperation and the level of childlike faith. It is important to remember the Christian God’s sovereignty in all situations, and that He has promised to save and free from the bonds of sin all who turn to Him in repentance.<sup>11</sup> Starting with their awareness of their need for help to come out of addiction, the Russian Christian leaders demonstrate to the addicts God’s personal power and love for them. During the whole process of rehabilitation their awareness, understanding and relationship with God is nurtured as the leaders consider this relationship to be the key for the ongoing life without addiction. If the recovering addicts develop a growing relationship with God through faith, that is built into the community of the local church and is expressed in service to others, they will be far better equipped to resist temptations to return to using drugs.<sup>12</sup> There are likewise many other centres, including the three examples described below<sup>13</sup> and several international networks with centres in Britain like Betel, Teen Challenge and Victory Outreach, who do operate on very similar principles. They avoid the medical substitution available but bring each person to God in prayer and rely on His mercy.<sup>14</sup>

---

<sup>10</sup> Also quoted on a centre brochure and often heard through experience.

<sup>11</sup> John 6:37-39; Ps 102:17; Is 1:18, and Jesus purpose to set free Luke 4:18-19

<sup>12</sup> As A2, R4 expressed

<sup>13</sup> In Chapter Five ‘Reported Results of Christian Rehab’

<sup>14</sup> ‘We are always being offered methadone. The DAT workers don’t understand why we don’t want to use it.’ Personal discussion with UK Christian rehab worker.

### *Life-Stories*

People, when recording their stories, may naturally highlight their success; however these stories have also included many references to their struggles to get off drugs and their failures even after repentance. As explained in the introduction the stories gathered were intentionally those who had found freedom rather than those who had not, in order to learn what has worked. The fifty life-stories gathered for this thesis only give a taste of the thousands of lives being transformed and released from addiction right across the former Soviet Union. Although in different cities and mostly unconnected programmes, each one claims that their freedom came through the power of the resurrection of Jesus Christ by humbly accepting His lordship. Most have also had the support of the intensive care and discipleship provided in the Christian rehab centres. Behind each story is a family who has left the path of destruction for one of healing and has had their source of fear and shame exchanged for one of pride and joy. The analysis summarising each person's stages of addiction, highlighting the peaks and troughs, is available on request.

### *Interviews*

As described in the introduction, interviews were completed with twenty rehabilitation leaders, ten of whom were running rehab centres in Russia or the Ukraine, and ten who were leading networks of projects in ten different countries around the world. The majority of these leaders are not simply running one rehab centre but have now developed a network of restorative communities that are bringing many addicts to freedom. Differences between the interviews undertaken with people from the former Soviet Union and from other parts of the world primarily related to the differing role of the government. In some countries, various forms of assistance can be applied for, either from the government or through local grant bodies. However, this finance often comes with tight strings attached affecting the freedom of the leadership to determine how the centre is run. Sometimes these conditions undermine aspects of the programme that the leaders consider would determine its effectiveness. Another related variation is in the degree of professionalism by which the programme is run. The internal ethos and the external government requirements affect the extent to which academic qualifications are necessary for the workers and the amount of documentation required at each stage. Although the backgrounds, cultures, denominations and methodologies of the leaders interviewed differed widely, there was amazing harmony in the principles and conclusions they identified.

### *Comments on the results of data collection*

The interviews and life-stories were very insightful. I wondered how people would react to me asking to use their stories for my research. Once we got started, and over the initial questions of inadequacy, their answers flowed freely giving very little indication of a feeling of embarrassment or nervousness. The initial reactions were a range of intrigue and honour at being selected, and a concern that their story was insignificant. Probably for all of them this was the first time they had heard of such a request and certainly from a foreigner.

Where I had anticipated a clear distinction between the type of information I received from the life-stories of ex-addicts and from the interviews with the rehab leaders, in fact this was not what I received. Sometimes the ex-addicts, as well as telling their story, included theoretical analysis of the process they went through. Many felt impelled to invite others to follow their path. There was also an overlap going the other way as 14 out of 20 of the rehab leaders who were interviewed had themselves previously been drug addicts or alcoholics. In answering my broad structured questions, several of them used parts of their own story of recovery to answer. In short, the boundaries were not so clear but there was a very high level of correlation within the information, whether they were speaking from the point of a rehab graduate or as a leader. Therefore, after consultation, I decided to organise the quotes according to the subject they were referring to. The large majority of the ex-addicts' stories were used in the description found throughout Chapter Three. The majority of the leaders' comments from the interviews applied to the 'Recommendations' in Appendix 1, which have been applied to six categories of affected people.

#### **5.1.3 Objective Opinions?**

I recognise that over the eight years that I have been involved in the rehabilitation work of the former Soviet Union, I have been highly influenced myself. Having lived and worked with the Christian rehab centres for six of these years, their beliefs, expectations and faith have also infected me. I can no longer claim to be the independent neutral observer that I was at the start. I came to the work with an understanding of the culture and language from a previous five years in the country. As I did not need to work through a translator I was able to learn a lot through participation and observation during this time. Though I may have gained insider status, I have not lost the understanding and appreciation of important research principles held

by my own British culture. Therefore, recognising that I have to a greater or lesser extent, in the words of Turner, ‘gone native’<sup>15</sup>, I sought the views of independent observers.

In order to give space to outside impartial voices that do not have the possible bias I might have developed, two appendices have been included. One is a documentary film by an award winning producer, Jez Higham, called ‘Exodus’. The director Jez Higham has a 15-year track record in producing objective documentaries including films such as ‘Convoy to Moldova’ and ‘Freddie Irving – The Inside Track’. His awards and nominations include best factual performance, and best documentary.<sup>16</sup> When he decided to film the work of Izhod (Exodus), he previously knew nothing of the work of drug rehabilitation in the former Soviet Union and had not previously visited that part of the world. In the process of developing the film ‘Exodus’<sup>17</sup> he made two trips to the region, researched their background and interviewed various types of people affected by the work.

The film describes how the director Sergei Oshchepkov came to start up the Izhod (Exodus) ministry, gives a little bit of the context of why this work is needed and then describes the main aspects of their work. The film then focuses on two people, a mother and son, when they are first visited in their very rundown flat by the outreach workers of the centre. They accept the offer of help and then enter rehab. Nine months later Higham returns and meets them in the centre, and the significant difference in them is striking. The film then records how co-dependent mothers and other family members view the work.<sup>18</sup> It then concludes with a report on the Exodus fifty year anniversary attended by more than 500 people who had benefited from their work.

The second outside view is provided by the Ukrainian Government. A joint commission from the Ministry of Health, the Ministry of Families and Youth and the Ministry of Sport and Leisure investigated the rehabilitation work taking place within the country. The results, with other types of services, were compiled into a Handbook and distributed to all the services and

---

<sup>15</sup> Victor W. Turner, *The Forrest of Symbols, Aspects of Ndembu Ritual* Ithaca: Cornell University Press, 1967

<sup>16</sup> Nominations & awards which Jeremy Higham has received: The British Academy of Film and Television Arts (BAFTA) Scotland - Best Arts Programme (1997) - Film Night: Tarantino Special (nominated), Radio Television of Serbia (RTS) - Best Documentary strand (2001) - Convoy to Moldova; Monaco Red Cross Prize (2001) - Convoy to Moldova; UNDA (2001) - Convoy to Moldova; Indie Awards - Best Factual Programme - Eddie Irvine - The Inside Track (nominated)

<sup>17</sup> The original title for this film was ‘The Gangsters God’.

<sup>18</sup> Exodus a story of redemption in included as Appendix 3.1

other sources of help. The programme used by members of ACRCA<sup>19</sup> is included as one of the four government approved methods for addressing addiction in Ukraine. The handbook provides a short description of the ‘Know the Truth’ programme and contact details of the main centres using it.

‘Know the Truth’ is a broad level description of what the Christian rehabilitation centres have developed over ten years and found to be successful. The name gives an accurate indication of its main aim and foundation. These rehab centres, which have a high degree of similarity, aim to enable the truths of the Bible to benefit the lives of addicts. The name is also part of the foundational verse for this programme a quote of Jesus’ words to His disciples: ‘If you hold on to my teaching then you will know the truth and the truth will set you free.’(John 8:31b-32)<sup>20</sup> It is a discipleship based, residential programme, which provides plenty of flexibility on the details but focuses on the principles, beliefs, aims and main components. These include individual consultation and study; group therapy, work, sport and possibly art therapy. Other detail is added as helpful recommendations including educational and work disciplines.

As a result of the commission’s exploration and the positive recovery results achieved, they have given approval to all the rehab centres who are members of ACRCA.<sup>21</sup> The appendix contains a picture of the book, and the outline of the programme ‘Know the Truth’.

## **5.2 Reported Results of Christian Rehab**

The evidence from sixty centres visited and the twenty leaders interviewed all demonstrates that “complete freedom from addiction” can be found by following the Biblical guidelines for conversion, as a turning away from the old life, submitting to the Lordship of Jesus Christ, and following Him in discipleship. The fifty life-stories gathered confirmed that this Biblical process can effectively lead people out of addiction.

I have personally worked with hundreds of people who have found freedom from drugs through coming to Christ, over the six years of fieldwork, most of whom have also had the support of a Christian rehab centre during their recovery. The rehab leaders describe

---

<sup>19</sup> ACRCA – All Ukrainian Christian Rehabilitation Association. –See Appendix 3.2

<sup>20</sup> NIV version used here. The second verse is often found in their publicity.

<sup>21</sup> Full requirement for accreditation is not in place yet but this consultation is part of the preparation for its introduction, therefore the approval is understood at this stage to mean that the ACRCA centre will be accredited. However the reality depends on who will be in power when and if this is enforced.

thousands of people<sup>22</sup> represented in their centres who have not only found freedom from all forms of addiction but are now filled with real joy, peace and fulfilment that surpasses the desires to return to their addiction. An ex-addict who has gone on to lead a large Izhod centre in southern Russia explains ‘I have no desire for drugs. What fills my heart could never be replaced by any drug. What I had before is like dust in comparison – or worse – to what I have in my heart now.’<sup>23</sup>

Clearly these Russian and Ukrainian rehab programmes are seeing encouraging levels of ‘success’ even if not everyone sticks to the path. However, not only did all the project leaders consider these principles appropriate for themselves in their Soviet culture, they consistently claimed that they are universal principles - that is, not dependent on a particular project, nation or culture.

Moreover, most of the rehabilitation project leaders boldly claimed that there was no other source apart from God for finding complete freedom from addiction. It is considered that it may be possible to live sober lives, with a strong will and regular support, and while preoccupied with other interests. However this is very different to being free from the enticement of drugs (or other addictions), receiving healing and knowing a fulfilment that is far greater. An international addiction consultant with over thirty years experience reported,

*As far as I know in my wide experience I don't know anyone who found freedom from drugs without God. Of course there are secular approaches to dealing with addiction, that may yield sobriety, but they are often called a dry drunk, just barely holding on, always just one drink away from totally devastating their life... To me that's extremely tragic; that's like the last thing God wants.(18)*

Other project leaders emphasised, ‘*Only Jesus has the answer – He is the key for ministry*’, (I2) and ‘*Our aim is people and to change their life from drugs to new life – this can only be done through Christ.*’(R3)

All of the ex-addicts stated, from their years of searching, that nothing else they tried brought them the joy, peace and transformation they now had.

---

<sup>22</sup> This is a simple sum of the people from the projects interviewed and personally visited, and does not include the many others represented at conferences I attended.

<sup>23</sup> Ex addict two years later became the leader of an Izhod (Exodus) centre holding 60 or more people. Quoted from a personal video of the rehab centre, available on request.

*I did not even start to understand how far into darkness I had descended in my search for freedom and friendship. Not knowing Him I considered Him empty and boring. Now I can't imagine how people live without Jesus. How can you live a life and miss the most important thing in it, miss the whole meaning and die without getting to know the living God- the one who gave us life. Only He is able to do miracles. Only Jesus could turn the wretch I was into a normal person.(C5)*

*I don't know where I would have ended up in my search, but a miracle happened! I found the One I was looking for! - the One who really loved me, cared for me, who gave His everything – just to be with me!(C4)*

*As it is difficult for a drug addict to explain the feeling of an injection to someone who has never tried drugs, in the same way it is difficult to explain what happens when Jesus Christ touches your heart. I saw real miracles, drug addicts who came and went through cold turkey without feeling hardly any symptoms– there were never fights in the centre, or violence, people who used to steal before, started working honestly. Finally, I started receiving answers to my prayers. I stopped lying; swearing was disgusting to me, I learned how to do all types of work with joy.(B3)*

In order to put this thesis in its international context and evaluate the bold claims that this process of looking to God in faith for release from addiction is appropriate worldwide, my research was extended in three ways. I included ten interviews with highly experienced leaders representing ten different projects based in ten very different countries around the world, but whose projects and experience covered work in over 40 countries. I broadened my literature research to gather reports on recovery from addiction from all countries. These included quantitative and empirical studies which form the basis of the next section. Then I undertook a more in-depth comparative study of three international networks which each have work in over 10 countries. This included literature research, phone discussions with leaders and several personal visits to their centres to see their work at first-hand. Programmes were chosen according to their similarity to the work undertaken in the Russian and Ukrainian centres studied and are described in. These three sources of data were used for the basis of section 5.2.2 . 'Three effective International Rehab Programmes.'

### 5.2.1 Related Empirical Studies

This section describes results as identified by both those concerned with drug rehabilitation and by others who are reporting on their activities. This is not attempting to turn the thesis into a statistical or comparative study, rather these figures give readers indicators for what appears to be taking place both in the fSU and elsewhere. Some ballpark figures help demonstrate the percentage of people the life stories are representing in their programmes.

The two regions have different sources of data. Given first are the internal reports from Russia and Ukraine where I have used all that is currently available. Much of the data gathered is based on the centres' internal reporting systems. It indicates the rates of recovery according to the understanding of the people most closely involved. From personal observation as an outsider visiting many of these projects I did not notice a discrepancy between the reported and observed data. The second part covers international reports which have been completed according to independent research standards of objectivity, and published in reputable journals in the field.

#### *From the Former Soviet Union*

So far very few people have been paid to do an independent study in Russia and Ukraine in this field. Statistics have not been what of these projects leaders are concerned with, partly because they do not have to demonstrate their 'success' to any outside funding body.<sup>24</sup> The local churches they are connected to, and often supported by, are normally rewarded by the growth in members and worker. Moreover, the local charity-based rehab centres often do not have money to pay their staff let alone fund an independent review. Nor have there been other known independent studies to evaluate the results of these programmes.

A good representation of the Christian rehabilitation figures that were obtainable is included in this quotation: *'70% of people who finish the programme live free of drugs. 100% of those who stay in the church do not return to drugs. All the people who return to drugs have not had a good ongoing relationship with their church.'*(11) A project that has now expanded to more than twenty centres finds that 75% of the people who come to them for help stay free

---

<sup>24</sup> More recently some more established centres have been able to obtain grants for specific projects such as a prevention education programme for which they do have to measure and report outcomes. However to my knowledge there are no general evaluations or independent reviews of the effectiveness of the centre.

from drugs.<sup>25</sup> One of the longest running rehab centres found that 60 to 70% of the people who started rehab finished the programme and continue to live a drug free life.<sup>26</sup> A women's centre reports, '25 women have finished our one-year programme and only one who is now back in the programme went back to drugs, all the rest are serving God in different churches and rehab centres'.<sup>27</sup> Another centre in Russia reported that in the first few years, 150 people finished the programme and 70% live drug free, some for more than six years now.<sup>28</sup> A day programme reported that out of the 30% who have finished the two-year programme, 91% have been able to live sober and of the six who seriously relapsed four have restarted. They have found that even after two months attendance, 60% will see significant improvement.<sup>29</sup> A much larger centre found that 58% of the people who had been with them for a year were now living free of drugs. Some had been drug addicts for 24 years or alcoholics for 30 years but now there are ex-addicts who have continued to live free from drugs, some for nine years.<sup>30</sup> The centre had held over 90 weddings of the rehab graduates who had produced more than 60 children.<sup>31</sup> As was said these figures have not been confirmed using independent statistical reporting methods. However, they have been given by the people involved, who have the best overall view of what is going on using the regular internal reports that are kept on each applicant and resident.

#### *From Christian Rehab Programmes Internationally*

How does this thesis fit into the existing body of knowledge in its field? Highlighted below are first some of the statistical studies done from various viewpoints on the influence of faith on addiction levels. Then a few studies are included that indicate the ways in which, or possible reasons that, faith in God deters starting or helps people overcome addiction. Through the literature research and other investigations I have not found other studies that actually investigate the theological processes taking place for a person when they become addicted or during the process of recovery from addiction as this one does.

My research findings match the expanding body of research demonstrating that faith in God reduces addiction; as a means of prevention, healing of those addicted spiritually, physically and emotionally, and providing strength to resist relapse. 'Religion has empowered humans

<sup>25</sup> Personal correspondence 22/11/03

<sup>26</sup> Personal correspondence 29/3/04

<sup>27</sup> Personal correspondence 11/3/04

<sup>28</sup> Personal correspondence 10/3/04

<sup>29</sup> Personal correspondence with director 28/3/04. As this was a day programme mostly for alcoholics significant improvement meant staying sober for at least two years.

<sup>30</sup> Personal correspondence with centre administrator 14/03/04

<sup>31</sup> Personal correspondence 14/3/04

through relationship with God throughout recorded time and provided them with purpose in life, solace, love, self-esteem, forgiveness of sins and relief from guilt. All of these appear to be priority needs for recovering addicts.’<sup>32</sup>

A wide range of studies has concluded that addiction levels are reduced for groups of people who have faith in God. Christians were found to have increased resources of inner strength, hope and purpose. In addition, they may have access to support through a healthy local church for friendship, encouragement and advice. Populations at high risk of dependency have been shown to be protected through Christian support from becoming trapped in addiction. Shuler, Gelberg & Brown investigated the effects of spiritual and religious practices in relation to mental health status and substance use amongst inner-city homeless women: ‘92% of our sample reported one or more spiritual or religious practices, such as praying, attending worship services or reading religious materials. 48% of the women reported the use of prayer as significantly related to less use of alcohol and street drugs, fewer perceived worries and fewer depressive symptoms.’<sup>33</sup>

Two very general studies reach similar conclusions. Religious beliefs have been shown to have a significant negative influence on drug use (Brizer)<sup>34</sup> and with psychoticism among drug users (Francis and Bennett).<sup>35</sup>

In response to great concern over college-age substance use and its related problems, in the USA, Stewart examined the relationship between a college student’s spiritual and religious beliefs and the impact of those beliefs on the decision to use substances. From 337 university students surveyed, spirituality was seen to have a ‘buffering effect upon the decision to use alcohol and marijuana. The general protective effect exists for both alcohol use and binge drinking,’<sup>36</sup> particularly in the lower-class levels. It is therefore proposed that ‘implementation of spiritual aspects into university prevention and treatment programmes may help boost efficacy rates.’<sup>37</sup> This closely relates to Miller’s expectation that

---

<sup>32</sup> Norma Haston Turner & Kristi J. O'Dell and Gayle D. Weaver ‘Religion and the Recovery of Addicted Women’ *Journal of Religion and Health* Vol.38/2 (June 1999). 137-148, 147

<sup>33</sup> P. A. Shuler, L. Gelberg & M. Brown ‘The Effects of Spiritual/Religious Practices on Psychological Well-Being Among Inner City Homeless Women’. *Nurse Practitioner Forum* Vol.5/2 (1994) pp106-113

<sup>34</sup> D. A. Brizer ‘Religiosity and Drug Abuse Among Psychiatric Inpatients’ *American Journal of Drug & Alcohol Abuse* Vol.19 (1993):.337-345

<sup>35</sup> L. J. Francis & G. A Bennett ‘Personality and Religion Among Female Drug Users’ *Drug and Alcohol Dependency* Vol.30 (1999): 27-31,

<sup>36</sup> Chris Stewart ‘The Influence of Spirituality on Substance Use of College Students’ *Journal of Drug Education* Vol.31/4 (2001): 343-351,343

<sup>37</sup> Ibid.

‘spiritual/religious involvement may be an important protective factor against alcohol/drug abuse’.<sup>38</sup> ‘Researching the spiritual dimensions of alcohol and other drug problems,’ Miller notes that ‘spirituality has long been emphasised as an important factor in recovery from addiction’<sup>39</sup> and also that ‘individuals currently suffering from these problems are found to have a low level of religious involvement’.<sup>40</sup> He therefore recommends that ‘comprehensive addiction research should include not only biomedical, psychological and socio-cultural factors but spiritual aspects of the individual as well.’<sup>41</sup>

Neither Stewart nor Miller are specific as to the type of spirituality they are referring to and quite possibly there is some mixture amongst the participants, but given the fact that these studies were completed in the United States, it is likely that the larger percent of religious commitment is to Christianity. The rehab leaders in Russia and Ukraine are quite careful to identify their faith as being in Jesus Christ and rely entirely on the Bible for spiritual direction. My research from rehab centres in Russia and Ukraine arguably takes this understanding of spiritual benefit and develops it further by analysing specifically why and how a person’s relationship to God improves their ability to overcome addiction.

Cook *et al.*<sup>42</sup> and El Kharrat are more precise in their questions and so produce more constructive results. Both studies are on Christians and report ‘findings indicating that regarding substance misuse among youth the significant protective factor was not church affiliation but rather Christian commitment, which may imply that spiritual practice rather than orthodox belief is more significant in dealing with drug misuse issues.’<sup>43</sup> Drawing together these results it appears that among a mixed population those with religious beliefs or church attendance may be expected to have less involvement with substance abuse, as amongst these groups there will be some who have a faith which is active and strong enough to affect their actions. Those who have a strong commitment in their Christian faith are likely to be the people who will also have received healthy teaching and have good supportive networks that can act as a resource when they face difficulties or temptations. All these, and

---

<sup>38</sup> W.R. Miller ‘Researching the Spiritual Dimension of Alcohol and Other Drug Problems’ *Addiction* Vol. 93/7 (1998): 979-990, 979; See also a response by A.R. MacQueen ‘Spiritual Dimensions of Alcohol and Other Drug Problems’ *Addiction* Vol. 94/3 (1999):436

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

<sup>42</sup> C. C. H Cook, D. Goddard and R. Westall, ‘Knowledge and Experience of Drug Use Amongst Church Affiliated Young People’, *Drug and Alcohol Dependence* Vol.46/1-2 (1997):9-14

<sup>43</sup> Ehab El Kharrat ‘What Balm is there in Gilead? How do Christian Programmes Work?’ in ISAAC Consultation Paper *Addiction Who Cares* (May 2003): 9- Summary

other aspects of church life included below, have been seen to be significant factors in helping both to reduce addiction and avoid relapse.

The number of people suffering addiction is also reduced by effective Christian rehabilitation programmes. El Kharrat undertook a comparison study of four types of commonly used addiction treatments and brought out helpful lessons for each group. They are Christian Outlook centres, Therapeutic Communities - or Concept Houses, 12 Step Groups and Methadone Programmes. He observed that 'Christian programmes share with 12 Step programmes a strong belief in spirituality,'<sup>44</sup> and a need for total abstinence. The Therapeutic Communities and 12 Step programmes made greater use of group work. However, 'Christian programmes hold stronger beliefs... and higher value/worth of addicts; they further distinguish themselves with a belief in the God of the Bible and the value of religion and worship in treatment.' In addition, El Kharrat found 'a stronger belief in spirituality is correlated with more support and involvement.'<sup>45</sup> In conclusion 'Christian programme clients reported more psychotherapeutic benefits than other programmes.'<sup>46</sup> At the same time the Christian programmes were found 'innocent from the charge of endorsing a moralistic sense of superiority or having a judgmental attitude, they actually scored highest on the Value/Worth of Addicts scale'.<sup>47</sup>

El Kharrat's doctorate 'What Balm is there in Gilead?: How do Christian Programmes Work?' strongly compliments my research<sup>48</sup>. Using a statistical method in a different context El Kharrat has come to very similar conclusions to those found within this thesis.

A number of studies linked the development of substance abuse problems to a lack of meaning and purpose in life. Waisberg observed that a change in purpose in life was predictive of drinking/drug use status as well as intimate relations.<sup>49</sup> El Kharrat's treatment comparison study identified that 'Christian rehabilitation had a greater positive effect on Purpose in Life (PIL) test'.<sup>50</sup> Pardini *et al.* researched the mental health benefits of religious

---

<sup>44</sup> El Kharrat "What Balm is there in Gilead?", 7- Summary conclusions of PhD

<sup>45</sup> Ibid.

<sup>46</sup> Ibid.

<sup>47</sup> Ibid.

<sup>48</sup> El Kharrat, Ehab, *What Balm is there in Gilead?* PhD University of Kent Canterbury, 2003

<sup>49</sup> J.L. Waisberg, & Porter J.E., 'Purpose in Life and Outcome of Treatment for Alcohol Dependence' *British Journal of Clinical Psychology* Vol.33 (1994), 49-63

<sup>50</sup> The Purpose in Life Scale used by El Kharat has been defined by J. C. Crumbaugh & L. T. Maholik *Manual of Instructions for the Purpose in Life Test* ( Murfreesboro TN, Psychometric Affiliates, 1969)

faith and spirituality in 236 people recovering from substance abuse.<sup>51</sup> Ng and Shek analysed the mental health of long-term dependents of heroin who had recently converted to Christianity.<sup>52</sup> All three of these investigations came to similar conclusions, that ‘among recovering individuals, higher levels of religious faith and spirituality were associated with a more optimistic life orientation, greater perceived social support, higher resilience to stress and lower levels of anxiety.’<sup>53</sup> This list of significant benefits observed by Ng and Shek provides a significant range of benefits for the converts to Christianity. Being a statistically based study there is no analysis of why and how Christianity has apparently made such a large difference to the mental health of these heroin addicts. A further question could also be asked of Ng and Shek: if their data is all from converts to Christianity, then on what basis do they generalise to all forms of ‘religious faith and spirituality’? These conclusions on meaning and purpose in life tie in very closely with the life-story data gathered for this research.

David Partington, General Secretary of the International Substance Abuse & Addiction Coalition,<sup>54</sup> which has over 2000 members working in 72 countries, summarises: ‘In over seven years [now twenty years] of dealing with those who are drug dependent, I have seen many set totally free, through one resource only – the love and grace of God. The earlier the addict comes face-to-face with the power and love of God, the quicker he will experience long-term freedom and real dynamic fulfilment.’<sup>55</sup>

‘Staff Beliefs about Addiction Treatment’<sup>56</sup> were investigated by the National Institute on Drug Abuse (US) surveying 317 staff members. ‘More than 80% of respondents supported increased use of... spirituality in addiction treatment, while only 39% and 34% respectively endorsed the increased use of naltrexone and methadone maintenance.’<sup>57</sup>

Even a study of opioid-dependent patients on an inner-city methadone maintenance programme wanted spirituality to be included in treatment as they believed it led to decreased

---

<sup>51</sup> Dustin A. Pardini, Thomas G. Plante, Allen Sherman, & Jamie E. Stump, et al. ‘Religious Faith and Spirituality in Substance Abuse Recovery Determining the Mental Health Benefits’ *Journal of Substance Abuse Treatment*, Vol.19 (2000): 347-354

<sup>52</sup> Ho Yee Ng & Daniel T. Shek ‘Religion and Therapy: Religious Conversion and the Mental Health of Chronic Heroin-Addicted Persons’ *Journal of Religion and Health* Vol.40/4 (2001): 399-410

<sup>53</sup> Pardini *et al.* ‘Religious Faith in Substance Abuse Recovery’, 347

<sup>54</sup> See [www.Isaac-international.org](http://www.Isaac-international.org)

<sup>55</sup> Partington quoted in Jackie Pullinger *Crack in the Wall* (London: Hodder & Stoughton Religious, 1997): 55

<sup>56</sup> R.F.Froman, G. Bovasso & G.E.Woody, ‘Staff Beliefs About Addiction Treatment’, *Journal of Substance Abuse Treatment*, Vol.21 (2001):1-9

<sup>57</sup> *Ibid.* p1

cravings and HIV risk behaviour, and increased personal strength, protection and altruism.<sup>58</sup> Russian and Ukrainian centre residents would agree with these successful programme participants: ‘Many participants claimed that it was due to their belief in God that they had achieved abstinence in the past or were currently clean... “If God did not help me, if God wasn’t there in my life I don’t think I’d be clean I really don’t... God gives me the strength to be clean.”’<sup>59</sup> The analysis from this thesis provides understanding and indications as to how their faith in God makes a difference in their recovery and ability to stay clean.

Dr Niemelä, in her position as director of Sininauhaliitto, the network of organisations providing Christian care in Finland, had a direct relationship with its 85 members who provide care to over 5000 clients a day including alcoholics, drug users, gamblers, prisoners, homeless and families in crisis. Her pivotal doctoral research studied different Christian approaches or models for dealing with addiction care and treatment. She analysed organisations according to three models. The first, the Christian outlook or world-view model, provided care based on their religion and religious help: ‘[T]he outlook model is like a Christian home where there are “brothers and sisters” who took part in the daily work, devotional services and spiritual conversations. The key solution was in spiritual renewal... [that] initiated therapeutic processes which the clients dealt with using their own reflection, intercession and psychological dialogue.’<sup>60</sup> The second model focused attention on the client-identified problem. They provided a professional service of care and therapy with religion as an option but not as an inherent component in the interpretation or treatment of the problem. The third was a combined model, where substance abuse and treatment were considered from both professional and religious angles.<sup>61</sup>

Niemelä’s research in the Nordic countries found that ‘those people who had undergone Christian conversion had experienced a sensation of liberation and a simultaneous cessation of the need or craving for substances.’<sup>62</sup> This is confirmed by the research Ludwig conducted on alcoholics who reported immediate release from their addiction on their conversion to

---

<sup>58</sup> Ruth M. Arnold, S. Kelly Avents, Arthur Margolin, & David Marcotte, ‘Patient Attitudes Concerning the Inclusion of Spirituality into Addiction Treatment’ *Journal of Substance Abuse Treatment* Vol.23/4 (2002):319-326,319

<sup>59</sup> Arnold *et al.* ‘Patient Attitudes’ 323

<sup>60</sup> Jorma Niemelä, *The Role of Spirituality and Professionalism in Recovery and Treatment* Seminar booklet produced for a lecture of the same title at the ISAAC Madrid Consultation May 2003: 3. Study published in the National (Finnish) Research and Development Centre for Welfare and Health STAKES (1999) Niemelä, ‘The role of Spirituality’ 2003:4-5– see other conclusions included above. Further findings from Niemelä research on aspects other than recovery can be found in the Recommendations in Appendix 1

<sup>61</sup> Such therapeutic processes have been described in Chapters Three & Four, include the manifold work of the Holy Spirit and the conviction and guidance of the Word of God.

<sup>62</sup> Niemelä, *Spirituality and Professionalism in Recovery*, 3

Christianity.<sup>63</sup> ‘They described how they didn’t have the constant need for a drink or a trip anymore. Even though the conversion had not solved all their problems, the approach towards substances had contributed to an increased capacity to handle other problematic issues.’<sup>64</sup> Others ‘who had undergone religious conversion but had not yet got rid of substances had developed various means of relapse prevention based on religion and spirituality. They included strengthening of the inner self through prayers and bible reading, support from co-believers, the Christian treatment unit’s participation in spiritual activities, and a new structuring of problems through cognitive religious description. ...Spiritual life offers a wide range of coping strategies.’<sup>65</sup> Moreover, they had a greater variety of coping mechanisms and a stronger support network. The Nordic study also reported that ‘Religion-orientated institutions [for recovery from substance abuse] also provided more opportunities for voluntary religious work, which could act as a channel for making contact with new people and organisations ... these contacts could also prove valuable after treatment.’<sup>66</sup>

This Nordic study by Niemelä, comes the closest to examining how the participant’s Christian faith helps them recover from addiction. It is very specific both on the type of religious processes that were beneficial, including Christian conversion, Bible reading, and prayer, and on the concrete benefits. Unlike several of the other studies which brought very general conclusions such as reduced levels of addiction, Niemelä identifies the specific advantages the Christian centres provided, which included a feeling of liberation, cessation of cravings, increased capacity to handle problems, wide range of coping strategies, and a stronger support network. The detailed nature of the analysis and conclusions make it the closest study in kind to my thesis and one which my findings strongly endorse.

Turner, O’Dell & Weaver conclude that ‘Religious organisations can help [addicted] women find spiritual strength for transforming their past into meaningful patterns and in reintegrating into the broader community.’<sup>67</sup> McPeake, Kennedy and Gordon, citing evidence from AA programmes, maintain that ‘a spiritual awakening replaces the self-destructive pursuit of substance induced “highs”;<sup>68</sup> and failure to address this need contributes to relapse. A case

---

<sup>63</sup> Arnold M.Ludwig ‘Cognitive Process Associated with ‘Spontaneous’ recovery from Alcoholism’ *Journal of Studies Alcoholism* Vol.46/1 (1985), 53-58

<sup>64</sup> Niemelä, *Spirituality and Professionalism in Recovery*, 5

<sup>65</sup> *Ibid*, 3

<sup>66</sup> Niemelä, *Spirituality and Professionalism in Recovery*, 5

<sup>67</sup> Turner, O’Dell and Weaver ‘Religion and the Recovery of Addicted Women’, 147

<sup>68</sup> J. D. McPeake, B. P.Kennedy, & S. M. Gordon, ‘Altered States of Consciousness Therapy. A Missing Component in Alcohol and Drug Rehabilitation Treatment’, *Journal of Substance Abuse Treatment*, Vol.8/1-2 (1991): 75-82, 75

study addressing the spiritual needs of a drug user living with human immunodeficiency virus concludes that ‘a spiritually based therapy appears to help injection drug users with HIV infection... [through] increased feelings of hope and the sense of control.’<sup>69</sup> Likewise a similar study noted that HIV risk was decreased as ‘higher spiritual interconnectedness, particularly interconnectedness among spiritual friends are independently associated with a lower likelihood of voluntary sexual activity.’<sup>70</sup>

In order to investigate the relationship between church attendance and drug and alcohol abuse 217 teenagers were surveyed in the south-eastern US: ‘Results from both [clinical and non-clinical] settings showed that as attendance at religious services increased, alcohol and drug abuse decreased.’<sup>71</sup> Pullen *et al.* conclude that spirituality should be included in treatment programmes to ‘enhance recovery or drastically reduce recidivism.’<sup>72</sup>

While Pullen’s significant study yields some important observations it seems rather unjustified to make generalisations for all forms of spirituality if the study was done specifically on Church attendance in the south eastern states of America. Studies and further discussion on relapse prevention is included in Chapter Three and later in the ‘Recommendations.’ Specific focus is now given to three programmes or communities that are increasing their capacity to meet the growing demand for drug rehabilitation around the world.

### 5.2.2 Three Effective International Rehab Programmes

These three rehab programmes all operate as Christian communities with the same key elements as those used in the Russian and Ukrainian rehab centres, with total reliance on God to heal and free addicts from the control of addiction. New community members are led to an understanding of God’s power and love, and their need for His mercy that is available to all through repentance. Their young faith is nurtured by the supportive community. The structured timetables including prayer, worship, service, work therapy, teaching and

---

<sup>69</sup> David Marcotte, Author Margolin & S. Kelly Avants, ‘Addressing the Spiritual Needs of a Drug User Living with Human Immunodeficiency Virus: A Case Study’, *Journal of Alternative and Complementary Medicine*, Vol.9/1 (New York, 2003): 169-175, 169

<sup>70</sup> David W. Holder, Robert H DuRant, Terence L. Harris, ‘The Association Between Adolescent Spirituality and Voluntary Sexual Activity’. *Journal of Adolescent Health*, Vol.26/4 April (2000): 295-302, 295

<sup>71</sup> L. Pullen, M. A. Modrcin-Talbott, W. R. West and R. Muenchen ‘Spiritual High vs. High on Spirits: Is Religiosity Related to Adolescent Alcohol and Drug Abuse?’ *Journal of Psychiatric and Mental health Nursing* Vol.6/1 (1999): 3-8, 3

<sup>72</sup> Ibid.

relaxation all support their process of recovery and adjustments to a new way of life. Their healing from the pain previously numbed by addiction, and ability to act responsibly reversing their previously destructive habits, strengthens as their relationship with God grows. The examples are described in order of their perceived similarity to the majority of Christian programmes in the fSU.

### *St Stephen's*

In Hong Kong the St Stephens's Society has seen '1000s of [addicts] who have been helped to come off drugs though the power of the Holy Spirit. Many of these have gone back to help other families and street sleepers to find freedom in Christ.'<sup>73</sup> Jackie Pullinger reports 'We began with one resident, but within a few weeks had increased to six and more were clamouring for admission. As each boy arrived the miracle was repeated: he came to Christ and came off drugs painlessly when he prayed in the language of the Spirit... We began to pray for yet another place, a fourth house, by New Year to accommodate those waiting to come in. It was so hard to refuse them admission when we knew how simple it was to come off drugs with Jesus' power.'<sup>74</sup> Pullinger explains that in secular treatment 'they will lose their physical dependence. However, the cure does not last; as soon as you unlock the door they go straight out to take whatever drug it is to which they are addicted, because their mind and their heart continue to crave for it with a force they cannot possible control themselves. Only Jesus, the Lord of life, can settle a man's heart inside and take away the craving.'<sup>75</sup> Christ not only frees them from addiction but also heals the pain of their past. 'We had learned something of praying for those with past hurts and I had observed both the courage of those who opened up old wounds still infected with fear and violence, and the eventual resolution as the cross of Jesus cancelled the pain and offered forgiveness to the perpetrators...This new woman shed pain, bitterness and as long as she served others, self pity. She seemed to shed years too and [though in her seventies] became so attractive that she found a suitor.'<sup>76</sup> 'When Jackie Pullinger-To takes people out of addiction they have six people a day per person praying and caring for them for ten days non-stop.'<sup>77</sup> They are

---

<sup>73</sup> Jackie Pullinger & Caroline Armitage, *Crack in the Wall*, (London: Hodder & Stoughton, 1997) (Back cover)

<sup>74</sup> Jackie Pullinger & Andrew Quicke, *Chasing the Dragon* (London: Hodder & Stoughton Religious, 2006), 152-153

<sup>75</sup> *Ibid*, 75

<sup>76</sup> *Ibid*, 242-243

<sup>77</sup> Pullinger-To, Jackie 'The Role of the Holy Spirit in Working with Addicts' *ISAAC Forum* No2 Winter 6 (2003)

encouraged to pray for a spirit of revelation<sup>78</sup> for God to reveal truth – Spirit to spirit,<sup>79</sup> and to be willing to be unconventional in their demonstration of God’s love. When addicts come to Christ, they are encouraged to start speaking in tongues and prophesying.<sup>80</sup> They learn to recognise God’s voice speaking to them personally. A visiting doctor observed: ‘The fact that I saw people withdrawing from heroin painlessly was quite remarkable, but the thing which struck me most was that their psychological addiction to the drug did not seem to be the problem that it is in other rehabilitation centres – as though something else had filled the hole in their lives that the drugs had left.’<sup>81</sup>

A summary of the work of St Stephen's is recorded in the Epilogue to the update of *Crack in the Wall*, a book recording testimonies of changed lives:

The St Stephen’s Society has continued to grow and expand to this day, helping recovering drug abusers, young people at risk, street sleepers, the elderly and their families. Around 400 people live with the society at any one time. Many of these are in the first- and second-stage rehabilitation houses, learning how to live a new life, free of drugs, based on faith in Christ. Each week new people come to Christ in outreach meetings, and there are more than a hundred people waiting to enter the first-stage houses.<sup>82</sup>

The work of the St Stephen’s project, which now provides residential rehabilitation for 3000 recovering drug addicts<sup>83</sup>, was analysed by Yo-Yee Ng and Daniel Shek who studied the effect of religious conversion on the mental health of chronic heroin-addicted people. 86 Chinese heroin addicts were analysed from before and during the different stages of rehabilitation into peer leadership. ‘Results showed that there was (a) a decrease in depressive symptoms, (b) a decrease in hopelessness symptoms, and (c) an increase in life purpose through the different stages of the gospel drug rehabilitation program.’<sup>84</sup> These results were very similar to another thesis, also on St Stephen’s, relating religion and therapy, by Ng Hy, who also examined the benefit of religious conversion in drug rehabilitation.<sup>85</sup> By 1997 the work of St Stephen’s society had expanded to 12 rehabilitation homes housing over 400

---

<sup>78</sup> Matt 16:17; Luke 24:30

<sup>79</sup> Ps 47; 1Cor 2:4-7

<sup>80</sup> Pullinger-To, ‘The Role of the Holy Spirit’; see Acts 2:4,38; 1Cor 14:1,22,

<sup>81</sup> Andy Bywater quoted in: Pullinger & Armitage, *Crack in the Wall*, 55

<sup>82</sup> Pullinger & Armitage, *Crack in the Wall*, 125

<sup>83</sup> Seminar Presentation by the founder Pullinger-To in Almaty July 2009

<sup>84</sup> Ng & Shek ‘Religion and Therapy: Religious Conversion and the Mental Health,’ 399-410

<sup>85</sup> Ng Hy, ‘Drug Use and Self-Organisation: A Personal Construct Study of Religious Conversion in Drug Rehabilitation’, *Journal of Constructivist Psychology*, Vol.15/4 (Oct-Dec 2002): 263-278

people at a time and work in about ten countries.<sup>86</sup> They also run short and long-term missions to other countries in Asia as well as a mobile training unit for 120 students, which aims to prepare people for a lifetime of missions with the poor. 80% of these trainees have come through the rehabilitation programmes and the rest from local and overseas churches.<sup>87</sup>

### *Betel*

The Betel communities have helped over 75000 addicts and have now expanded to ten countries. According to Dr Tepper the director, they find that between 70 to 90% of people who stay for a year receive freedom from addiction through Christ and are able to continue living without drugs.<sup>88</sup> Their work, which started in Madrid, Spain, has been described by Stewart & Marie Dinnen in *Rescue Shop within a Yard of Hell: How the Holy Spirit is destroying the curse of drug addiction*<sup>89</sup> and *Sacking the Frontiers of Hell*, and by Guy Cheveau in *We Dance Because we Cannot Fly*<sup>90</sup>. These books describe the joy, freedom from dependence, and passion for their future that addicts experience when they come to Christ. Though there was no known contact with the Betel programme when many of the Russian and Ukrainian centres started,<sup>91</sup> the principles and method of operating are very similar. For example, all the Betel's Community Rules<sup>92</sup> regarding finances, visitors, timetable, travelling in pairs, and restrictions on smoking and all substitute drugs also operated in the project I was working at in Russia and most of the others visited in the fSU.

Betel's rehabilitation process includes three phases: 'Our first phase would be the detoxification of the individual... We simply love him, receive him and create an environment where he can be rehabilitated. That involves total abstinence, which is the only answer for detoxification. Good food, rest, work, recreation and detoxification - that will bring a person around physically,'<sup>93</sup> after about a month. 'The second phase begins with an emotional rehabilitation. It touches the soul life of the individual - the mind and the emotions... We create a holy atmosphere with daily devotions, regular meetings, preaching

---

<sup>86</sup> Jackie Pullinger & Andrew Quicke, *Chasing the Dragon* (London: Hodder & Stoughton Religious 2006), 125-126

<sup>87</sup> Ibid, 125

<sup>88</sup> Personal correspondence with Director 5/7/04

<sup>89</sup> Stewart Dinnen & Marie Dinnen, *Rescue Shop within a Yard of Hell: How the Holy Spirit is Destroying the Curse of Drug Addiction* (Fern UK: Christian Focus Publications, 2000a); and Stewart Dinnen & Marie Dinnen *Sacking the Frontiers of Hell* (Fern UK: Christian Focus Publications, 2000b)

<sup>90</sup> Guy Cheveau, *We Dance Because We Cannot Fly*, (London, Marshall Pickering, 2000)

<sup>91</sup> Betel workers did not come to St Petersburg till 2001 and initially worked in another centre.

<sup>92</sup> Cheveau, *We Dance Because We Cannot Fly*, 240-241

<sup>93</sup> Dinnen, *Rescue Shop*, 268 Quoting Elliot Tepper the International Director of Betel

of the word and prayer times. The staff, who are Christ-centred, create an environment where each man, in his own time and in his own way, can hear the gospel and make his own decision for Christ, repent of his past life, open his heart and receive the Holy Spirit.’<sup>94</sup> ‘Once a person is born again and his spirit is renewed, God begins the whole process of renewal. The life of personal holiness starts to develop. Men begin to desire to be holy and then to apply the word to their lives.’<sup>95</sup> During this time they’re also trained in secular aspects of life. They learn the skills of mechanics, vehicle body repairs, plumbing and redecoration. ‘The third phase would be the re-insertion stage. Once they’re physically detoxified, once their emotions, attitude and mind, their soul-life have been renewed, and Christ is resident in their hearts, then they can function on a practical level, outside the community. But we feel we let them go only when they manifest a stable personal relationship with God... They must enter the Christian subculture which is going to insulate and protect them from the temptations of the world.’<sup>96</sup> Javi, a typical Betel graduate, passionately describes his life:

Heroin had my life. It drew me to the very bottom. It took me to the limit. I faced death; the end. In Jesus, there are no limits. There is only more. More and more, ever more of His love. More and more of His life. I don’t ever want it to stop. I want to know all that He has promised. Heroin took everything from me. Drugs lied to me – they promised, but they didn’t fulfil. God has given me everything, and He is completely faithful in all of His promises.<sup>97</sup>

### *Teen Challenge*

‘Teen Challenge International is the largest [rehabilitation] program of its kind in the world. Established in 1958 by David Wilkerson,’<sup>98</sup> it is a Christian non-profit addiction treatment ministry that receives little, if any, government funds. According to their website, ‘Teen Challenge... has one of the highest success rates anywhere in the world. Since its first centre opened in New York in 1960, Teen Challenge has grown to over 195 centres across the nation and 550 centres worldwide. In Puerto Rico the organization is building an AIDS hospital.’<sup>99</sup> Several research projects have demonstrated the effectiveness of Teen Challenge including a 5 year review of the Minnesota centre by Wilder Research in 2007 and an evaluation of the

---

<sup>94</sup> Ibid, 269

<sup>95</sup> Ibid, 269

<sup>96</sup> Ibid, 270

<sup>97</sup> Cheveau, *We Dance Because We Cannot Fly*, 236

<sup>98</sup> Catherine Hess *A Seven Year Follow Up Study of 186 Males in Religious Therapeutic Community*

1999:13 <http://www.teenchallenge.com/index.cfm?studiesID=1> (accessed 27/7/04)

<sup>99</sup> <http://www.teenchallenge.com/about> (accessed: 2/12/08)

utility and efficacy of 6 centres in Southern California by the Jedkins Institute in 2008.<sup>100</sup> The first statistically significant evaluation of the Teen Challenge programme was in 1975 by the National Institute of Drug Abuse (NIDA). This was a survey of all the 1968 Pennsylvania Teen Challenge graduates seven years after completing the programme (186 people).<sup>101</sup> The results of this study and the work of Bicknese are given below. PhD candidate Aaron Bicknese completed his research 22 years later and found Teen Challenge was still providing highly effective recovery from addiction.<sup>102</sup>

Over 90% considered themselves addicted to drugs before entering Teen Challenge.

‘87.5% of former abusers were abstaining from the use of marijuana seven years after completing the program.

95% of former abusers were abstaining from the use of heroin’.<sup>103</sup>

72% of the graduates continued their education upon completion of Teen Challenge.

75% of the graduates indicated their current status as employed.

73% of the graduates are self-supporting by earning their own salary.

58% of those currently employed have been at their present job for over a year.

87.5% of the graduates did not require additional drug treatment after Teen Challenge.

67% of the graduates are regularly attending church.

57% of the graduates are involved in church work.

92% of the graduates report good to excellent health, whereas of those who dropped out during the first stage only 59%, and after the first stage 75%.<sup>104</sup>

According to Hess, who had previously served as the Medical Director for the New York Hospital Methadone Clinic; ‘the main premise of the study was to demonstrate that

---

<sup>100</sup> Marty Harris, Ph.D., Roger Heuser, Ph.D., Doug Petersen, Ph.D., Andrew Stenhouse, Ed.D. ‘Faith Based Substance Abuse Intervention: A Substantive Evaluation of the Utility, Application & Efficacy of Teen Challenge’ Judkins Institute For Leadership Studies, 2008; Patricia Owen, Michelle Decker Gerrard, and Greg Owen ‘Minnesota Teen Challenge follow-up study: Survey results of persons completing alcohol and drug treatment in 2001 through 2005’ Wilder Research, August 2007

<sup>101</sup> Catherine B. Hess ‘A Seven Year Follow Up Study of 186 Males in Religious Therapeutic Community’, The National Institute on Drug Abuse (NIDA, USA) Report available from <http://www.teenchallenge.com/index.cfm?studiesID=1> (1977) (accessed: 27/7/04)

<sup>102</sup> Aaron T. Bicknese, *The Teen Challenge Drug Treatment Program in Comparative Perspective*, PhD thesis, Northwestern University. Evanston, IL, 1999. Teen Challenge graduates were compared to graduates of Short Term Inpatient funded programmes who were also encouraged to attend AA meetings. Participants were matched on five variables: (1) gender (males only), (2) ethnicity, (3) age, (4) severity of addiction, and (5) whether the individual was court-referred to substance abuse treatment. Fifty-nine Teen Challenge survey respondents were interviewed. The median length of the interviews conducted with the Teen Challenge graduates was 57 minutes

<sup>103</sup> Bicknese, *Drug Treatment Program in Comparative Perspective*

<sup>104</sup> Hess, ‘A Seven Year Follow Up Study’, Summary

introduction of a religious component into the treatment of drug addicts is the one aspect which produces the large success rate'.<sup>105</sup>

In 1994, another study was conducted by Dr. Roger Thompson at the University of Tennessee. Dr. Thompson also concluded that Teen Challenge had phenomenal success.<sup>106</sup> Bicknese's research found that 86% of those Teen Challenge graduates interviewed for his study were abstaining from drugs. Bicknese's results bring encouragement, 'Society need not write off drug abusers; cures can be expected. Productive participation in society by former addicts is not unrealistic.'<sup>107</sup> Kenney who also analysed the Teen Challenge work reports: '[I]n contrast to the STIs [Short Term In-patient drug treatment programmes] and AA counterparts, most Teen Challenge students lead normal lives after graduating, holding down full-time jobs and very rarely needing to return to treatment.'<sup>108</sup> The study credited the success of the Teen Challenge programme to the emphasis on a vibrant faith in Jesus Christ: which some have called "The Jesus Factor".<sup>109</sup> 'The crucial significance of the "Jesus Factor" [is] that it is not the moral model of treatment alone that is responsible for Teen Challenge's effectiveness.'<sup>110</sup> 'The study found that according to responses from graduates, the nature of the commitment to Jesus Christ was crucial; it was not enough to have a vague belief in a higher power, one must commit to the Christ of the Bible.'<sup>111</sup>

The critical factor for success was identified as 'Jesus filling a void in their lives', or simply 'the Jesus factor'.<sup>112</sup> The other significant factors were 'the loving dedication of Teen Challenge staff, the discipline of the program, and the friends made while in the program.'<sup>113</sup> While STIs are far better funded, with highly trained doctors on staff, the Teen Challenge student experiences a far greater sense of community, with the "cure" to their addictions made real to them through caring and committed live-in staff who are mostly graduates of the programme.

---

<sup>105</sup> Ibid, 163

<sup>106</sup> Roger Thompson, University of Tennessee Report on Teen Challenge of Chattanooga TN, 1994 Dr Thompson is head of the Criminal Justice Department at University of Tennessee <http://teenchallengeusa.com/studies1.php>

<sup>107</sup> Andrew Kenney 'Teen Challenge's Proven Answer to the Drug Problem', 1999 Andrew Kenny wrote a summary of the research performed by Bicknese <http://teenchallengeusa.com/studies3.php> (accessed: 12/12/08)

<sup>108</sup> Kenney 'Teen Challenge's Proven Answer', 10

<sup>109</sup> Bicknese, *Drug Treatment Program in Comparative Perspective*

<sup>110</sup> Bicknese *Drug Treatment Program in Comparative Perspective*

<sup>111</sup> Kenney, 'Teen Challenge's Proven Answer', 9

<sup>112</sup> Bicknese, *Drug Treatment Program in Comparative Perspective*, Conclusions

<sup>113</sup> Ibid.

Bicknese's 'study found Teen Challenge to be far more effective [than the corresponding secular programmes] in working with the whole person. Teen Challenge's holistic approach to treatment was often cited by graduates as something that stood out from other programmes they had tried. Respondents said things like Teen Challenge dealt with "the whole man," helped them to lay "a foundation," worked on "what's inside," and challenged them with "Biblical teaching" to place their faith in Jesus Christ, the only true answer to the drug problem.<sup>114</sup>

These are just three of the hundreds of abstinence-based Christian rehabilitation programmes around the world, which are successfully bringing freedom to people trapped in addiction.<sup>115</sup> They have significant differences in style. Teen Challenge sees themselves as trainers running a programme which students start and complete. Betel and St Stephen's set up communities which have a minimum recommended stay but where people are developed and encouraged to continue contributing to the community as they grow. These two aim to be as self-supporting as possible through the work projects that residents in the community undertake. Teen Challenge does apply for government funding where they can. Their funding in the UK has recently been slashed so they have had to cut some services.<sup>116</sup> All three organisations also look to raise charitable donations to make up the balance.

### *Comparison with the Russian and Ukrainian Rehab*

Although, most the Russian and Ukrainian rehabs studied were set up entirely independently of the organisations described above, there is a high degree of similarity about the fundamentals of all of these programmes. There are now Betel and Teen Challenge centres in Russia who have added their effort to addressing the problems of addiction in this part of the world. They are open with their experience and materials so there is now some integration with the locally initiated centres. However, due to the high degree of similarity in the centres it is not always easy to tell which centres have been influenced and which have not.

---

<sup>114</sup> Kenney, 'Teen Challenge's Proven Answer', 10

<sup>115</sup> Several countries have associations of abstinence-based Christian rehabilitation programmes with over 2000 members. Many of these associations and centres are ISAAC members. Hundreds of representatives connect at the ISAAC International Congresses, four of which I have been able to attend. See Chapter Two for more description.

<sup>116</sup> Telephone conversation with the London Director. 9/9/08. Their women's house was closed down earlier this year and the building used for other purposes.

The noticeable differences that arose from being members of an international network included the predefined concept or model of rehab which they sought to build locally. When both Betel and Teen Challenge came to Russia they had some outside funding to help them get started and so were able to set up on a larger scale than many of the local centres. The type of fundraising undertaken by Betel members was not common for centres in Russia, as Betel workers sought financial donations and gifts of second-hand items from people on the street. One of the methods they used was by standing at transport hubs and offering a calendar with pictures of their work and contact details of the centre and then asking for a donation. Although there are individual beggars around churches and train stations, raising money for charities from the public is quite uncommon. This could be due to the low level of trust of strangers in the culture. Previously, the vast majority of business was conducted with people with whom they had an established relationship.<sup>117</sup>

Broadly speaking the rehab centres fall into two different models of rehabilitation, both of which are producing very good results. Teen Challenge centres are similar to the majority of the Christian rehabs in Russian and Ukraine that are linked to local churches and which provide a short-term supportive community. This normally lasts between six months and a year, though the actual length is often determined by the progress of the student, after which they are encouraged to move out and integrate into the local church and society. Teen Challenge also have a specific curriculum which ‘students’ work through during their residence at the centre with many topics similar to the Ukrainian programme “Know the Truth”.

Betel, St Steven’s and Exodus, from Russia, work to a different model. They all establish churches and create growing communities, which provide the ongoing support, challenge and opportunities for the ex-addicts to continue developing in responsibility and leadership. The teaching is a process of Christian discipleship often linked into the programme from their local church so there is no predefined curriculum across all centres. This also allows the flexibility to respond to issues as they arise. In these communities, there is far less clarity as to when a resident has fully completed rehab, but responsibility for others can start relatively early and grow as they prove themselves reliable. People are invited to different locations and positions of service with increasing responsibility. This atmosphere of faith and

---

<sup>117</sup> When people who did not know each other wanted to engage in any significant business transaction, there was an important drinking session or *banya* (steam bath-house) trip at the start. See Chapter Two

encouragement has stimulated many from each of these communities to go on to lead churches and start new centres.

From an operational view all the Christian rehab centres include corporate worship, prayer, Bible teaching and work therapy (chores or community duties) in their timetable. As mentioned earlier the level of funding the Russian and Ukrainian rehab centres have influences the balance of their timetable and whether they operate more on the Betel or Teen Challenge model. Betel instils a supportive working community where the residents' meaningful work is expected to produce an income to facilitate the ongoing operation of the community. Where the centres have outside support, for example from the local church, the timetable is normally closer to the Teen Challenge's model which is similar to a practical Bible school. Monday to Friday, at least half the day is given to Biblical teaching, Bible study and memorisation.

There are many fundamental aspects that all three of these programmes have in common with the Christian Rehab centres in Russia and Ukraine. All seek to develop a person's relationship with God through caring discipleship, which they identify as foundational to all other aspects of restoration and maintaining their freedom from addiction. They totally rely on God to heal from addiction through prayer and faith; therefore, there are no medical substitutes used. In each programme the 24 hour support during recovery is provided through the nurture and discipline of the residential community. They all seek to demonstrate God's love to the needy though different types of outreach on the streets in rough areas. All of these programmes train and develop new leaders from within the community, though the process and specific requirements differ.

An interesting observation is that none of the respective founders of these three successful rehabilitation networks - Jackie Pullinger-To, Elliot Tepper, and David Wilkerson - initially set out to treat addicts. Each was seeking to bring the good news of Jesus Christ to the poor and slum dwellers in the countries where they worked. Leaders from each of these programmes summarised 'Addicts are the community to which God bought to us.'<sup>118</sup> Even now their aim is to care for the poor, so they do not restrict their work only to reaching addicts though it is the majority of their work. The Biblical narrative suggests that this sacrificial

---

<sup>118</sup> Personal communication with the director in May 2003

concern for the whole person and their community may be a reason for their success.<sup>119</sup> These communities, with little hope and limited police surveillance, are environments where addiction thrives, so outreach among these people involves loving addicts. Jesus' love and authority transforms individuals who receive and submit to Him and, through them, the communities in which they live are also restored.

Other common factors among these founders were that they were all working in communities and cultures very different from their own, and initially suffered serious failure that stripped away any self-confidence. Nevertheless, they had a determination to persevere despite great personal sacrifice, with a total reliance on God's faithfulness and love for the people they were reaching out to. These aspects of perseverance and total commitment, irrespective of the personal sacrifice required, are all considered important prerequisites necessary to be a Christian rehab leader in Russia and Ukraine. Although the Russian & Ukrainian leaders are usually working in their own culture they still have a total reliance on God's love and grace for the results.

When the rehab leaders were asked if the principles they had recommended were applicable to other countries and cultures, 100% of the interviewees said they were. *'Definitely transferable because the gospel is the same and the Lord is the same from day to day and forever.'*(I6) *'Yes these principles are universal because it's following what Jesus did: He loved people, set a personal example, and taught. We are not talking about specifics to a country.'*(U2)

### **5.2.3 Suggested Reasons for the Effectiveness of these Christian Programmes**

For a deeper understanding of the process taking place for the addict when they come to God for help we must refer back to the three paradigms used in the analysis. By doing so we complete the full cycle of this research, and are able to come to a clear understanding which will lead to the conclusion. These three ways of understanding addiction from a Biblical perspective point to the internal processes of transformation that occur.

---

<sup>119</sup> There are many verses that promise blessing to those who care for the poor. Isaiah 58:10-11; Ps 41:1; Prov 11:24-25; Prov 14: 21; Prov 22:9; Prov 28:27; Ruth 3:10

## *Addiction as rebellion*

The opposite to rebellion is submission, so the very process of turning to God in repentance, to seek His help, is an act of submission which breaks the self-created barrier to God's help. When substance abuse is used as either an illegal or unhealthy route to instant pleasure or when it is a dangerous means of escaping from problems, using drugs is seen as a form of rebellion. For young people it is often a rebellion against parental guidelines, for others it is a rejection of healthy limits to seeking gratification, but ultimately from a Christian perspective all rebellion is rebellion against God as having the right to manage and control their lives: *'Hatred and anger grew in me day by day. I hated the whole world and had pity on no one.'* (C6) *'Blaming the whole world I harboured anger and went furiously looking for real HAPPINESS [through alcohol]. But in life I constantly faced betrayal and people failing... My service in the army finished before the appointed time. I came out an invalid with a broken spine and great anger. All I wanted was to make everybody suffer as I suffered myself... because of my alcohol addiction.'* (C9) [See continuation of this story below]

When recovering addicts submit and seek to follow His will, their lives return to the order and health that God designed for them. Obeying God's commandments brings freedom from the destructive consequences of disobedience and the bonus of peace, order and solid foundations.<sup>120</sup> God's spirit in them warns them from going to places or socialising with people who they know will tempt them back into their addiction. In the Bible God's promise given in the Psalms is 'I will instruct you and teach you the way you should go; I will counsel you with my eye upon you.' (Psalm 32:8)<sup>121</sup> In this way, He gives them a way out and the strength to resist relapse.<sup>122</sup>

*'I turned to Jesus Christ with my whole heart: "If you really exist, please forgive me and save me!" God saved me and I dedicated my life to Him. Almost 4 years have passed since then. I'm free from drugs; my life of a criminal is in the past. I know that everything is forgiven. God is real! Whatever is in your past God has forgiveness for you. God has mercy for those who confess their sins and forsake them... As you fellowship with God through prayer and the Bible He will reveal himself to you more.'* (C10)

---

<sup>120</sup> Deut 11:22-23; Deut 30:8-9

<sup>121</sup> This promise was given in the Psalms to the people of God who had repented from their sin. See also 'I am the LORD your God, who teaches you to profit, who leads you in the way you should go.' Isaiah 8:17 and Deut 1:33

<sup>122</sup> One of the favourite promises used is 2 Cor 10:13

## *Addiction as idolatry*

By coming to God, the addicts are giving over the ultimate place that drugs had in their lives. It probably didn't start that way but the hold on their lives increased with each successive dose. They recognise that no matter how much they have sacrificed for drugs, it has not brought the satisfaction it promised. They may have tried before to surrender their commitment to drugs to other things, and put their hopes in their own effort, a new relationship, counsellor or programme. However, none of these had the ability to change their heart. According to a Christian understanding, of the first of the Ten Commandments,<sup>123</sup> nor does any form of addiction deserve to have the ultimate place in a person's heart.<sup>124</sup>

*My friends lost any hope to return me to normal life, too. I understood that no people, no money, and no power could help me or bring me life again. I was empty, fearful and hopeless. Heroin became the lord of my life. It drove and manipulated me.*

*One day, at the beginning of my drug addicts career, I picked poppies with my friend in a garden; the owner came out and, instead of yelling at us for intruding on her property, started telling us about Jesus Christ and about His love. ...*

*[Years later] I began to seek God, to cry out to Him, I began to ask Him to forgive all my wrongdoings, to deliver me from my sinful life. I began to ask Him for help. Something tried to stop me. My mind screamed that it all won't work, that I'm going nuts. But I said to the Lord: "If You are real, help me, forgive me and make me alive." Even now I can't explain it; I don't understand how it happened, but God answered those prayers of mine. In 3 days I didn't think about heroin, my addiction was defeated by Jesus. God breathed life into me. He gave me hope for the future. He refreshed my brain, showed me the way about which that lady tried to tell me 3 years before. Jesus revealed the truth to me.(C7)*

Christians believe that whatever is given over to God's control receives the benefit of His wise and gentle management. Soon the blessings of His presence are felt and visible in their health, attitudes and goals. Instead of living just to get high which led to hopelessness and

---

<sup>123</sup> Exod 20:3 'You shall have no other gods before me.' This is the first of the 10 commandments that laid the foundation for God's relationship with His people. Deut 29:18 'Beware lest there be among you a man or woman or family or tribe, whose heart turns away this day from the LORD our God to go and serve the gods of those nations; lest there be among you a root bearing poisonous and bitter fruit,'

<sup>124</sup> Several passages such as this one describe the Biblical understanding of God's position and His power at work in us. 1Cor 8:5-7 'For although there may be so-called gods in heaven or on earth—as indeed there are many "gods" and many "lords", yet for us there is one God, the Father, from whom are all things and for whom we exist, and one Lord, Jesus Christ, through whom are all things and through whom we exist.'

suicidal depression, when the addict gives their life to God they receive His love, grace and forgiveness and in response want to live for Him. *'Twice I served prison sentences.[for drug related offences] Jesus came into my life and healed the pain, to Him all praise and gratefulness. I am now leading a new church and drug ministry.'*(A4)

As reported in the quotes above God gives the ex-addict a meaningful purpose in life that is not egocentric but personally rewarding and a benefit to others around them, which means they have a future and a hope.<sup>125</sup>

### *Addiction as slavery*

Addiction as slavery can be seen as the paradigm most closely depicting the last stage of addiction where the addict is quite literally trapped in the vicious cycle of living only for the next fix. At this point they have lost all sight of life without drugs and hope of being able to get free. By turning to God, they are addressing the creator of the universe who in His grace is more than capable of giving them a new start. Jesus, motivated by love, came with the mission to 'proclaim liberty to the captives, and the opening of the prison to those who are bound.'(Isaiah 61:1b))<sup>126</sup> Christian leaders explain that Jesus brings liberty through the payment of His own life to justify those who deserved the penalty of death. Instead He has adopted them as sons and daughters.

*For a long time I didn't realise that I had fallen into bondage and had become a slave to opium. To start with I spent my own money that I had made on drugs, but very soon the time came that I was forced to steal and swindle. I cleaned out and tricked all those close and not so close to me; all my friends and relatives. I only had one aim – drugs... [Later]*

*I met people who had also been drug addicts but were now normal people and were helping other guys. In the Centre I for the first time in eight years thought about who I was, what I could do, and how I would like to live further. From the workers at the centre I heard about true life values, I learnt about the loving God, the blood of Jesus Christ, with which I had been bought, and that I had been forgiven for all I had done, so that I could now live with a clean page. I accepted this offer and my live started a new. (B9)*

---

<sup>125</sup> A well quoted promise in the centres comes from Jer 29:11 prophesying God's good plans for His people and used to apply to all He has made His own.

<sup>126</sup> Two passages that give Jesus' mission on earth Isaiah 61:1-2 and Luke 4:16-18 The first was a prophecy of His coming the second He used of Himself to announce the start of His active ministry..

This powerful exchange is described in many places such as Paul's letter to the Galatians: 'So through God you are no longer a slave but a son, and if a son then an heir. Formerly, when you did not know God, you were in bondage to beings that by nature are no gods; but now that you have come to know God, or rather to be known by God, how can you turn back again to the weak and beggarly elemental spirits, whose slaves you want to be once more?' (Gal 4:7-9) Paul uses this as a basis to implore the young believer to hold on to the rich heritage they have been given.

*After I turned to God, He started changing my life and me. On my own I could not stop drinking, smoking hash, and sniffing glue, but I asked Jesus to help me, and He set me free. I never had a real family; God gave me a family, and right now people who really love me surround me.*[C8]

Being owned by God, the loving creator, gives the new Christian a great sense of belonging – where the addicts have previously been rejected and disowned by their families. They now have the highest possible value attributed to them in being made children of God. This new identity provides a self-worth that helps them resist temptations but even when they do fail they have the assurance of God's love and total acceptance not based on their actions. Although after failure they still feel awful, part of the pain is knowing that they have offended their relationship with God. However, the assurance of His forgiveness encourages them to come back and keep going:

*'On the fifth day [at the centre after, I was set free from withdrawal] I already knew the basics about Jesus, as a living God, as saviour and redeemer of sin. I understood why my life had had no meaning, Jesus wasn't in me. I asked Him forgiveness for my sins, for my life, for my disbelief and my ignorance. I asked him to come into my heart and become my Lord, my Father, my Saviour. And I saw Light, which He blazed into me. I understood that my life forgiveness was the most important event, GRANDIOSE! So grandiose that even now as I write about it I gasp and a great joy fills my heart. I received forgiveness from God the Creator of the universe (The one who created everything around us).' (C3)<sup>127</sup>*

Each of these three paradigms provide a deeper understanding of how turning to God leads to transformation on the inside. Each creates part of the picture of the Christian process of

---

<sup>127</sup> Capitals and parentheses () in the original, text in the square brackets [] I have added for context from the life-story.

renewal and their new life, without addiction to any substances but supported by a healthy growing relationship with the living God.

### 5.3 Some Ethnographical Considerations

Does the spiritual nature of Russians and Ukrainians lead to a greater openness in approaching God for a solution? According to the balance of spiritual solutions that are offered for addiction in the respective regions, this does appear to be the case. Maybe it is harder for people from secular, humanistic cultures to be willing to turn to God in humility and faith. However, even in a sceptical humanistic environment there can be opportunities created for those who are willing to ‘give God a try’.

Swartz emphasises that the ‘responsibility [of] an anthropologist is to consider not only why this belief is held, but also what evidence there is to support this belief.’<sup>128</sup> Responding to the first of these responsibilities was a large part of the content of Chapter Four. The second section of the analysis examined why addicts called out to God for help, and the ongoing consequences. The fifth section of Chapter Four clarified the conditions that may cause their beliefs and progress to waver. A discussion of why and how they now encouraged other addicts to do the same can be found at the end of Chapter Three Section Three

The second responsibility of the anthropologist as identified by Swartz was to ‘examine the evidence there is to support this belief.’<sup>129</sup> This has been discussed in a combination of sections in Chapter Three and Chapter Five. The wide-spread reputation of the Russian Government’s medical solutions for addiction is that they have very limited success, so they are used to seeing the same patients come for repeated treatments.<sup>130</sup> The results in the Christian rehab centres therefore come as a surprise to the Government narcologists. A young Russian rehab leader reported ‘*Regional narcologists unexpectedly turned up at the centre... the doctor for ages couldn’t quieten down, having seen the change in ex-drug addicts, clearly visible to an onlooker. Intelligent bright eyes, genuine interest in everything, and confidence in their own strength – all that seemed forever cut off by drugs had been restored to those who gained a spiritual foundation.*’ (B9)

---

<sup>128</sup> Lise Swartz quoted in: Young & Gouler *Being Changed by Cross-Cultural Encounters: The Anthropology of Extraordinary Experiences* (Peterborough, Canada: Broadview Press, 1994) 210

<sup>129</sup> Ibid.

<sup>130</sup> I have heard this reported from many different sources in both Russia and Ukraine including, previous narcologists, doctors, social workers and addicts. Less than 10% is what has been quoted.

What would it mean to take seriously their claims such as ‘God healed me,’ ‘God will heal you if you ask’? The experiences described in the fifty personally written life stories and reported on in the interviews have to be taken seriously. This process of healing which I observed on a daily basis cannot simply be ignored or swept under the carpet. What is this going to mean? With Swartz & Turner,<sup>131</sup> I conclude that the strong supernatural part of the transformation that has evidently taken place in the lives of the ex-addicts needs to be recognised. Lise Swartz challenges researchers that to take seriously the beliefs of our informants is to be willing to be affected by them oneself. A range of possible ways of applying these results, for six categories of people, can be found in Appendix One.

As emphasised earlier the leaders themselves do not claim to set people free, rather they see themselves as facilitators of the addicts’ relationship with Jesus Christ - the source of life. It is quite practically the literal faith in the Biblical promises, such as ‘If you continue in My word, you are truly my disciples and you will know the truth and the truth will set you free.’ (John 8:32) and ‘If the Son sets you free you will be free indeed’(John 8:36):

*Alcoholism and being an invalid were all my possessions. Depression and suicidal thoughts became my "normal condition". I was reaching the bottom. My final decision to quit this life prompted me to go to GOD. I did not really believe in Him, but I decided to try. I scraped together the leftovers of my conscience, confessed that I am a sinner and asked HIM to forgive me. Never in my life have I ever experienced anything like this!*

*I WAS BORN AGAIN, can you hear me I WAS BORN AGAIN! I became a new man, and I started a new life. Life without bummers, without betrayals, without the depression. I LIVE WITH GOD. I'm not an invalid anymore, my spine was completely healed. Listen, this is real: Jesus came into the world to save the lost, those discarded by life - invalids, alcoholics, hopeless cases. He came to give life and life abundantly. Right now you can receive it! Open your heart and tell HIM. Call out to Jesus.(C9)<sup>132</sup>*

---

<sup>131</sup> Swartz *Being Changed*, and Edith Turner, ‘A Visible Spirit Form in Zambia’ in: Young & Goulet *Being Changed by Cross-Cultural Encounters: The Anthropology of Extraordinary Experiences* pp 71-95

<sup>132</sup> Capitals in the original

## 5.4 Hypothesis – Upheld

At the beginning of this chapter we reviewed the hypothesis of this thesis proposing that the Biblical process of conversion and discipleship is appropriate and effective to bring freedom from addiction. Through the literature research in Chapter Two we identified different responses to addiction and in particular to drugs and alcohol. There are two fundamental conclusions people have made regarding addiction. Those who see addiction as a problem that can and needs to be resolved and others who have come to accept addiction as a condition or lifestyle choice that needs to be accommodated. The primary concern of the later group is to protect society from further suffering such as from theft and the spread of infection; and for the addict to relieve the suffering of withdrawal or infection by providing substitute drugs, new needles and condoms and thereby attempt to contain the damage.<sup>133</sup>

Those who seek to resolve the problems of addiction do so according to what they identify as the primary cause and problem. Many understand addiction as predominantly a physical problem due to the cravings and suffering created by withdrawal and the increased risks of other illnesses and therefore they offer physical solutions. We briefly identified the prime examples of these in Chapter Two such as detoxification by controlled reduction of the dose. There are many studies that have physically analysed addiction, and confirm the physical consequences for example in the way that it affects the brain's neurotransmitters and dominates other natural impulses leading to tolerance. However this does not prove that this is the root of the problem or the best solution.

Others are more concerned by the emotional and psychological disturbance of the person caught in addiction, that causes many to be labelled as deviant and unstable. They note the addicts change of character and limited ability to reason and think clearly, and so consider the root causes to be socio-psychological. In response they focus on providing counselling, psychotherapy in an attempt increase the person's motivation and confidence to change.

This thesis is based on the view that addiction is primarily a spiritual problem that destroys the very identity of the person caught in dependence and dominates all other commitments and values. Consequently addiction affects all other areas of their life, psychologically emotionally and physically. This spiritual approach is expressed in the following quote.

---

<sup>133</sup> This is the current approach of many governments and organisations in the West.

Addiction, ‘is much more than a medical problem that can be solved with medications. Medications alleviate symptoms...they cannot draw addiction’s poison from a soul crushed by slavery. There is nothing good or redeemable about it [addiction]—except for those who profit from it; and any addictive lifestyle—whether enslaved to legal or illegal substances—I believe, falls short of the dignity and liberty God means for every individual to enjoy.’<sup>134</sup>

The hypothesis of this thesis has set out to examine specifically the effect of Christian spirituality on people who are addicted. This has been defined by whether the Biblical process of conversion and discipleship is appropriate and effective in leading people to freedom from addiction. Conversion is understood as recognising the futility of relying on themselves, rejecting their selfish way of life and submitting themselves to God’s care and authority thereby becoming a child of God by faith, who will reign with Him eternally. Discipleship is the personal encouragement and guidance of an older Christian in their daily submission to God’s authority, in all areas of life, which results in their maturing in Christ.

To validate this thesis I used the following data. A detailed analysis of the lives of fifty addicts, the majority of whom had been regularly injecting heroin for many years, and others who were serious alcoholics in the former Soviet Union, was undertaken in the process of this thesis. All of them testified to being set free from addiction through their faith in Christ, and their subsequent lives demonstrated the transformation made such that many family members also came to faith in Jesus Christ. I also observed more than sixty Christian rehabilitation centres over six years of working in this field in Russia and Ukraine. Many of which I visited several times and others I worked at for two or three years. Each programme tell addicts that ‘Christ will set you free’ and help them practically, emotionally and spiritually adjust to living a new life as a Christian. From my observation certainly most of the people I watched come in to the centres in very desperate states of health are now healed, restored to their families and living productive lives. Many are actively helping others to find freedom or warning young people of the dangers of experimenting with drugs and alcohol. Others left deciding they did not want this way of freedom offered and mostly returned to their drug use. However the majority of these later returned with a stronger desire to change, either to the same or another Christian rehab programme. In addition I interviewed 20 successful rehabilitation leaders from different countries. They all considered the root of addiction as primarily a spiritual problem, and saw the effectiveness of their programmes as dependent on whether the

---

<sup>134</sup> Kent Martin ‘Raising the Standard’ in *ISAAC UK Conference* (UK, ISAAC,2004), 1

participants became Christians and continued to obey God in all areas of their lives. Consequently they structure their programmes so that participants can grow in their relationship to Jesus Christ and in likeness to Him, through teaching and ongoing discipleship.

Therefore I conclude that the hypothesis has been fully upheld. This thesis has demonstrated that the identity transformation through conversion and discipleship can bring an experience of a fulfilled life incompatible with any form of addiction. This supports the view that addiction is primarily a spiritual problem that affects other areas of life. In this case, an appropriate solution for effective and lasting freedom needs to be a spiritual one that includes attention to its psychological and physical consequences. Correspondingly treatments that simply focus on the physical or psychological aspects of addiction are only addressing the symptoms and not the root cause and so are unlikely to provide a long-term solution. Trying to prevent a person taking drugs is known to be an ineffective and will most likely only increase their guilt, pressure and possibly drug use. However providing substitute drugs or the same drugs on a maintenance or gradually reduced dose appears to only feed not remove the addiction. As the Director of the International Substance Abuse and Addiction Coalition stated, 'We [in the West] can become very sophisticated and over- mechanical in our service and therefore remove faith at the expense of the individual.'<sup>135</sup> *'Each person, both staff and recovering addict, needs to find their identity in the presence of God... Until you know God you can't fully know yourself.'*(13)

## 5.5 Application

The recommendations for six related groups of people are explored in Appendix One. This includes people suffering from various forms of addiction and includes co-dependents, ex-addicts, rehab leaders, church leaders and government drug services.

This process of spiritual regeneration is used by rehabilitation leaders, to bring healing and freedom to addicts, in more than twelve countries around the world. Concluding the pivotal speech of a seminar investigating results from different responses to drug abuse and the place left for abstinence-based work, Martin summarises:

---

<sup>135</sup> Personal conversation on the 7/7/04 Also stated in Madrid Conference in 2003

There are tens of thousands of recovered men and women, free from drugs today, who are represented here by just a few of the multitude of Christian recovery ministries worldwide. These recovered lives represent the world's single greatest source of proof that abstinence is possible and worth striving to achieve.<sup>136</sup>

Though applying varying models and degrees of professionalism, the Christian rehabilitation leaders all saw spiritual transformation through Christ as the key to overcoming addiction. However, they felt it was vital that each person comes to this decision of their own choice. *'Our aim is to present every one mature in Christ. If a person is continually willing to obey God, they won't relapse. Faith in God, demonstrated by obedience and love gives long lasting change.'*(R3) This spiritual rebirth was found to be equally necessary for co-dependent family members in an addict's life but best if they are supported in parallel so that they each have the opportunity to adjust their patterns of thought and behaviour separately. If relapse occurred, it was found that it could become part of the process of growth when the recovering addict did not allow it to become a reason to give up, but sought to learn from the situation to prevent repeating the same mistakes. The spiritual resources of the Word of God and the gifts of the Spirit developed in the context of a healthy loving family of God lead away from a life of dependence, towards a life of maturity and out of hopelessness, into fulfilment.

## 5.6 Further Research

There is plenty of scope for developing this research further. Probably the research that would most closely complement the work of this thesis would be to take the same parameters and develop a statistical review. As mentioned at the beginning of the chapter, many of these organisations now have more established administrative and operating procedures. This creates an environment more suitable for a statistically based study. Such a study could answer not only whether this method works, but also the likelihood of it working, and identify which factors had the highest correlations with long-term abstinence from addictions.

Although correlations were found with research on similar projects in other countries, time and resources did not permit detailed exploration to test the project leaders' unanimous agreement that these principles were not based on country or culture or to understand how these principles are being implemented in each context. An extended period of research would

---

<sup>136</sup> Martin, 'Raising the Standard'

also enable longitudinal studies to be undertaken on many of the rehabilitation projects in the former Soviet Union, which have formed within the last decade. More work of a statistical nature examining the long-term results of different approaches to addiction could considerably improve the effectiveness of the use of the drug services funds. Further studies such as these could help the significance of the work being done in these Christian rehab centres be recognised and might provide important steps forward in treating addicts worldwide.

Significant work is needed to establish the necessary adjustments required to make church life welcoming to people on the edge of society. Several rehab leaders felt that church leaders do not always understand the work of addiction ministry. They believe that churches should particularly help people such as addicts and alcoholics by demonstrating Christ's love and helping them experience His power of forgiveness and healing. It would be useful to examine the various forms of constructive partnership between churches and rehab centres to provide alternative models that could ease the frustration and disappointment where the relationships are difficult.

Another interesting and helpful area of study would be to investigate some of the qualities, listed in this chapter, of the churches that have started out of drug ministry programmes: to ask how and to what extent do these qualities equip them as churches to reach out and demonstrate the love of Christ to marginalised people like substance abusers. A further aspect to consider would be how far such churches are able to retain the positive distinctiveness with which they started. How are they affecting or being affected by the wider church network?

For many leaders their goal is for *'the integration of church and rehab ministry; local churches becoming a rehabilitation environment and churches moving in the power of God to reach the most needy. By being a healthy functioning family the Church can enable people to meet their full potential and become whole people.'* (15) I conclude this thesis, therefore, with the invitation by a rehab director for you also to be involved. He quotes from Isaiah's vision of the glory of God.

*Arise and shine for your light has come and the glory of the Lord rises upon you.  
See, darkness covers the earth....<sup>137</sup> The world is full of hurting people.  
God is looking for people to help them with Him.(I2)<sup>138</sup>*

---

<sup>137</sup> This passage was identified as the vision of some of the leaders. Only the first part was quoted in the interview. The context is Isaiah 60:1-5 'Arise, shine for your light has come and the glory of the Lord rises upon you. See, darkness covers the earth and thick darkness is over the peoples, but the Lord rises upon you and His glory appears over you. Nations will come to Your light, and kings to the brightness of Your dawn. Lift up your eyes and look about you. All assemble and come to you; your sons come from afar, and your daughters are carried on the arm. Then you will look and be radiant, your heart will throb and swell with joy; the wealth on the seas will be brought to you, to you the riches of the nations will come.' (NIV)

<sup>138</sup> Based on references Is 6:10; Matt 9:37-10:1; Luke 10:2

## APPENDICES

<b>APPENDIX 1. RECOMMENDATIONS</b>	<b>296</b>
1.1 For Addicts and Co-dependents	297
1.1.1 True Fulfilment	297
1.1.2 There is Hope	298
1.1.3 Unlocking Co-dependency	300
The Karpman Drama Triangle	300
1.1.4 Considerations of the 12 Step programme	305
1.1.5 Practical Application – Seek Life in Christ	312
1.2 For ex-addicts	313
1.2.1 Warnings	313
1.2.2 Encouragements	314
1.2.3 Practical Application - Pursue Maturity	315
1.3 For Rehabilitation Leaders	316
1.3.1 Staff Requirements	316
1.3.2 Running a Centre	317
1.3.3 Challenges	321
1.3.4 Get the Big Picture – Vision	322
1.3.5 Practical Application - Build Relationship	323
1.4 For Churches	325
1.4.1 Models of Partnership	327
1.4.2 Barriers to Partnership	329
1.4.3 Blessings of Partnership	333
1.4.4 Practical Application – Start with what you have	337
1.5 For Developing Christian Leadership	338
1.5.1 Equipped	338
1.5.2 Committed	339
1.5.3 Envisioned	340
1.6 For Drug Abuse Policy & Services.	341
1.6.1 Whose Agenda?	341
1.6.2 Support Effective Holistic Solutions	343
1.6.3 Think Long Term	346
1.6.4 Practical Application – Focus on facilitating freedom	348
1.7 Conclusion	350
<b>APPENDIX 2 ANALYSIS DATA</b>	<b>351</b>
2.1 Summary of People Interviewed	351
2.2 Russian Questionnaire	352
2.3 English Questionnaire	353
2.4 Interview Summary Analysis	354
2.5 Life Story Summary Charts	361
<b>APPENDIX 3 INDEPENDENT DATA</b>	<b>371</b>
3.1 Exodus Film	371
3.2 Programme for Christian Rehabilitation Centres “Know the Truth”	371
1 Individual Consultation	374
2. Group Therapy	374
3 Life training and behavioural education	375

<b>APPENDIX 4 ABBREVIATIONS</b>	<b>386</b>
<b>APPENDIX 5: BIBLIOGRAPHY</b>	<b>387</b>
5.1 Books and Journals, Newspaper Articles	387
5.2 Web References	439
5.3 Publications	446
5.4 Programme Leaflets	447

## APPENDIX 1. RECOMMENDATIONS

In addition to the thesis this first appendix has been included to pass on the practical advice gathered from the data collection. This material goes beyond the scope of the evaluating the hypothesis but follows naturally from its conclusion and will be of interest to many working in the field of recovery from addiction who have been attracted to this research.

The hypothesis of this thesis, which was upheld, stated that the Biblical process of conversion and discipleship is appropriate and effective for releasing people out of addiction. Furthermore all interviewees asked considered these principles to be applicable irrespective of culture, nationality or location, though, some felt aspects of their application may vary across cultural and legal contexts.<sup>1</sup> *‘Yes these principles are universal because they are not manmade.’*(U1) *‘The same God is the source so the principles are all same and language is not a barrier.’*(U5)

Who could benefit from having confidence in the confirmed hypothesis of this research? Normally a thesis would have one prime audience; however due to the wide effect of drug abuse in society, these findings have direct application to a number of categories of people including: current addicts and co-dependents, and previous addicts who have now found freedom. Naturally, the experienced leaders interviewed have specific advice for new rehab workers. Christian rehabilitation leaders also have a lot to say to local churches which could help lead addicts to effective service and mutual benefit. Then finally, due to their concern in this same field, there are strong implications for the government and independent drug services units. In each case, I have summarised the recommendations by drawing out the most common and strongest themes gathered from the 20 interviews taken with rehabilitation project leaders with experience totalling about 300 years from around the world.<sup>2</sup> The structured interviews were with twenty widely varied rehabilitation leaders across twelve different countries around the world including: Hong Kong, Malaysia, India, Kazakhstan, Russia, Ukraine, Egypt, Spain, Holland United Kingdom, America and Chile.<sup>3</sup> This synthesis forms the basis of the recommendations described below.

---

<sup>1</sup> Question 5 part b of the interviews

<sup>2</sup> See the Introduction for the methodology used.

<sup>3</sup> A summary of their experience and responsibilities can be found in the chart in Appendix 2.1

## 1.1 For Addicts and Co-dependents

Recommendations to addicts, and the people around them, has been the indirect message of the whole thesis. This appendix will provide specific examples the leaders gave for the benefit of different types of people suffering from addiction. First comments to those who have not long been taking drugs or abusing alcohol and then for those who have now lost hope of finding a way to a life free of drugs.

### 1.1.1 True Fulfilment

Those who are in the initial stages of drug taking, searching for fulfilment, or trying to escape from problems or loneliness, would be wise to heed the advice and warnings of sufferings reported in these life-stories and many others like them. No one plans to become a drug addict but many end up that way through foolish decisions and false confidence. ‘You can choose who or what you submit to but you cannot choose the consequences.’<sup>4</sup> Robert E Stanley: ‘If you don’t surrender to Christ you surrender to chaos.’<sup>5</sup> It is a foolish person who thinks that they are the exception that will not be caught; it is simply a matter of time. One interviewee who suffered much but has now been free for more than thirty years has learnt a healthy attitude. ‘*Yes I’m very honest and open, about the fact that I’m not strong enough. I had a history before I became [a Christian], I know I’m prone to do what anybody is prone to do, so I’m going to make sure that isn’t going to happen.*’ (I8)

It is not possible to perceive all the effects that taking a drug has on the body physically let alone psychologically and spiritually. Even though a person may feel they are in control of their use, the stage at which they are no longer in control comes very subtly. Typically by the time a person realises that they are addicted they already need help to get free. Paul Roberts, Drug Addiction Trainer advises: ‘You can only say no to drugs once’;<sup>6</sup> meaning we only freely choose not to take drugs before we try them. Every subsequent choice is coloured by the body’s ‘memory’ of the experience and the growth of its compulsive nature. The longer the decision to stop is postponed, the greater the cost and the harder the exit. Many people successfully stop at an early stage without needing outside support. Be good to yourself – pursue the enjoyment of eternally lasting treasures.<sup>7</sup> ‘*Maybe you are also searching. Maybe many times you have been disappointed by the things and people you found. Jesus won’t disappoint you. Christian life is not easy but it is worth it! Nothing compares to Him! There*

---

<sup>4</sup> Warren 2003:82

<sup>5</sup> Quoted in Warren 2003:82

<sup>6</sup> Part of the LFTW training given in Southern Russia in November 1999

<sup>7</sup> Matt 6:33, 13:44; Luke 12:21,33,34

*is no substitute for closeness with God. Only He can fill that empty place in your heart. Real freedom is to belong to Him!’(C4)*

### **1.1.2 There is Hope**

For those who have tried many times to quit on their own or with others’ support, through medical or non medical treatment, and still find something missing and continue to be drawn back to the substance induced highs to fill the gaping emptiness inside, there is hope. There is a way out of addiction, a way back to health and a life full of meaning and purpose. All the data sources confirmed that what is needed is a desire to stop completely and a willingness to give God a chance to help. It is not a prerequisite to believe anything in particular, only to be humble enough to ask for His help. *‘If you are now going through hard times just know – He knows you and He sees your heart hardened into a stone by pain and self- pity. Know that He can change all that. Open your heart before Him. He is not gonna give you an easy life, but He will forgive your sins. He loves you and He really cares for you. Forsake your sins and come to Him.’(C6)* I have shown in this thesis that this is best done in a community of other believers who can provide the necessary ongoing discipleship support for adjustment to a new life, particularly during the first few months.

The Christian rehabilitation leaders in different ways each described transformation from addiction to a healthy meaningful life as starting with a desire to fundamentally change their direction in life and seek God’s help to release them from the bondage of addiction. Then faith grows as they come to *‘know God personally and encounter Him as revealed in Christ.’(I8)* *‘Discipleship and single-mindedness’(R4)* strengthen faith leading to *‘total commitment to God and His word.’(I3)* Strength and wisdom from God is available for the recovering addict when their lives are submitted to Him. With that attitude of respect and honour they will hear His direction and guidance for their daily life. The fifty people who told their life stories, each counted this turning point the best decision they made. *‘I thank God for his mercy to me[out of addiction]and that He proved to be faithful. The Lord gave me a wife. Now I am 26, I have been with the Lord for 6 years and I never felt sorry that I have chosen His way.’(F2)<sup>8</sup>* These observations from the life-stories repeat the findings of much research described above, such as the Nordic study which found that; ‘The converts who had got rid of substances felt they had experienced an “inner reform” rather than a change forced by

---

<sup>8</sup> See life-story summaries for more detail

regulations or others. Religious denominations functioned as normative reference groups the converts could turn to for support for the inner change that had taken place.<sup>9</sup>

The fundamental aspects of the teaching found in the centres is very close to the summary arranged by Mike Quarles in the chart below.<sup>10</sup>

<b>Man's Answer</b>	<b>God's Answer</b>
<p><i>A Programme</i> – Designed to change the behaviour of the person Gal 4:9</p> <p><i>Result</i> – Self-improvement Gal 6:3</p> <p><i>Need</i> – To constantly work on doing the right behaviour Gal 3:1-5</p> <p><i>Dynamic</i> – Our commitment and performance Col 2:20-23</p> <p><b>Summary</b></p> <p><i>Commitment</i> – To subject myself to a programme of:</p> <p><i>Law</i> – rules, steps, concepts and principles through:</p> <p><i>Works</i> – disciplined self-effort to:</p> <p><i>Strengthen Flesh</i> – improve self in order to produce:</p> <p><i>Dead Works</i> – behaviour change</p>	<p><i>The Cross</i> – To put to death the person who does the behaviour Rom 6:4</p> <p><i>Result</i> – New person with a new identity who behaves differently Gal 2:20</p> <p><i>Need</i> – To understand who we are so our behaviour will match up with our identity.</p> <p><i>Dynamic</i> – The life of Christ Col 3:3</p> <p><b>Summary</b></p> <p><i>Death</i> – I agree with God's verdict on self and give up on myself and my resources and by:</p> <p><i>Grace</i> – appropriate what God has done and by:</p> <p><i>Faith</i> – associate my death and resurrection with Christ and by the:</p> <p><i>Spirit</i> – depend upon Christ's life in me to meet all my needs in order to produce:</p> <p><i>Life</i> – good works, the fruit</p>

It is often thought that most programmes are basically the same though the techniques may differ. However, from this chart it is clear that the Biblical solution outlined above as 'God's Answer' is fundamentally different from psychological or humanistic ones that increase self-effort and control. The right hand column provides a very good summary on each of the points of the process and teaching used in the Russian and Christian rehab centres. Quarles says 'The day I understood that I was not fighting for victory but coming from victory it changed my life'<sup>11</sup>

<sup>9</sup> Niemelä, Jorma 2003:3 *The Role of Spirituality and Professionalism in Recovery and Treatment*

<sup>10</sup> Neil Anderson & Mike Quarles, *Freedom from Addiction: Breaking the Bondage of Addiction and Finding Freedom in Christ* (Ventura CA: Regal Books, 1996), 134

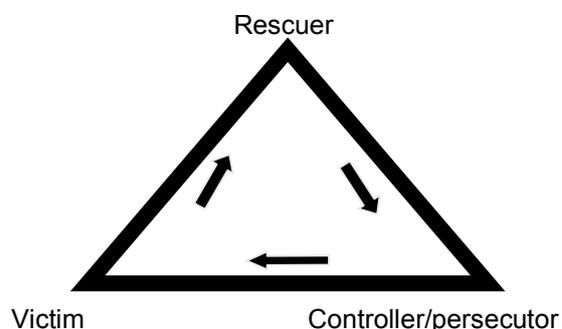
<sup>11</sup> Anderson & Quarles, *Freedom from Addiction*,:168

Although it is extremely common for addicts to think so, no one needs to fear that they have gone beyond hope for God to change them. They can be encouraged by the many stories of people described above who had gone as far as possible from God and several were close to death but whose lives have now been totally transformed. *‘Repentance is just the beginning. Salvation is a process (a way). Every day you choose to live this day with God or on your own. “Jesus said: I am The Way.”<sup>12</sup> Only by having a close relationship with Him can you walk this through. Several things are vitally important for you: prayer, Bible reading (start with the New Testament), fellowship with other believers – tell others about Jesus and what He has done for you.’*(C1) This transformation affects all areas of the recovering addict’s life bringing spiritual, psychological and physical health, leading to maturity, responsibility and healthy relationships with others.

### 1.1.3 Unlocking Co-dependency

We will now turn the focus specifically on to co-dependents who have been living with a drug or alcoholic member of their family, often for many years. For a fuller description of co-dependency, see Chapter Three, here we first identify the ways co-dependency expresses itself and recommendations are given for each of the dominant roles. The Karpman Drama triangle<sup>13</sup> illustrates how co-dependents tend to flip between the roles of rescuer, controller and victim depending on the perceived expediency of the given situation. Understanding this phenomenon is important for effectively bringing assistance to co-dependents.

#### The Karpman Drama Triangle



<sup>12</sup> Quoting part of John 14:6 ‘Jesus said to him, “I am the way, and the truth, and the life; no one comes to the Father, but by me.’ (RSV)

<sup>13</sup> TA-Tutor.com Relationship & Seminars Louis Quinby LCSW 1671 Myrtle Ave Eureka CA also used in LFTW 2003d:5 *Certificate in Substance Misuse Care and Counselling* Module Four: Codependency the most Underestimated Addiction available from Life for The World

We now examine each of these roles and how they are seen in the lives of the co-dependents involved in the centres where I worked and also examine the typical passages that are used for teaching applicable to the three main roles identified in the Karpman Drama Triangle.

### *Rescuer*

As was seen in Chapter Three parents go to great lengths to try and save their adult children.' *I was an outcast and only my parents had faith and continued to pray to God for me. My mom asked me, "Son, what should I do for you to quit drugs?" She was willing to give up her hand, starve herself, and anything so that we could be free. Sometimes I saw that my father's eyes were filled with tears even though he tried hiding them. After everything that I've done, they continued to love and waited for me to return home. I am very grateful to my parents for their faith and patience.'*(A13)

The rehab leaders continually exhort co-dependents to let go, and remind them they cannot change their child, spouse or parent only God can. In contrary to their natural desire to jump in and save the addict from the consequences of their actions it is often necessary for them to learn these lessons the hard way. In fact the co-dependents efforts are often counterproductive. Intellectually the parents may readily accept the futility of their own actions, however this doesn't reduce their tendency to want to try. One of the stories in the New Testament is an encouragement to parents who struggle to continue believing God hears and will save their child. When the father of the boy with an evil spirit from birth sought help from Jesus,<sup>14</sup> he demonstrated the same kind of double thinking typical of co-dependents. On hearing Jesus question 'Immediately the father of the child cried out and said, "I believe; help my unbelief!"'(Mark 9:24) Jesus did not criticise him<sup>15</sup> but in grace dealt directly with the affliction and set the boy completely free. Following this fathers example co-dependents are advised the best way to help their child is to bring them to Jesus and ask God to help them trust Him for their child's healing. This is first done through their own prayers and then at the appropriate time when the addict is ready to listen to invite them to give control of their life to Jesus. Often the best means of help is bringing them to a Christian rehab centre.

---

<sup>14</sup> Mark 9:19-27

<sup>15</sup> However, Jesus did have higher expectations of the disciples who had been with Him longer. c.f. Mark 9:19

### *Controller/ Persecutor*

It is very hard for co-dependents who have spent many years trying to maintain some order in their lives while living with an emotionally volatile person. They are constantly adjusting to the uncertain situation of their home, seeking to protect the addict from their own destruction or being intimidated by them to act against their will. To a co-dependent the actions of the addict including theft, deceit and violence are obviously wrong but it is much harder for them to recognise the problems caused by their own good intentions. Co-dependents therefore have a strong tendency to feel more righteous than the addict in their family. For example some of the homes I visited had literally been stripped of anything that could be sold, even their mothers winter coat and fur boots had gone.

It was very hard for these often, single parents to accept Paul's warnings on self-righteousness. In the meetings for families, the leaders warned all who are tempted to self-righteousness that before God they also stood guilty but encouraged them with the amazing exchange<sup>16</sup> Paul made known. '[T]he righteousness of God is through faith in Jesus Christ for all who believe. For there is no distinction; since all have sinned and fall short of the glory of God, they are justified by his grace as a gift, through the redemption which is in Christ Jesus.'(Romans 3:22)<sup>17</sup> The rehab leaders believe the same grace and redemption applies to the co-dependent as to other addicts. Although they do not have physical dependence, their need for repentance and supernatural healing is just as great.<sup>18</sup> At the end of the meetings, there would always be a time for prayer, where the family members were invited to surrender their desire to control the addict in their home, repent of judgement of others, a desire to control, bitterness,<sup>19</sup> and self-pity.

The rehab leaders help the co-dependents to understand the importance for them to forgive and release the debt for their own freedom. When they hang on to resentment, and bitterness they are continually tied back but when they forgive the suppressed anger is released. Counsellor Smedes explains the same teaching I heard in the family support meetings. 'The only way to heal the pain that will not heal itself is to forgive the person who hurt you. Forgiving heals [the pain in] your memory as you change your memory's vision. When you

---

<sup>16</sup> This exchange is also described in Eph 3:1-10

<sup>17</sup> Paul is talking about the distinction, which was very strong in his time, the difference between Jew and Gentile. In our time and culture, maybe there are other distinctions used to claim higher standing with God, such as sober living or no dependency.

<sup>18</sup> See Chapter Three, Effect on Families

<sup>19</sup> Eph 4:21, Heb 12:15

release the wrongdoer from the wrong, you cut a malignant tumour out of your inner life. You set a prisoner free, but you discover that the real prisoner was yourself.’

The other common problems that co-dependents need to be freed of through receiving teaching and repentance is for their own judgement and sometimes a wish to get revenge or persecute out of retaliation. As Bertrand Russell said ‘A man cannot possibly be at peace with others until he has learned to be at peace with himself.’<sup>20</sup>

### *Victim*

The co-dependent has been hurt and betrayed many times and therefore has a strong tendency to revert to self-pity. They are in great need for emotional and psychological healing. One of the ways I saw this taking place was in the mothers support meetings. There are many tears shed as they shared their stories, in the small group but in return this time they received understanding and love from the fellow co-dependents who can relate all too well to the saga of pain. Together they offer their seemingly hopeless situations up to God their healer for those who obey His voice. ‘I am the LORD, your healer.’(Exodus 15:26b)<sup>21</sup> Praying for each other brings the Spirit of God into the relationship empowering forgiveness and restoring love and hope. Emphasising the foundation of faith in the God, the ‘source of all goodness’ James advises ‘the prayer of faith will save the sick man, and the Lord will raise him up; and if he has committed sins, he will be forgiven.’(Jam 5:15) The association identified here between sickness and sin has been discussed in Chapter 4.3.3. In summary, though sin can cause sickness not all sickness is caused by either the sufferer or others’ sin. Nevertheless James states clearly, even if the cause is sin God will both forgive and heal so it’s still not a barrier.

Co-dependants need to be encouraged to think about themselves; characteristically they become so engrossed in their role as ‘saviour’, ‘defender’ etc. that they have lost touch with many of their own feelings. James’ instructions are particularly helpful for the co-dependent: first, he encourages open expression of one’s feelings, both negative and positive, which co-dependents have long denied. ‘Is any one among you suffering? Let him pray. Is any cheerful? Let him sing praise.’ Recognising the importance of admitting one’s own needs and asking for help, and acknowledging the spiritual power and authority of the church leaders James asks. ‘Is any among you sick? Let him call for the elders of the church, and let

---

<sup>20</sup> Bertrand Russell quoted in Atkinson, *Climbing Out of Depression*, 84

<sup>21</sup> The full verse for context is Ex 15:26 "If you will diligently hearken to the voice of the LORD your God, and do that which is right in his eyes, and give heed to his commandments and keep all his statutes, I will put none of the diseases upon you which I put upon the Egyptians; for I am the LORD, your healer ."

them pray over him, anointing him with oil in the name of the Lord;’(Jam 5:14) This was a regular practice in the churches and rehab centres where I worked, both during home visits but more often after a church service. A small bottle of oil was kept in the home or at the places where we met.

The co-dependent typically jumps between one of the three roles above, depending on the perceived necessity of their situation. It is very important for them to regain stability for themselves irrespective of the emotional state of those around them. An important aspect for regaining internal stability is to learn to establish clear appropriate boundaries for their relationships. To know and keep to their limits for their own protection and the long-term benefit of others around them.

The advice that the rehab leaders gave was found to relate closely with the suggestions for co-dependents made by the Institute for the Study of Drug Dependence ISDD.<sup>22</sup> ‘You can’t live their lives for them’ and encouraged meeting with other families in a similar situation for support. Keep realistic expectations on yourself and others and using tough love to help restore broken boundaries. Lastly as a warning, that ‘doing a geographical’ by expecting their problems will be resolved by changing location does not work as most of the problems are internal.<sup>23</sup> However several centres believe moving can definitely ease the challenges for someone after attending rehab so that in the initial stages of adjustment back to society they don’t get pulled back into the same crowd.

In summary the co-dependent family members are taught the best formula for re-establishing relationships is to face up to their faults, with confession and repentance to those offended<sup>24</sup> and forgive of those who offended them. ‘Therefore [says James] confess your sins to one another, and pray for one another, that you may be healed. The prayer of a righteous man has great power in its effects.’(Jam 5:16) The other effect of sin identified here is that it hinders and limits the effectiveness of prayer.<sup>2526</sup> There are many ways the person with an addiction

---

<sup>22</sup> Nicholas Dorn, Jane Ribbens and Nigel South, *Coping with a Nightmare* (London: Institute for the Study of Drug Dependence, 1987), 37-39

<sup>23</sup> See above Destroyed Identity particularly, Understanding Addiction and Choice and Compulsion

<sup>24</sup> The one scenario where direct confession may not be most helpful is when the offended party is totally unaware of the offence and would be hurt more by the knowledge of it than the encouragement of repentance would bring. For example unfaithfulness in marriage that occurred many years previously.

<sup>25</sup> See summary of understanding on association of sin and addiction in the paragraph above and wider discussion in Chapter 4.3.3

<sup>26</sup> Lewis Smedes quoted in Atkinson, *Climbing Out of Depression*, 140

problem in their life has offended and betrayed them but they still need to take responsibility for their reactions. They also need to recognise where they were wrong and repent and workout more constructive responses and actions. This process releases them from the ongoing destructive chains of unforgiveness even before there is a change of attitude or behaviour in the addict or alcoholic. Further advice helpful for co-dependents is included in much of the recommendations for other addicts.

#### **1.1.4 Considerations of the 12 Step programme**

The 12 Step programme with special groups for various types of addictions and particularly co-dependents was introduced in a description of treatment methods available in Chapter Two.

##### *Advantages of 12 Step Programme*

The first area in which the 12 Steps programme clearly helps addicts, is to overcome their denial by owning up to their problems and admitting their need for help. The first step is ‘I admit I am powerless to change my addiction to \_\_\_\_.’<sup>27</sup> This is fundamental to all the Christian rehab programmes. Secondly, it guides people to look for spiritual help for their addiction. Many see 12 Steps as a spiritual journey.<sup>28</sup> It encourages people to, ‘Make a decision to turn our will and our lives over to the care of God as we understand Him’.<sup>29</sup> Recovering addicts are prompted to recognise the effect of their actions on others and seek reconciliation through steps 8 and 9, ‘Make direct amends to such people wherever possible, except when to do so would injure them or others.’<sup>30</sup> Finally, it finishes by focusing on helping others, Step 12, ‘Having had a spiritual awakening as the result of these steps we try to carry this message to alcoholics and to practice these principles in all our affairs.’<sup>31</sup> Like in the rehab centres, the programme graduates are encouraged to share what they have gained with others in need. As well as now becoming a source of hope this process encourages the graduate to remember where they have come from.

---

<sup>27</sup> AA *Twelve Steps*,

<sup>28</sup> R.M.Claytor, ‘Recovery as Quest for Spiritual Transformation’, *Journal of Ministry in Addiction & Recovery* Vol.5/1 (1998), 31-37

<sup>29</sup> *Twelve Steps* Step 3,

<sup>30</sup> *Ibid*, Step 9

<sup>31</sup> *Ibid*, Step 12

One of the great strengths of AA is the provision for public confession. The conscious process of admitting before others the wrongs committed brings a psychological and spiritual release, and from the hearers usually draws compassion thus bonding the group through the struggles shared whether or not they are common to other members. These support groups give a clear demonstration of the power there is in honesty and confession.<sup>32</sup> In order for people to feel safe to share their failures such as relapse, binges or unfaithfulness, there needs to be an atmosphere of acceptance and confidentiality. Other members of the group are not allowed to speak when someone is sharing, and when they speak they may only talk about themselves. ‘Authentic fellowship happens when people... share their hurts, reveal their feelings, confess their failures, disclose their doubts, admit their fears, acknowledge their weaknesses and ask for help and prayer.’<sup>33</sup>

Underlying all these steps are important Biblical principles that can gradually lead to positive change. Emerik observed alcoholics and found that of those who were still active AA members, between 47 and 62% had been able to remain sober for periods of at least a year, and of those 9-18% were sober for five or more years.<sup>34</sup> Alford *et. al.* researched 157 chemically dependent adolescents in resident AA/NA facilities.<sup>35</sup> After two years 75% of those who completed the programme were still abstinent and 35% of those who did not complete the programme.<sup>36</sup>

As well as the relief that AA support groups provide, there are some other practical reasons for their widespread growth. Firstly, the result of going through the 12 Steps, in contrast to most other programmes which seek to move people on as soon as appropriate, is that it encourages an ongoing participation. Once attendance at the 12 Step meetings is started it is not supposed to stop as this reinforces one’s commitment to stay sober. Non-attendance of meetings is considered to put one’s sobriety at risk, confirming the belief that ‘once an addict always an addict.’ Secondly, 12 Step groups are simple to set up as they are peer driven and little if any training is required to run a group, simply the experience of having worked the programme oneself. The programme is used in residential centres such as *Kenwood Trust* and

---

<sup>32</sup> James 5:16

<sup>33</sup> Steven Hunt, *Charismatic Christianity: Sociological Perspectives* (Basingstoke: Macmillan Press Ltd, 1997)

<sup>34</sup> C. Emrick, ‘Alcoholics Anonymous: Affiliation Processes and Effectiveness as Treatment.’ *Alcoholism* Vol.1987/11 (1984), 416-423

<sup>35</sup> G.S. Alford, R.A. Koehler, & J. Leonard, ‘“Alcoholics Anonymous – Narcotics Anonymous Model Inpatient Treatment of Chemically Dependent Adolescents: A Two-Year outcome study”.’ *Journal of Studies on Alcohol* Vol.52/2: (1991), 118-126

<sup>36</sup> Alford ‘A Two-Year outcome study’ 118

Spencer Homes,<sup>37</sup> but the actual AA programme is based on small weekly meetings. Therefore, few resources are needed, simply the availability of a room for a couple of hours per group per week and possibly refreshments. Thirdly, due to their adjustment to inclusive language it is easy for 12 Step programmes to be introduced in a wide variety of religious and non-religious contexts.

### *Concerns Regarding 12 Step Programme*

Some of the centres analysed had fundamental objections to this 12 Step philosophy. These caused the majority of rehab centres visited and leaders interviewed to choose not to use the 12 Step programme in their centres. Some of the rehab leaders had never heard of 12 Steps.

The concerns that other addiction workers have with the 12 Step programmes are summarised into three main points; the first concerns identity. The starting premise of 12 Steps is that addiction is a disease that must be accepted, or a precondition that is permanent. Not only are people in AA taught that addiction is a condition they will just have to accept and learn to live with, but they are also expected to confess it every time they introduce themselves or contribute during an AA meeting. Hence, they identify themselves at the beginning of each session with their name, i.e. 'John an addict for 10 years'. However many recovering addicts I talked to held the same opinion as expressed by this Teen Challenge programme member 'If I keep saying, "I'm an addict, I'm an addict" then I'm going to be in bondage and enslaved to that same thought. So whatever you think you are, that's what you will become.'<sup>38</sup> Addicts surveyed by Dr. Bicknese reported to have been 'psychologically demoralised by the "once an addict, always an addict" teaching of Short Term In-patient and AA programmes'.<sup>39</sup>

---

<sup>37</sup> Kenwood Trust leaflet, *Your Recovery*

<sup>38</sup> This is a common opinion at the centres regarding AA shared with 59 Teen Challenge interviewees' (accessed) Neil Anderson & Mike Quarles, *Freedom from Addiction: Breaking the Bondage of Addiction and Finding Freedom in Christ* (Ventura CA: Regal Books, 1996); Interviewees from Teen Challenge rehabilitation survey also expressed, belief that by encouraging a permanent identity of an addict restricts their ability to overcome their addiction.c.f. Aaron T. Bicknese, *The Teen Challenge Drug Treatment Program in Comparative Perspective*. PhD thesis, Northwestern University. Evanston, IL. 1999; and Andrew Kenny, 'Teen Challenge's Proven Answer to the Drug Problem' Vanguard University, 1999 accessed: <http://teenchallengeusa.com/studies3.php> (accessed: 27/11/08) .

<sup>39</sup> Kenny 'Teen Challenge's Proven Answer'. A representative interviewee response: 'I don't care what AA says, "Once an alcoholic, always an alcoholic," don't believe that. I don't choose to be an alcoholic. You know, you go down there and you sit around them little tables and you say, "My name's Danny, and I'm an alcoholic," that depresses me, and it gives me an excuse to go drink, and I don't want no excuses to drink, so I choose not to believe that once you are, you always are.'

The principle in AA and many other treatment programmes of describing addiction purely as a disease creates a focus predominantly on the addict's physical needs.<sup>40</sup> However, Kenney, professor of Vanguard University highlights 'A serious side effect of the disease definition for society is the shifting of responsibility for the drug user's behaviour from the user to the drug, even to the extent of absolving the user of guilt for any deviant acts committed while under the influence.'<sup>41</sup> This attempt to avoid feelings of guilt hinders addicts from accepting responsibility for their own actions, and in turn from coming to God in humility and repentance so they can receive forgiveness and freedom.<sup>42</sup>

When a person struggling with addiction comes to God for help, God does not just want to relieve that individual from the symptoms of a disease. Rather He longs to dig out all the roots of addiction and come and fill the whole person with His powerful Spirit of love, so they do not remain addicts in bondage but become children of God.<sup>43</sup> Addicts, like others who are guilty before God, who repent and submit to His Lordship in God's eyes do not remain guilty or in bondage. The Bible describes them as being born again, or as a new creation.<sup>44</sup> No one who seeks Him is destined to remain as sinners or addicts or with any of the old destructive behaviours, attitudes or actions. By God's grace, through His Spirit, He replaces the old habits with a new heart. Some behaviours change immediately while others are a process of daily sanctification by God's grace. The path for each one is unique but not isolated.

This contrast between the new identity as a child of God, which the Christian rehab workers aim to instil in residents and the methods and characteristics of programmes like AA are clearly laid out in the following chart by prepared by Neil Anderson.<sup>45</sup>

---

<sup>40</sup> Geroge Christo & Christine Franey, 'Drug Users Spiritual Beliefs, Locus of Control and the Disease Concept in Relation to Narcotics Anonymous Attendance and Six-month Outcomes,' *Drug and Alcohol Dependence* Vol.38 (1995): , 51-56

<sup>41</sup> Kenney *Teen Challenge's Proven Answer: 6-7*; Stanton Peele, *Diseasing of America: Addiction Treatment Out of Control*' (Lexington, MA: D.C. Heath, 1989), p. 31.

<sup>42</sup> 1John 1:9

<sup>43</sup> There term 'child of God' and its implications are described in Chapter 4. c.f. Robert H Albers, 'Transformation: The Key to recovery' *Journal of Ministry in Addiction & Recovery* Vol. 4/1 (1997): 23-36

<sup>44</sup> Luke 3:10,2 Cor 5:17 see also the story of Saul who became Paul Acts 9

<sup>45</sup> Anderson & Quarles, *Freedom from Addiction*, 135

<b>According to Man</b>	<b>According to God</b>
Law	Grace
External Conformity	Internal Change
Change Behaviour	Change Nature
Commit to Programme	Commit to Christ
Work the Programme	Walk by Faith
Alcoholic	Child of God
Reinforce the Flesh	Crucify the Flesh
Accountable to Man	Accountable to God
Live by the Flesh	Live by the Spirit
Sober	Free
Addiction is a Disease	Addiction is a Sin
Self Improvement	New Creation
Guilty	Forgiven
Based on Works	Based on Faith
Bondsman of man	Bondsman of God
Rejected by mankind	Accepted by God
Try Harder	Rest in Christ
Go to the Meeting	Go to Church
Dependent on Self	Dependent on God
Physical Life	Spiritual Life
Fellow Addicts	Fellowship
Human Centred	Christ Centred
Higher Power	Absolute Truth
Meetings	Discipleship
Big Book	Bible
Human Counsel	Divine Guidance
“Sinking Thinking”	Peace of Mind

The left hand column, though without naming it, could be seen as implying the Alcoholic Anonymous programme with the terms like the ‘Big Book’ – AA’s main guide by Bill Wilson and ‘Addiction is a Disease’ – the basis of their philosophy. The need to ‘Work the Programme’ with support from their self-defined ‘Higher Power’ in order to stay ‘sober’. The right hand columns closely reflects the teaching I witnessed in all the rehab centres studied although I am not aware of any direct relationship between the two sources except that both use the Bible as their prime instruction book. Many of these themes like ‘New Creation’, ‘Accepted by God’, ‘Freedom’, ‘Live by the Spirit’, ‘Discipleship’ and ‘Peace of Mind’ are highlighted in this thesis.

The second objection with the 12 Step programme surrounds the limited processing of confessions.<sup>46</sup> Confession is important for addicts and others who recognise they have acted erroneously to release the weight of their guilt and know they are still accepted. From a Christian perspective, confession and forgiveness can be to and from other people for specific

<sup>46</sup> Rick Warren *The Purpose Driven Life* (Grand Rapids, MI: Zondervan, 2002), 139

offences but ultimately forgiveness needs to come from God. After a person makes a confession, it is important for them to receive God's grace and truth to gain strength to live differently, otherwise they will still be vulnerable to making the mistakes again and relapsing to their previous destructive use of drugs or alcohol. Confessions are given the majority of the time during 12 Step support meetings. However, after each confession no response is permitted from members of the group other than applause. Group members cannot ask for clarification, give sympathy, or provide encouragement. Silence is not the strongest means of showing care and acceptance. All other conversation is kept outside the meeting where there is no oversight or protection from unwise advice or belittling comments.

If the emphasis is in looking to their 'Higher Power' for help as given in step two. 'We turn our lives over to God as we understand Him,'<sup>47</sup> then there needs to be time given to seeking Him and His provision of grace for forgiveness, strength to resist temptation, encouragement to face life's current challenges, direction in decisions, through God's common and specific words and actions. All of these aspects of God's provision facilitate a recovering addict in their adaptation to living a new life. From personal experience and observation of others in attendance at various 12 Step meetings, typically the only prayer used at AA meetings is the prayer of serenity said in unison.

Recovering addicts find strength in a group with others who are also honest about their struggles, acknowledge their need for help and positively encourage each other in their practical reliance on God's grace and provision for each specific situation. The time in the AA meetings is given for people to confess particular failings, usually in line with the topic of the meeting; very rarely does anyone share a victory over temptation or an encouragement they have had. As a result of this focus on confessions of failure and lack of time for prayer and seeking God, the tone meetings in practice can be very negative and heavy. This may lead to further discouragement, confirming their identity as addicts, rather than taking these problems and failures to the 'Source of Hope' receiving the grace of God to meet their needs. Focusing on problems tends to increase one's perception of their size but by keeping the focus on the all-powerful and all-loving God it lifts one's eyes off the problems gives the ability to see them from His perspective. This brings His wisdom and leads to joy, freedom and thankfulness.

---

<sup>47</sup> AA *Twelve Steps*,

The design of a 12 Step programme is that attendance at group meetings provides the support to remain sober, rather than faith in God<sup>48</sup> and the development of a personal relationship with Him, and His people, as part of a local church family.<sup>49</sup> This is likely to promote further self-effort and the need to fulfil expectations rather than an experience of peace and assurance of knowing the unconditional love from God, who gave His life to set them free.<sup>50</sup> As one 12 Step member confirms ‘I understood that I would have to start using the things I had learned in treatment. I would have to get and stay active with Alcoholics Anonymous.’<sup>51</sup>

The last concern might be at first thought of as just a problem of terminology. There are varying forms of 12 Step groups, many seek to use inclusive language and allow members from different backgrounds to choose their own form of Higher Power to whom they choose to admit their need for help.<sup>52</sup> Most Christian 12 Step groups clearly identify God as their ‘Higher Power’. However, this is not necessarily an understanding of God that many Christians would recognise or believe in. Ellis concludes that ‘Alcoholics Anonymous are probably doing themselves and alcoholics more harm than good by their insistence on a Higher Power.’<sup>53</sup> In His holiness, the living ‘God of the Bible’ does not accept being identified as one of many but as omnipotent, and supreme.<sup>54</sup>

The Bible uses names like ‘King of Kings’ and ‘Lord of Lords’<sup>55</sup> and describes God as a jealous God, who will not share His glory with others.<sup>56</sup> This gives Christians security, knowing that there will not have to be another change of allegiance in the future, nor are there several Higher Powers that have to be identified and appeased.<sup>57</sup> Furthermore, Biblical references to God very clearly demonstrate that He is not just a power or force to be appeased, submitted to or used at our connivance, but He has a personality with mind, will and emotions.<sup>58</sup> Indeed, He will not be confined to limited human definitions, and very often acts

---

<sup>48</sup> Heb 6:1

<sup>49</sup> Later in this appendix is a discussion on the challenges and rewards of relationship with local churches.

<sup>50</sup> Heb 10:12-13 1Cor 15:26,27 Note both these verses indicate that the sacrifice is complete but as yet not all powers or enemies have been brought under subjection.

<sup>51</sup> Testimony available at [www.drug-rehabilitation.org](http://www.drug-rehabilitation.org) (accessed: 21/02/04)

<sup>52</sup> *Twelve Steps* New York: (Services, 1976); See also Rebecca F. Wallace ‘Wanted: A Higher Power’ *Journal of Ministry and Addiction* Vol.6/2, 1999, 41-59

<sup>53</sup> A. Ellis, “‘Why Alcoholics Anonymous is probably doing itself and Alcoholics More Harm Than Good by its Insistence on a Higher Power’” *Employee Assistance Quarterly* Vol.1 (1985); 95-97

<sup>54</sup> Ex 20:1-2,5

<sup>55</sup> 1Tim 6:15; Rev 17:15, 19:16

<sup>56</sup> Ex 34:14; Deut 4:24, 5:9, 6:15; Is 44:7-20

<sup>57</sup> The God of the Bible does not have to be appeased as he loves us unconditionally, John 3:16-17, (& none should perish). However our natural feelings of guilt in human nature, lead us to assume that we have to appease God in some way for Him to notice and accept us or that we need to earn our favours from Him.

<sup>58</sup> See Chapter 4.3.1 .

in ways that people do not expect.<sup>59</sup> At the same time, many passages record how God longs for people to seek Him and promises that believers will dwell in Him, and He with them and so yield the effective transformation in their lives.<sup>60</sup>

In summary, it is clear from its size that many people find the 12 Step programme very helpful, and there are thousands who testify of its role in helping them reach sobriety. There is no doubt that their lives as 12 Step participants are far better than their lives as addicts. Furthermore, God through His grace does meet hundreds of people who are stimulated to seek Him through the 12 Step programmes and with support from other Christians, participants can continue to grow in their relationship with Him. However, if they have no change of identity as a new child of God, nor learn the basic premise of walking by faith and not self-effort they may not be given a solid foundation for their faith as a Christian. In effect their dependence is transferred to the, albeit much healthier, attendance of AA or NA support groups. As a result, many may remain unnecessarily under bondage, fighting guilt and fear of relapse.

### **1.1.5 Practical Application – Seek Life in Christ**

Addicts are encouraged to genuinely seek God, tell Him their needs and look for His sometimes unexpected answers; believe His Word and seek to apply it appropriately to their situation. They are also advised to contact people and organisations who have experience of successfully helping others in their situation, of which there are several referenced in this thesis. The ex-addicts are very keen to help others experience the joy and freedom they have found. A leaflet from one of the projects in Russia says ‘If you realise that DRUGS have taken your life. If you are seeking a possibility to stop, and you have realised that you don’t have the strength to do it alone. Know there are people who have received freedom from drugs! THERE IS A WAY OUT!’<sup>61</sup> We’re prepared to help you.’<sup>62</sup> Many of the life stories echoed the same plea. ‘*Pray to Him, open your heart before Him and He will hear you. We will also be happy to meet with you personally and help you.*’(C2) ‘*I will be glad to meet and will answer any letters. May the Lord bless you.*’(E2)

---

<sup>59</sup> Is 55:9; Rom 11:33-36

<sup>60</sup> Rev 3:20; John 15:4-7 v4 ‘Abide in me, and I in you. As the branch cannot bear fruit by itself, unless it abides in the vine, neither can you, unless you abide in me.’ (RSV); Is 44:20. See also May *Addiction and Grace*, 94 – 98 ‘Homecoming’

<sup>61</sup> Is 63

<sup>62</sup> Translated Izhod invitation leaflet to addicts. Copy available from Izhod or the author. Capitals in the original.

## 1.2 For ex-addicts

### 1.2.1 Warnings

It is vital that ex-addicts remember it is *'Thanks solely to the grace of the Lord, that I can be a witness to His glory in my life.'*(F1) A director warned *'If the relationship with God is broken then their development is broken.'*(U1) The biggest dangers are when an ex-addict now presumes they are 'OK' on their own and stops daily relying on God. Many of the recovering addicts who chose to leave early identified that they had thought they no longer needed help but soon relapsed, most later returned with greater understanding of the importance of their relationship with God. Presumption is a form of pride through self-reliance, which is sure to be tested. Paul implores his own disciples in a similar way, 'Let me ask you only this: Did you receive the Spirit by works of the law, or by hearing with faith? Are you so foolish? Having begun with the Spirit, are you now ending with the flesh?'(Galatians 3:2-3) Continual growth comes from a *'recognition that you haven't reached perfection, that you're still not where God wants you to be.'*(U2) The key for continued development of a healthy life is *'faithfulness, the fear of the Lord and taking care of yourself,'*(U5) which can be maintained if *'the recovering-addict develops a close relationship with God, he/she is humble and prepared to sacrifice their own time for regular personal fellowship with God.'*(U5) In this way ex-addict Christians can stay in tune with God's Spirit and receive His strength and discernment.

Three leaders list the dangerous attitudes they identified that may lead to relapse. *'Laziness - both spiritual and physical, or a lack of commitment to change, desire to be diligent against wrong thinking such as: pride, condemning yourself or others, irritability, spite, bitterness, taking offence, or inertia'*(U2) or, as described by another *'individualism, selfishness, defensiveness, laziness, slothfulness and pride.'*(I3) The third listed *'Pride, disobedience, distrust, craftiness, rebellion, and arrogance.'*(R4)<sup>63</sup> Pride is mentioned in all three lists, and can cause a wrong motivation for actions, such as seeking to impress or win favour that creates an appearance of good behaviour when there is no change of heart, revealing a return of the old patterns of denial and inconsistency. It also creates a barrier to dealing with problems, opting to deny, avoid or accuse rather than owning up and dealing them. Resolution comes through *'sharing and being vulnerable in an environment of complete [trust and] confidentiality.'*(I3) The concern over laziness demonstrates that the process of changing old

---

<sup>63</sup> Pride leads to all the other hindrances to recovery; disobedience, craftiness, rebellion and arrogance.

attitudes takes ongoing work. This is just a summary of the recommendations given in chapter three, Chapter 4 Section 6 'Failure Forgiveness and Freedom.'

### 1.2.2 Encouragements

There is great need and opportunity for ex-addicts to pass on what they have experienced and learnt to others, both addicts and non-addicts. The natural and healthy response to finding a great treasure, is joy and a desire to share it with others;<sup>64</sup> this is definitely the case for most of the ex-addicts I met. Hence, it was relatively easy to gather their life-stories, because they love sharing them, they share them at churches,<sup>65</sup> schools, on video, letters and brochures and some on the web. Gerald May helps the exploration: 'How do we live out our consecration? How can we participate in harmony with God's transformation of our desire?'<sup>66</sup> They should never take for granted the grace that God has demonstrated in their life, to be free from their past, otherwise they will be in danger of relapse. One national leader warned '*I think that everyone who was an addict and received freedom simply owes God their active service.*<sup>67</sup> *Why? - because if he just folds his arms, and doesn't do anything this is exactly the inactivity and lack of gratefulness that leads to unrighteousness. Therefore we continually try to teach and speak about different ministries and invite them to participate in different opportunities for service*'(U3) Ex-addicts serve in many different ways as well as helping lead rehab ministry, many '*work in missions that work with homeless children, for them it's a familiar area, they feel they understand the children. They have authority with these children because they had similar backgrounds themselves. The ones who work there are very pleased that they can serve these children.*'(U3)

One ex-addict, now centre leader, encourages others '*to have a big vision, based on the Biblical principles of faith, such as being a pastor, centre leader, or setting up a successful business. A person needs to confess and speak out what they believe, as in James 3....*'(U2) A leader considers '*Rather than us starting lots of new centres it would be better to let others who have been freed run their own. No one taught us*'(R2) because in the CIS there was no regular training available, however another leader revealed: '*We are hoping this year, towards the end maybe in October, to open a small school for preparation work in drug ministry, where they would have the opportunity to study and gain the experience of ministers from other countries. We have talked about this request with ISAAC. Based at our centre, because*

---

<sup>64</sup> Luke 19:5-9

<sup>65</sup> See Benefits for church sections also.

<sup>66</sup> May 1988:163 *Addiction and Grace* New York: Harper Row

<sup>67</sup> This leader is not implying that there is any way that the addict could or should 'repay' the grace God has given them, rather the service is a stimulant to keep them focused and growing in God.

*we have started to build a new centre, it would be possible to have, say, 25 students where they can receive theoretical and practical training to serve these people. This is our vision.'*(U3) In a different country the director described *'We run an ISAAC school for training addiction workers. This is done either as an intensive 6 week course or two and a half days a month. International lecturers come to provide courses'*.(I3) The aim is the same, *'to prepare people who can continue this ministry to set others free all across Ukraine but not only in [our country], but this work is needed throughout all the CIS.... We understand that if we can prepare people who were that faithful to God and His calling they could all go to their own city and according to God's anointing to any other country.'*(U3)

### **1.2.3 Practical Application - Pursue Maturity**

Ex-addicts are encouraged to pursue maturity by continuing to fill their minds with truth continually, with a *'total commitment to God and His word.'*(I4) *'Submit yourselves therefore to God. Resist the devil and he will flee from you.'*<sup>68</sup> Only by walking in obedience to God are Christians able to stand against temptations and wrong thoughts. To stimulate steady growth in their understanding of their new identity in Christ and relationship with God ex-addicts can seek out a person whose Christian life they respect with whom they can develop an ongoing discipleship with honesty and accountability. As Anderson reminds us *'You are not primarily a product of your past, you are primarily a product of the work of Christ on the cross and His resurrection; your beliefs determine how you live.'*<sup>69</sup> No longer deny problems but recognise them having confidence that God will provide the strength and a way through.<sup>70</sup> This will cause their faith to deepen and their awareness of God's power to increase.

Pursue the *'principle of love, which is perfection - the process of maturing'*(R4) Seek the benefit of others *'for we are his workmanship, created in Christ Jesus for good works, which God prepared beforehand, that we should walk in them'*.<sup>71</sup> These good works are also of benefit to the performer as well as the blessing they produce for others. For ex-addicts as with all of us who serve find that serving first stimulates us to continue seeking God as we find ourselves in situations out of our depth; second, serving causes us to focus on the needs of others so our own are kept in proportion. *'Now I am ministering in the Centre, I serve other people the way people were serving me, and also I am a warden in our church'*.(F1) The

---

<sup>68</sup> James 4:7 (RSV)

<sup>69</sup> Anderson 1996:132

<sup>70</sup> 1Cor 10:13

<sup>71</sup> Eph 2:10 See also Col 1:10, Ps 119:3, Phil 2:13; Heb 13:21

motivation for service determines its effect in our lives; working out of a sense of duty or guilt in order to gain God's approval is counter-productive as His love for us is already perfect and complete; striving will only wear us out. The only healthy motivation is love, which was the reason Jesus was willing to die. *'God gave me a love for others, I started serving and that fire in me is still burning. I love doing anything to bless others, whether it's washing toilets or preaching. Now I'm a leader of a rehab centre. Praise God'*.<sup>(F2)</sup> Each person's role is different<sup>72</sup> as God has created each, 'to equip the saints for the work of ministry, for building up the body of Christ, until we all attain to the unity of the faith and of the knowledge of the Son of God, to mature manhood, to the measure of the stature of the fullness of Christ'.<sup>73</sup>

### 1.3 For Rehabilitation Leaders

Rehab leaders need to rely on God when seeking to help those in their care rather than caring for people out of their own compassion. God is far more concerned about each single person than workers could ever be, and God is the only one fully capable of restoring health; take reassurance from the many other leaders who have tested and found Him faithful. *'It is important that in each centre, the leaders and the team understand that this is God's work. We can't personally carry people.'*<sup>(U3)</sup> This understanding brings release both from the pressure in times of difficulty and failure, and from pride when things appear to be going well.

#### 1.3.1 Staff Requirements

Many of the rehab leaders interviewed commented on the necessity of leaders keeping a strong personal devotional life for themselves. *'Ongoing relationship with God is the primary determination for lasting life change, which is needed for ourselves as leaders and others like addicts'*.<sup>(I1)</sup> The effectiveness will be eroded *'when the ministry becomes routine and [the leader] loses genuine love. If this[person] is the director then they should get alone with God and maybe take some time out of ministry. If it is another leader the director should talk with them, identify problems and encourage them to get alone with God.'* <sup>(U4)</sup>

Another very important requirement for running a rehabilitation centre is having a good team of workers. It is important *'for each person to understand their calling and why they are*

---

<sup>72</sup> 1Cor 12:4-7 'Now there are varieties of gifts, but the same Spirit; and there are varieties of service, but the same Lord; and there are varieties of working, but it is the same God who inspires them all in every one. To each is given the manifestation of the Spirit for the common good.' (RSV)

<sup>73</sup> Eph 4:12-13 (RSV)

doing the work;’(I9) and to have the right attitude. *‘We tell staff who weren’t previously addicts, that it is important to check your attitude, make sure you don’t feel you are better than addicts.’*(I3) One of the main principles for running a centre is the *‘unity of the team’*(U4) *‘if the team doesn’t have enough fellowship or only formal relationships’*(U4) then the love in the whole community will be diminished. We *‘develop team work through in-house training and an annual gathering’* of workers from across the country.(I9) *‘We do a lot in our programmes on helping the workers continue to develop.’*(I8)

The importance of an awareness of being a role model was emphasised. *‘We have very high expectations from leaders because they need to reflect Christ and meet all the criteria for an apostle.’*(R3)<sup>74</sup> *‘Total commitment [is essential] and a team anointed for ministry who have a heart to serve.’*(U2) *‘We need to have passion and patience... I think this is very important. Only need to look to Jesus, His words and actions were never separated.’*(I1) Not only are work attitudes under examination. *‘Strong belief and conviction [is vital] for all the team that Jesus is the only answer not only for spiritual questions but for daily life, family relationships, sexual behaviour, because there are lots of temptations from non-Christians [amorality] and with the Government’s corruption.’*(I1) No form of compulsive behaviour is acceptable in leaders including anger, spite, bitterness, porn, foul language, smoking or alcohol.<sup>75</sup> *‘As a director, I would be very concerned if they [workers] were unsafe, if they were not grace orientated, if their theology was rigid, shaming theology concerns me a lot. A lot of people that come through this process have issues in them that are control issues... It would concern me a great deal if a leader was being rough on the person they were ministering to or uncaring. Another thing that would concern me greatly is if they weren’t taking care of their family, or their moral character to make sure they were safe. All of these are safe issues to check they were really healthy to minister and relapse can happen and does happen.’*(I8)

### 1.3.2 Running a Centre

From their varied experience, the rehab leaders identified the following priorities for running a centre.

Dr Niemelä is director of Sininauhaliitto, a Finnish network of organisations providing Christian care, with 85 members providing over 5000 client contacts a day with alcoholics,

---

<sup>74</sup> Criteria identified in 1 Tim 3

<sup>75</sup> Personal observation of practice and discipline of leaders. Nearly all Christians in former Soviet Union consider it inappropriate/ wrong to drink or smoke.

drug users, gamblers, prisoners, homeless and families in crisis. Her pivotal doctoral research studied different types of Christian care/treatment models for dealing with addiction. She used three categories;

Niemelä examined the Role of Spirituality and Professionalism in Recovery and Treatment Research in three categories of Christian methods of rehabilitation found that the residents of centres focused on using Christianity for treatment could identify the most options to avoid impending relapse.<sup>76</sup>

Niemelä found that in cases where the Christian rehabilitation unit wanted to help the client just with their addiction or other serious problems and not specifically spiritually ‘there was a tendency to help one’s neighbour by lay means and try to take care of his/her basic needs (service model) or to refer him/her to professional care(professional model).’<sup>77</sup> In these cases, religious services were available as an option, like an extra force or resource to life, but the ‘overall atmosphere of care was not religious nor did religious dialogue dominate the community’s daily life’.<sup>78</sup> She observed that ‘a merely or mainly professional approach led to a situation in which it was difficult to even consider religious professionals as potential spiritual support persons;... [furthermore] the demarcation of religion outside the community’s care space discouraged religious participation.’<sup>79</sup> ‘Integration of religion into the therapy as in the case in the combination model improved the client’s ability to analyse events with a religious dimension. However, religious identification and desire to join a religious denomination were more emphasised in therapies with purely religious aims (outlook model)’<sup>80</sup> ‘As a means of relapse prevention... the most means per person were listed by clients in the [religious] outlook group. In the service model group (where religion was available according to need but not used for therapeutic services), only one out of ten clients could think of an alternative pattern of behaviour when facing relapse... Clients in the [religious] outlook group had all kinds of means of coping with threatening relapse, but spiritual and religious means were clearly among the most frequent.’<sup>81</sup> Thus it also supports the basis of this thesis that the greater the dependence on God, His Spirit and the principles in His word, the greater the effectiveness of recovery from addiction.

---

<sup>76</sup> Niemelä 2003:6 See Chapter 5 for details.

<sup>77</sup> Niemelä, 2003:5 The role of Spirituality and Professionalism in Recovery and Treatment

<sup>78</sup> Ibid. 5

<sup>79</sup> Ibid. 4.

<sup>80</sup> Ibid. 5

<sup>81</sup> Ibid. 6

*'The danger we have experienced as a Christian organisation is that you trust in your professionalism. There has never been saved any client by professionalism. That doesn't mean that it is not necessary. Professionalism is necessary. [However,] the Bible says let all be sanctified by prayer, by our Christian commitment. The only change that really affects is the inner change.'*(I4)

Observation demonstrated the importance that everyone in a position of responsibility demonstrates consistency between their words and actions, particularly in the area of faith to effect change as seen above and all other areas, such as by demonstrating love and forgiveness.<sup>82</sup> Actions speak louder than words. 'These building blocks for the addict's development are better caught through shared lives than just taught as underlined by the well-accepted research on components of communication: body language comprises 55%, tone of voice 38% leaving words only 7%.<sup>83</sup> There are tremendous pressures on rehabilitation directors as outlined below and no one, especially leaders,<sup>84</sup> is perfect so all require humility and a willingness to admit mistakes, to be honest and face up to personal failings. '*Total honesty, openness and confidentiality*'<sup>85</sup> (I3) built trust and lead to healing. Hypocrisy and hiding or denying problems is offensive to everyone but addicts and ex-addicts seem to be particularly sensitive,<sup>86</sup> due to their previously well-developed skills in these areas. Recovering addicts can sometimes learn more by the way a leader handles the pressure of a situation or of making a mistake and having to admit they're wrong than by watching a perfect life. Displaying meekness by asking forgiveness from those offended including residents, demonstrates a process of growth that is far more accessible for others.<sup>87</sup>

One of the main processes, emphasised by the leaders for all recovering addicts during rehabilitation is '*becoming responsible [which] starts in a very limited fashion, from the moment that they enter the centre and what experience they might have from other therapeutic centres. You have very limited responsibilities just like a little child who has very little responsibilities. Then we will gradually build up their responsibilities, that's also*

---

<sup>82</sup> Ephesians 4:32 'be kind to one another, tender-hearted, forgiving one another, as God in Christ forgave you.' (RSV) see also Col 3:13

<sup>83</sup> Communication research quoted in LFTW 2003b:11

<sup>84</sup> 'Power corrupts, absolute power corrupts absolutely.'

<sup>85</sup> I3 'only the things that are said that affect the addicts success in staying off drugs will be shared with others in leadership so appropriate decisions can be made.'

<sup>86</sup> Personal observation and also one of the barriers for an ex-addicts adjustment to church.

<sup>87</sup> Luke 19:8 'And Zacchaeus stood and said to the Lord, "Behold, Lord, the half of my goods I give to the poor; and if I have defrauded any one of anything, I restore it fourfold."' (RSV)

*connected to the freedom they have.’ (I4)<sup>88</sup> ‘We keep on giving people authority as they can assume authority’,(I10) demonstrated by recovering addicts who work ‘not in the way of eye-service, as men-pleasers, but as servants of Christ, doing the will of God from the heart, rendering service with a good will as to the Lord and not to men’.(Ephesians 5:7) One of the difficult areas to handle is ‘ “Economic stability” – we teach them how to be accountable for their money.’(I6)*

A senior leader identified a key to lasting life change as *‘accountability. I don’t go anywhere, and as far as time I’m pretty far along in this [with over 30 years experience], without being very accountable as far as my time, money stewardship and relationships etc.’*,(I8) which are the three main spheres of temptation. *‘It still happens, there’s still the flesh, humanity.’*(I8) Accountability is a practical means both for ensuring and demonstrating responsibility, *‘what I would call getting things off the path, and not allow them even to get in the path.’*(I8) Accountability systems are not just for the young graduates, senior leaders can be in more vulnerable, isolated positions *‘as you know we’re definitely in a war, and we take that very seriously<sup>89</sup> .... so I think that at every level it needs to be built in, where two by two we’re not alone.’*(I8)<sup>90</sup> Like Barnabus and Saul, or (renamed) Paul and Silas who travelled together in ministry.<sup>91</sup> The travelling companion is not necessarily a more mature person; by taking a younger believer, it provides them an excellent training opportunity, such as Paul and Timothy or Barnabus and Mark.<sup>92</sup> Appropriate standards should be openly discussed and agreed in advance with those the person is responsible to and in close relationship with. *‘I have very clear boundaries with my wife about this. There are some things that I won’t do that she’s not comfortable with me doing. Even though I feel like I’m a safe person, and she does to, and there’s no history of anything I just don’t want to give any opportunity for that and we really strongly try to encourage this.’* (I8)<sup>93</sup>

Financing is a typical example of local and cultural differences. In some richer countries, grants or government funding is available to meet at least some of the financial needs. For the majority of the world like the former Soviet Union however, supporting the needs of recovering addicts is too low a priority to receive the limited government funds. Although

---

<sup>88</sup> Eph 5:5-8

<sup>89</sup> Eph 6:10-18 v12 ‘12 For we are not contending against flesh and blood, but against the principalities, against the powers, against the world rulers of this present darkness, against the spiritual hosts of wickedness in the heavenly places.’ (RSV)

<sup>90</sup> Ecclesiastes 4:9 ‘Two are better than one, because they have a good reward for their toil.’ (RSV)

<sup>91</sup> Acts 13:2,7... 16:25, 17:4,10...

<sup>92</sup> Acts 16:3; 15:37-38

<sup>93</sup> Eph 5:24-25

rehab centres vary in the way they view payment for rehabilitation, it is generally considered that *'everyone has a right to come to the centre even without finances.'* (U4) Most centres ask for a modest amount simply to cover living expenses if the parents can afford it, but others on principle do not want to be open to being accused of benefiting from others' pain and are determined not to receive, even payment in kind.

One project leader summarised the necessary principles for change: *i) Mercy of God, ii) Love of God, iii) The addict really wants to change, iv) Everyone has a right to come regardless of financial situation, ii) Unity of the team'* (U4)

### 1.3.3 Challenges

Rehabilitation leaders face many challenges; David Partington, leader of the International Substance Abuse and Addiction Coalition considers, 'rehabilitation is one of the toughest ministries in the kingdom';<sup>94</sup> so what are the reasons for this exceptional pressure? The following hindrances were reported in the interviews with rehab leaders. *'We also have problems with lack of resources both human and material. Difficulties come from the relationship with the government, local authorities and also relationships in the team.'* (I1) Government pressure, in some places is due to very tight regulations on people seeking to provide help,<sup>95</sup> in other locations due to wide spread corruption<sup>96</sup> with the accompanying expectation of needing to 'work the system.' There is also pressure from religious leaders' misunderstandings of their work, either not realising its importance or complexity.<sup>97</sup> *'Why does the Church not understand that ministry is important?'* (U3)

A lot of pressure comes from immediate family members and partners, who can feel insecure when they no longer have anyone to rescue and insist on trying to help. However until they themselves have found freedom and are able to let go, they can easily undermine the process of change by reinforcing old reactive patterns or by encouraging the recovering addict to leave the programme early because they are missing him/her.<sup>98</sup>

---

<sup>94</sup> ISAAC Conference opening address in Madrid May 2003 and again in Yekaterinburg July 2003

<sup>95</sup> I4, I3, I5, I6, I8

<sup>96</sup> I1, I6, I7, I9,

<sup>97</sup> See next section for detail, R2, R4, U3, I6, I9

<sup>98</sup> I2, I6, R1, R4

Then there are all the internal pressures caused by lack of team unity on spiritual issues<sup>99</sup> or practical ones such as differing reactions and attitudes as to how high tension situations should be handled. *‘Dangers come when people rush into things - they can be deceived.’*(R4) *‘Staff relations, personal problems and continual staff turnover, as relationships with the government build gradually over time so continuity is important.’*(I9)

A major cause of pressure for all the charity based centres is operating on such *‘limited resources, [that staff] need some form of [other]work[for] income.’*(U4) as the centres cannot afford to pay them. In the fSU, many staff workers are only being covered for expenses; as the majority of funds come from local donations they have to be very careful to make it cover the necessities. Food at the centres, though nourishing, is quite basic and high in starch; and all the projects are operating in rudimentary accommodation, many without running water<sup>100</sup> or central heating, which all adds to the pressure of daily life.<sup>101</sup>

Then not least are the natural feelings of rejection and failure when someone a leader has poured their life into and is optimistic for, turns round and walks out.<sup>102</sup> Other pressures came from the easy availability of cheap drugs nearby, and acceptance of drug use locally.<sup>103</sup> Therefore, it is vital that all the workers keep a close relationship with God and work together well, they *‘need a unity of heart and mind.’*(R4) *‘Make sure that there’s a group of people there that really love each other, that are watching each other’s back, you know, - Healthy staff relationships,’*(I8) within and between projects. *‘One of the main problems especially in the association is unity between centres, because we are an interdenominational association.’*(U3) Rehabilitation workers should also be able to receive encouragement from their local churches.<sup>104</sup>

### 1.3.4 Get the Big Picture – Vision

Those running larger international addiction ministries all stated that their prime concern was in fact not drug addicts but the establishment of the kingdom of God. *‘I don’t have any interest in curing drug addicts; that sounds terrible, we do cure lots of drug addicts [already*

---

<sup>99</sup> U3, I9

<sup>100</sup> Water is collected from a central pump, which means no flushing toilets, no washing machine and bucket showers.

<sup>101</sup> From the thirty projects visited there were only two that were exceptions and had indoor toilets. Most used a wood stove boiler for heating.

<sup>102</sup> I5, I6,

<sup>103</sup> I1, I2, I3, I4, I6, I7, I9, I10, R1, R2, R4, R5, U1 U2 U3 U4

<sup>104</sup> U2, R4

*over a thousand<sup>105</sup>] but we really want to build the kingdom of God, enlarge the kingdom of God.’(I10) A leader of eleven centres said ‘I didn’t plan to do drug work but church planting. But I am an ex-drug addict.’(I2) From these centres four churches have formed. A leader now running projects in several countries described ‘I don’t aim particularly to work with drug addicts, I aim to work with the poor, it’s just that the first guys God led me to were drug addicts, and many of the poor are.’(I7) ‘Our vision is an apostolic vision of preaching the gospel in all the world in all the nations, and the group that we have the most favour with at this time are the outcasts, the marginal, the drug addicts.’(I10) God described through the prophet Isaiah what honours Him. “Is this not the fast that I have chosen: To lose the bonds of wickedness, To undo the heavy burdens, To let the oppressed go free, And that you break every yoke?’<sup>106</sup>*

Rehab leaders see their work with addicts as a prototype of what God wants to do for everyone. That is, to set them free from any negative controlling influences causing shame and fear, through Christ Jesus and give them joy, peace, and fulfilment. Ministry to addicts is part of the whole ministry of the church to hurting people.

### **1.3.5 Practical Application - Build Relationship**

The main conclusion for those working in addiction ministry is not to get discouraged by the challenges and disappointments. Secondly, even though the work is very isolating, due to the many misunderstandings of others, it is important not to be deceived into thinking they are the only ones who are or know how to care for these people. This is simply not true, as seen in the wide range of people contacted just in this one study and, what is more, this thinking can lead to pride, which is a further barrier to relationship. On the other hand, leaders with vision and experience are encouraged to take a long-term perspective, particularly if there are not many people in their area reaching out to addicts, and help other Christian’s overcome the barriers of fear and inadequacy by providing training and opportunities for involvement on a short term or voluntary basis. In most countries the main source of new rehab workers is from the ex-addicts who have found freedom and desire to share joy with their old addict friends and others suffering as they were.

Networking with other rehabilitation ministries, even if they have a slightly different philosophy of working, has proven a great encouragement to many otherwise very isolated centre leaders across the former Soviet Union. These can take the form of occasional national

---

<sup>105</sup> Personal correspondence after the interview. 20/

<sup>106</sup> Isaiah 58: 6-12 (RSV)

gatherings and annual regional gatherings depending on the physical and economic restraints of the region. Forming an association can also facilitate the provision of specialist skills such as legal advice or fund raising, be available to many small centres which could not otherwise afford, such specialists and thereby strengthen their ability to liaise with government policy developments.

There is an often untapped resource for mutual blessing with families of the residents. These people should not be seen simply as an extra burden even though if unguided they could easily undermine the progress of a recovering addict. They have their own enormous needs but it is false economy to focus simply on the addict at the centre as the recovering addict's ongoing development after leaving is greatly affected by the developments at home, as discussed in Chapter Three, Co-dependents. It appears to be best if co-dependents are given separate support from the same organisation or at least one operating with the same philosophy to facilitate a restored relationship with the ex-addict. In the same way that ex-addicts are able to provide excellent help to those still struggling with addiction, a freed co-dependent can provide valuable assistance to other co-dependents and lead them to freedom or at least put them in touch with the people who can. Once restored, they also become natural advocates for the programme; able to testify on its behalf, and support in many practical ways, and sometimes even become members of staff.

Keeping in touch with ex-addicts may be a time consuming task but is very valuable, not as a means of control but for mutual encouragement and blessing. In a similar way to a grown teenager who leaves home to pursue further education, career and/or marriage, the graduates need freedom to learn to stand on their own but will still want to feel they are a part of the family from which they can find support in times of crisis. This can be done via regular letters, and providing reunions on occasions to celebrate and importantly, keeping an open door and heart for them to come back and visit when they need it. This support may significantly reduce relapse and therefore increase the longer-term success of the project. Reunions will naturally help those who may be struggling at the time by reminding them of what they had learnt at the centre and keeping them in touch with other graduates who are doing well. Another practical benefit is that it facilitates keeping follow up records of results, which are valuable when relating with other drug services or applying for funding.

## 1.4 For Churches

"The Spirit of the Lord is upon Me,  
because He has anointed Me To preach the gospel to the poor;  
He has sent Me to heal the broken-hearted, To proclaim liberty to the captives,  
And recovery of sight to the blind, To set at liberty those who are oppressed;  
To proclaim the acceptable year of the Lord."(Luke 4:18-19)

Following Jesus own definition of His calling rehab centre leaders had much to say to churches, particularly regarding their understanding of churches' failure to address their responsibility to care for the poor. *'Each church should follow the Good Samaritan and care for every person.'*(U5) *'One thing is we're going to the outcasts, the marginal peoples; the church needs to remember that they are called to all men not just the middle class, upper middle class like themselves, so they can emulate us going to all people. On the other hand we're [also] going for the King ... and the upper class, we want to reach everybody.'*(I10) *'So churches need to be much more aware of their social obligations, their social calling to look after persons.'*(I4)

Several of the leaders implored the churches to be more outward looking. *'The church is focused on its self...they should be more orientated to the unsaved.'*(I2) *'God gave us the responsibility to go to the dying world and tell them of the opportunity for salvation. This is the same aim for the church.'*(R3) *'We [Christians] are the ones who can point people towards the right way of behaving oneself and to point out what is normal, valuable life. No one else can and we have that obligation. Churches should reach out. We are much too insular, looking only to ourselves, to our own little club. That is never good, like still standing water, it starts smelling. We have to reach out'*(I4) and *'care for the outsiders; churches are only concerned with themselves.'*(R4)

Some leaders gave practical suggestions on how to address the gap between rehab centres and the church: *'the churches need to learn to receive people, learning true love through training. We [rehab ministries] are a challenge to the middle class church. Need to apply Biblical principles of love and acceptance.'*(I9) One leader identified a cause for the separation; *'probably representative of the whole of Western Europe is that the professional aid to people in need is left to the professional institutes. Which I think is not that good because it has given the church the idea that it doesn't have to deal with those who are suffering and ending up in*

*the gutter. Perhaps in other countries that is different but certainly in [this country] that is not so, you do not go to your brother to talk about your problems you are having.’(I4)*

The Bible is very clear that one of the main responses God desires is that Christians care for the poor and marginalised. *‘There shouldn’t be a need to explain the importance of this work to the church.’(U2) ‘Drug ministry is what the very core issue of what church is all about.’(I8)* In the Old Testament, the poor were most notably those who had lost their natural family support like the alien, the orphan and the widow and there are very clear instructions for them to be cared for and protected.<sup>107</sup> *‘You shall not afflict any widow or orphan.’<sup>108</sup> ‘Do not oppress the widow or the fatherless, the alien, or the poor. In your hearts do not think evil of each other.’<sup>109</sup>* In the New Testament, Jesus own life clearly demonstrates His calling to minister to the poor, captives, broken hearted, the blind and oppressed, as seen in the verse at the beginning of this section. He continually surprised the leaders and His followers by His willingness to show love to the prostitute,<sup>110</sup> the foreigner,<sup>111</sup> the leper,<sup>112</sup> and the tax collectors,<sup>113</sup> all people who were rejected by their own people.<sup>114</sup> He used several illustrations to warn against storing up treasures on earth: the man who put his security in his wealth with overflowing barns and didn’t think about eternity; the illustration of Lazarus and the rich man; the parable of the talents that Jesus uses to warn His disciples about the coming judgement. However if Christians show love to the needy ‘the King will answer them, ‘Truly, I say to you, as you did it to one of the least of these my brethren, you did it to me; (Matt 25:40)<sup>115</sup> ‘for I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me.’(Matt 25:35-36) Paul was also requested ‘only they would have us remember the poor, which very thing I was eager to do.’(Gal 2:10) ‘Religion that is pure and undefiled before God and the Father is this: to visit orphans and widows in their affliction, and to keep oneself unstained from the world,’(Jam 1:27) says James.

---

<sup>107</sup> There are 14 verses with all three mentioned together all regarding their protection or the wrong of taking advantage of them, for example ‘Deut 27:19 “Cursed be he who perverts the justice due to the sojourner, the fatherless, and the widow.’ And all the people shall say, ‘Amen.’”(RSV) Deut 10:18,

<sup>108</sup> Ex 22:22 (RSV) and Mal 3:5, ,

<sup>109</sup> Zechariah 7:10 (NIV)

<sup>110</sup> Matt 26:6-13; Mark 14:3-9; Luke 7:36-50

<sup>111</sup> John 4:4-26, Luke 10-30-37

<sup>112</sup> 2Kings 5:1-27 Healing of Naaman the Syrian Army Chief

<sup>113</sup> Matt 10:3 & Luke 5:27 Matthew as one of the disciples, Matt 9:10-11 Pharisees saw this, they said to his disciples, "Why does your teacher eat with tax collectors and sinners?" Matt 21:32; Mark 2:15-16 Luke 19:1-10 Zacchaeus the chief tax collector.

<sup>114</sup> Lev 13:45 had to shout ‘Unclean’, Numb 5:2 Lepers put out of the camp, Jesus healed lepers Matt 11:5; 8:2, Mark 1:40; Luke 7:22; 17:12

<sup>115</sup> Story found from Matt 25:31-46

### 1.4.1 Models of Partnership

The underlying motivation for many of the above comments of frustration by rehab leaders was not simply to criticise the church but out of a desire to work more closely together and a disappointment that their current relationship is not as they understood it should be. Although the type of relationship between churches and rehab centres differed widely, the centres unanimously desired Christians in churches to have a greater appreciation and value for work with addicts and most hoped for greater involvement.

The structure of church-centre relationships can be classified into three models of operation determined primarily by origin of the ministry. The first relationship model between the Church and Christian rehab centres is as entirely separate entities, meaning all relationships have to be specifically fostered from both sides. *'I think that the relationship needs to be forged, you can't just assume it, you have to intention it. How you relate to clerical church leadership and associational leadership and in a healthy way.'*(I8) These independent projects typically seek to relate to a variety of churches, both for support and for ongoing care of the graduates.<sup>116</sup> However but where the expectations and culture in the church and rehab centre is significantly different this essential transition for the graduate can be difficult. *'We want their pastors to be connected to the treatment process of the client when we deal with a client that goes to a church of course. That they will know what is happening to their sheep. We organise meeting for them to come to and we instruct them.'*(I4)

In the second model, the rehab centre and other drug related ministries such as prevention, after-care and support for co-dependents are seen as ministries of the church; often initiated by the church leaders.<sup>117</sup> This by many is seen as the ideal, and tends to come from *'apostolic leadership in denominations that really have a heart to embrace an addiction ministry. They are the exception not the norm, which I've seen in a lot of different denominations.'*(I8) The church leaders feels responsible for the needs and problems of the ministry even if not personally involved. *'The church provides the finance, prayer, and fellowship in home groups and counsel.'*(U2) Therefore the church leader can be highly influential. *'The relationship of the church with the rehab centre is fully dependent on the attitude of the pastor what he says will determine what others think.'*(R1)<sup>118</sup> Graduates of the programme are at least in theory welcomed into the family of the church, and encouraged to attend if they live locally. *'Church*

---

<sup>116</sup> I1, I4, I5, I9

<sup>117</sup> R1, R2, R3, U1, U2, U3, U4, U5, I3

<sup>118</sup> See the discussion on authoritarian leadership in Chapter One, Russian & Ukrainian Context.

*attendance is part of the programme. It's important that the word is applicable so that it is meaningful to them.'*(I6)

The third relationship model that is happening more in pioneer situations is that churches are being planted as a direct result of the rehab ministry, from the addicts and their family members and friends who have come to Christ, as a result of the transformation seen in the ex-addict. Consequently, the project director will feel responsibility for the management of the churches.<sup>119</sup> *'We started a church because we couldn't find a local church.'*(U5) In this situation, there is normally very little difficulty for graduates in adjusting to being part of the church as it operates with the same principles, values and style of the rehab centres. Often the residents have already been attending services for the majority of their time in rehabilitation, easing their adjustment back into society. In the 1960s in America, these churches were nicknamed 'hippy churches'. *'The leaders of house or 'hippy churches' at that time, were young'*(I8) out of which grew the Jesus movement.<sup>120</sup> *'Now [there's] a renewal among the gypsies'*(I10)

There are situations where the relationship fundamentally changes over time, either the drug ministry outgrows the church's ability to take responsibility for it or maybe they separate for not so positive reasons.<sup>121</sup> *'Our pastor actually told me 'You need to start a church, you're getting too big.'*(I2) *'Later as our Saturday evangelism developed and we regularly had gatherings of over a hundred mostly Jews, they blessed us to start our own Messianic fellowship. We now have six sister fellowships.'*(U4) Churches born out of addiction ministry mature and start to attract non-addicts. *'The church has grown out of the graduates of the programme and their families who have been converted. And now we are getting people who have nothing to do with drugs come to our churches. But for a long time we were lepers.'*(I10) On this very limited investigation, it appears that Christian centres in the former Soviet Union and similar poorer countries are more likely to be directly linked with a local church while those in the West are more likely to be independent, possibly due to the increased opportunities for funding.

---

<sup>119</sup> R4, R5, U4(situation changed over time), I2, I6(situation changed over time), I7, I8, I10

<sup>120</sup> Sector 1978:230 Arguinzoni1987

<sup>121</sup> See misunderstandings section above.

Nearly all the projects hoped for further integration with local churches.<sup>122</sup> *‘To start with we recognise that our ministry should not be divided from the church.’*(U3) My vision for the future is *‘the integration of church and rehab ministry; local churches becoming a rehabilitation environment and churches moving in the power of God to reach the most needy.’*(I5) Some project directors felt that churches should be totally responsible for running addiction ministry. *‘Only a church can develop a good rehab centre.’*(U4) *‘Our vision is to hand over all the hands-on work to the church and we would be able to concentrate on networking and training and liaison with the government.’*(I9) However, others felt that it would always require specialist focus. A centre in the West understood; *‘It is our opinion as far as addiction is concerned, that we deal with such a severe problem, that churches are not really capable of handling. Of course they must be connected to the treatment process and they might help in certain aspects of the program....[however] as far as really dealing with addiction problems he/she needs specialised care. Care for which the churches are in general not very well equipped.’*(I4) One trans-national leader summarised his view of the relationship. *‘Rehab is part of church; not that there are things that churches can do that rehab centres can’t, indeed many rehab ministries become churches; but in that centres serve a particular section of the population. However, most people would benefit from some time in rehab.’*(I5)

#### **1.4.2 Barriers to Partnership**

##### *Misunderstandings*

Lack of recognition for the value of addiction work greatly hinders church and rehab centre relationships. *‘The most difficult situations which could undermine the [drug rehab] ministry is the misunderstanding of many churches or Christians, that this ministry is important and needed in the body of Christ. This is the danger that disturbs the workers in the centre.’*(U3) *‘People in the church tend to either idolise recovered drug addicts or despise and not trust them. We encourage recovered addicts to join ‘normal groups’ in the church to give them a balance in life as well as the follow up meetings. However it can become very uncomfortable for them because of the lack of openness, which can then lead the addict to pride.’*(I3)

As well as not feeling their work is appreciated by churches, frustration is generated when *‘churches assume that after repentance all’s OK.’*(I5) Turner, O’Dell and Weaver also found that the ‘Clergy’s lack of understanding of the nature and compulsiveness of addiction deters

---

<sup>122</sup> None thought there should be less but a few centres were pleased with their current level of cooperation.

[addicts] from seeking help',<sup>123</sup> Turner, O'Dell and Weaver also examined the relationship between churches and addiction ministries and observed a 'disconnect' through their focus on the recovery of addicted women. 'We found it puzzling that most of the women in our study reported that a religious belief or experience has been important in their recovery, yet religious organisation apparently had been relatively unimportant.'<sup>124</sup> Another reason suggested was that stigma and shame causes addicted women to become invisible to religious organisations. Without diminishing the importance of faith and repentance, a new born Christian like a child needs a lot of practical care and attention,<sup>125</sup> as Paul demonstrated 'But we were gentle among you, like a nurse taking care of her children'(1 Thessalonians 2:7) '*They think it is enough to just pray for people and they will be free and then should attend church. That should be enough. But over time we have seen that this is not enough, but it is a whole process needed.*'(U3) 'For you know how, like a father with his children, we [Paul & Silas] exhorted each one of you and encouraged you and charged you to lead a life worthy of God, who calls you into his own kingdom and glory.'<sup>126</sup> '*Even now [after six years of working together] some people have an incorrect view of our work. They feel we just need to pray and everything should be OK, but these people who just don't want to get involved*'(R1) either by helping practically or financially. '*There are a lot of churches which ...address the addicts only with 'Just convert. Just ask Jesus into your heart.' For a lot of clients this just doesn't work. You need more. Of course, there are a lot of persons who by becoming Christians are able, especially when they are in a Christian environment to stay sober - praise God for that.*'(I4) The tragedy is that the majority of people who are given the quick fix solution, do not receive adequate healing but are disappointed and hurt more deeply causing them to turn further away from finding the love Christ has for them.

### *Fear*

A fear of the cost is identified as a prime reason for lack of participation. '*Of course we need to say that the church isn't always very active in this ministry, because our ministry needs very much sacrifice, much resources and time and attention. Therefore, not every church wants to sacrifice a lot of time or material resources or even to offer their time, programme or buildings to take part in this ministry.*'(U3) A conflict of resources puts a lot of strain on the relationship. There were '*difficulties with the local church over the building that we*

---

<sup>123</sup> Turner O'Dell and Weaver 1999:146 Religion and the Recovery of Addicted Women *Journal of Religion and Health* Vol.38/2 pp137-148

<sup>124</sup> Ibid.

<sup>125</sup> See Training & Discipleship section in Chapter 3 1Thes 5:14

<sup>126</sup> The context comes from 1 Thessalonians 2:7-12,(RSV)

*renovated to use as the rehab centre, as they decided to use it for the church office.’(U4) ‘Yes it often works out that at first they[churches] are open to serve [drug addicts] and then when they realise that it needs total commitment, needs people, needs accommodation. Many [church leaders] are disappointed and feel that it takes too much work to help drug addicts receive freedom.’(U3) ‘I know many who started and they had a difficult group, they tried to counsel these people, then they wanted to grow into a residential ministry. But nothing has moved because in reality they are afraid of the costs, material costs.’(U3)*

Some fear infection if they attend church along with recovering addicts. *‘For example during the communion when the elements were passed one man complained that one of the addicts shirt was touching his shirt, so I don’t think you should permit them to come. Odd ideas!’(I6)<sup>127</sup> ‘We had great worship, great preaching but no-one wanted to go to church where half the people had AIDS and certainly didn’t want your daughter attending church, as she would fall in love with someone who had AIDS. But that’s changing.’(I10)<sup>128</sup> Some church members *‘didn’t allow the addicts to come to the church picnic even though they were converted and baptised in the church so I said that I wouldn’t go, though I was the pastor, I would stay with the marginalised’ .(I6)<sup>129</sup>**

Others fear for their reputation, *‘they are simply afraid that it will negatively affect the church as very well brought up people - Christians will be afraid to come to church because there are drug addicts sitting there.’(U3)<sup>130</sup> ‘Church is not set for a particular group of sophisticated people. The church as ecclesia, as called out ones, is for the marginalised, they still feel marginalised and not qualified to sit in the group.’(I6) Paul says, ‘For by the grace given to me I bid everyone among you not to think of himself more highly than he ought to think, but to think with sober judgment, each according to the measure of faith which God has assigned him.’<sup>131</sup> Other studies have found that the current state or language<sup>132</sup> in the church can be a barrier to ex-addicts’ involvement. ‘Spirituality is in and religion is out! That seems*

---

<sup>127</sup> Matt 5:23-24 ‘So if you are offering your gift at the altar, and there remember that your brother has something against you, leave your gift there before the altar and go; first be reconciled to your brother, and then come and offer your gift.’

<sup>128</sup> 1 John 3:17; John 7:24

<sup>129</sup> Matt 11:19, Luke 7:34; See also Matt 7:1-5, v1 ‘Judge not, that you be not judged.’ (RSV);

<sup>130</sup> James 2:1-4 ‘My brethren, show no partiality as you hold the faith of our Lord Jesus Christ, the Lord of glory. For if a man with gold rings and in fine clothing comes into your assembly, and a poor man in shabby clothing also comes in, and you pay attention to the one who wears the fine clothing and say, "Have a seat here, please," while you say to the poor man, "Stand there," or, "Sit at my feet," have you not made distinctions among yourselves, and become judges with evil thoughts?’ (RSV)

<sup>131</sup> Rom 12:3 (RSV)

<sup>132</sup> Rebecca Wallace, ‘Wanted: A Higher Power’ *Journal of Ministry in Addiction & Recovery* Vol. 6/2 (1999), 41-59,41

to be the general mood and climate operative within our society. This dichotomy seems specifically sharpened in relationship to the process of understanding addiction and recovery.<sup>133</sup>

### *Differences*

One of the main differences that rehab leaders highlighted is *'due to an unclear awareness of sin in many churches therefore there is no clear theology for dealing with sin. Lack of understanding for the need for discipline and repentance.'* (I5) *'We started a church because we saw a need to do things differently.'* (I2) *'We are family, and community; we worship and use discipline maybe where some churches don't.'* (I5) Some of these may or may not be appropriate for a church but could lead to misunderstanding. *'Here we're much stricter.... Possibly can't call it church because we have rules that are not scriptural but it's a Christian community, for example - no drinking, and structural rules - restrictions on relationships between the sexes. Structural rules for the timetable. We don't believe it's normal or for life, just during rehab for their protection.'* (I4)

A strong Biblical foundation is needed *'so that we may no longer be children, tossed to and fro and carried about with every wind of doctrine, by the cunning of men, by their craftiness in deceitful wiles.'* (Ephesians 4:13a) Doctrinal differences still cause strong divisions. *'It's important that we don't teach these dependent people [recovering addicts] a particular line of doctrinal teaching. It is a danger when we think the most important denomination is ours, and that therefore the way we teach is the best and most correct. The danger when we do this, we can undermine the relationships between the centres, and the mutual help and support we could receive.'* (U3) *'I understand my personal responsibility is to do all that is possible so that we don't fall into conflicting questions of denominational differences in our ministries. So that when we meet and answer particular questions, that it's not so important what denomination we come from but that we express the love of Christ to these people.'* (U3)

Another cause of deep pain and confusion in centres who are closely linked to a church, is a lack of clarity or acceptance of the appropriate spheres of authority between church leadership and centre leaders, particularly during transitional periods of their relationship.<sup>134</sup> This confusion is compounded by the common misunderstandings of the addiction ministry as described above, and by the often rapid change and development of pioneering programmes.

---

<sup>133</sup> Robert Albers, 'Spirituality and Religion Allies or Adversaries?' *Journal of Ministry in Addiction & Recovery* Vol 4/2 19971-8, 1

<sup>134</sup> R4, U3, U4, I2, I6, I10

*‘Addicts wanted to be involved in ministry but local churches didn’t allow them to be.’(I2)*  
One rehab project leader felt *‘the rehab centre should develop spiritual independence from the church.’(U4)* Churches are indispensable he continues *‘but at the same time should not tightly control the running of the centre but trust the leaders with the responsibility. They should take their responsibility and lead.’(U4)*

### **1.4.3 Blessings of Partnership**

#### *Unity*

Unity between churches and centres and between different projects is central to the will of God,<sup>135</sup> which naturally brings many blessings as described below. ‘Finally, all of you have unity of spirit, sympathy, love of the brethren, a tender heart and a humble mind.’<sup>136</sup> *‘There can’t be this attitude of we’re better than you, or the opposite either, we’re nothing.’(I8)* All good relationships require effort,<sup>137</sup> ‘with all lowliness and meekness, with patience, forbearing one another in love, eager to maintain the unity of the Spirit in the bond of peace.’(Ephesians 4:2-3)<sup>138</sup> *‘The rehab centre leader must have lots of humility to have a good relationship with the church.’(U2)* God has given each person different functions that should work in harmony towards unity and maturity;<sup>139</sup> ‘until we all attain to the unity of the faith and of the knowledge of the Son of God, to mature manhood, to the measure of the stature of the fullness of Christ;’(Ephesians 4:13b) It is *‘very dangerous when we have an arrogant attitude and think we don’t need to learn from others especially Christians. None of*

---

<sup>135</sup> John 17:21-23 ‘that they may all be one; even as thou, Father, art in me, and I in thee, that they also may be in us, so that the world may believe that thou hast sent me. The glory which thou hast given me I have given to them, that they may be one even as we are one, I in them and thou in me, that they may become perfectly one, so that the world may know that thou hast sent me and hast loved them even as thou hast loved me.’ (RSV)

<sup>136</sup> 1Peter 3:8 (RSV) See also Chapter Three discussion on Love and Acceptance

<sup>137</sup> John 13:34 ‘A new commandment I give to you, that you love one another; even as I have loved you, that you also love one another.’

<sup>138</sup> Eph 4:4-6 (RSV) ‘There is one body and one Spirit, just as you were called to the one hope that belongs to your call, one Lord, one faith, one baptism, one God and Father of us all, who is above all and through all and in all.’

<sup>139</sup> 1Cor 12:4-7 ‘Now there are varieties of gifts, but the same Spirit; and there are varieties of service, but the same Lord; and there are varieties of working, but it is the same God who inspires them all in every one. To each is given the manifestation of the Spirit for the common good.’ (RSV) See also Eph 4:11-12 ‘And his gifts were that some should be apostles, some prophets, some evangelists, some pastors and teachers, to equip the saints for the work of ministry, for building up the body of Christ.’ (RSV)

*us are perfect.’(I1)<sup>140</sup> ‘The church may be sick and weak but it’s the only church God has. So you have to love it. We’re not so holy as we think we are.’(I10)*

### **For Churches**

Addiction ministry can bring much blessing to a church, which more than outweighs its costs. One of the main benefits is the numerical growth of the church. *‘For a certain time the people who were addicted are with us, we need to prepare them so that they can be counted as members of the church.’(U3)* Some examples from other parts of the world: *‘75% of my congregation of 200, are converted addicts, and 60% are from Hindu background. The church started in my home with 35 addicts.’(I6)* *‘We want them to go back into the church. Some will stay in the churches that we have created but most will go to other churches. I would say that there is probably not a single church in Spain that does not have a Betel, Retto or Remar graduate.’<sup>141</sup> ‘Now in the [fSU] the churches are being filled with people who used to have these problems,’(U3) of addiction.*

Churches benefit further from spiritual growth through increased faith. *‘The people whose lives have been set free from addiction regularly share in church. So God’s power is not seen as theoretical but the normal process of Christian life.’(I3)* *‘The rehab centres encourage the churches through testimonies, and bring growth to the church as addicts and their families repent and join.’(U1)* They also challenge church members to reach out. *‘By serving and preparing these people we give the opportunity to the church to reach more people for salvation through the problems people have. Or we can say that the church can go into the social sphere and help, hold out a helping hand to people. Through this means, the church grows spiritually and fulfils its role as the church in the Kingdom of God.’(U3)*

Furthermore running an addiction ministry is an effective way of helping the church fulfil its aim of being Christ to hurting people. Reaching out to the people in great need is the direct responsibility of the church, the body of Christ; that is, we are here to demonstrate His character and do His works. Seeing God’s power at work in people’s lives causes the church to grow in quantity and quality – character, and relationship with God.

*‘I believe that the church can grow spiritually and more practically fulfil its responsibility in the great commission of Christ, when the church will open its doors to the people who have received freedom from addiction and they can serve actively. I*

---

<sup>140</sup> 1Cor 12:12-25 vs 25 ‘that there may be no discord in the body, but that the members may have the same care for one another.’ (RSV)

<sup>141</sup> From ISAAC conference in Spain, May 2003

*believe that before the return of Christ the church needs these people who can share with others in this need. And that this will continue till the last day before the return of Christ.’(U3)*

Some benefits for the church can be unexpected. *‘We found that people in the church need the same ministry as alcoholics or drug addicts. They also want life-change through honesty. Now there are 16 groups that run in the church: eleven women’s groups for people who are suffering with life in different ways and five groups for men. These groups are open for anyone.’(I3)<sup>142</sup>* A second bonus is that rehab *‘also helps readdress the imbalance between men and women in the church, which is currently about 1:10.’(U2)* Naturally, many of these young men freed from addiction have married young women in the church creating new families. Several centres not only report on the number of graduates and lives freed from addiction but also the number of weddings. One Russian rehab centre have seen 270 people freed from addiction for between 3-9 years now, who have formed more that 90 marriages, and these couples have had more than 60 children.<sup>143</sup>

### **For Rehab Centres**

There were also several examples where the partnership was functioning well and was mutually beneficial. *‘The church people are inspired by us and help us practically, financially and spiritually.’(U2)* Most of the centres received some financial support from either local or foreign churches,<sup>144</sup> for which they are very grateful as this is often their main income but it does not go very far *‘we get a little financial support but only enough for one day [of a week].’(R1)*

Another benefit to the rehab ministry is the spiritual covering, through wise counsel and prayer backing. *‘I have the complete trust of my pastor and am totally open about my plans and actions.’(U2)* *‘The church still helps us with spiritual and financial support.’(U4)* The church provides a social network of friendship and interaction, and an avenue for service and developing new skills. *‘Each ex-addict needs to find their place in the body of Christ, not necessarily with us.’(U5)* *‘When a client leaves our centres he should be part of a social structure which helps him or her to stay sober, to stay free, to prevent him from falling back into addiction. The church is the most important place for that. For those who don’t have a church, another social structure is required.’(I4)* One project expressed the need simply to share the things others take for granted. *‘I feel that we, as a group, have a very rich number of*

---

<sup>142</sup> Also one of the graduates in Ukraine has been asked by the pastor of her home church to conduct the same teaching programme for people in the church.

<sup>143</sup> Email correspondence from one of the projects in Russia.

<sup>144</sup> R1, R3, R5, U1,U2, U3 U4, I2, I3, I5, I6, I7, I9, I10

*brothers who are what I call “limping”. We are housing over 200 limping men who are being helped by limping men. In the church we feel there are people with families, jobs, cars, homes and we have people who eat together at night and talk to one another. They have everything that we don't and we have everything that they don't.’(17)* In the former Soviet Union the churches are sometimes also the source of accommodation for graduates who stay on to work, or are not able to return home. Therefore, ‘*addiction ministry is an integral part of the church... It is very difficult for rehab ministry to operate without the support of the church.*’(U1)

### *Rehab Christianity*

Many churches could gain from the perspective of Christianity that workers identified in Christian rehab centres.<sup>145</sup> This perception of Christianity found in the Christian rehab centres is characterised by:

- Acceptance and non-judgement – all know their own shameful past
- Accountability for personal and public actions
- Authentic worship – full of joy and praise from a grateful heart
- Deep love for God and others, leads to a willingness to sacrifice
- Defiant faith despite adverse circumstances, confidence in the character of God
- Effective discipleship – each person brought to maturity in God
- Fellowship of a close family based on vulnerability and openness
- Hope in the midst of despair
- Hunger for God’s word – striving to apply truth and to grow like Christ
- Humble obedience out of reverence for God
- Identification with the broken hearted, despised and rejected by society
- Integrity of principled leadership
- Limited resources but sacrificial generosity
- Open confession of sin, publicly and privately as appropriate
- Prayer as foundational to individual and corporate life
- Service to others as a demonstration of their love for God
- Space to make mistakes and try again
- Ruthlessness with sin leading to appropriate discipline
- Restoration of the whole person, in their family and within society
- Working together as more effective than individualistic methods

---

<sup>145</sup> Similar points also observed by other centre leaders, and produced in a seminar led by Paul Thaxter on the emerging Church, at the ISAAC consultation in Madrid May 2003.

*'There are things that I carry very deeply in my heart that are always there, a desire to change church so that it will be actively meeting the needs in the community; enabling the next generation to reach out to people in their current difficulties.'*(18) *'By being a healthy functioning family the church will enable people to meet their full potential and become whole people.'*(15)

#### **1.4.4 Practical Application – Start with what you have**

Church leaders are encouraged to seek God and to know specifically how God would have them reach out to the marginalised in their community; as we have seen God is very clear that this is one of the measures by which all will be judged.<sup>146</sup> Do not hold back for fear of the costs or reputation, neither are valid reasons to leave it to someone else, as 'he [Jesus] attacked fear is evidencing lack of faith'.<sup>147</sup> Nor should it be assumed in the West that the government provision is able to meet the same spiritual needs of addiction that the people of God can. *'I think is not good that...when you have a problem you go to the professionals. You don't go to your brother or sister in the church or to the Pastor.'*(14) Develop relationships with the agencies that are already involved in this work, both secular and Christian, learn the approaches used, what is being done and where the gaps are. Many countries have Christian agencies which specialise in providing training and support to interested groups.<sup>148</sup> *'We invite the pastors....We tell them about the background of addiction the problems of addiction so that they know what they can expect.'*(14)

Church members can ask existing rehab agencies how they would appreciate support, some centres have the facilities and professional staff but just need people to befriend the addicts in their care, and encourage them in their new life with God. Some centres would really like churches to take much more responsibility. *'The ministries we have are run by some 80 volunteers from the churches but we wish they would run the work themselves. Then we could concentrate on empowering others through networking and training.'*(19) Consider the different models above and wait on God for His guidance as to how, not whether, He desires the church to be involved and then take each step in faith knowing that this is God's work<sup>149</sup>

---

<sup>146</sup> Matt 25:31-46; Rev 20:12

<sup>147</sup> May 1988:113

<sup>148</sup> In Australia see Salvation Army [www.salvationarmy.org.au](http://www.salvationarmy.org.au). In Malaysia see Malaysian Care [www.mcare.org.my/services/services.htm](http://www.mcare.org.my/services/services.htm) as at 06/06/03. In Holland see de Hoop <http://www.dehoop.org>. In UK Life for the World [www.lftw.org](http://www.lftw.org), and the Matthew Project, and in America the Net Training Institute amongst others. In Egypt the Kasrelodbarah church.

<sup>149</sup> Luke 4:16-19; Luke 5:32 I have not come to call the righteous, but sinners to repentance." and Mark 2:17; Matt 9:17

and He has promised to provide as you trust Him for the people, finance, accommodation<sup>150</sup> but most importantly for Himself. ‘Lo I am with you always even until the close of the age.’<sup>151</sup> The first step is to open up our hearts and then our homes, ‘and everyone who has left houses or brothers or sisters or father or mother or children or lands, for my name’s sake, will receive a hundredfold, and inherit eternal life.’<sup>152</sup> *‘My great hope is that in the future the church will not send problem people to groups such as to us, but would somehow find a way of receiving them in to their own homes. I’d love to work with churches who’d like to try and work out how this could be done.’*(I7)

## 1.5 For Developing Christian Leadership

### 1.5.1 Equipped

The conclusions for this study in the fSU combined with research around the world, has demonstrated that ex-addicts who are now living for God can make excellent Christian workers. Jonathon Chamberlain’s research of 18000 Christian workers particularly identified ‘Betel’s ability to take very rough uneducated men and women from very dysfunctional homes and raise them up through conversion and into leadership in a very short period of time.’<sup>153</sup> One director of several self-perpetuating centres aims to develop *‘faithful reliable committed and anointed people who are completely given to God, mature people who fulfil their responsibilities.’*(R4) *‘I can see from the side as the director of the men’s centre – I can see that the church does not have enough workers. I always talk about this. That we don’t have enough workers in the church only because we do not train them, we have not prayed them from God. We haven’t found them in the world. At this time they are somewhere out there dying. They are prepared to serve if we bring them to Christ and God will birth in them this ministry.’*(U3)

The four areas that mission organisations use to evaluate the suitability of an applicant are: faith, character, skills and knowledge.<sup>154</sup> Many mission training colleges are very good at developing the latter two but do not have the time and relationships needed to develop the

---

<sup>150</sup> Matt 6:25-34; Luke 12:22-31; Phil 4:6, 1Pet 5:7

<sup>151</sup> Matt 21:20b (RSV) See also Matthew 10:42 ‘And whoever gives to one of these little ones even a cup of cold water because he is a disciple, truly, I say to you, he shall not lose his reward.’ (RSV)

<sup>152</sup> Matt 19:29, Mark 10:30

<sup>153</sup> Chamberlain is the deputy international secretary of WEC and surveyed their workers across 60 countries. Quoted in Chevreau 2000:153

<sup>154</sup> Robert W, Ferris, ‘Establishing Ministry Training: A Manual for Programme Developers’ *Preparing to Serve: Training for Cross Cultural Mission* (Pasadena: William Carey1995), 40-41

first two.<sup>155</sup> The discipleship, training and service that is typically built into the rehabilitation process provides for the development of the residents' faith, character, understanding and experience. As observed earlier in the section 'Rehab Christianity,' many of the young people who have been living and then serving in rehab are strong in faith and attentive to their character development. Typically they are very talented people and have a great hunger for knowing God and His word and so are good candidates for the challenges of missionary work. *'We have over 50 pastoral ordained couples and they're all ex-addicts, and only one has a university degree, and as far as I can tell only one has graduated from high school, and yet there are some of the best preachers... They are leaders, leading some of the biggest ministries in [the country] and unless you checked for their tattoos you wouldn't know.'* (I10) *'We cannot underestimate what God is doing, the Lord died for these marginalised.'* (I6) *'A girl who sold herself to a very elderly man, was living in smuggling and racketing and drug trafficking and we took her and she came to know the lord.... When I talked to her for the time of being baptised the way she answered, I think she can put any theologian in the shade.'* (I6) In Christian ministry a person's character is considered of greater importance than their knowledge. In short, rehabilitation community and ministry is an excellent environment for the preparation of full time Christian workers and missionaries. *'Drug ministry fulfils the responsibility of the church as given in Matthew 20:28 and raises up people who will be missionaries.'* (U2)

### 1.5.2 Committed

Many graduates having overcome the shame of the past, turned their pain into blessing for current addicts as they testify to God's transforming power available for all. *'I told people I'm a previous addict and God changed my life. He can change yours too. 100% guarantee – all the responsibility is on you. God has done everything. Now we have 11 programmes.'* (I2) *'I praise God that He made Himself known to me, that He did not leave me to die. That is why I want to serve Him and commit my life to Him. I want to preach His Word, which is the key to salvation for all people. Now I am helping in the rehab centre for women.'* (F3) *'We found out that a similar centre was opening in [our home town] with the symbolic name 'Life'. Now we serve there. Our life totally changed. It makes sense now, is full of meaning, joy and happiness. Of course, we have difficulties and trials, but most important is that we have a loving Father who protects us, helps us, and confronts us when we make mistakes. God gave us a beautiful son and we, those who are supposed to die from drugs, received a new life and gave a new life to our child. We were born again.'* (B3)

---

<sup>155</sup> Paul Han, 'The Training of Lay Witnesses' *Asian Mission* (Feb. 1991), 15-17

Several of the leaders informally describe their centres as mission training centres as they saw what God was doing through them.<sup>156</sup> *‘We feel that addiction is how God arrests missionaries. We let them know early on this isn’t just about your sobriety, this is the call of God on your life to change the world. What they came out of, is happening all over the world. All the time we’re giving them a sense of the bigger picture.’*(I8) Encouraging *‘the principle Jesus gave of “Take up your cross and follow me.” Being prepared to totally give yourself to God.’*(R4) The director of an international network observed the single-mindedness of his ex-addicts. *‘People carry the sentence of death within them’<sup>157</sup> so we walk on the very edge of eternity. It’s very easy to find missionaries from people that know they don’t have a long time to live. They’re not going to get a mortgage, or buy a car.’*(I10) *‘We are prepared to take risks for the sake of the gospel, the risk of losing our home, expertise, money; each new ministry makes sacrifice, e.g. finance. Usually we start with nothing but we trust God, understanding God’s heart gives us courage, as we know that God wants this work accomplished.’*(U1)

### 1.5.3 Envisioned

In contrast to their previous despair and hopelessness, a distinctive characteristic of the ex-addicts is their big vision. One ex-addict who is now a centre director shared his vision *‘I believe God saved me to bring salvation to millions of other people. In spring, we plan to open a new centre in my home town. I have a missionary heart and want to develop several factories to fund my ministry abroad.’*(U2) *‘Through these marginalised ones we can make a presentation to the world that gospel is at work. That is my vision.’*(I6) *‘We want to open centres in the towns where people come to us from, to gather children from Satan.’*(U1) Others described their vision using the words of the ‘great commission’. *‘To go to the ends of the earth and preach the gospel to drug addicts Acts 1:8 and to reach all who are in need Is 61:1-4.’*(R4)<sup>158</sup> Jesus quoted this scripture in proclaiming His own ministry<sup>159</sup> then through

<sup>156</sup> I2, I6, I7, I10, R4, U3, U4

<sup>157</sup> ‘In the beginning over half our people had AIDS and even today 60% of the pastors here are HIV positive. So our people were dying continually. People we loved.’

<sup>158</sup> Isaiah 61:1-4 ‘The Spirit of the Lord GOD is upon me, because the LORD has anointed me to bring good tidings to the afflicted; he has sent me to bind up the broken hearted, to proclaim liberty to the captives, and the opening of the prison to those who are bound; to proclaim the year of the LORD’s favour, and the day of vengeance of our God; to comfort all who mourn; to grant to those who mourn in Zion—to give them a garland instead of ashes, the oil of gladness instead of mourning, the mantle of praise instead of a faint spirit; that they may be called oaks of righteousness, the planting of the LORD, that he may be glorified.’

They shall build up the ancient ruins, they shall raise up the former devastations; they shall repair the ruined cities, the devastations of many generations. (RSV) Acts 1:8 ‘But you shall receive power when the Holy Spirit has come upon you; and you shall be my witnesses in Jerusalem and in all Judea and Samaria and to the end of the earth.’ (RSV)

<sup>159</sup> Luke 4:16-19 Quoted in full in Recommendations to Rehab leaders above

His life demonstrated God's favour by setting free those who were captive to oppressive mind-sets, sickness, and demons. Before His ascension, Jesus commissioned His disciples to 'make disciples of all nations'<sup>160</sup> and then equipped them with power through His indwelling Spirit. This same process continues through His disciples today whom He has released, transformed, equipped and anointed. 'My vision is that the future is as bright as the promises are.'<sup>(16)</sup> 'I'm out to change the world – not just drug addicts.'<sup>(13)</sup>

## 1.6 For Drug Abuse Policy & Services.

This section includes council from rehab centres, tied in with the literature research and addressed to government and social policy regarding addiction. Initially we examine the fundamental assumptions behind the current policies.

### 1.6.1 Whose Agenda?

In the field of drug services there are widely differing approaches. It appears that the strongest voices providing drug information are not coming from those who want to prevent the use of harmful & illegal drugs but rather to make it easier and safer. Pro-legalisation campaigners call themselves 'reformers' fighting to stop the war against drug abuse.<sup>161</sup> Claiming to be the 'World's leading drug policy newsletter' the free *Drug War Chronicle*<sup>162</sup> encourages people to petition across the States against the current 'restrictive laws' and rally with the 'Law Enforcement Against Prohibition' of Drugs.<sup>163</sup> An organisation claiming to be 'One of the leading centres of expertise on drugs'<sup>164</sup> in the UK states; 'Our aim is to inform policy development and reduce drug-related risk,'<sup>165</sup> not prevention or recovery. We 'promote effective responses to drug taking, [and] advise on policy making.'<sup>166</sup> From a review of their publication this apparently not only includes reducing the risks from taking drugs but also risks of running out of equipment or supply or the risk of being punished for use. This approach underlines their recommendations made to the government and the European Commission.<sup>167</sup> With primarily this kind of advice is it surprising that the British

---

<sup>160</sup> Matt 28:18-20 And Jesus came and said to them, "All authority in heaven and on earth has been given to me. Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all that I have commanded you; and lo, I am with you always, to the close of the age."

<sup>161</sup> [www.stopthewar.org](http://www.stopthewar.org) as at 27 Feb 04

<sup>162</sup> produced by the DRCNet *op.cit.*

<sup>163</sup> Drug Reform Coordination Network in Washington.

<sup>164</sup> All three quotes taken from the second page of their publication and services brochure.

<sup>165</sup> *Ibid.*

<sup>166</sup> *Ibid.*

<sup>167</sup> Their comments on the Berkley report effectively ridiculed the aim of drug prevention 'as unrealistic' and promoted a reduction in crime through provision of free drugs.

government's recent 'Berlin Wall type'<sup>168</sup> policy changes on drug abuse have been far more in line with 'harm reduction' philosophy than the previous focus on prevention and rehabilitation with the aim of abstinence? A review of the government brochures over the last 10 years makes change of policy very clear, and has contributed to the recent declassification of cannabis from a class B to a class C drug.<sup>169</sup>

Dixon observed that the so-called 'value free' drugs education is laden with value statements. 'The philosophy was that each person must make up his or her own mind... [using] a relatively sympathetic approach to drug use, neither negative nor positive, just "informative"... However, it is impossible to educate in a moral vacuum, and even saying that you are going to aim to do so is in itself a *very* strong moral position.'<sup>170</sup> Promoting high standards and values is fundamental to the healthy operation of society. 'When every person makes up their own moral code, by definition law and order breaks down, communities collapse and companies can't trade. If you want to join the club, you have to keep the rules. Without rules there is no club and without values there are no rules worth believing in.'<sup>171</sup> The values held by a treatment institution must be consistently supported by all its staff for effectiveness, therefore 'staffing procedures should take into consideration the values and therapeutic impact of Treatment Philosophy. Institutions should be expected to require a commitment to the Treatment Philosophy from people applying for staff positions.'<sup>172</sup>

The main point, as Koopmans identified, is that 'every health care institution provides care starting from a certain view or ideology';<sup>173</sup> there is no such thing as a value free service. El Kharrat's comparison of four methods of treatment described above also observed that 'a process of "Conversion to the Treatment Philosophy" was shown to take place not exclusively in religious programmes or spiritual ones. Secular TC (Therapeutic Communities) exhibited the same phenomenon'.<sup>174</sup> Consequently, 'assuring the protection of clients from being forced to adopt a certain system of beliefs cannot be achieved by suppressing certain philosophies

---

<sup>168</sup> Mike Goodman, director of National Drug and Alcohol Advice group 'Release', called the change in law "a Berlin Wall-type development" likely to herald many changes in society's attitude to drugs. <http://newsvote.bbc.co.uk/cgi-bin/emailthisstory/emailthisstory.pl> as at 23 Oct 01

<sup>169</sup> BBC News\UK Politics\Cannabis Laws Eased On the 29<sup>th</sup> Jan 2004

<sup>170</sup> Patrick Dixon *The Truth about Drugs* 1998: Ch 8 Why Governments are Scared of Prevention

<sup>171</sup> Dixon *The Truth about Drugs* Ch10 Legalisation and Decriminalisation

<sup>172</sup> Ehab El Kharrat, 'What Balm is there in Gilead? How do Christian Programmes Work?' Seminar Paper presented at the ISAAC consultation 'Addiction Who Cares' (May 2003), 13 - Summary Conclusions of PhD: Ehab El Kharrat, *What Balm is there in Gilead? A Comparative Study of the Philosophy of Treatment in Drug Programmes* PhD University of Kent Canterbury, 2003

<sup>173</sup> Frantz Koopmans, De Hoop's view on Care about Identity and Professionalism Dordrecht: internal publication unpub. 1997:1

<sup>174</sup> El Kharrat 'What Balm is there in Gilead?', 7

but rather by allowing all philosophies to function and providing clients with a menu of approaches to choose from and re-choose if necessary.<sup>175</sup> El Kharrat concluded, ‘the results suggest that Christian programmes are perceived by their clients as having a strong psychotherapeutic effect... therefore trying to make treatment “Belief free”. If indeed this is at all possible, it risks depriving treatment institutions from a strong element of their therapeutic effectiveness.’<sup>176</sup> If the aim really is harm reduction, logically the best way to prevent harm and recover from shame is to promote and enable abstinence through rehabilitation and transformation, so that people do not just learn to accept or cope with their addiction but leave it and all the associated destruction completely. With a complete change of identity previous addicts can set their hopes high and start contributing to society. ‘*We’re hoping the second and third generation will be at Oxford and Cambridge and Harvard and so on. They’re not going to stay outcasts forever. That’s the whole point. Yet we want to keep our heart for missions and remember where we have come from.*’(110)

### 1.6.2 Support Effective Holistic Solutions

Programmes that provide effective rehabilitation and meet the needs of the whole person, should be funded for expansion, as effective ways for the government to tackle addiction problems. The vast majority of Government funding both in Europe and the fSU is supporting projects that focus on the physical needs of the addict but do not restore their crushed identity and broken spirit and as a result do not have the same long term effectiveness. Christian rehabilitation projects are designed to address the spiritual, psychological and physical needs. El Kharrat’s research in Britain and Egypt of four categories of addiction treatment described above found that Christian programmes ‘were perceived as having a strong psychotherapeutic effect on their clients’.<sup>177</sup> In America George Bush has recognised the effectiveness of the Christian rehabilitation. He reports:

‘Teen Challenge is saving lives through the transforming power of faith. Its programming focuses on Bible study and prayer and teaches that drug and alcohol addiction are bad choices. It has good results. Teen Challenge is successfully fighting addiction. I’m result orientated. We need to judge programs on results not on forms and processes.’<sup>178</sup> Tony Campolo, an advisor to the former US president Bill Clinton, said ‘I know of no other programme whether church or secular which has as high a success rate as Teen Challenge.’<sup>179</sup>

---

<sup>175</sup> Ibid. 13

<sup>176</sup> Ibid. 7

<sup>177</sup> Ibid.

<sup>178</sup> Teen Challenge brochure available from [www.teenchallenge.org.uk](http://www.teenchallenge.org.uk)

<sup>179</sup> Quoted from Teen Challenge Information, brochure available on request.

Despite the statistically proven effectiveness of Christian programmes<sup>180</sup> as seen in the Results section in chapter 5, in which many studies have demonstrated the relationship between faith in God and decreased problems of addiction, Christian programmes often receive very little government support. On the contrary the current trend appears to a reduction in support. In the UK for example, Christian abstinence based programmes in London, Wales and the Midlands have had their funding halved or stopped.<sup>181</sup> However several other countries such as Finland, Malaysia, Chile Australia, America and Ukraine the government have recognised the valuable contribution made by Christian programmes and are and seek to support and facilitate their work. Although many Christian groups receive little or no funding and operate on a tight budget, they save the government hundreds of thousands of pounds in reduced crime and policing.<sup>182</sup> A few figures for illustration; each drug addict in the UK is estimated to cost the government £35000 a year.<sup>183</sup> One such example is the Betel centre who do not receive government funding but ‘£56 of external funding will provide 24hr per day care, support, social help (including helping offenders) and crucially, workshop experience and job responsibility for 1 person for 1 week.’<sup>184</sup> The ‘external funding is multiplied because of income generating work [yielding £123 per person a week, and] because of the input of (separately funded) dedicated staff.’<sup>185</sup> Many of the people who stay for a year develop into people who are eager to contribute to society and help others out of dependency, such as these people. One of the International rehabilitation leaders considers ‘*Outcasts and drug addicts are too small a group to work with. Suppose its 5% of the population of the world, we want to reach the whole world. However this is the open door that God has given us into some very hard societies.*’(I10)

Policies adopted should facilitate the complete recovery from drug use rather than substitute a different drug or a ‘controlled’ use of drugs. The literature and programmes researched all demonstrated that abstinence is possible and an aim for total abstinence is required if a person is to leave addiction. If the aim is simply a reduction in harm then neither the addicts nor their families will be released from the bondage of addiction or be restored to wholeness. A recent

<sup>180</sup> See Chapter One and Chapter Four ‘Results’ discussing research by Hess, DeLeon, Muffler, Bradley, Ng and others..

<sup>181</sup> As described above under Harm Reduction. Correspondence, 12/07/04 For example projects in Wales, in Birmingham and a couple in London have either had funding stopped or halved this year.

<sup>182</sup> There are an estimated 50 addicts set free a year through just four of the Christian rehabilitation centres in the UK contacted. Telephone survey of four organisations 10/7/04

<sup>183</sup> (South London Press 5/12/2003)

<sup>184</sup> Betel financial report statistics presented on June 04, available from [info@betel.co.uk](mailto:info@betel.co.uk) [www.betel.org](http://www.betel.org) Their external funding is mainly charity support and residents benefit.

<sup>185</sup> *op cit.*

UK survey funded by the Chief Scientist Office of the Scottish Executive found ‘that the great majority of the people we interviewed believed that if they were to succumb, even once, it would lead inevitably to their re-addiction. As far as they were concerned, they could not use drugs intermittently nor could they afford to dabble. It was a clear choice between abstinence or addiction.’<sup>186</sup> Terrance Gorski’s widely used recovery chart identifies the first step to recovery as an ‘Acceptance of need for abstinence.’<sup>187</sup> An international project leader: ‘Holiness principle – separation from sin, total abstinence; not relying on any other drugs – that is important. We don’t preach it so much as try to live it and people absorb it. That brings a tremendous liberty. We don’t have the outward trappings of holiness groups but there is a spirit of holiness there that changes people.’(I10)

The next suggestion is to beware of the wider impact of ‘best practice’ policies promoted by liberal drug organisations, as in the future they could result in ‘very little practice’ policies. Some of the new legislation that may be brought in with good intentions for improving care available, however in practice can be counterproductive as they increase the requirements for providing a service unrealistically high, for the majority of small groups who are committed and able to run a vital service.<sup>188</sup> Corresponding examples have been seen regarding the valid concern for organisations to provide disabled access. Due to being unable to meet the financial cost of restructuring their buildings suitable for disabled access some projects to have to close thus increasing the pressure on the services that disabled people use. Many charities and small groups of people are skilled and motivated to help those suffering addiction but are restricted from providing a service through an increasing number of legal requirements. Teen Challenge give an example: ‘Local Teen Challenge centres are often housed in very modest facilities that comply with local building codes. However to be a licensed substance abuse treatment centre many of the codes approach “hospital-like equivalency.”’<sup>189</sup>

Some of the requirements or expectations imposed in the UK are actually considered by Russian and Ukrainian leaders as undermining the process of rehabilitation. For example the European requirement to give people their own room with lock and key would be unheard of especially at the beginning of rehabilitation as it encourages residents to think that they can

---

<sup>186</sup> James McIntosh & Neil McKeganey, *Beating the Dragon: The recovery from Dependent Drug Use* Harlow: Pearson Education (2002), 146

<sup>187</sup> Terence T. Gorski, *The Development Model of Recovery*, (Centre City, Minnesota: Hazelden, 1989)

<sup>188</sup> I visited three such projects in England, who were effectively providing recovery from addiction but chose to be identified simply as ‘supported housing’ due to the added legal restrictions that would then apply.

<sup>189</sup> Kenny, ‘Teen Challenge’s Proven Answer to the Drug Problem’

hide their actions and maybe even continue taking drugs. It also increases their feelings of loneliness and isolation particularly at night and can mean that relationships take longer to develop. Secondly giving people the freedom to come and go as they wish is considered irresponsible as it puts the new resident under far too much pressure too early. The vast majority of drug rehabilitation units in the former Soviet Union are being run entirely by the voluntary sector, by churches and Christian groups without government or outside funding, which is simply considered beyond the reach of most churches in the UK. Are churches in the former Soviet Union richer? Certainly not, but they do not have nearly so many legal hurdles. ‘Treflyn Lloyd-Roberts, Radstock’s drug rehabilitation specialist says of a typical centre; “they have no resources except prayer”.’<sup>190</sup> They simply open up their homes and reach out in faith with Christ’s love and compassion ‘And as a result these centres have remarkable rates’ of freedom.<sup>191</sup>

### 1.6.3 Think Long Term

The whole nature of government elections works against long-term thinking; some of the past decisions regarding the use of drugs that were seen as bringing an increased freedom and a reduction of harm for society have in the long term brought more pain and much bigger problems. As found in Chapter 2, terms do not always mean what they imply. According to Drug Prevent, the total effect of ‘harm-reduction for individuals equals harm maximisation for society’<sup>192</sup> because it increases the access to and interest in the current harmful activity. ““Harm reduction” policies facilitate continued dependence, reduces the likelihood of abstinence and thus prolongs both the history of drug use and also increases the number of people continuing to use drugs.’<sup>193</sup>

Another example of ‘harm reduction’ is the national lottery which has created considerable funds for some charitable causes. It has also increased the number of embroiled low-income people who are enticed to spend money that is not spare in a desperate hope that they might be the lucky one –next time. In other words ‘overall experience suggests that “harm reduction” approaches don’t in fact reduce harm’.<sup>194</sup> The results of drugs education is highly dependent on the attitudes of those delivering it. ‘The greatest problem is that those giving out the information are often doing so in a way which encourages a liberal attitude in a world

---

<sup>190</sup> Brian Jose, Radstock’s Newsletter *Rapport* (Sept-Oct 2003), 1 [www.radstock.org](http://www.radstock.org), accessed: 15/10/08

<sup>191</sup> Ibid, 1

<sup>192</sup> National Drug Prevention Alliance UK [www.drugprevent.co.uk](http://www.drugprevent.co.uk)

<sup>193</sup> Chris Cook ‘Harm Reduction Report for Tear Fund’ (Teddington London: internal report unpub.

2003), 4

<sup>194</sup> Ibid.

where rules, obligations, duty and self-control only matter if they matter to you. “Value free” education is destined to produce self-obsessed, narcissistic, self-indulgent individuals and is very short-sighted.’<sup>195</sup>

Legalisation or decriminalisation is a one way down-hill road, and like a wheel it increases speed as it rolls down hill but requires far greater effort to push it back up again. It requires far greater effort and enforcement to tighten laws rather than relax them. Changing public opinion requires ongoing compound effort. We have recently seen encouraging examples of the positive results of persistent campaigning and publicity of scientific research that have drastically reduced the impact of secondary smoking.<sup>196</sup> Maybe this does give hope for healthier changes in the future concerning policies the use of other drugs. We simply hope to avoid the thousands of associated deaths that were necessary with smoking, before this message is accepted. An Asian rehabilitation project leader observed that *‘As far as drug work is concerned it is changing every year. The methods we used twenty years ago are totally changed. In those days drug addiction was a problem, then it became a disease concept, and now it is a lifestyle.’* (I6)

Suggestions made in the interviews to bring about positive change included *‘Drug prevention programmes... through more outreach work,’* (I3) *‘We have a plan and program for prophylactic work amongst school children and students and different types of young people to tell them more about the problem of drug addiction. Also at this time to teach them the truth, that freedom is possible but even better you don’t have to fall into this problem if you will personally know Jesus Christ as your saviour.’* (U3) A project leader plans to *‘Run sports camps and other activities to help young people and create positive group dynamics on a national level, so they get into recovery before they start taking drugs....’* (I3) *‘It is our plan next school year to create a film which would be acceptable for prophylactic work. There is a lot of need for this. Also small booklets that we could give out when we undertake prophylactic work.’* (U3) *‘Residency fostering program in corporation with NGOs and schools.’* (I3) *‘For the average young person today drug addiction is a lifestyle. So you need to appeal to him with a lifestyle ministry compensated to make him realise that he is more important than the problem. We are making him realise that an addict is made in the image of God.’* (I6) All these positive programmes can either be encouraged or hindered by their local and national governments. Authorities who truly want to improve society should examine the

---

<sup>195</sup> Dixon *The Truth About Drugs* Ch 8 Why Governments are Scared of Prevention.

<sup>196</sup> Even to the extent of banning smoking in some Irish pubs.

long-term results of drug information programmes and support those programmes which improve the morals and healthy behaviour of society and restrict those that result in increased drug use and multiple sexual partners.

#### **1.6.4 Practical Application – Focus on facilitating freedom**

In summary, I believe this thesis clearly demonstrates that there is a way out of addiction that not only brings an ability to stay sober but also restores life of wholeness which includes a desire to give back to their families and society. This is freely available to all who seek it, in countries all around the world. Drug policy units can choose to ignore it but by doing so they are putting 100s of 1000s of lives at risk every year. Therefore, the main foundation for promoting the controversial ‘harm reduction’ policies, that abstinence is not possible, is seriously undermined. The second argument supporting ‘harm reduction’ is that is moralistic to expect people to stop. However this should not prevent realistic healthy solutions being made readily available. Many people on ‘maintenance programmes’ would much rather be free from addiction but continue to take their dose because they do believe it is possible. This may be have even been what their doctor had led them to believe. ‘So I was forced into taking methadone more or less, it was like he wasn’t giving us an option.’<sup>197</sup> A British addict ‘spent 13 years injecting heroin 10 of those cheating drug tests and doubling up on methadone... He lost 30 of his mates to heroin. And at 35 he wanted, now, to change his life. His methadone-prescribing GP -the authorised professional entrusted with his care-told him it was impossible. He’d never known anyone to come off hard drugs, not after 10 years’.<sup>198</sup> Nevertheless this man is now totally free after attending Betel a Christian rehab centre he is working fulltime to bring freedom to others.

Given their demonstrated effectiveness, even on a purely financial basis, facilitating Christian rehab centres would save the Government thousands of pounds a year currently being spent either due to crime, or in supporting addicts on substitute maintenance programmes. The first produces people who are self-sustaining and motivated to contribute to society often wanting to make up for their past and become part of the solution for others. The second route leaves people totally dependent on funding; which typically includes housing benefit and income support, as well as their allotted daily dose and able to contribute very little to society. ‘To ask governments or other funding bodies to withhold funding for addicts who opt to join

---

<sup>197</sup> McIntosh & McKeganey, *Beating the Dragon*, 141 ‘So I was forced into taking methadone more or less, it was like he wasn’t giving us an option.’

<sup>198</sup> Kent Martin, ‘Promoting Abstinence in a Culture of Harm Reduction’ Seminar in *Raising the Standard* – A one day conference of ISAAC-UK, in Birmingham (June, 2004), 1

programmes endorsing a certain Philosophy can be seen as an attempt from the holders of one worldview to suppress other worldviews.<sup>199</sup> Government support, respecting the projects proven methods of effective rehabilitation, could significantly reduce the problem of addiction as rehab leaders consistently reported lack of finance and accommodation as the primary restrictions on growth.<sup>200</sup>

As well as facilitating demand reduction a strong emphasis on reducing the supply has also been seen to effectively reduce drug use and related harm ‘using law enforcement to intercept and seize [drugs, you] drive up their price by restricting supply... by raising the price... fewer drugs are bought and less harm is done.’<sup>201</sup> Examples were given in Chapter 2 including a description of the current *Tough on Drugs* policy of the Australian government which has reported evidence by Don Weatherburn at the NSW Bureau of Crime Statistics and Research of a dramatic reduction in heroin use and property crime. This is primarily contributed to effective supply reduction through ‘the increased effectiveness of federal and state law enforcement,’<sup>202</sup> demonstrated by the three/quarter jump in the average street price. ‘Since the shortage began the average rate of non-fatal heroin overdoses a month in NSW has be 50% lower than in the years before’ The published statistics currently available already show a between a 10 and 15% reduction in burglaries, robberies and car theft in NSW and Victoria. ‘The message to take away from our recent experience with heroin is that contrary to what you might expect, the demand for drug turns out to be reasonable price-elastic.’<sup>203</sup> The results confirm the importance of having strong border prevention and law enforcement.

While short-term policies like ‘harm reduction’ and decriminalisation might make life easier for a small minority it is at the expense of the majority and does not recognise the uncalculated cost of dangerously undermining the longer-term solutions of prevention and recovery. In short, all policies that cause people to be more likely to fall into traps of addiction should be avoided.

---

<sup>199</sup> A conclusion of El-Kharrat’s doctrinal thesis. El-Kharrat 2003b:13 What Balm is there in Gilead? with reference to Jer 8:22 and Muffler, Longrod & Larson “There is a Balm in Gilead”: Religion and Substance Abuse Treatment In: Lowinson, J.Y., Ruiz, P. & Millman, R.G. Eds. Substance Abuse: A Comprehensive Textbook Second Ed, (Baltimore: Williams & Wilkins, 1992)

<sup>200</sup> Most of the leaders interviewed, and others contacted in the UK reported finance or accommodation as the main difficulties.

<sup>201</sup> Ross Gittins ‘The Verdict is in: the Hard Line Against Hard Drugs is Working’ *Sydney Morning Herald* June 2004

<sup>202</sup> Ibid.

<sup>203</sup> Ibid.

## **1.7 Conclusion**

These are the recommendations for the six groups for whom this research has been identified as having direct implications. However, others who do not naturally form part of the above categories may simply be interested in experiencing the same power of God available for their own lives in their search for meaning and fulfilment.

## APPENDIX 2 ANALYSIS DATA

### 2.1 Summary of People Interviewed

Qty	Description	Code
3	Head of National Associations	I6, U3, I1, I5
4	Have over 35 years of experience working in field of drug addiction recovery	I6, I10, I8, I7
6	With over 15 years of experience	U3, I5, I3, I4, I2, I1
4	Authors of books or PhD's on addiction	I10, I7, I4, I3,
5	Manage a 100 or more workers	I9, I10, I7, R4, I1
4	Oversee drug rehab work in several countries	I1, I2, I3,I4, I5, I7,I8, I10, R4
6	Directing projects with over 10 centres	I2, I1, R4, I10, I7, I9, U3
8	Centre or project leaders who are ex-addicts or alcoholics	U2, I8, R4, I10, I2, R5, R3, U5 U4, I5,

Total years of experience of rehab ministry are over 400.

## 2.2 Russian Questionnaire

### Интервью с вопросами о нарко-служении

- 1) Какие самые важные принципы, которые вы используете для построения реабилитационного центра и нарко-служения? Какие действия или отношения серьезно подрывают эти принципы?
- 2) Какие требования являются ключевыми для развития каждого человека? Что определяет долговечность жизненных изменений?
- 3) Каким образом ваш нарко-проект выражает работу церковью? Что может послужить церквям из вашего нарко-проекта?
- 4) Как вы как представители нарко-служения, взаимно связаны с церквями в вашем контексте? С каким позитивным или негативным опытом вы встречаетесь?
- 5) Какое ваше видение на будущее? Как вы думаете, на сколько применимы установленные вами принципы в других странах или служениях?

Спасибо

## 2.3 English Questionnaire

### Interview Questions about Drug Ministry

1. What are the most important principles that you seek to build in your drug ministry. What actions or attitudes seriously undermine these principles?
2. What do you see as the key requirements for effective training and development of each individual? What determines lasting life change?
3. In what ways do you think your drug projects express church? -What do you think that churches can learn from your drug project?
4. How do you as a drug project relate to churches in your context? What are the positives and negative experiences that you encounter?
5. What is your vision for the future? How transferable do you think that the principles you have established are to other countries or ministries?

Thank you

## 2.4 Interview Summary Analysis

### 1. What are the most important principles that you seek to build in your drug ministry.

R2, R3, R4, U4, U2, U1,, – Be an example of Christ,  
R1, R3, R4, R5, U4, U5, – Love, the basis of all I do, process of perfection,  
R4, U1, U3, U2, R2, R1, R3, U4, U5, R5, – Following Biblical Principles- method standards  
U3, R3, R4, U1, – bring them to Christ – only possible change  
R4, U3, U1, R2 – Right relationship with God, and others.  
R3, U1, U3, – spiritual growth, Bible lessons, Church life & discipleship  
R4, R5, – Repentance  
R4, U1, – To trust God, His word and leaders.  
R5, R3, – Faithful obedience,  
R4, U5, U3, – Addicts desire to change  
R5, R3, – Friendship,  
R1, U5, – compassion  
U3, Worship & gratitude  
R4, U2, U1, VS,– workers commitment  
U4, R2, – team unity  
R4, R3, – Openness of resident  
R2, U3, – personal responsibility, reproducing discipleship  
R3, U5, U3 – encourage work, sport, & creativity  
U4, R4, U3, – finance not necessary to attend rehab  
R3, R1, – Run a Christian youth club to promote abstinence & provide support for ex-addicts  
U1, R5, – sacrifice & take risks for the gospel, persistence  
U5, – Unconditional acceptance by workers,  
R3, – preparation for future

### What actions or attitudes seriously undermine these principles?

U5, U4, U3, U2, – Little desire or commitment to change.  
U2, U5, I3 – Laziness, inertia  
R2, R1, U5, – residents lack of openness  
R1, R4, – unwillingness to change, stubbornness  
U3, U4, Lack of unity between ministries  
R2, U4, – poor example by leaders, Christians lack of unity  
U3, R4, – Misunderstanding of other churches/Christians  
R4, U2 – pride, distrust, rebellion, bitterness, reliance on self not God  
R4, – lack of preparation  
U5, – Not being professional  
R4, – Sickness mentality, relying on programmes  
R4, – Rebellion distrust, craftiness  
R5, – cold hard hearts,  
R3, – nostalgia for old life  
R1, – unfaithfulness, lack of persistence,  
U1, – broken relationship with God  
U4, – lack of resources  
U1, – forget God's value of this work

## **2. What do you see as the key requirements for effective training and development of each individual?**

R5, R3, R1, U4, U2 – for rehabilitant, a desire to change, convinced drugs is wrong  
U1, U2, R3, R5, – Learn the Word of God – that’s what changes someone.  
R2, R1, R4, – Learn to serve others: e.g. addicts, street children,  
homeless, not just concerned for themselves  
R4, U1, U3, – Each one passing on their skills to others, mutual supportive community.  
U1, U3, R4, – faithful, reliable, committed, anointed  
R3, R2, – workers must reflect Christ,  
R1, R3, – have compassion  
R4, R3, – openness, honesty  
U3, R4, – gratitude to God,  
U4, R4, - humility  
U1, – Develop relationship with God then they will develop  
U4, – workers need fellowship, good relationships  
R3, – workers must meet the requirements of an apostle

### **What determines lasting life change?**

R1, R3, U4, U5, U1 – Ongoing obedience to Christ.  
U1, R4 - Gods Holy Spirit living in them  
U4, U5, – commitment to spending daily personal time with God, taking care of yourself.  
R1, R3, - to avoid self-centredness  
R3, – Faith in God  
U1, – Abiding in God  
R4, – deep repentance  
U2, – recognition of and desire to address weaknesses  
U1, – Application of God’s word  
U2, – Positive confession  
U5, – Faithfulness and a fear of God.

### **3. In what ways do you think your drug projects express church?**

R1, R2, R3, R4, R5, U1, U2, U3, U4, U5, We worship pray and study the Bible together  
R3, U5, U2, U1, – Same calling to reach dying world, follow example of Good Samaritan,  
R5, U4, R4, – We are starting a church (in 4 months from starting our drug ministry)  
U3, U2, R4, U1, - We prepare missionaries  
R4, R3, – live out first century fellowship<sup>1</sup> & studying Bible  
R5, – Our responsibility to teach & disciple those God gives us –  
R1, – I serve the church  
U2, – Addiction transformation reclaims talents for God

### **- What do you think that churches can learn from your drug project?**

R3, R2, R5, R2, R1, – Living community, meeting each other’s needs  
R4, R2, U3, R1, R2, – Care for outsiders,  
R4, – commitment to service  
U3, – Openness, & honesty  
R3, – Discipleship

---

<sup>1</sup> Acts 2:42

#### **4. How do you as a drug project relate to churches in your context?**

- R1, R5, R3, U4, U2, U1, – Support & council of local church leadership
- R5, R3, R1, U4, U2, U1, – Church helps us financially
- R2, U4, R4, R5, U5, - We have started our own church(es).
- R3, U2, R1, U4, U1, – Local church ministry/ outreach,
- R3, U1 – We provide workers for church construction
- R5, – We've good relationships with all churches contacted especially our local one.
- U1, – Drug ministry is inseparable part of church
- R4, – We only relate to our own churches we have planted
- U4, – Needs good trust between Church & rehab ministry
- U4, – Rehab centre needs its own spiritual leaders.

#### **What are the positives and negative experiences that you encounter?**

##### Positive

- R3,U1, U2, R2, U4, R4, U3, U5, – Changed lives, brings growth & blessing to the church
- R2, U3, U4, U2, R3, R2, R1, R4, Ex addicts stories inspire and challenge other church mem
- R3, U1, U4, R2, R1, R2, – Given financial assistance
- R3, R2, R1, R2, R5, U1,U3, U4, U5, R4– Ex addicts work in the church as ushers, musicians  
home group leaders Sunday school teachers and pastors
- U3, R4, U2, – Addicts should all be active in Christian service.
- R1, R3, R4, U3, – We provide support for co-dependents & all with addiction problems,
- U5, U2, U1, – Spiritual support, trust & openness,
- U1, R2, – Church provides fellowship & encouragement to ex-addicts
- U2, – rehab helps readdress the lack of men in church

##### Negative

- U5, R4, U3, U1 – Having a psychological or medical view of addiction
- R4, U3, U5, - Many churches do not care appropriately for addicts
- R1, R2 U5, – Misconceptions about drug work
- U3, U5, R4, Churches Concerned about rehab being a drain on resources
- R3, – Repeated failure, but we never give up on someone
- R4 – Church leaders have difficulty trusting ex-addicts.
- R3, – Pressure from Orthodox
- U4, – Conflict of interests (use of building)

#### **5. What is your vision for the future?**

- R3, U1, U5, R2, – Open more centres to increase provision
- R1, R4, U3 – Implement the great commission Matt 28:19-20
- R3, U3, R4 – Be more professional, to start a training school for working with addicts
- R3, U3 – Increased prevention education in schools etc.
- R5, R3, – Fulfil God's will on a daily basis
- R2, U2, – To bring salvation through Christ to addicts all over the world.
- U1, R2 – Run a youth club, as positive prevention against drugs
- U3, R4 – To build a network with other rehabilitation programmes.
- R1, – Some of our guys freed would start own centres
- U1, – to gather teenagers from Satan's hold
- U5, – have our own building
- R5, – Faithful to what I've been entrusted with.
- U4 – Develop Messianic workers & centres for all the Messianic fellowships
- U2, – develop business to fund mission, and save millions of people
- U5 – Build a strong church

**How transferable do you think that the principles you have established are to other countries or ministries?**

U3, R2 R5, R1, R2, R3, U5, U4, U1, U2, - Yes these principles are universal, they're not based on humans

R3, U4 – Yes and we want to learn from the experience in other countries.

U5, U2, Language & culture does not make a difference or form a barrier

R1, – Each person has own model of leadership as HS has led them, but Biblical principles are constant.

R4, – Yes if they have anointing from God.

## **Interview Summary Analysis continued with- Directors of Rehabilitation Ministries.**

### **1. What are the most important principles that you seek to build in your drug ministry.**

I9, I3, I8, I5, I1, I2, I6, I3, – Commitment to God

I1, I2, I5, I8 – Freedom through Jesus Christ, each one needs to find unity with Jesus Christ, Jesus is the only answer.

I3, I1, I7, I2 – Freedom from drugs is the same process as becoming a Christian, one specific but clear example of sin.

I10, I7, I6, – Aim to reach all not just addicts, focus on the poor. Build Kingdom of God

I7, I10, I8, – Demonstrate love of Christ

I10, I7, I2, – Provide/be family for them

I2, I1, I3, – Repentance

I10, I2, I3, – Faith in God

I10, I7, I8, – Worship & gratitude

I7, I10, I1, – God reveals himself to us

I4, I6, I1, – Addiction is a symptom not the cause of problem, must focus on all aspects of their life

I10, I4, – Trust, honesty, openness

I5, I10, I7, – instil respect and dignity for themselves and others

I5, I4, I3, – key worker responsible for each person/

I10, I7, older brother/ sister to disciple

I8, I5, – Fathers love

I4, I5, – Individual counselling- individual needs,

I4, – Work & be valuable

I3, – Confidentiality

### **What actions or attitudes seriously undermine these principles?**

I10, I7, I1, I4, I2, – Sickness mentality

I7, I2 I10, – Relying on programmes, and ‘professionalism’

I1, I2, I4, – Very easy access to drugs

I2, I6, I1, – Poverty, no economy, lack of resources

I1, I7, I9, – Human resources

I6, I1, I9, – Government

I9, I6, I1, – Staff relationships

I2, I3, – Pride arrogance

I9, I1, – Lack of Unity between ministries.

I4, I5, – Lack of integration between organisations dealing with a client

I2, I7, – Communist education mentality - leads to irresponsibility

I2, I6, – Family members co-dependency

I1, – Separation from God

I3, – Individualism, selfishness, defensiveness,

I3, – laziness slothfulness

I5, Lack of clear policy, inconsistencies being unfaithful

I6, – Conflicting religious teaching

### **2. What do you see as the key requirements for effective training and development of each individual?**

I10, I6, I7, I2, – Encouragement/expectation to serve others

I6, I1, I7, I2, I10, I9, – Faithful to principles of the gospel, Discipleship – follow Jesus, Gospel applied to life. devotion to God

I7, I2, I6, I4, – Helping them to think for themselves

I2, I7, I10, I6, – Were training people to train others. 2Tim2:2

I6, I3, I4, – Holistic: spiritual mental & physical  
 I1, I2, I10, – holiness, submitting all life areas to Biblical standard, obedience  
 I9, I7, I10, I5, – Teamwork and in continual house training, -team meetings  
 I2, I4, I5, – Strict discipline is needed  
 I3, I7, I1, – identity in God  
 I2, I10, I1, - Character  
 I3, I7, I10, – Each one passing on their skills to others  
 I6, I4, I10, – Accountable for finance, build responsibility  
 I1, I2, I9, – commitment to God ‘Take up cross  
 I4, I7, – Start with very basic expectation, their lacking in maturity  
 I3, I4, –Technical skills in the right balance  
 I7, I4, – Work experience  
 I4, I3, – Agreed goals with client  
 I3, – humility

**What determines lasting life change?**

I2, I6, I1, I10, I7, – Stay focused on God and live consistent Christ-like lifestyle  
 I2, I3, I5, – Deep repentance, submissiveness  
 I3, I1, I2, – Healthy relationships with God, other & yourself

**3. In what ways do you think your drug projects express church?**

I7, I2, I10, I7, I3, I6, I4 – Church attendance is part of the program  
 I10, I7, DT, I1, I5, – Worship and study the bible together.  
 I6, I1, I3, I4, – Important that the teaching is applicable to them.  
 I6, I2, I10, I6, – Living together in loving community.  
 I4, I3, I1, I9, I5, – We’re not a church  
 I10, I6, I7, I2, – We became a church ourselves. Saw the need.  
 I7, I2, I10, – Importance of ongoing experience with the Holy Spirit. (not specifically asked)  
 I5, I2, I7, - use discipline  
 I2, I10, – Applied theology.

**-What do you think that churches can learn from your drug project?**

I10, I6, I1, I9, I4, I2 I7, – Emulate us in care for the lost, the marginalized, the poor.  
 I6, I10, I1, – Church is for everyone.  
 I6, I10, I7, I1, I8, – God is powerful to change everyone. I6, – from Hindu, Marxism, Brahmins, CSW (Commercial Sex Workers – prostitutes) & addicts  
 I2, I7, I1, I8, – Christians need to seek God 24 hrs a day, lead a devotional life  
 I6, I3, I1, – Churches need to learn genuine honesty and openness to deal with their problems.  
 Let your words and actions match as Jesus did  
 I2, I3, I5, – Discipline, challenge sin.  
 I5, I7, - Discipleship and nurture for everyone-  
 I7, I10, – True Christian community living and sharing.  
 I9, I1, – Churches need to learn true love and acceptance  
 I1, – Patience and perseverance  
 I5, – No clear theology to deal with sin.

#### **4. How do you as a drug project relate to churches in your context? What are the positives and negative experiences that you encounter?**

Positive

- I10, I3, I1, I9, I7, I2, I6 – Addicts must be active in their local church for ongoing support for continuing a healthy life.
- I10, I6, I9, I2, I5, – Addiction ministry blesses & brings growth to the church.
- I10, I3, I9, – Drug ministry is an outreach from the local church.
- I9, I10, I7, I1, I6, – We are a challenge to middleclass church.
- I3, I10, I6, I1, – Ex-addicts testify of God's healing in church services
- I6, I10, – Prepare leaders for the church, who are responsible and committed to serve
- I9, I4, I5, – We can be an expression for Christian service, increase their spirituality, fulfil their role in the community.
- I9, I10, I6, – We want the churches to take over
- I4, I6, – We invite churches leaders to visit to understand.
- I3, I4, – Provide recovery support for Church members
- I10, – We provide resources the church needs.

Negative

- I3, I10, I7, I2 – People tend not to trust ex-addicts
- I3, I10, – People tend to idolise ex-addicts
- I4, I1, I3, – Churches are not equipped to deal with addiction.
- I10, – Churches are concerned addicts need more resources than they can give
- I1, – Church can separate me from God if they add extra laws rather than love.
- I4 – churches the best relapse prevention organisation because it provides – Biblical moral teaching, friendship group, focus for energy in service, providing self worth

#### **5. What is your vision for the future?**

- I2, I10, I3, I6 - Fulfil the great commission Matt 28:19, Acts1:8, IS 61:4
- I10 – Reach Every nation and urban city
- I2, I10, I3 – Reach the whole Muslim world Is 60
- I4, I3, I10 – Reach and help all people in society other problems
- I10, I4 – Spiritual farm/village for physical and spiritual healing
- I2, I4, I3, Develop more training, develop a university
- I7, I10, I2 – Be led by the Spirit
- I7 – All set free and trained would themselves reach out to the poor.
- I9, I1, – Network with all drug ministries to share experience and resources.
- I3, - Increase Drug prevention and awareness programs through personal testimonies, films, booklets, etc
- I6 – Return confidence in God and His Word.
- I6 – Transform the environment physically through the lives of transformed people.
- I5 – Churches becoming a rehabilitation environment, in the power of the HS
- I4 – All workers to understand their Christian faith as the substance of their service whatever their role.
- I3, – Residency fostering,
- I3, – Sports clubs, camps – positive environments for youth

#### **How transferable do you think that the principles you have established are to other countries or ministries?**

- I6, I1, I10, I7, I2, I5, I8, I4 - Yes definitely these principles are global  
(Two interviews ran out of time available before getting to this question)

## 2.5 Life Story Summary Charts

Pattern of Life-Stories A-a

Code	A1	A2	A20	A21	A23
<b>Life before drugs</b>	Mafia, crime, & occasional	Rich parents single child – spoilt & never disciplined	Traditional-Christian family but didn't know God		Broken home addiction
<b>Reason for starting</b>	Abundance of Cocaine in Uzbekistan used as money	At college peer pressure search for pleasure	searching @16 empty & depressed	At 14 life of drugs & crime	abused
<b>Realisation of addiction,/ dosage increase</b>	Couldn't be there without being high, no sober photo's.	In hospital for Hepatitis, hosp advised to continue drugs for heart	mixed drugs & alcohol to increase high dose grew	soft then hard thought I could quit but habit increased	Life full of drugs & sex.
<b>Attempts to be free</b>	20 years tried to stop, kept adctn hidden from family	11x in expensive hospitals but to no avail, only brought physical release not spiritual or psychological	Felt trapped tried marriage 2 find happiness, wanted to die	Tried hard to change but it only got worse Parents hopeless	Completely lost hope a world of sin
<b>State before repentance</b>	completely depressed, constantly high wanting death	Increasing crime & ashamed to meet anyone.	6 Nearly over-dosed twice yrs addicted	2yrs addicted trouble w law hated life Permanently high to escape	3 Children also addicted
<b>First step</b>	-	Visit from an ex-addict	Locked self in & cried out to God if He exists	Met someone who understood & told me of Jesus	God through Christian ex-addicts freed me
<b>Fall back/ process of growth</b>	-	After 1st centre lasted a month but then went to another Xtn centre			
<b>Life now</b>	Leading a large rehab ministry	Ass Dir of large rehab ministry			Children & I freed from drugs
<b>Restored relationships</b>	All family transformed and following God.	good r/ships w parents, married with a daughter	Jesus sent rehab dir & I gave my life to God found meaning	I accepted Jesus as Lord & Saviour. Freed from chains of sin	Clean full of God, peace joy & hope.
<b>Future purpose</b>	Bring freedom to as many as possible	Convince people that God is the only answer to drug addiction	live for Jesus & Serve God	Follow Jesus & live for Him	& recvd other miracles

**Pattern of Life-Stories A-b**

<b>Code</b>	<b>A3</b>	<b>A4</b>	<b>A5</b>	<b>A6</b>	<b>A7</b>
<b>Life before drugs</b>	Good family	Professional footballer Lacked nothing	Responsible & obedient son, good student	-	Professional tennis player & coach for Russia
<b>Reason for starting</b>	influence of friends	Easy access	Persuaded by cousin Sniffed H for a year	I enjoyed it, thought I stop whenever I want	-
<b>Realisation of addiction, dosage increase</b>	No point to life, destroyed from drugs	Drugs only brought pain Twice in prison	thn injected Lost work so stole. Often caught & served bail	It was the opposite I started to steal lie etc	Five court cases. In prison found I had AIDS
<b>Attempts to be free</b>	No hope	planned to die	Many	Trapped	Lost hope in all human solutions
<b>Yrs addicted</b>	12	10	2	7	12
<b>State before repentance</b>	only wanted to die	Drugs destroyed everything	Practically died from an overdose	Lost health friends & family	
<b>First step</b>	Lifted my hands to heaven & cried to God	Jesus came and healed the pain	Received release from Jesus Christ	Brought to centre and accepted Jesus as God & saviour	Heard about Jesus & gave Him a try.
<b>Fall back/ Process of growth</b>	Turned 180 <sup>o</sup> round. Pastor of second church plant	Pastor of large church	With new wife & son, serve Jesus fully	Overjoyed, as God resurrected me. Started two centres	Healed of AIDS epilepsy & addiction
<b>Restored r/ships</b>	At home leading drug ministry	Married my partner & have 4 children	whole family saved	many new friends, & good family r/ships	
<b>Future purpose</b>	Help others be free from slavery to drugs		Run a large centre to set many free.	Serving God	Alive, healthy and filled with joy

**Pattern of Life-Stories A-c**

~Code	A8	A9	A10	A11	A12	A14
<b>Life before drugs</b>	Good loving parents, older sister	Mafia leader			at 18 had cars money girl-envied by friends	Into sport & w girl friend
<b>Reason for starting</b>	Looking for some-thing interesting & exciting	Started sniffing & then injecting heroin	Internal dissatisfaction something missing	Started light with hash & marijuana with friends	a friend offerd me a shot & it all began	
<b>Realisation of addition, / dosage increase</b>	Prev took marijuana, with heroin quickly fell to the pit bottom	Sold all our property-wife left & parents kicked me out	Took drugs for comfort but intensified my desperation	Then increased to heroin, first shot up at 17	Family division Continual conflict with police health prob	Lost health & girlfriend rejected by family abandoned sports goals
<b>Attempts to be free</b>	Realised no hospital or amt money could help	Put in psycho home & tried another Xtn rehab centre	tried to commit suicide	I continly tried to give up 8xs diff hosptl but didnt last amth	Parnts mny desperate atmpts oldr bro addictd	Continually sought a way out Mother heard of ctr
<b>Yrs-addictd</b>	4	3.5	2	9		5
<b>State before repentance</b>	Wanted to die	Living on the street	3) Intentionally overdosed & heart stopped for >1 hour <sup>2</sup>	Lst yrs shot up just to survive life=monotonous dream	Stomach ulcer & abscesses	Drugs completely ruined my life
<b>First step</b>	Met Jesus & my life was revolutionised love God whole heart	Heard rehab leader's testimony & learnt about Jesus Christ	1) Accepting Christ's forgiveness	One wonderful day Jesus came into my life	Older bro frst free thr rehab cntr mother prayed	Gave my life to God at the centre & was healed
<b>Fall back/ process of growth</b>	Shocked leaders still accepted me after relapse	Ran away 4 times not understanding	2) but a few days later back into sin	A miracle- I was freed from drugs drink & cigarettes!	After amth thought I'd be fine on my own. now totally healed	Quit drinking smoking & drugs with no medication <sup>3</sup>
<b>Life now</b>	I'm free & very grateful new musical talent	Leading two churches & drug centres.	God brought me back to life & now devoted to live for Jesus	I'm free -truly free!	Leading a church married girl friend 2 daughters	Free & health improving Wonderful to be in God's loving family
<b>Restored re-relationships</b>	Lead many in worship in church & rehab centre	New wife & daughter	New wife & daughter	Give praise to the Lord Jesus Christ	Family in unity mother & brother serve God	Good relationships at home
<b>Future purpose</b>		Bring all possible to God	full time ministry	Use my talents to serve centre	All praise to Him	God's child Praise Him

<sup>2</sup> Numbers give order of events. Thought he had lost the chance for God's help. Prayers of mother church & rehab members brought him back to life.

<sup>3</sup> Replacement medication is not used in any of the centres reported.

**Pattern of Life-Stories A-d**

<b>Code</b>	<b>A15</b>	<b>A16</b>	<b>A17 -26</b>	<b>A18 -22</b>	<b>A19 -23</b>
<b>Life before drugs</b>		Normal	Good home	Grew up in mining town	
<b>Reason for starting</b>	Started at 21 wrong companions	19thought it was great, energy & gd mood surge	My soul was terrifyingly empty	Started after returning from army	Seeking truth philosophy & Satanists
<b>Realisation of addiction,/ dosage increase</b>	Dose increased to 4 grams/day. Treatment didn't work	hapinesdidn't last no interest in life or even in drugs	Went to fight in Chechnya for access to strong drugs	Sold everything I had for the sake of durgs	Gave my life to drugs
<b>Attempts to be free</b>	Attended Bishkek & Pitergorsk rehab centr	In prison	Treated many times-in vain Doc surprised he's still alive		knew I had a purpose not just for existance
<b>Yrs addictd</b>	8	10	6.5	3	6
<b>State before repent-ance</b>	Dying	Indifference 2 everything including drugs	tried to commit suicide	Desperate	Everything I tried led to the pit-til
<b>First step</b>	Came to God for healing, no withdrawal symptoms	Addiction doctor told me of God & gave number for r/c	Class teacher led me t chrch & then came to rehab	rehab worker came to me & told me about God	Jesus came into my life
<b>Fall back/ process of growth</b>		completed rehbilition	Jesus healed me	7mths w God & very grateful	He brought me truth & a full life
<b>Life now</b>		New life in God & now overjoyed	Now leading others to God	Jesus is changing me	He shows me the way
<b>Restored relationships</b>		mother now a Christian			
<b>Future purpose</b>	Praise to God	Praise to our Lord	Help others get out of addiction	God inspires me to help others	

**Pattern of Life-Stories B-a**

<b>Code</b>	<b>B1 -34 yrs</b>	<b>B2 – 41</b>	<b>B3</b>	<b>B4 – 45</b>	<b>B5 – 35</b>
<b>Life before drugs</b>	Competitive sportsman. Beautiful wife & daughter, ran a restaurant.	Father died young, partner died while pregnant- often at cemetery.	Widowed invalid father – good example but no control. Good salary	Poor family mum alcoholic dad often prison Children left to scrounge	Spoilt-w foreign gifts. Successful in music & sport teachers pet, but no friends
<b>Reason for starting</b>	Friend offered fix. Wanted more, quickly formed habit	Depressed Friends brother took morphine.	Curiosity over-took warnings, friends	At 4 given vodka by parents & uncle for fun	Peer pressure & attraction of happy hippies, given drugs free
<b>Realisation of addiction, / dosage increase</b>	Life spiral-ling down, gave up sport threatened with divorce	Codeine pills then injections, soon no comfort in drugs.	Wanted smthg more. sick of watching wife inject	Kicked out of airforce & other jobs as drunk or absent	Sick on first day of school from withdrawal. No pleasure indrugs
<b>Attempts to be free</b>	All blood chngd psychologists & hypnosis' but none helped	Forced to attend treatment. Criminal case stole for drugs	Tried but it was stronger than I In 11 hospitals, tried marriage	Many different clinics & methods but drank on arrival	Best narcologist couldn't help free my soul addiction
<b>yrs addicted</b>	~ 6			~30 alcohol	
<b>State before repentance</b>	Divorced, lost all friends Life= hell Suicide 2x, limbs rotting, paralysed	3 yrs in cellar, half organs failed. Doc refused 'only few hrs to live'	Tried 'healers', hopelessness. In prison saw NT+ heard gospel but rejected.	At a dead end felt he was dying, fear & despair	Many suicide attempts, cancer internal bleedng w-42kg 'Only 2 mths to live'
<b>First step</b>	Cried out to God to start life a new. That eve Christians visited cellar	'God if your there let me live' Found and taken by cntr workers.	Saw Xn rehab on TV wife for 2 months but continued drink smoke & hash	Christian visited him in hospital	Xtn's visited home told God needed & could save me Attended chrch to ask forgiveness.
<b>Action</b>	After week in emergency care taken to rehab . Repented+gave life to God	All prayed faith for healing. 'God I'll do everything only let me live'	Both went to rehab decided firmly to finish Asked God to help me change	Called to God, begged forgiveness heard name JESUS could sleep	Accepted Jesus in heart life-radical changed. Freed of all addiction, soul full peace+thanks
<b>Fall back/ process of growth</b>	Now already 6 yrs free of drugs, alcohol & smoking etc	Slowly do jobs. Wanted to be useful. All organs healed	Re-education of soul,mind+heart Christ touched me stopped lying	Fell b-day -old friends repented to God great joy decide go centre	Healed abscesses all organs+cancer 1mth gained 27kg Joined Bible collage
<b>Life now</b>	Work at same centre	Serve at the centre as promised.	Serve ano rehab ctr wth meaning joy & happiness	Working to help others find release	No anger hatred, love +forgiveness work in rehab ctr
<b>Restored relationships</b>	Have hope and gratitude	God revealed His love to me	Have wife+son & work togethr	Met wife at centre-3childrn	Married+3 sons Mum died happy
<b>Future purpose</b>	Want to tell all Jesus is alive & can help you.	Help addicts as I was, find salvation.	Tell of loving God escape frm drugs-last hope	Serve God stay with Him	Impossible not to help addicts out of their deadlock

**Pattern of Life-Stories B-b**

<b>Code</b>	<b>B6</b>	<b>B7</b>	<b>B8</b>	<b>B9</b>
<b>Life before drugs</b>	Prnts good jobs Life fine, sport, St P Tech Uni,	Parents atheist+ communists who loved us. Search for own truth	Traded on black market had lots of cash, respect & big plans	Interest in music, poems, Well off family, loving parents good job
<b>Reason for starting</b>	Type of friends, curios, attracton of highs 1 <sup>st</sup> try v sick,	Need t try every thing, teenage rebellion, desire to show off	Hashish with musicians, then opium in 2 mth hooked	Curiosity, was told he could just try it. Initially no high-indifference
<b>Realisation of addition, / dosage increase</b>	2 <sup>nd</sup> shot-constant habit,new world Later depressed, wet self confd	Search for life to fill emptiness =slave to drugs & crime	Lost interest in everything everyone forced to steel	Not a real person without injection required dose <
<b>Attempts to be free</b>	all poss. done to me but useless no desire, kickd out of hm, no frends	Prison forced cold-turkey x2 21days no sleep Abandonnd child	Oft in exp hospitals but drugs always returned.	Parents did all they could to save him-no joy.
<b>yrs addicted</b>	4		8	
<b>State before repentance</b>	V low, several suicide attempts smthg protected me.	Lived in cellar like rats, dieing slowly dysentery legs rotted	Robbed all Barred from home +relatives	Family destroyed cycle of despair- hope-despair
<b>First step</b>	Met Xtn ex-add a miracle given hope+truth. Met dir at church.	In prison heard wife now free from drugs in Xn rehab centre	Gdmthr heard of Xn centre, there I met ex- addicts	Saw TV prog of Xtn rehab, detox & no substitute,
<b>Action</b>	After police req to attend cntr. Strg desire to quit asked Gods help	<sup>4</sup>	Learnt about God JC blood & mercy, accepted & started anew.	Learnt a new way of labour+ prayer Faith changed his desires+ actions
<b>Fall back/ process of growth</b>	Faith + work helped recovery +others example		After 8 yrs planned again thought about who I was.	Old interests retned & went to work ano rehab centre, met wife
<b>Life now</b>	Completely diff person	centre reported him fre ofdrugs	Grateful for attention to 'forsaken'	Running rehab centre nr own town, have child
<b>restored relationships</b>	Good relation- ships with all family		Met my wife an ex-addict at the centre	Confident in God supported by Ch & family
<b>Future purpose/ message</b>	Ask God to help see if He answs		Now healthy & have a year old son	Give falln people hope in Christ & spiritual fondatn

<sup>4</sup> This life story ends abruptly

**Pattern of Life-Stories C-a**

<b>Code</b>	<b>C1</b>	<b>C2</b>	<b>C3</b>	<b>C4</b>	<b>C5</b>
<b>Life before drugs</b>	Own flat+ well supported. 'normal studnt' parties alcohol & drugs	Completed financial college & worked in a bank	Petty crime tourist robbery.	Looking for adventure, to be cool no r/ship with parents.	Dad left 2mths, skin disease so no friends sunk into heavy metal
<b>Reason for starting</b>	Depressed looking for joy no hope, or purpose.	Living in fear – boyfriend gangster controlled by money.	In prison first hash then heroin	Ran from hom Looking for 2 <sup>nd</sup> 1/2, for love + to be needed	Chose friends 4yrs older who drank, smoked hash to be cool
<b>Realisation of addiction, / dosage increase</b>	Cut my self off from everyone. Had no feelings no love or hate dead inside	Realised I was on a dead-end road. No way out.	Lived like a wind up doll ready to commit any crime for a dose	No purpose, disappear 4 weeks w no recollection of where or what	Boyfriend from Chechen war. Non-stop vint, cocaine, speed ecstasy-heroin
<b>Attempts to be free</b>	Moved to a new city. Parents desperate to try and save me	Tried to escap horrible realities, had naïve hope of future change	Paid crazy money to doctors but drug deliverance can't be bught	-many -tried geographical escape	Left him tried only alcohol. 2 months chained to radiator Mum bght medicines
<b>State before repentance</b>	Wanted to commit suicide	Real fear & very real hopelessness Heroin biggest mistake.	Tried to commit suicide took 2 g overdose + pack of sleeping pills	Dropped out of school, lived w man <18yrs older	Prostitute & wantd by police. Often tried to commit suicide-knives or OD.
<b>First step</b>	Met Christian rehab worker told about Jesus. 'This is what I'm looking for'	Felt genuine love of Xtn's Heard of JC offer+ power to set free.	Man came to our drugs flat & took me to Xn rehab they prayed – NO withdrawal!!	Was told of amazing love + sacrifice JC gave to be w me	Mum sat me in police station, till I agreed to go to rehab Met real Xns who fully loved life
<b>Action</b>		Didn't have proof of God but really wanted Jesus	I prayed - If God exists I'll stay with Him	Gave life to God on a bus cold dark night.	Tried so much thought I'd try God.-repented
<b>Fall back/ process of growth</b>	Healed from HIV	JC took our sin +dirt, gave us His love & forgiveness	Everyone wrote me off but God totally changed me.	Shame gone & sin destroyed	Jesus opened my eyes gave new life joy peace
<b>Life now</b>	Thought joy was sniffed or injected, now found real joy inside frm God	Now no drug cigarettes or violence, but freedom love +compassion	Pastor & leader of rehab centre	Totally free of drugs alcohol, cigarettes Now love joy + real Spirit freedom	Bible student works & writes worship songs
<b>Restored relationships</b>		Healthy marriage & son	Happily married	Found t One I was looking 4.	Thought Jesus boring now wouldn't livew/o
<b>Future purpose</b>	Want everyone to be saved by God & rd Bible	Want others to give their lives to God	Tell all there's a God who's all powerful	Only JC can fill emptiness in your heart	Meet only One who can trans form & give life.

**Pattern of Life-Stories C-b**

<b>Code</b>	<b>C6</b>	<b>C7</b>	<b>C8</b>	<b>C9 – 39yrs</b>	<b>C10</b>
<b>Life before drugs</b>	Independent. God -irrelevant had many friends	DJ at school discos, sport; Spoilt by mum	10 step father died I sought independence in street. Washed cars	Like every one looking for happiness but being betrayed	Boxing fighting crime robbery. Xn cousin told me about God.
<b>Reason for starting</b>	As a joke never limited myself - I was cool	Money =prestige power authority. Kept looking for more extreme.	Sought acceptance & permanent love.	Lost faith in people, turned to crime+ drink	Looking for happiness. I'm strong -drugs won't hurt me.
<b>Realisation of addiction, / dosage increase</b>	Now beer or joint not enough tried shooting heroin then couldn't stop.	Hash-boring so injected opium. Close friend died-overdose Fiends all addicts	Friend fell from train & died while high.– Questioned existence	2 marriages fell apart, lost a good job due to alcohol. -No happiness for me	Nothing satisfied always needed more money cars drugs
<b>Attempts to be free</b>	Life of varied crime. Tried w all my strength to stop bt quicksand sucked me in	Mum tried but saw no person money or power could bring me life again	Nothing to live for. In darkness trying to escape	Prison, then army left with broken back & great anger. Wanted all to suffer as I did	Sunk in occult ESP with LSD Thought I was in total control
<b>State before repentance</b>	In prison- hatred & anger grew or fightin as wolvs trusted none. No joy lost evrytng	Was empty fearful & hopeless. Mocked God & didn't want to hear of Him	Felt dirty inside Dropped out of school	Depression & suicide thought = 'normal state' rock bottom	Bad car crash - faced death looked for new values
<b>First step</b>	Sister a Xtn wrote of God's love despite addiction & He can change me	Applied to drug rehab & heard 2 <sup>nd</sup> time Jesus could set me free from drugs & all sin	Heard of Jesus love & forgiveness for sin.	Before death prompted to call on God, no faith but repented asked forgiveness	Acceptance & real love from friends strange parents.
<b>Action</b>	Ray of hope Attitude changed Repented to JC	If your real -help me. Asked for forgiveness, but thort won't work	God freed me from drinking smoking hash sniffing glue	Started a new life without betrayals or depression	"If You really exist -Please forgive +save me
<b>Fall back/ process of growth</b>	Didn't want money beer or drugs only to be close to Creator	In 3days didn't think of heroin Jesus defeated all addictn-gave life	New family & Father who cares Joy not based on state	Jesus is real He totally healed my spine	4 yrs I'm free from drugs & crime
<b>Life now</b>	Only God fills us w joy&real love	Know nothing is impossible 4 God	Studying violin, drums finsh sch	Street Cry Pastor	Dedicated life to serving God
<b>restored re-relationships</b>	Cleansed my anger hatred & pain & self pity	Found forgiveness truth & freedom from sin	Restored r/s w mum. God now is like a father,	Happily married with 3 children	Happily married with young child
<b>Future purpose</b>	Help stony hearts melt in His forgiveness love & care	All to run to Jesus for help & life w God. Read Bible	Talk to God He is most precious, all needs met only in Him- as He is God	Bring Jesus' healing to lost discarded alcohol's & invalids	Convince all to give up stubborn independence for God's mercy

### Pattern of Life-Stories F

Code	F1 in 40's	F2 -26 yrs old	F3 – 24	F4 - 41	F6
<b>Life before drugs</b>	Much loved by mother & gran	Parents caring but agnostic	Normal family parents busy	Typical Soviet family	Successful family at Uni
<b>Reason for starting</b>	To trick brother unable to say no Parents divorce binge drinking	Didn't listen to advice-wanted to be older 'try everything'	Stealing at 12 'older friends' Drugs attractive no satisfaction	Father a drunk Mother a trader then in prison constant rows,	not enough Looking for smthg different strd drugs at 15
<b>Realisation of addiction, / dosage increase</b>	Self assertion led to frustration bewilderment & despair, a slave	Crime prison = fearless & hard heart no guilt or desire to change	Pain+loneliness constantly drug most important deeper&deeper	Binge drinking borstal many years in prison for stealing	Never though I be an addict sealing from my own family
<b>Attempts to be free</b>	Who am I? no answers=torture Took drugs to stop drinking	In prison as a young offender no future	Parents paid big money but all in vain, attempted suicide often	No satisfaction from kung fu, Estn philosophy rock or vodka	Hospital many times trying to get free
<b>yrs addicted</b>	25alcoh+5drugs	5 yrs	?	?	8
<b>State before repentance</b>	Son became an addict at 6 home burnt down tried commit suicide	Started reading Gospel, hard to understand-quit sceptical	In a swamp of sin, caught HIV end of all hope tried to overdose	Drunkard drug addict liar hating all & every thing	Every area of life destroyed Drugs only focus in life
<b>First step</b>	God forgave freed cured me in jail but fell	Sought God's help in difficulty He helped me	Mother found salvation & prayed for me	HS touched me in a worship service in jail	Doctor told me God would help
<b>Action</b>	Came to centre	Repented of sin	Came to centre	Chose Jesus	Came to rehab
<b>Fall back/ process of growth</b>	I was cared for taught+inspired Fasted for me	Needed support to change so came to centre	Jesus revealed himself to me forgave+healed	God helped me during return to prison	through faith in JC was set free Found Truth
<b>Life now</b>	Baptised in HS very grateful	Dir of centre in diff village	Peace comfort faith hope joy	Very glad to be asked to serve	God completely restored my life
<b>restored re-lationships</b>	Covenant with God in Service	Turned from sin Given new wife	Cured, comited to serve Him	Many friends work as a team	Return home to serve others
<b>Future purpose</b>	Serve other add church warden	Share God's mercy others	Preach His word key to salvation	Teach people to love God's Word	Minister to addicted ppl Only way free through JC

**Pattern of Life-Stories G**

<b>Code</b>	<b>G1</b>	<b>G2</b>	<b>G3</b>	<b>G4</b>	<b>G5</b>
<b>Life before drugs</b>			Studying to be a sailor	Parents met every desire	
<b>Reason for starting</b>		Noisy happy atmosphere with friends	Fell into crime	Given responsibility too early at 12	
<b>Realisation of addiction, dose incrise</b>	Several times in jail, God kept calling me -but	Didn't notice sought highs & not friends	All money from big crimes used on drugs	Thought I'd never inject & I was in control	Compared drug prisons to Xtn rehab in Poland
<b>Attempts to be free</b>	Treated lots x's wanted death	Military service a good break	Army & prison gave a chance	Realised I was helpless	Dreamt of a way out
<b>yrs addicted</b>	12 yrs	6 yrs	18 yrs	9 yrs	Over 7 yrs
<b>State before repentance</b>	only purpose next shotWas ill broken unloved	No home, no documents no health	Deep darkness didn't believe anyone/or thing	Stole&ran away Drugs took me to pit bottom	Difficult path of addiction led me to God
<b>First step</b>	Attended Xtn service 4addicts	Met ex addict was diff -alive	Met ex addicts full of joy	Met a transform addict friend	Came to church found real freed
<b>Action</b>	Accepted Jesus forgiveness	Prayd repented	Sought God	Accepted Jesus	Pray wth others for addicts
<b>Fall back/ process of growth</b>	Change started immediately only by Jesus	Completely changed inside no addiction	Realised God had freed me	Got to know God personally goals changed	Now hundreds have been set free in 3 years
<b>Life now</b>	Free from all addictions	Now working at centre	Love & serve God, full of joy	Free from addtn praising t Lord	Lead ministry 9 rehab centres
<b>Restored re-lationships</b>	Serve with wife as one team	Full assurance of salvation	God blessed my family	Filled w joy, love & new life	Many found joy left crime
<b>Future purpose</b>	Bring freedom to addicts	Minister to others	Serve others w same problems	confidnt in God serving girls	Free10's of 000 from addiction

## APPENDIX 3 INDEPENDENT DATA

### 3.1 Exodus Film

See DVD enclosed Exodus : Stories of Redemption

### 3.2 Programme for Christian Rehabilitation Centres “Know the Truth”

#### Introduction

The experience of Christian centres in Ukraine, since 1994, has formed the basis for the formation of the rehabilitation programme “Know the Truth”. Contributors to the development of this programme include leaders from Christian rehabilitation centres in the Kyiv, sociologists and colleagues who have many years of experience in Christian rehabilitation.

In ten years the Christian rehabilitation movement in Ukraine has created more than 60 residential centres, which use various models and methods for overcoming drug addiction but have the same Christian principles and values.

Christian rehabilitation centres do not work for profit, but as charity and religious organisations, the main method of activity is the provision for drug addicts spiritual, social-psychological support, which is based on the principles of Christian morality and a popular healthy way of life.

In September 2001 these centres united in an All-Ukrainian Charity called. “The All-Ukrainian Christian Rehabilitation Centres Association” ACRCA.

The main aim of ACRCA is to unite the effort of Christian rehabilitation centres against the epidemic of drug addiction and HIV/AIDS for improving the spirituality and health of the Ukrainian population.

#### Philosophy of Christian Rehabilitation

The aim of Christian rehabilitation programmes is to help people resolve their inner life problems through awareness of a higher spiritual power, and find purpose in life and strength to overcome difficult situations by knowing the immeasurable love of Jesus Christ, His forgiveness and unconditional acceptance.

Christian morality sees addiction as one symptom of sin (depravity, immorality disobedience) and the result brings spiritual and moral tragedy. Therefore Christian programmes lead people to freedom from sin and bring inner healing.

#### We Believe that:

1. It is possible to be completely free from addiction or sin and bad habits.
2. The only One who can free people is **Jesus Christ** “*So if the Son set's you free you will be free indeed*” John 8:36
3. When a person comes to God and **knows His truth** they understand that they can live a complete fulfilling and purposeful life instead of being **controlled by sin**. “*Then you will know the truth and the truth will set you free.*” John 8:32
4. The Biblical way for everyone who seeks freedom from addiction is to be like **Christ**.

## **Principles and Approach**

The Christian program of rehabilitation centres in ACRCA is founded on the unchanging principles of Christian morals and ethics, the truth of the Word of God, recognition of personal self-worth, and certainty that the way out of any form of addiction is through faith in Jesus Christ, as Redeemer and Saviour.

These principles are:

1. Voluntary participation
2. Confidentiality
3. Informed agreement
4. The right of the rehabilitant to comprehensible decisions
5. No form of disgrace is acceptable
6. Available criteria for effective programme evaluation.

## **Programme Method**

Helping addicted people based on the principles of Christian morality start on the way of recovery affects all spheres. Specifics of complete personal life come through:

1. Improved physical health
2. Renewed emotional state
3. Spiritual rebirth
4. Restoration of family relationships
5. Social adaptation in society

## **Requirements of Workers**

Workers in the programme can be people who:

1. Are called by God to help addicted people
2. Demonstrate a healthy Christian life (fulfil principles of Christian morals in their daily life)
3. Are sensitive to the needs of others.
4. Have flexible mutual relationships
5. Have ability and experience of providing social help

## **Forms of Rehabilitation**

1. Day programmes
2. Residential programmes

## **Stages of Rehabilitation**

### **1. Preparation for Rehabilitation (1 week – 3 months)**

Recommended to include:

- First consultation
- Motivational interview
- Diagnostic evaluation of levels of need (material, social, legal, psychological, spiritual)
- Medical statement
- Support groups for drug addicts
- Work with family members (relatives)

The result of motivation before the start of rehabilitation will include the following requirements of those addicted to drugs:

- 1) I fully acknowledge my dependence and agree that I am an addict (alcoholic)
- 2) I desire to overcome addiction, (sickness)
- 3) I am unable to overcome addiction myself and need others help
- 4) I agree with the help offered and am ready to receive it
- 5) I am willing on my part, to make every effort to make the necessary changes in my life.

## 2. Residential Rehabilitation (2-18 months)

### A. Results of adaptation to residential rehabilitation (2-4 weeks):

- development of an individual plan for rehabilitation
- free from physical addiction
- development of a healthy way of life and a responsible attitude to oneself.

### B. Spiritual programme and psychological support (2-6 months)

- freedom from psychological addiction and psycho-activities or substances
- develop a system of values that are founded on Christian morals.
- lay foundations for living a healthy life
- compose a realistic plan for personal life
- resolve personal needs

### C. Social Learning (from 1-5 years)

- formulate constructive patterns of behaviour
- gain work and professional experience
- formulate social standards

## 3. Ongoing Rehabilitation – Social Adaptation ( up to 5 years)

- facilitate resolution to life and material problems
- facilitate employment preparation
- facilitate participation in appropriate education
- preparation programme for rehabilitation workers
- support groups (8-12 people once a week)
- work with relatives (provide life structures)
- facilitate participation with other social organisations

## Detail Programme of Rehabilitation

1. Individual Consultation
2. Group Therapy
3. Life training and behavioural education
4. Work Therapy
5. Art Therapy
6. Work with family members and others

The foundation of all Christian rehabilitation is **discipleship**. Life change is most effective when people learn from the personal demonstration of the trainers through the help of daily life experiences. The method is better than academic training as it creates close personal relationships, which positively influence the process of rehabilitation and double effectiveness.

The discipler can only teach what they have experienced and live, which is why in Christian Rehabilitation centres discipleship is so widely fulfilled the process of forming centre graduates. A graduate is someone who has successfully completed rehabilitation, and has

received freedom from addiction and healing of personal trauma and become those who can work as discipler for others “from life to life.”

Each rehabilitant in the programme has their own discipler.

### 1 Individual Consultation

- evaluation of the needs and expectations of the client
- information – motivational consultation
- spiritual accompaniment

**Aim:** to develop mutual trust in relationships between the student and discipler for effective help of each unique person.

### **Types of Consultation:**

#### ***I. Overcoming Negative Effects of:***

1. *Legal problems:*
  - *Consequences of crime*
  - *Court orders*
  - *Parole –conditional freedom under surveillance*
2. *Family Problems:*
  - *Divorce, marriage problems*
  - *Problems with parents*
3. *Condition of Health*
4. *Help with resolving negative effects of:*
  - *Debt*
  - *Motivation for restoring mutually healthy relationships*
  - *Criminal past*

***II. Psychological-education to overcome internal conflicts and develop a positive thinking for a socially constructive way of life.***

***III. Consultation for developing a realistic life plan.***

### 2. Group Therapy

#### **Group Therapy:**

Healing of personality through voluntary sharing with other who have similar problems that is centred on the work of Christ who provides people appropriate conditions, in which they can be released from destructive addictions.

**Aim:** creation of a warm atmosphere of trust and encouragement for an exchange of unhealthy action for a healthy way of mutual help and emotional support. The basic aim of the groups is the exchange of personal experience for healing.

Addiction – affects society in specific situations (in the family, school, and at work). To overcome this problem also requires a social environment. The most effective process is through small groups, including support groups with similar problems. When the problem is shared it becomes clearer and acknowledgeable. The safety and best wishes of the group that

accept people the way they are, enables the members of the group to trust each other, to know themselves through others, sympathise and openly express their own feelings and thinking.

### **Types of Groups:**

1. Spiritual meetings
2. Group Bible studies
3. Support and mutual help groups
4. Beginner groups
5. Prayer groups and spiritual worship

### **Principles of Christian Groups.**

1. We need to protect the anonymity of the members of our groups.
2. Enable a voluntary system of mutual responsibility.
3. Direct the prayer in each meeting for particular needs.
4. Serve each member of the group according to their specific needs.
5. Encourage each other's progress from their emotional physical and spiritual sickness to a healthy way of life.
6. Help each other in understanding how Biblical truth applies to personal and shared needs.

### **Basic rules for Christian support and mutual help groups**

1. Come prepared to each meeting.
2. Everything that is said in the group remains confidential and should not be discussed outside the group.
3. Create an atmosphere of acceptance, comfort and support.
4. Share personal experience in accordance with their strength and hope.
5. Avoid criticism or defending other group members.
6. Give each member of the group opportunity to finish speaking.
7. Acknowledge God's direction of the group.
8. Don't prejudge.

### **3 Life training and behavioural education**

Detail of life training and behavioural education:

- Principles of Christian morals
- Characteristics of addiction
- Healthy life and self-supporting
- Self-study
- Professional skills
- Participation in operation and provision of the centre life.

### **Process of life training and behavioural education**

I. Awareness

#### **Desires:**

- Aim: see and encourage the desire for single-minded purpose in life.

**Identity – true or false.**

- Aim: encourage awareness of false identity patterns from being an addict and seeing who I really am.

### **Helplessness**

- Aim: awareness of our own helplessness without God.

## II. Truth

### **1. Conscience**

- Aim: show that everyone has internal conscience, which either confirms or judges an action.

### **2. Truth about themselves.**

- Aim: have courage to see the truth about one's self – this helps me see what interferes with my future development.

### **3. Truth that sets me free.**

- Aim: show that truth brings freedom

## III. Will

### **1. Submission**

- Aim: show that submission is necessary to break egoism and keep to renewal.

### **2. Capitulation**

- Aim: to see one's dependence on support of others.

### **3. Partnership**

- Aim: to work in unity with others in mind and feeling and will.

## IV. Faith

### **1. God:**

- Aim: to know who God is.

### **2. Jesus Christ:**

- Aim: show that salvation depends on me believing in Jesus as Son of God who gave His life so that I could live in fellowship God.

### **3. Holy Spirit**

- Aim: to show who the Holy Spirit is.

## V. Forgiveness

### **1. Confession:**

- Aim: to understand that confession is part of our healing.

### **2. Forgiveness:**

- Aim: to understand that through forgiveness a new life is started.

### 3. Freedom:

Aim: to understand that I don't need to live according to old ways.

## VI. Renewal

### 1. Inner Being:

- Aim: to understand that renewal not only effects exterior appearance part but renewal deeply affects the inner being.

### 2. External Being:

- Aim: To understand the external appearance needs renewal.

### 3. Mutual Relationship with Others:

- Aim: work on to behaviour that affects relationship with others and realise that this process can take a long time.

## VII. Future

### 1. Grow as a person:

- Aim: Understand the opportunities and the need for continual growth.

### 2. Social adaptation:

- Aim: to adapt socially

### 3. Develop relationships:

- Aim: to have courage for fellowship

Lectures on the topic of "Christian Morality"

**List of topics Appendix № 1**

*Lectures on topics Nature of Addiction and its consequences*

**List of topics Appendix № 2**

### ***Education for a healthily and self-supporting way of life***

The basic components of a healthy way of life in Christian rehabilitation centres are organised by warning of harmful habits, fulfilling the expectations sanitation hygiene, and strengthening one's body through a schedule of study, work and rest, balanced diet, adequate sleep, culture of fellowship, appropriate behaviour with the opposite sex, psychophysical regulation of one's organism.

Keeping to a healthy way of life allows all other aspects of life to be developed, fulfilling of mental physical and spiritual needs, interests, values and morals accepted by Christians.

From the first day at the centre the rehabilitant stops using chemical substances that can change the psychological state of a person, including smoking tobacco, and under the observation of the centre consultant the rehabilitant takes the first steps to overcome the consequences of using chemical substances.

The principles of Christian morals are to motivate people to avoid harmful actions at a physical, psychological and spiritual level. The rehabilitation centre sustains the atmosphere of a healthy way of life as follows:

- timetable enables a correct balance of activities.
- students at the centre are stimulated to actively participate in sports
- formulate a correct understanding through excursions to the country, summer picnics, sport and intellectual competitions.

All rehabilitants at the centre undertake a course of lectures and individual consultations concerning sanitation-hygiene norms, HIV/AIDS epidemic, tuberculosis, and in particular infections that are passed by sexual activity.

### **Lecture themes: “Healthy way of Life and Self Care”**

(material from the centre “ Victory” in Brovari)

- The body of a Christian is the temple of the Holy Spirit
- Basic personal hygiene and sanitation
- Balanced diet.
- Spiritual Foundation
- Prevention education against bad habits.
- HIV & AIDS Prevention
- Bring order to life (schedule of work and rest).

### **Personal study**

**Aim** - spiritual and emotional growth of each student

#### **Form:**

##### ***1. Personal Bible Study.***

Reading and study helps students to know God better. The Bible gives practical advice such as how to solve daily life problems. Bible reading does not automatically bring change to the life of a student, therefore disciplers (workers) direct the students so that the Bible becomes their way of thinking so that they know how it brings correction to life and they understand what it is about. Gods’ truth makes us free but freedom only comes when we apply the truth to life.

The aim for Bible study is to understand God’s Word and learn to apply God’s truth to one’s life.

##### ***2. Personal Prayer***

Prayer – is personal relationship with God, which needs to deepen and develop. Personal prayer helps us to know the truth about God, ourselves, and our relationships and how to make correct decisions in each situation.

##### ***3. Daily Moral Examination***

This weapon helps us understand specifically our attitudes that are demonstrated through our actions and reactions during the day. The Daily Moral Examination works as a mirror, which helps us examine our soul. If we are honest we understand what motivates our behaviour. Students are recommended to use a diary. This is a separate notebook used to record their impressions, reflections which can become a valuable instrument for their internal healing. By completing a diary we learn to focus our attention on our feelings, actions and behaviour and analyse them.

#### Instructions for keeping a Personal Diary

1. Regularly write your diary.
2. Write the date for each note.
3. Write the main thinking and feelings that you experienced.

Write short and objective notes. Avoid long detailed reflections of self-pity.

Relax and direct your attention on your feelings, caused by one or other event, and not only your thoughts about the signs.

Note and write your feelings or thoughts and move on to the next action.

From time to time reread your notes.

#### **4. Work Therapy**

**Aim:** help the students have a positive attitude towards work, stimulate an understanding for the need to work, create a foundation and motivation for their work, enable them to have skills and ability to work.

Having ability to work enables the student to improve their own self-esteem, gives them the opportunity to feel needed, skilled and helpful. In the process of work therapy students gain skills for work, develop patience, and increase their respect for the work of others.

Professional skills are developed in construction, and the farmland around the centre, under the direction of the centre leader.

Centre leadership organise work therapy as follows:

1. Develop responsibility
2. Duty rota
3. Personal and group work.

#### **5. Art Therapy**

**Aim:** help students to develop their internal world, through various forms of art.

Art therapy has a psychotherapeutic effect through various expressions of culture.

Forms

- Spiritual songs
- Playing musical instruments
- Theatre presentations
- Creativity groups and others

#### **6. Work with Family Members**

**Aim:** To help parents and family members of the addict to recover spiritually and emotionally by formulating a healthy relationships in the family.

##### **Principles:**

- **Trust.** Maximum effort is made to develop a relationship of trust between the parents the centre leaders.
- **Mutual support.** Leaders help the parents in their difficulties and expect the parents to support the work of the centre with their children.
- **Confidentiality.** Rehabilitation centre does not give information about the relatives to any other organization. Information received from the relatives is not repeated.
- **Respect.** Centre leaders seek to develop balanced relationship, respecting individual concerns and way of thinking and accept each person unconditionally.

- **Close mutual relationships.** We believe that without a close relationship with the relatives of the student we will not be able to achieve the best result.
- **Help.** Centre workers offer moral and spiritual help.
- **Sincerity and benevolence.** The centre workers are open and sincere, honest and transparent concerning their thoughts feelings and life.
- **Competent.** Centre workers are continually improving their qualifications, experience and ability to plan their work.

#### **Information necessary for relatives.**

1. During the first consultation, relatives are explained the aim and objectives of the programme.
2. The programme anticipates work to be necessary with the relatives of the addict, which during their relationship with the addict has developed into co-dependency, which destroys their relationship and family.
3. For restoration of the whole family, relatives are offered to complete rehabilitation from co-dependency.
4. Relatives have the right to visit students at the centre on the appointed day, in agreement with the centre policy.
5. At any time relatives can receive necessary information by phoning the workers at the centre about the student, the programme, timetable, and the rules of visiting.

#### **Form of Working with Relatives.**

1. Consultation
2. Group Therapy

**Consultation with family members of an addict is:** - individual family therapy that enables the family to be established in a necessary order.

#### **Forms of Consultation**

1. Telephone consultation with relatives by centre workers.
2. Moral and spiritual support of parents by letter.
3. Personal consultation
4. Family consultation.

**Group Therapy for relatives** – creating a group with family members of an addict who share their personal experience for mutual encouragement on the path to family healing.

#### **Group Therapy for relatives includes:**

1. Lessons to study God's principles about family relationships.
2. Bible study classes.
3. Support groups for co-dependents.
4. Prayer support groups.
5. Provision of basic lessons on healthy family relationships.

#### **Lesson Topics:**

1. Separation

Separation means to live not orientated around the addict.

- we must see our own limitations.
- we need to acknowledge God's power.
- we need to abandon hope in ourselves.
- we need to let others see the effects of that actions.
- we need to abandon efforts to control others

2. Health Relationships
3. Healthy and unhealthy family's
4. Signs of dysfunctional families.
5. Portrait of a dysfunctional family.
6. Steps towards family healing.
7. Forgiveness
8. Application

## Criteria for evaluating the effectiveness of the programme

### 1. The effectiveness of the pre-rehabilitation stage is evaluated by:

- the number of "addicts" who inquired about further information of rehabilitation after a motivational interview or the first consultation.
- for the decisions of an addict to start a rehabilitation program and complete a medical evaluation.
- according to the effectiveness of the consultation with the students and their parents.
- the number of families who have started to attend the meetings for co-dependents.

### 2. The effectiveness of the residential programmes is evaluated by:

#### **Adaptation**

- the level of preparation of the students to continue the residential programme.
- the change of the students behaviour.
- the improvement of their physical and emotional condition.
- their readiness to accept life without their unhealthy habits.
- their formulation of new values and life standards ( participation in the prayer life of the centre, active participation in Bible study, personal care and work):

#### **Spiritual and Psychological support is evaluated by:**

- by the level of emotional and psychological stability
- according to the Christian and spiritual values (personal prayer and Bible study)
- change in the personality of student (emotional & psychological condition)
- acceptance of responsibility for their own actions

#### **Social education**

- balance psycho-emotional condition
- restoration of relationship with other around and relative them
- the stability of their prayer life, their interest in attending spiritual meetings.
- construction of mutual relationships of respect to others with unconditional acceptance.
- the habit of resolving conflict situations
- the acquiring of professional experience
- participation in the life of the centre
- participation in the lessons and Bible classes provided by the centre workers
- readiness and desire to share their experience of healing to help other students of the programme.

### 3. Effectiveness of the after rehabilitation stage of the programmes is evaluated by:

- the effectiveness of life free of \_\_\_\_
- by the Christian values in their personal life

- personal ability and experience to make decisions independently and resolve inter-personal conflict.
- active participation in the support groups
- ability to stand against the negative pressure of others around.
- the participation in various Christian activities.
- the ability to disciple other students.

## ADDENDUMS

### Addendum № 1

#### Lessons on Christian Morals

(From the material of the International Fund of the centre Barnabus)

Is there a God?  
Bible – the Word of God  
Salvation  
New Life  
God’s forgiveness  
Life of serving God  
Freedom from sin  
Personal God – God our Father  
Personal God – Who is Jesus Christ?  
Personal God – Who is the Holy Spirit?  
Are you like Christ?  
Who is a Christian?  
Life of a Christian. New way of life.  
Life of a Christian. How to relate to people?  
How to use your time wisely.  
Church – the body of Christ.  
The importance and necessity of studying the Bible.  
Prayer life.  
Example – “Our Father which art in Heaven”  
Personal relationship with God.  
Overcoming strongholds  
Principles of right relationships.  
Faith in God  
Flexibility of people - Christian values.

### Addendum № 2

**Study Programme at Women’s Rehabilitation Centre Seminar of the programme  
“Internal Healing”**

#### **Block 1: Reasons for dependant behaviour**

##### ***Topic 1: General Understanding of Families***

Lesson 1: God’s plans for families  
Lesson 2: “Fatherhood and Motherhood”  
Lesson 3: Responsibilities of Parents  
Lesson 4: Father’s heart of God – 1  
Lesson 5: Father’s heart of God – 2

##### ***Topic 2: Healthy and Unhealthy families***

Lesson 1: “Characteristics of healthy families”  
Lesson 2: “Characteristics of unhealthy families”  
Lesson 3: “Methods of emotional defence and abuse of children.”  
Lesson 4: “False beliefs of adults who grew up in unhealthy families,”  
Lesson 5: “Comparison of characteristics in healthy and unhealthy families.”

### ***Topic 3 Reasons for Addiction***

- Lesson 1: "Understanding of addictive behaviour. Cycle of dependence."
- Lesson 2: "Soil and roots of addiction. Abuse and its forms."
- Lesson 3: "Co-dependence"
- Lesson 4: "The transfer of dependent behaviour in the family."
- Lesson 5: "Social expansion of dependent behaviour."

### ***Topic 4. Roots of Addictive behaviour***

- Lesson 1: "Shame"
- Lesson 2: "Low self-worth. Habitual behaviour"
- Lesson 3: "Rejection"
- Lesson 4: "Sorrow and loneliness"
- Lesson 5: "Anger Consequential factors."

### ***Topic 5. Specifics of certain addictions***

- Lesson 1: "Chemical addiction. Forms of Chemical Addiction"
- Lesson 2: "Sex Addictions"
- Lesson 3: "Homosexuality and its roots"
- Lesson 4: "Adrenalin addictions. Anger-addiction"
- Lesson 5: "Co-dependence"

## **Block 2: Mutual-relationships**

### ***Topic 1 "Characteristics of wholeness in Christ***

- Lesson 1: "In His likeness"
- Lesson 2: "Boundaries of personality"
- Lesson 3: "Problems connected with unclear boundaries"
- Lesson 4: "Laws of borders"
- Lesson 5: "Forming correct"

### ***Topic 2 "Understanding of Addiction***

- Lesson 1: "Four rules of mutual relationships" -1
- Lesson 2: "Four rules of mutual relationships" -2
- Lesson 3: "Obstacles to mutual understanding"
- Lesson 4: "Types of interpersonal relationships"
- Lesson 5: "Laws for developing right relationships"

### ***Topic 3 "Search for Significance***

- Lesson 1: "Catching behaviour"
- Lesson 2: "Fear of failure"
- Lesson 3: "Games in guilt"
- Lesson 4: "Attraction of encouragement"
- Lesson 5: "Renewing of the mind"

### ***Topic 4 "Personality and motivation"***

- Lesson 1: "Motivational gifts" -1
- Lesson 2: "Motivational gifts" -2
- Lesson 3: "Motivational gifts" -3
- Lesson 4: "Responsibility and service"
- Lesson 5: "Specifics of mutual relationships"

### **Block 3: Path to Freedom**

#### ***Topic 1 “Way out of addiction”***

- Lesson 1: “Forgiveness – the path to healing”
- Lesson 2: “Forgiveness – 2”
- Lesson 3: “Risk of relapse”
- Lesson 4: “Emotional healing”
- Lesson 5: “From addictive behaviour to

#### ***Topic 2 “Introduction to discipleship”***

- Lesson 1: “Understanding personal consultation”
- Lesson 2: “Principles of Christian consulting”
- Lesson 3: “Types of Consultation” -1
- Lesson 4: “Types of Consultation” -1
- Lesson 5: “Main mistakes during consultation”

#### ***Topic 3 “Individual Ministry”***

- Lesson 1: “Understanding about active ministry”
- Lesson 2: “Four parts of the heart”
- Lesson 3: “Heartfelt respect, empathy
- Lesson 4: “Reflective ministry”
- Lesson 5: “Specifics of consultation with the opposite sex”

#### ***Topic 4 “Prevention of Relapse”***

- Lesson 1: “Understanding of the ‘addicted mind’
- Lesson 2: “Habits controlling life”
- Lesson 3: “Anger, as an answer to pain”
- Lesson 4: “Understanding of dry relapse”
- Lesson 5: “Speeding up scale”

### **Addendum № 3**

#### **Specification of necessary medical analysis needed before starting residential rehabilitation.**

- Fluorography
- General analysis of blood and abilities
- Analysis of blood for HIV antibodies, RW, sugar, Australian antigens.
- Analysis of allergies
- Analysis of skin therapy

## APPENDIX 4 ABBREVIATIONS

### Geographical

EU	European Union
USSR	Union of Soviet Socialist Republics
fSU	former Soviet Union
CIS	Commonwealth of Independent States

### Health

WHO	World Health Organisation
GP	General Practitioner
NHS	National Health Service (UK)
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
MBO	Министерство здравоохранения Ministry of Health

### Drug Service Organisations

DAT	Drug Advice Teams (UK)
ACMD	Advisory Council For the Misuse of Drugs
SCODA	Standing Conference on Drug Abuse
DAC	Drug Advisory Committee
DAS	Drug Advisory Service
ISDD	Institute for the Study of Drug Dependence
EMCDDA	European Monitoring Centre for Drugs & Drug Addiction
NIDA	(American) National Initiative for Drug Alliance
DPA	Drug Prevention Alliance
NDPA	National Drugs Prevention Alliance (UK)

### Christian Organisations

ACRCA	All-Ukrainian Christian Rehab Centres Association
Izhod	Exodus –Spiritual Regeneration Centre
EMA	Evangelical Missionary Alliance
CMS	Church Mission Society
IFES	International Fellowship of Evangelical Students
SA or Sallys or Salvos	Salvation Army

### Bible Translations

NRSV	New Revised Standard Version
NIV	New International Version
KJV	King James Version
REB	English Bible

### Government Ministries

MFA МИД	Министерство иностранных дел (Ministry of / for Foreign Affairs) covering drugs statistics and customs control
ФСБ	Федеральная Служба Безопасности (Russian Federal Security Service, previously called KGB)
МВД	Министерство Внутренних Дел (Ministry of Internal Affairs)

## APPENDIX 5: BIBLIOGRAPHY

### 5.1 Books and Journals, Newspaper Articles

- ABCI, *Australia's Illicit Drug Report 1995-1998* Australian Bureau of Criminal Intelligence, 1998
- Abdullaev, Nabi, 'New Drug Program to Be Overseen by Police' *Moscow Times* 31/1/02 (2002)
- ABS Data, *Tough on Drugs* Australian Bureau of Statistics, 2002
- Adams, Daniel J, 'Toward a Theological Understanding of Post-modernism' *Metanoia* Spring-Summer (1997)
- Adler, P, *Wheeling and Dealing: An Ethnography of an Upper-level Drug Dealing and Smuggling Community* New York: Columbia University Press, 1985
- Adler, Peter & Patricia Adler. A, *Membership Roles in Field Research* Beverly Hills CA: Sage, 1987
- Advisory Council on the Misuse of Drugs, *The Classification of Cannabis Under the Issue of Drugs Act 1971* London: Home Office, 2002
- Ahmadi, Jamshid & Hasani, Mahsa, Prevalence of Substance Use Among Iranian High School Students *Addictive Behaviours* Vol.28/2 March (2003), 375-379
- Aikman, David, *Great Souls Six Who Changed a Century* Lexington Books, 2003
- Ailes, Roger & Jon Krausmar, *You Are the Message* London: McGraw-Hill Education 1987
- Albers, Robert H. *Shame: a Faith Perspective* Binghamton NY: Hanworth, 1995
- Albers, Robert H, 'Transformation: The Key to Recovery', *Journal of Ministry in Addiction and Recovery* 4, no.1 (1997), 23-36, 23
- Alcoholics Anonymous, *The (Big) Blue Book* Centre City, Minnesota: Hazelden Information and Education Services, 2002
- Alcoholics Anonymous, *Twelve Steps* New York City: Alcoholics Anonymous World Services, 1976
- Alford, G.S., R.A. Koehler, & J. Leonard, 'Alcoholics Anonymous – Narcotics Anonymous Model Inpatient Treatment of Chemically Dependent Adolescents: A Two-Year outcome study'. *Journal of Studies on Alcohol* Vol.52/2: (1991), 118-126
- Anglin, M. Douglas & William H. McGlothlin, 'Outcome of Narcotic Addict Treatment in California' in: Frank Tims and Jacqueline Ludford, (eds.) *Drug Abuse Treatment Evaluation: Strategies, Progress, Prospects* Research Monograph 51. Rockville, Maryland: National Institute on Drug Abuse DHHS Pub, 1984, 106-107

- Arnold, Ruth M., S. Kelly Avents, Arthur Margolin, & David Marcotte, 'Patient Attitudes Concerning the Inclusion of Spirituality into Addiction Treatment' *Journal of Substance Abuse Treatment* Vol.23/4 (2002), 319-326
- ASA *Ethical Guidelines for Good Practice* London: Association of Social Anthropologists, 1987
- Asad, Talal, 'From the History of Colonial Anthropology to the Anthropology of Western Hegemony' in Stocking, G. W. Jr. (ed.), *Colonial Situations: Essays on the Contextualization of Ethnographic Knowledge*, Madison: University of Wisconsin Press: (1991), 314-24.
- Ashton, C H, Adverse effects of Cannabis and Cannabinoids *British Journal of Anaesthesia* 83(4) (1999), 637-649
- Atkinson, Sue *Climbing Out of Depression: A Practical Guide for Sufferers* Peabody, MA: Lion Body & Soul, 1993
- Atthill, Thomas (trans)*Declaration of the Relation of the Church to Non-Christian Religions* London: Incorporated Catholic Truth Society, 1966
- Australian Bureau of Criminal Intelligence, *Australia's Illicit Drug Report 1995-1998*, Australia, 1998
- Babayan, E.A. 'Medico-Legal Aspects of Treatment and Prophylactic Care of Narcotic Drug Addicts' *Drug Alcohol Dependency* Vol.25 (1990), 209-212
- Bakal, S.V. et.al. *Programma Zanyatii po Preduprezhdeniyu Narkogennoi Zzavisimosti u Detei Shol'nogo Vjzrasta: Prosbie po provedeniyu psikhologo-pedagogicheskogo treninga* Saratov: Izdatel'stvo Saratovskovo, 1999 [Programme Lessons warning about drug addiction for school age children Saratov: Saratov Publishers, 1999]
- Bale, R., B.P.Zarcone, W.W.Van Sone, J.M. Kudau, M.J.Engelsing, & R.M.Elashoff, 'Three Therapeutic Communities: A Prospective Controlled Stud of Narcotic Addiction Treatment: Process and Two Years Follow-Up Results.' *Archives of General Psychiatry* Vol.41/2 (1984), 185-191
- Ball, John C. & Ross, Alan *The Effectiveness of Methadone Maintenance Treatment: Patients, Programs, Services, and Outcome* New York, NY: Springer-Verlag, 1991
- Balter, James H, *Post-Soviet Politics: The collapse of the Soviet Union* Ontario: University of Waterloo, 1994
- Bandy, P. & P.A.President, 'Recent Literature on Drug Abuse and Prevention and Mass Media Focusing on Youth, Parents, Women and the Elderly' *Journal of Drug Education* Vol.13 (1983), 255-271
- Barrett, Charles Kingsley, *A Commentary on the Epistle to the Romans* Peabody, Mass: Hendrickson, 1957
- Barrett, Charles Kingsley, *The Epistle to the Romans* A. & C. Black, 1987

- Barsky, S.H. *et.al.* 'Histopathologic and Molecular Alterations in Bronchial Epithelium in Habitual Smokers of Marijuana, Cocaine and or Tobacco' *Journal of the National Cancer Institute* Vol. 90 (1998), 1198-1205
- Barth, Karl *Christian Dogmatics CDI/I* Edinburgh, 1932
- Barth, Karl, *Church Dogmatics: Part 3 The Doctrine of Reconciliation* First and Second Half Edinburgh: T&T.Clark, 1962
- Bate, Stuart C. 'Method in Contextual Missiology' *Missionalia* Vol.26:2 (Aug 1998), 150-185
- Bauch, Lari A. 'The Rehabilitation Model of Substance Abuse Counselling' *Journal of Ministry in Addiction & Recovery* Vol. 7/1 (2000), 69-72
- Bayo, Famonuri, 'All- Africa Trainers Consultation' *Training For Cross-cultural Ministries* Vol.2 ( Oct 1998), 7
- Bazehenova, Anna, 'Putin's solutions and excuses for Drug Abuse' *ITAR-TASS Weekly News* 24/01/2002
- Bazehenova, Anna, 'Russian Youth Spend Over \$1.5 Billion on Drugs a Year', *ITAR-TASS Weekly News* 09/08/2002
- Becker, H.S. 'Social-Class Variations in Teacher-Pupil Relationships' *Journal of Educational Sociology* 25(1952), 451-465
- Becker, H.S. *Outsiders* New York: Free Press, 1963
- Bedford, John, 'Christian Care & Counselling' In *One year training course*, 1991
- Benshoff, John J. & Janikowski, Timothy P. *The Rehabilitation Model of Substance Abuse Counselling*. Belmont, CA: Wadsworth/Thompson Learning, 2000
- Benson, H. & Wallace R.K. 'Decreased Drug Abuse with TM' *Process Internal Symptoms of Drug Abuse* Philadelphia: Lea & Febiger, 1972
- Berdyaev, Nikolai *The Meaning of History*, trans. by Maria Nemcova Banerjee Piscataway, NJ: Transaction Pub. 2006
- Berdyaev, Nikolai. *Realm of Spirit and the Realm of Caesar*, trans. by Donald A. Lowrie, London: Victor Gollancz, 1952
- Berg, Bruce L. *Qualitative Research Methods for the Social Sciences* Boston: Allyn & Bacon, 1989
- Berglund, G. 'The Swedate project: Interaction between treatment client background and outcome in a one year follow-up' *Journal of Substance Abuse Treatment* Vol. 8 (1991), 161-169
- Berkouwer, G.C. *Studies in Dogmatics: Sin* Cambridge: Eerdmans, 1971

- Bersani, Leo *The Culture of Redemption* Cambridge Mass.: Harvard University Press, 1990
- Bertaux, Daniel & Bertaux-Wiame 'Life-Stories in the Bakers Trade' In: D. Bertaux & I. Bertaux-Wiame *Biography and Society: Life History Approach in the Social Sciences* (1981), 169-190
- Bertaux, Daniel & Isobelle Bertaux-Wiame, *Biography and Society: Life History Approach in the Social Sciences* Beverly Hills, CA: Sage Studies in International Sociology. July 1, 1981
- Bertaux, Daniel & Kohli, Martin, 'The Life Story Approach A Continental View' *Annual Review of Sociology*, Vol. 10 (1984), 215-237
- Best, Ernest, *Ephesians: A Shorter Commentary* Edinburgh: T&T Clark, 2003
- Bevans, Stephen, SVD 'Seeing Mission Through Images' *Missiology* Vol.19:1 (Jan 1991), 45-48
- Beyer, Peter, *Religion and Globalisation* London: Sage, 1994
- Bicknese, Aaron, T. *The Teen Challenge Drug Treatment Program in Comparative Perspective*, PhD thesis, Northwestern University. Evanston, IL, 1999
- Biernacki, P. *Pathways from Heroin Addiction: Recovery Without Treatment* Philadelphia: Temple University Press, 1986
- Billington, James, 'The Case for Orthodoxy' *The New Republic* (30 May 1994), 24-27
- Billington, James, 'Orthodox Christianity and the Russian Transformation In: Witte & Bourdeaux *Proselytism and Orthodoxy in Russia: The New War for Souls* Maryknoll: Orbis, 1999
- Black, D, *It will never Happen to Me* Denver CO: M.A. C. Publications, 1981
- Blummer H. *Critiques of Research in the Social Sciences: An appraisal of Thomas and Znanieski's 'The Polish Peasant in Europe and America'* NewYork: Social Science Research Council, 1939
- Blummer, H, *Symbolic Interactionism* Englewood Cliffs: Prentice Hall, 1969
- Bodrov, Alexksei, 'The Open Orthodox University' *Religion State and Society* Vol.22:2 (1994), 199-204
- Boer, Th A. *et.al. Zorgen met Visie* (Caring with a View) Annual Autumn CVZ Conference 20 November 1996
- Boer, Th A.. *et.al. Zorgen met Visie? Zorgverlening vanuit Christelijk Perspectief* (Caring with a View? Social Care from a Christian Perspective) Kok Kampen, 1997

- Bogdan, Robert & Taylor, Steven, *Introduction to Qualitative Research Methods: A Phenomenological Approach to the Social Sciences* New York: John Wiley & Sons, 1975
- Boice, James Montgomery, *Foundations of the Christian Faith* Leister: IVP, 1986
- Booth, L. 'Aspects of Spirituality in San Pedro Peninsula Hospital' *Alcoholism Treatment Quarterly* Vol. 1/2 (1984), 121-123
- Booth, L. 'A New Understanding of Spirituality' *Journal of Chemical Dependency Treatment* 5:2 (1995), 5-17
- Booth, Martin, *Opium: A History* London: Simon & Schuster Ltd, 1996
- Borthwick, Paul, *Developing an International Theology of Youth Ministry World Evangelical Fellowship General Assembly* Abbotsford: WEF, 1997
- Bosch, David J. *Transforming Mission Paradigm Shifts in Theology of Mission* Maryknoll: Orbis Books, 1991
- Bourdeaux, Michael, *Opium of the People: The Christian Religion in the U.S.S.R.* Oxford: Mowbrays 1965(Second Ed:1977)
- Bourdeaux, Michael, *Religious Ferment in Russia: Protestant opposition to Soviet Religious Policy* London: Macmillan, 1968
- Bourdeaux, Michael, *Patriarch and Prophets: Persecution of the Russian Orthodox Church Today* London: Macmillan, 1969
- Bourdeaux, Michael, *Gorbachev Glasnost & the Gospel* London: Hodder & Stoughton, 1990
- Bourdeaux, Michael, 'Religious Freedom Russian-Style' *The Tablet* 27<sup>th</sup> Vol.27 (1997), 1216-1218
- Bourne, P. G., J. D. Homiller, D. Wesson, & D. E. Smith (eds) *A Survey of New Treatment Techniques for the Treatment of Drug Abuse* Rockville MD: National Clearinghouse for Drug Abuse Information, 1975
- Bowen, Dennis, 'Christian Psychology in Russia' *East West Church & Ministry Report* Vol. 6/2 (Spring 1998), 2-3
- Bowen, Roger, *A Guide to Romans* London: SPCK, 1975
- Bowers, Sarah, *A Soteriology for Generation X with particular reference to the Problem of Evil: Salvation for a Post Modern Youth Culture* MA Dissertation Oxford, 1999a
- Bowers, Sarah, *The Xers of the East: Hope, Fear, Freedom and Choice* Oxford: IFES Expression (unpub.)1999b

- Bradley, B.P., G. Phillips, L.Green, & M.Gossop, 'Circumstances Surrounding the Initial Lapse to Opiate Use Following Detoxification' *British Journal of Psychiatry* Vol.154 (1989), 354-359
- Bradley, D.E. 'Religious Involvement and Social Resources: Evidence from the data set "Americans' Changing Lives' ' *Journal for the Scientific Study of Religion* Vol.34/2 (1995), 259-267
- Bradshaw, John, *Bradshaw On: The Family* (Revised) - Deerfield Beach, FL: Health Communications, 1996
- Bratislava, Co.E. *Vocational Rehabilitation for Drug Users in Europe: Seminar organised by the Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs* 24-25 January Strasburg: Council of Europe Press, 2000
- Brenneis, Michael J, 'The Relationship Between Forgiveness and Physical Health Indicators in Recovering Members of the Clergy' *Journal of Ministry in Addiction & Recovery* Vol.7 No 2 (2001), 43-59
- Brierley, Peter, *Reaching and Keeping Teenagers* Tunbridge Wells: MARC, 1993
- Brierley, Peter, *World Trends 1960-2010: Graphs of Each Country by Continent* London: Christian Research, 1997
- Brizer, D.A. Religiosity and Drug Abuse Among Psychiatric Inpatients *American Journal of Drug & Alcohol Abuse* Vol.19 (1993), 337-345
- Brown J. A. C., *The Social Psychology of Industry*, Harmondsworth, Middlesex Penguin: 1954
- Brown, H.P. & Peterson, J.H, 'Assessing Spirituality in Addiction Treatment as Follow Up: Development of the Grown Peterson Recovery Process Inventory' (B-PRPI) *Alcoholism Treatment Quarterly* Vol.8/2 (1991), 21-50
- Brown, H.P., Peterson, J.H. & Cunningham, O.'Rational and Theoretical Basis for a Cognitive/Behavioural Approach to Spirituality' *Alcoholism Treatment Quarterly* Vol.5/1-2 (1988), 47-59
- Brown, Mick, 'The Needle and the Damage Done' *Telegraph Magazine* (8<sup>th</sup> May 2004), 22-32
- Brown, Robert McAfee (Ed) *The Essential Reinhold Niebuhr: Selected Essays & Addresses* New Haven: Yale University Press, 1986
- Brown, Stephanie, *Treating Adult Children of Alcoholics: A Developmental Perspective.* New York: John Wiley and Sons, 1988

- Bruce, Frederick Fyvie (ed) *The International Bible Commentary* Grand Rapids MI: Marshall, Morgan & Scott, 1986
- Bruce, Frederick Fyvie *Romans Tyndale New Testament Commentaries* Leicester InterVarsity Press, 1983
- Brunner, Emil, *The Christian Doctrine of Creation and Redemption Dogmatics Vol.II* London: Lutterworth Press Trans. Olive Wyon, D.D, 1952
- Bulgakov, Sergius, *The Orthodox Church* New York: St Vladimir's Seminary Press First pub. in English 1935 London: Centenary Press, 1988
- Bullok, Alan, *Hitler and Stalin: Parallel Lives* London: Fontana Press, 1991
- Bulman, Lesley & David Jenkins, *The Pastoral Curriculum* Oxford: Basil Blackwell, 1988
- Bultmann, Rudolf, *Jesus Christ and Mythology* New York: Charles Scribner's Sons, 1958
- Burke, Edmund, A Letter from Mr Burke to a member of the National Assembly in answer to some objections to his book of French Affairs: 1791 in *The Works of the Right Honourable Edmund Burke* Vol 3, (1791)
- Burney, Robert, *Co-dependency: The Dance of the Wounded Souls*, Cambria, CA: Joy to You & Me Enterprises, 1995
- Burns, C.M. & L.L.Smithy 'Evaluating Spiritual Well-Being Among Drug and Alcohol Dependent Patients: A Pilot Study Examining the Effects of Supportive/Educative Nursing Interventions' *Addiction Nursing Network* Vol.3/3 (1991), 84-94
- Butler, William E. *HIV/AIDS and Drug Abuse in Russia: Harm Reduction Programmes and the Russian Legal System* London: International Family Health, 2003
- Buxton, ME, DE, Smith & RB. Seymour, , 'Spirituality and Other Points of Resistance to the 12-step recovery process' *Journal of Psychoactive Drugs* 19(3) (1987)
- Calloway, P. *Soviet and Western Psychiatry-A Comparative Study* Yorkshire: The Moor Press, 1992
- Calvert, Simon, Iain Bainbridge, Seyi Hontonu, & Humphrey Dobson, *Going Soft on Cannabis* Summary paper available from the Christian Institute [www.christian.org.uk](http://www.christian.org.uk) with reference to *The Herald* 3<sup>rd</sup> April, 2002
- Calvin, John, *Institutes of the Christian Religion II*, 2 vols. Library of Christian Classics series. Edited by John T, Philadelphia: Westminster Press 1960
- Caplan, Pat, 'Distanciation or Identification: What Difference Does It Make?', *Critique of Anthropology* 14(2) (1994), 99-115
- Caplan, Pat, 'Engendering Knowledge' *Anthropology Today* 4(5) (Oct 1988), 8-12

- Carr, E.H. & Davis R.W. *A History of Soviet Russia: Foundations of a Planned Economy, 1926-29* 3Vols. London, 1978
- Carr, E.H. *A History of Soviet Russia: The Bolshevik Revolution, 1917-23* 3Vols. London, 1952
- Carr, E.H. *A History of Soviet Russia: Socialism in One Country, 1924-26* 3Vols. London, 1958
- Carr, E.H. *The Russian Revolution: From Lenin to Stalin, 1917-29* London, 1979
- Carroll, Mara S. 'Spirituality and Purpose in Life in Alcoholism Recovery' *Journal in Studies on Alcohol* Vol.54/3 (1993), 297-301
- Carroll, Mara S, 'Spirituality and Alcoholism: Self-Actualisation and Faith Stage' *Journal of Ministry in Addiction & Recovery* Vol. 6/1 (1995), 67- 84
- Carroll, Mara S, 'Spirituality, Alcoholism and Recovery: An Exploratory Study' *Alcoholism Treatment Quarterly* Vol. 15/4 (1997), 153-175
- Cartledge, Mark J. *Encountering the Spirit: The Charismatic Tradition* London: Darton Longman & Todd, 2006
- Cartledge, Mark J.(Ed) *Speaking in Tongues: Multi-Disciplinary Perspectives* Milton Keynes: Paternoster, 2006
- Cassell, J. & Jacobs, S. *Handbook on Ethical Issues in Anthropology* Washington DC: American Anthropological Association, 1987
- Cave, *A Biblical Theology of Addiction* London : ECOD Evangelical Coalition on Addiction, 1993
- Chair Major Brian Watters, *Tough on Drugs Programme* Instigated by the Australian National Drug Council, reporting directly to the Prime Minister, 2002
- Chapman, Colin, *Islam and the West: Conflict, Co Existence or Conversion?* Carlisle: Paternoster, 1998
- Chavance, Bernard, *The Transformation of Communist Systems: Economic Reform Since the 1950's* Oxford: Westview Press, 1994
- Chevreau, Guy, *We Dance Because We Cannot Fly* London: Marshall Pickering, 2000
- Chomsky, Noam *Understanding Power: The Indispensable Chomsky* (Quotes from Chomsky edited by & Peter R. Mitchell and John Schoeffel) London: Vintage, 2003
- Chris Stewart, 'The Influence of Spirituality on Substance Use of College Students' *Journal of Drug Education* Vol.31/4 (2001), 343-351

- Christo, George. 'A Review of Reasons for Using or Not Using Drugs: Commonalities Between Sociological and Clinical Perspectives' *Drugs: Education Prevention and Policy* Vol.5 (1998), 59-72
- Christo, George & Franey, Christine, 'Drug Users Spiritual Beliefs, Locus of Control and the Disease Concept in Relation to Narcotics Anonymous Attendance and Six-month Outcomes' *Drug and Alcohol Dependence* Vol.38 (1995), 51-56
- Clark, D, *An Introduction to Therapeutic Communities* London: Jessica Kingsley Publishers, 2000
- Clator, Robert M, 'Recovery as Quest for Spiritual Transformation' *Journal of Ministry in Addiction & Recovery* Vol. 5/1 (1998), 31-36
- Claytor, R.M. 'Recovery as Quest for Spiritual Transformation' *Journal of Ministry in Addiction & Recovery* Vol.5/1 (1998), 31-37
- Clements I, Kay. J, & Cohen, J, *Taking Drugs Seriously 3 A Manual of Harm Minimising Education of Drugs* Liverpool: Healthwise, 2000
- Clifford, James & George E. Marcus (eds.), *Writing Culture: The Poetics and Politics of Ethnography*, (Berkeley, California: University of California Press, 1986
- Clifford, James, 'On Ethnographic Allegory,' in James Clifford & George E. Marcus (eds.) *Writing Culture: The Poetics and Politics of Ethnography*, (Berkeley, California: University of California Press, 1986), 98-140;
- Clinebell, H.J. *Understanding Alcoholism* Washington, DC: Christian Social Concerns, Methodist Church N,E, 1965
- Clinebell, H.J. *The Pastor and Drug Dependency* New York, NY: National Council of Churches, 1968
- Clinebell, H.J. 'Looking Back, looking ahead: Toward an ecological-systems model for pastoral care and counselling' *Journal of Pastoral Care* 46(3) (1992), 263-272
- Clough, Peter, *Narratives & Fictions in Educational Research* Milton Keynes: Open University Press, 2002
- Cockburn, C. *In the Way of Women: Men's Resistance to Sex Equality in Organisations* Houndmills UK: Macmillan, 1991
- Cohen, Anthony P. *Self Consciousness: An Alternative Anthropology of Identity* London: Routledge, 1997
- Cohen, Louis & Manion Lawrence *Research Methods in Education* London: Routledge, 1980
- Cohen, P & Sas, A, *Cannabis use in Amsterdam (Centrum voor Drugsonderzoek)* Amsterdam: Universiteit van Amsterdam, 1998

- Coleman, Simon, 'Charismatic Christianity and the Dilemmas of Globalisation' *Religion* Vol.28:3 (1998), 245-256 Article No r1980132
- Collier, W.V. & Hijazi, M.A.A. 'Follow-up Study of Former Residents of a Therapeutic Community' *International Journal of Addiction* Vol.9 (1974), 805
- Collins, L. 'Holland's Half-Baked Drug Experiment' *Foreign Affairs* Vol.78/3 (1999)
- Cook, C, Harm Reduction Report for Tear Fund (unpub paper available from Tear Fund) 2003
- Cook, C.C.H., D. Goddard and R. Westall, 'Knowledge and Experience of Drug Use Amongst Church Affiliated Young People' *Drug and Alcohol Dependence* Vol 46/No 1-2 (1997), 9-14
- Corkery, John Martin, Drug Seizure and Offender Statistics *Home Office Statistical Bulletin* June London: Home Office, 2001
- Couchman, David (ed.) TRUTH WORKS: Meeting the Postmodern Challenge: A one day Consultation *Focus* Chessington: Focus Radio, 1999
- Cox, Harvey, *Fire From Heaven: The Rise of Pentecostal Spirituality and the Reshaping of Religion in the Twenty-First Century* London: Cassell, 2006
- Craig, W.L. *Politically Incorrect Salvation, Christian Apologetics in the Post-modern World*, Ed. By Phillips and Okholm, Leister: IVP, 1995
- Cressey, D. 'The Criminal violation of Financial Trust' *American Sociological Review* 15 (1950), 738-743
- Cressey, D. *Other People's Money* Glenco IL: Free Press, 1953
- Crick, Malcolm, Ali and Me: An Essay in Street-Corner Anthropology In: Okely & Callaway (eds) 1992 *Anthropology and Autobiography: Participatory Experience and Embodied Knowledge*, London: Routledge, 1992
- Crits-Christoph, P. & Siqueland, L. 'Psychosocial Treatment for Drug Abuse-Selected Review and Recommendations for National Health Care' *Archives of General Psychiatry* 53 (1996) :749-757
- Crumbaugh, J.C. & Maholik, L. T. *Manual of Instructions for the Purpose in Life Test* Murfreesboro TN, Psychometric Affiliates Box 807, 1969 Murfreesboro TN
- Cummings Marlatt and Gordon Myres Brown, 'Relapse, Prevention and Prediction' In: P. Miller (ed) 1980 *The Addictive Behaviours: Treatment of Alcoholism, Drug Abuse, Smoking and Obesity* Oxford: Pergamon Press, 1980
- Cupitt, Don, *What is a Story?* London: SCM Press, 1981
- Damrell, J, *.Search for Identity* Beverly Hills CA: Sage, 1978

- Damrell, J. *Seeking Spiritual Meaning* Beverly Hills CA: Sage, 1977
- Dan, D. 'Recovery: A Modern Initiation Rite' *The Family Therapy Networker Journal* Vol.14(5) (1990), 28 - 29
- David A. Stewart, *Thirst for Freedom* Centre City MN: Hazelden, 1960
- David J. Bellis *Heroin and Politicians: The Failure of Public to Control Addiction in America* Westport CT: Greenwood Press, 1981
- Davies, Charlotte Aull, *Reflexive Ethnography: A Guide to Researching Selves and Others* London: Routledge, 1999
- Davies, Ronald E. *After Gorbachev? How can Western Christians Help?* Eastbourne: MARC, 1991
- Davies, Stanley (ed) *Working in Central and Eastern Europe* London: Evangelical Missionary Alliance, 1991
- Davis, Nathaniel, *A long Walk to Church: A Contemporary History of Russian Orthodoxy* Oxford: Westview Press, 1995
- Degenhardt, L. *Opioid Overdose Deaths in Australia 2001* NDARC Technical Report No.164., 2002
- DeLeon, G (ed) *Phoenix House – Studies in a Therapeutic Community (1968-1973)* New York: MSS Information Corporation, 1974
- DeLeon, G. 'Longitudinal Changes by Time in Programme' Ch 9 In: *Psychological and Socio-Demographic Profiles of Addicts in Therapeutic Community* Washington DC: National Institute on Drug Abuse, 1976
- DeLeon, G. *The Therapeutic Community – Study of Effectiveness* Treatment Research Monograph Series APM 84-1286 Rockville MD: Washington DC National Institute on Drug Abuse, 1984
- DeLeon, G. *Retention in Drug-free Therapeutic Communities*, Rockville MD: National Institute on Drug Abuse, 1991
- DeLeon, G. 'Prochaska & DiClemente's model of change: A case study?' *British Journal of Addiction* Vol. 87 (1992), 733-7422
- DeLeon, G. *The Therapeutic Community: Theory, Model, and Method* New York: Springer, 2000
- Dennen, Xenia, 'No to Language of Love' *Frontier* May-June (1994), 1-2
- Denton, Donald Jr. *Religious Diagnosis in a Secular Society* Lanham MD: University Press of America, 1997

- DeVault, M.L. 'Talking and Listening from Women's Standpoint: Feminist Strategies for Interviewing and Analysis' *Social Problems* 37/1 (1990), 96-116
- Devenish, David, *Demolishing Strongholds* Eastbourne: Kingsway Pubs, 2000
- Deyneka, Peter Jr. 'Provincial Reports on the 1997 Russian Law on Religion: Mixed Messages' *East-West Ministry Report* Vol.7:1 (1999), 3-4
- DfES *Drugs Guidance for Schools* (Feb 2004) Department for Education and Skills
- DfES, *Drugs Guidance for Schools Feb 2004* Department for Education and Skills, London, 2004
- DHSS, *Drug Misuse and Dependence- Guidelines on Clinical Management: An Executive Summary* Department of Health The Scottish Office Department of Health Welsh Office Department of Health and Social Services Northern Ireland. 2004
- Dinnen, Stewart & Marie Dinnen, *Rescue Shop within a Yard of Hell: How the Holy Spirit is Destroying the Curse of Drug Addiction* Fern UK: Christian Focus Publications 2000a
- Dinnen, Stewart & Marie Dinnen, *Sacking the Frontiers of Hell* Fern UK: Christian Focus Publications 2000b
- Dixon, A. *Dealing with Drugs* 1987
- Dixon, Patrick *The Truth about Drugs* London: Hodder & Stoughton, 1988a
- Dixon, Patrick *Futurewise: Six Faces of Global Change* London: Harper Collins, 1988b
- Dixon, Patrick *AIDS and You* Secunderabad India: Operation Mobilisation, 2002
- Dole, V.P., Nyswander, M.E. & Warner, A. Successful Treatment of 750 Criminal Addicts *JAMA* Vol. 206 (1968), 2708
- Dooley, David, *Social Research Methods* 2<sup>nd</sup> edn Englewood Cliffs, NJ: Prentice Hall, 1990
- Dorn, Nicholas, Jane Ribbens, & Nigel South, *Coping with a Nightmare* London: Institute for the Study of Drug Dependence, 1987
- Dostoyevsky, Fyodor M. *The Brothers Karamazov* London: William Heinemann tr. Constance Garnett, 1912
- Doubleday, Clive, *Then the Curtain Opened: Christian Ministry in Eastern Europe* Leicester: Crossway Books, 1998
- Douglas, Charlotte, Health In: *The Cambridge Encyclopaedia of Russia and the Former Soviet Union* Cambridge: Cambridge University Press, 1994
- Douglas, J.D. *Investigative Social Research* Beverly Hills CA: Sage, 1976

- Dr Thomas Stuttaford, 'Cannabis increases chances of schizophrenia' *The Times* 19/11/98
- Drapal, Dan, 'Will We Survive Western Missionaries?' *East-West Ministry Report* Vol.6:2 (1998), 8-10
- Drucker Peter F. 'The Age of Social Transformation' *The Atlantic Monthly* Vol.274:5 November (1994), 53-80
- Drug & Alcohol Education and Prevention Team, *Further Guidance for Educations Institutions* London: Alcohol Concern February, 2004
- DrugNet, *DrugNet Europe* May June, 2003
- DrugScope, *Making Harm Reduction Work: Needle exchange for young people*, 2004
- Dunbar, Scott, *A Service of Reconciliation* Vol. 6/1 : 85-98
- Dunstan, John N. 'Education' *The Cambridge Encyclopaedia of Russia and the Former Soviet Union* Cambridge: Cambridge University Press, 1994
- Dye, Michael & Patricia Fancher, *The Genesis Process: A Relapse workbook for Addictive/ Compulsive Behaviours*, (3rd Ed.) Auburn, CA: G.A.P.P. 2001
- Dye, Michael, 'The Church's Role in the Healing Process' *ISAAC Forum* No2 Winter (2003), 2-3
- Easton, Paul, The Rock Music Community In: J. Riordan, 1989 *Soviet Youth Culture* Indiana: Indiana University Press, 1989
- Ecumenical Council (The) *The Ecumenical Council on Alcohol Problems* 1965
- Edgerton, R.B. *The Clock of Competence* (rev. edn) Berkeley: University of California Press [Research undertaken 1967], 1993
- Editorial, *Wall Street Journal* 07/18/1994
- Edwards, David L. & Stott, John *Essentials* London: Hodder & Stoughton, 1988
- Edwards, Jonathan *Treatise on Grace and other Posthumously Published Writings* Cambridge: James Clarke Co Ltd (orig. 1865), 1971
- Edwards, P 'Sing - and Live Longer' *Australasian Post* February 24 (1990), 19
- El Kharrat, Ehab 'What Balm is there in Gilead? How do Christian Programmes Work?' in ISAAC Consultation Paper *Addiction Who Cares* May 2003
- El Kharrat, Ehab, *What Balm is there in Gilead? A Comparative Study of the Philosophy of Treatment in Drug Programmes* PhD University of Kent Canterbury, 2003
- Elliot, Mark, 'Recent Research on Evangelical Theological Education in Post Soviet Societies' *Religion in Eastern Europe* Vol. 19:1 (1999), 29-52

- Elliott, Mark & Corrado, Sharyl, 'The Protestant Missionary Presence in the Former Soviet Union' *Religion State and Society* Vol.25:4 (1997), 333-352
- Elliott, Mark & Corrado, Sharyl, 'The 1997 Russian Law on Religion: The Demographics of Discrimination' *East-West Ministry Report* Vol.7:1 (1999), 1-2
- Elliott, Mark & Deyneka, Anita, 'Protestant Missionaries in the Former Soviet Union' In: Witte & Bourdeaux 1999 *Proselytism and Orthodoxy in Russia: The New War for Souls* Maryknoll: Orbis (1999), 197-223
- Elliott, Mark & Richardson, Robert, 'Growing Protestant Diversity in the Former Soviet Union In: Uri Ra'anan, Keith Armes & Kate Martin (ed.)' *Russian Pluralism-Now Irreversible* New York: St. Martin's Press, 1992
- Ellis, A, 'Why Alcoholics Anonymous is probably doing itself and Alcoholics More Harm Than Good by its Insistence on a Higher Power' *Employee Assistance Quarterly* Vol.1 (1985), 95-97
- Ellis, Jane, *The Russian Orthodox Church: a Contemporary History* London: Croom Helm, 1968
- Elwell, Walter A, *Evangelical Commentary on the Bible* Baker Book House, 1996, c1989
- Elwell, Walter, *Evangelical Commentary on the Bible* Grand Rapids Michigan: Baker Book House, 1996
- EMCDDA, *Guidelines for the Evaluation of Drug Prevention: A Manual for Programme-Planners and Evaluators* Belgium: European Monitoring Centre for Drugs and Drug Addiction EMCDDA, 1998
- EMCDDA, *Evaluation: A Key Tool for Improving Drug Prevention* EMCDDA Scientific Monograph Series No 5 Luxembourg: Office for Official Publication of the European Communities, 2000
- EMCDDA, *Annual Report on the State of Drugs Problem in the European Union* Luxembourg: Office for Official Publication of the European Communities EMCDDA, 2001
- EMCDDA, *Annual Report 2003: The State of the Drugs Problem in the European Union and Norway* Lisbon: EMCDDA, 2003
- EMCDDA *European strategy on fighting drugs (2005-2012)* (2004/2221(INI)), 2004
- Emrick C. Alcoholics Anonymous: Affiliation Processes and Effectiveness as Treatment. *Alcoholism* Vol.1987/11 (1984), 416-423
- Fairclough, Norman, *Analysing Discourse: Textual Analysis for Social Research* London: Routledge, 2003
- Fairclough, Norman, *Language and Power* London: Longman, 1989

- Favret-Saada, Jeanne, *Deadly Words: Witchcraft in the Bocage* Cambridge: Cambridge University Press, 1980
- Favret-Saada, Jeanne, *Deadly Words; Witchcraft in the Bocage* Cambridge: Cambridge University Press, 1980
- Fedorov, Vladimir, *Mission, Missiology and Orthodox Theological Education in Russia* St Petersburg: Theological Academy, 1999
- Fedotov, G. P., *The Russian Religious Mind* New York: Harper Row, 1960
- Fedrov, Vladimir Федров, Владимир, *Orthodox Mission Today* (Russian own trans.) *Православная Миссия Сегодня* Санкт-Петербург: Апостольский Город, 1999
- Fellows, Noel, *Killing Time: An Innocent Man Branded a Killer* Oxford: Lion Publishing, 1996
- Fergusson, D. M. & L. J. Horwood, 'Does Cannabis Use Encourage Other Forms of Illicit Drug Use?' *Addiction* Vol.95/4 (2000), 505-520
- Ferris, Robert W, *Establishing Ministry Training: A Manual for Programme Developers* Pasadena: William Carey, 1995
- Filatov, Sergei, 'Sects and New Religious Movements in Post Soviet Russia In: Witte & Bourdeaux' *Proselytism and Orthodoxy in Russia: The New War for Souls* Maryknoll: Orbis (1999), 163-184
- Finchenauer, James O. *Russian Youth* London: Transaction Pub, 1995
- Firth, Ruth, *We the Tikopia* Boston, Mass: Beacon Press, 1965
- Fishbein, D. J. 'Letter from Vitebsk' *Journal of the American Medical Association* Vol.226/9 (1991), 1211-1212
- Fleming, Philip M. 'Substance Misuse Services in the USSR' *Psychiatry Bulletin* Vol.15 (1991), 689-691
- Fleming, Philip M. 'Drug and Alcohol User Services in Russia: Intervention Services in Russia – A Western Perspective' *Substance Use & Misuse* Vol.31/1 (1996), 103-114
- Fleming, Philip M., Meyroyan, A. & Klimova, I. 'Alcohol Treatment Services in Russia- A Worsening Crisis' *Alcohol & Alcoholism* Vol.29/4 (1994), 357-362
- Florinsky, Michael T. *Russia: a History and an Interpretation* 2 vols. New York: Macmillan, 1960
- Foltz, Nancy T. (ed.), *Handbook of Planning in Religious Education* Birmingham AL: Religious Education Press, 1998

- Ford, John C. *What about your drinking?* Glen Rock, NJ: Deus Books, 1961
- Ford, John C. Chemical Comfort and Christian Virtue *American Ecclesiastical Review* 141, (1961), 361-379
- Ford, John C. *Depth psychology, morality and alcoholism* Western, MA: Western College Press, 1961
- Ford, John C. 'Theory and practice in pastoral dealing with compulsives.' Lecture delivered to the American Catholic Correctional Chaplain's Association (13, Oct. 1970) Cincinnati, OH [Available from the New England Province Archives. Campion Centre, Weston MA], 1970
- Ford, Kevin, *Jesus for a New Generation: Reaching out to Today's Young Adults* London: Hodder & Stoughton, 1996
- Forest, Jim, *Free at Last: The Impact of Perestroika on Religious Life in the Soviet Union* London: Darton, Longman & Todd, 1990
- Foster, G.M. *Long-term Field Research in Social Anthropology* New York: Academic Press, 1979
- Fowler, J.W. *Stages of faith: The psychology of human development and the quest for meaning.* New York: Harper & Row, 1981
- Francis, L.J. & G.A. Bennett, 'Personality and Religion Among Female Drug Users' *Drug and Alcohol Dependency* Vol.30 (1992), 27-31
- Frankfort-Nachmias Chava & David Nachmias, *Research Methods in the Social Sciences* London: Edward Arnold, 1992
- Frankl, V.E. *Man's Search of Meaning: An Introduction to Logotherapy* Boston: Beacon Press, 1959
- Fricker, J 'Why Laughter is the Best Medicine' *Focus* (May 1993), 12-15
- Fridell, Mats, 'Evaluating Residential and Institutional Treatment' In: Nilson et.al. *Evaluating the Treatment of Drug Abuse in the European Union Italy: European Monitoring Centre for Drugs and Drug Addiction EMCDDA*, 1999
- Froman, R.F., G. Bovasso & G.E. Woody, 'Staff Beliefs About Addiction Treatment' *Journal of Substance Abuse Treatment* Vol. 21 (2001), 1-9
- Gabriel, Gregory, P, 'How Do You Get the Spiritual Part of the Program Rev?' *Journal of Ministry in Addiction & Recovery* Vol. 1/1 (1994), 41-46
- Garadzha, V.I. *В.И. Гараджа. Социология Религии. Sociology of Religion* (Russian, own trans. Publisher unidentified), 1996
- Gardavsky, Viteslav *God is not yet Dead* England, Penguin Non-Classics, 1973

- Gauntlett, S.L. 'Drug Abuse Control and the Salvation Army' *Bulletin on Narcotics* Vol.43./1 (1991), 17-27
- Gearing, F. R. & M. D, Schweitzer, 'An Epidemiologic Evaluation of Long-Term Methadone Maintenance Treatment of Heroin Addiction' *American Journal of Epidemiology* Vol. 100, (1974), 101
- Geertz, Pratt , *The Interpretation of Cultures* New York: Basic Books, 1973
- Georges, Robert A. & Michael O. Jones, *People Studying People: The Human Element in Fieldwork* Berkeley, CA: University of California Press, 1980
- Getsinger, Stephen H. 'Spiritual Dimensions in Rehabilitation from Addiction' *Journal of Ministry in Addiction & Recovery* Vol. 5/1 (1998), 13-29
- Geyer, Georgie Anne, *The Young Russians* Leicester: IVP, 1975
- Gibbs, John, *Creation and Redemption: A Study in Pauline Theology* Leiden, The Netherlands: E.J.Brill, 1971
- Giblett, Alison S. 'Christianity in Russia and Young People's Agenda for Change' Masters Thesis, All Nations Christian College: Herts. UK
- Giblett, Cynthia R, 'The Drugs Don't Work' *The Slant* Spring Ed (2004), 8-12
- Gilinskiy, Yakov & Vladimir Zobnev, *Drug Treatment System in Russia: Past and Present Problems and Prospects*. Ch 'Drug Treatment System an International Perspective' London: Sage, 1998
- Gilinskiy, Yakov & Vladimr Zobnev, *The Drug Treatment System in Russia: Past and Present, Problems and Prospects Drug Treatment Systems an International Perspective* London, n.p.1998
- Gill, Robin & Derek Burke, *Strategic Church Leadership* London: SPCK, 1996
- Gilson, B.P. *Summary and Recommendations in Surveying the Views of Alcohol and Drug Treatment Providers on Family Involvement in Treatment*, MA paper submitted to the University of Wisconsin-Stout (2001)
- Gittins, Ross, 'The Verdict is in the Hard Lind Against Hard Drugs is Working' *Sydney Morning Herald* June 2002
- Glaser, B.G. & A. Strauss, *The Discovery of Grounded Theory: Design in Educational Research* Chicago: Aldine, 1967
- Glaser, D. & M. Snow, *Public Knowledge and Attitudes to Drug Use* New York: Addiction Control Commission, 1969
- Goffman, E., *Asylums* New York: Doubleday Anchor, 1961
- Gogol, Nicholas, *Dead Souls* St Petersburg, n.p., 1842

- Goldburg, Michael, *Theology & Narrative: A Critical Introduction* Nashville TE: Parthenon Press, 1981
- Gomez, E. & A. Mikhail, 'Treatment of Methadone Withdrawal with Cerebral Electrotherapy (Electrosleep)' *American Psychiatric Association unpub. paper.* Detroit Mich, May 1974
- Goodman, Mike, *Release* London: National Drug and Alcohol Advice, 1996
- Gorbachev, Mikhail, *Perestroika: New Thinking for Our Country and the World* London: Collins, 1987
- Gordon, Bob, *Foundations for Christian Living* Chichester: Sovereign World, 1988
- Gorski, T. *The Relapse/Recovery Grid*, Centre City, Minnesota: Hazelden, 1989
- Gorski, T. & M. Miller, *Staying Sober*, Herald House/Independence Press, 1986
- Gossop, J., L. Green, D. Stewart, & A. Rolfe, 'Patterns of Improvement After Methadone Treatment: One Year Follow-up results from the National Treatment Outcome Research Study' (NTORS) *Drug and Alcohol Dependence* Vol. 60 (2000), 275-286
- Gossop, M. & J. Marsden, D. Stewart, *Chanted in Substance Use, Health and Criminal Behaviours One year after Intake* National Treatment Outcome Research Study (NTORS) London: Dept of Health, 1998
- Gossop, M. *et al*, *National Treatment Outcome Research Study*, London: Department of Health, 1997
- Gossop, M. *Living with Drugs* London: Temple Smith, 1982
- Gossop, M. *Relapse and Addictive Behaviour* London: Routledge (1989), 180-208
- Gossop, M., M. Battersby, & J. Strang, 'Self detoxification by opiate addicts: A Preliminary Investigation' *British Journal of Psychiatry* Vol.159 (1991), 208-12
- Gray, Judy H. & Iain L. Densten, 'Integrating Quantitative and Qualitative Analysis Using Latent and Manifest Variables' *Quality and Quantity* 32 (1998), 419-431
- Gregory, Richard L. *The Oxford Companion to the Mind* Oxford: Oxford University Press, 1987
- Grisbrooke, W. Jardine (ed.), *Spiritual Counsels of Father John of Kronstadt* London, 1967
- Grudem, Wayne *Systematic Theology* Leister: IVP, 1994
- Gruner, L. 'Comparative Analysis of Therapeutic Models Using the Teen Challenge Paradigm' *Cornell Journal of Social Relations* Vol.14/2 (1979), 191-211

- Gunn, Jeremy T. 'The Law of the Russian Federation on the Freedom of Conscience and Religious Association from a Human Rights Perspective' In: Witte & Bourdeaux, *Proselytism and Orthodoxy in Russia: The New War for Souls* Maryknoll: Orbis (1999), 239-264
- Hafner, Sarah, *Nice Girls Don't Drink: Stories of Recovery* New York: Bergin and Garver, 1992
- Hair, Joseph F., Rolph E. Anderson, Ronald L. Tatham & William C. Black, *Multivariate Data Analysis* 5<sup>th</sup> Ed Upper Saddle River NJ: Prentice Hall, 1998
- Halkevi Centre, *Drug Use Among Young Kurdish/ Turkish and Turkish Cypriot Teenagers in North East London*, Internal report available from London: Kurdish & Turkish Community Centre, 2002
- Hall, S.M., B.E. Havassy, & D.A. Wasserman, 'Effects of Commitment to Abstinence: Positive Mood, Stress and Coping on Relapse to Cocaine Use' *Journal of Consulting and Clinical Psychology* Vol.59 (1991), 526-532
- Hall, W. & N. Solowij, 'Adverse effects of Cannabis' *The Lancet* Vol. 352 (1998), 1611-1616
- Hammersley, Martyn, *Case Studies in Classroom Research* Milton Keynes: Open University Press, 1986
- Hammersley, Martyn, *Classroom Ethnography: Empirical and Methodological Essays* Milton Keynes: Open University Press, 1990
- Hammersley, Martyn, *Educational Research Policy making and Practice* London: Paul Chapman Publishing, 2002
- Hammersley, Martyn, *Reading Ethnographic Research: A Critical Guide* Harlow: Longman, 1990
- Hammersley, Martyn, *What's Wrong with Ethnography? Methodological Explorations* London: Routledge, 1992
- Hammersley, Martyn, *What's Wrong with Ethnography?* London: Routledge, 1992
- Han, Paul, 'The Training of Lay Witnesses' *Asian Mission* Feb. (1991), 15-17
- Handwerker, W. Penn, *Quick Ethnography* Oxford: Rowman & Littlefield, 2001
- Hardin, Michael, *The Twelve Step Program and Christian spirituality*, Binghamton, New York: Haworth Press, 1994
- Hardin, Michael, 'Do Clergy Encourage Co dependence?' *Journal of Ministry in Addiction & Recovery* Vol. 2/1 (1995), 79-91

- Harley, David C. *A Comparative Study of IMTF-Related Missionary Training Centres in the Two-Thirds World* Colombia Biblical Seminary: Doctoral Dissertation, 1992
- Harley, David C. *Preparing to Serve: Training for Cross-Cultural Mission* Pasadena: William Carey, 1995
- Harley, David C. 'Attrition and Training' *Training For Cross-Cultural Ministries* Apr Vol.2 (1997), 1-2
- Harris, James R, 'Addiction and Dualistic Spirituality: Shared Vision of God' *Journal of Ministry in Addiction & Recovery* Vol. 1/1 (1994)
- Harris, Jerry, 'Globalisation and the Technological Transformation of Capitalism' *Race and Class* Vol.40:2/3 (1998), 21-35
- Harris, Marty, Roger Heuser, Doug Petersen, & Andrew Stenhouse, 'Faith Based Substance Abuse Intervention: A Substantive Evaluation of the Utility, Application & Efficacy of Teen Challenge' Costa Mesa, CA: Judkins Institute For Leadership Studies, 2008
- Harrison Barbara *Life Story Research*, Four-Volume Set London: Sage Publications Ltd, 2008
- Hart, K.E. & D. Shapiro, (eds.) *Secular and spiritual forgiveness interventions for recovering alcoholics: A Patient-treatment matching study* Leeds: University of Leeds Press, 1999
- Hart, Kenneth E, 'A Spiritual Interpretation of the 12 Steps of Alcoholics Anonymous: From Resentment to Forgiveness to Love' *Journal of Ministry in Addiction & Recovery* Vol. 6/2 (1999), 25-39
- Harwood, H, *Cost Effectiveness and Cost Benefit Analysis of Substance Abuse Treatment: Literature Review and Annotated Bibliography*. Presentation at IRETA February 20, 2003.
- Hay, D, 'Anger: Don't let it damage your health!' *Practical Health* May/June (1991), 60-62
- Haymes, Brian, 'Not so much a Programme More a Way of Life' *Church Growth Digest* Summer Yr8:4 (1987), 1-7
- Heather, Nick & Anna Stallard, 'Does the Marlatt Model Underestimate the Importance of Conditioned Craving in the Relapse Process' in M. Gossop *et al. Relapse and Addictive Behaviour* London: Routledge, (1989), 180-208
- Heckman, JoAnn, 'Twisted: Inside the Mind of A Drug Addict' *Journal of Ministry in Addiction & Recovery* Vol. 7/1 (2000), 76-78
- Held, J, 'Success Rates: Validity and Reliability of Drug Treatment of Drug Abusers: A Critical Review 1963-1973' *Therapeutic Community Planning Conference Paper*, Washington, D. C, January 1976.

- Hendry, Joy, 'The Paradox of Friendship in the Field: Analysis of a long-term Anglo-Japanese relationship' In: Okely & Callaway *Anthropology an Autobiography: Participatory Experience and Embodied Knowledge*, London: Routledge, 1992
- Henry, Mathew, *Matthew Henry's Concise Commentary on the Whole Bible* Public Domain London: Hendrickson, 1706
- Henry, Mathew, *Matthew Henry's Concise Commentary on the Whole Bible* London: Hendrickson Orrig.1706
- Hess, C.B, *Teen Challenge Training Centre Research Summation* Rewhebrug PA: Teen Challenge, 1975
- Hess, Catherine, *A Seven Year Follow Up Study of 186 Males in Religious Therapeutic Community* for The National Institute on Drug Abuse (NIDA, USA), 1977
- Hiching, Bob, *McDonalds, Minarets and Modernity* Sevenoaks: Spear, 1996
- Hicks, Bill, *Love All the People*, London: Constable, 2004
- Hilarion Hieromonk, 'The Problems Facing Orthodox Theological Education in Russia' *Religion in Eastern Europe* Vol. 19:1 (1999), 1-28
- Hill, Kent R 'Christian Mission, Proselytism and Religious Liberty: A Protestant Appeal for Christian Tolerance and Unity' *Religion State and Society* Vol.25:4 (1989), .305-306
- Hill, Kent R, *The Puzzle of the Soviet Church: An Inside Look at Christianity and Glasnost* Portland: Multnomah, 1997
- Hingley, Ronald, *The Russian Mind* London: The Bodley Head, 1977
- HMSO, *Russia, China and the West* London: Central Office of Information, 1968
- Hofstede, Geert, *Culture's Consequences: International Differences in Work-Related Values* Beverly Hills: Sage, 1980
- Hofstede, Geert, *Cultures and Organisations Intercultural Cooperation and Its Importance for Survival: Software of the Mind* London: HarperCollins, 1994
- Holden, *Battle for the Mind* Eastbourne: Kingsway, 1996
- Holder, David W., Robert H DuRant, Terence L. Harris, 'The Association Between Adolescent Spirituality and Voluntary Sexual Activity'. *Journal of Adolescent Health* Vol.26/4 April (2000), 295-302, 295
- Henderson, Daniel, Jessica Dawn Obeidallah & Elizabeth Goodman, 'The Association Between Adolescent Spirituality and Voluntary Sexual Activity' *Journal of Adolescent Health* Vol.26/4 April (2000), 295-302
- Hollister, L.E. Health Aspects of Cannabis *Pharmacological Reviews* Vol.38/1 (1986), 6-7

- Holmes, Brian, Gerald H Read, & Natalya, Voskresenskaya *Russian Education: Tradition & Transition* London: Garland Pub, 1995
- Holstein, J.A. & J.F. Gubrim, *The Active Interview* Thousand Oaks CA: Sage, 1995
- Homan, R *The Ethics of Social Research* London: Longman, 1991
- Home Office, 'Motoring Offences and Breath Test Statistics' *Home Office Statistical Bulletin: England and Wales 2000* Issue 24/01 (20 December 2001), 15-16
- Home Office 'Drug Misuse Declared in 2000 (Table 2.1)' *British Crime Survey* (2001), 13
- Home Office, 'Updated Drug Strategy 2002' *Tackling Drugs* (2002)
- Home Office, *The Classification of Cannabis under the misuse of Drugs Act 1971* London: Home Office, 2002
- Homer, Lauren B. & Lawrence Uzzell 'A.Federal and Provincial Religious Freedom Laws in Russia: A Struggle for and against Federalism and the Rule of the Law' in: Witte & Bourdeaux *Proselytism and Orthodoxy in Russia: The New War for Souls* Maryknoll: Orbis (1999), 284-320
- Hopkins, Richard L.Philosophy of Training *Training For Cross-cultural Ministries* Oct. Vol.2 (1998), 5
- Hosking, Geoffrey *Church, Nation and State in Russian and Ukraine* (School of Slavonic and East European Studies) London: MacMillian, 1991
- Hosking, Geoffrey *A History of the Soviet Union* London: Fontana Press, 1992
- Houston, Graham *Virtual Morality: Christian Ethics in the Computer Age* Leicester: IVP , 1998
- Houtepen, Anton 'Evangelisation and Ecumenism: Contradiction or Challenge?' *Religion State and Society* Vol.26:2 (1998), 89-100
- Howard, Roger (Assoc.) *Across the Divide Building Community Partnerships to Tackle Drug Misuse* London: Dept of Health, 1993
- Hubbard, R.L. Evaluation and Outcome of Treatment In: Lowinson, J.Y., Ruiz, P., Millman, R.G. & Langred, J.G. eds *Substance Abuse: A Comprehensive Textbook* Third Ed. Baltimore: Williams & Wilkins, 1997
- Hubbard, R.L., M. E.Marsden, , J.V.Rachal, , H.J.Harwood, , E.R.Cavanaugh, & H,M.Ginzburg, *Drug Abuse Treatment: A Study of Effectiveness* Chapel Hill: University of North Carolina Press, 1989

- Huber, Michael G, 'Myers-Briggs Type Indicator Correlations with Enneatype-6 Alcohol or Other Drug Clients in Clinical Settings in South-eastern Wisconsin' *Journal of Ministry in Addiction & Recovery* Vol. 6/2 (1999) :75-100
- Huber, Michael G, 'The Characterological Nature of Bill. W. And Alcoholics Anonymous as Depicted in the Film "My Name is Bill".' *Journal of Ministry and Addiction Recovery* Vol. 7/2 (2001), 11-35
- Hunt, Stephen, Tony Hamilton & Malcolm Walter, *Charismatic Christianity: Sociological Perspectives* Basingstoke: MacMillian Press Ltd, 1997
- Hunt, Steven, *Charismatic Christianity: Sociological Perspectives* Basingstoke: Macmillian Press Ltd, 1997
- Hy, Ng 'Drug Use and Self-Organisation: A Personal Construct Study of Religious Conversion in Drug Rehabilitation' *Journal of Constructivist Psychology* Vol.15/4 (Oct-Dec 2002), 263-278 Oct-Dec 2002
- Ilynsky, Ignatovich Igor, 'The Status and Development of Youth in Post-Soviet Society' in: J. Riordan, C. Williams, I. Ilynsky (eds) *Young People in Post-Communist Russian and Eastern Europe* Aldershot: Dartmouth Pubs. (1995a), 11-28
- Ilynsky, Ignatovich Igor, 'The spiritual and Cultural Values of Young People in a Post Totalitarian State' In: J. Riordan, C. Williams, I. Ilynsky (eds) *Young People in Post-Communist Russian and Eastern Europe* Aldershot: Dartmouth Pubs. (1995b), 95-116
- Ilynsky, Ignatovich Igor, 'Prioritising Youth in Russia: An Investment for the Future' In: J. Riordan, C. Williams, I. Ilynsky (eds) *Young People in Post-Communist Russian and Eastern Europe* Aldershot: Dartmouth Pubs. (1999), 159-179
- Ingram D, Lancaster, G & Hope, S, 'Recreational Drugs and Driving' *Scottish Executive Central Research Unit*, 2001
- Israel, R. A., 'The International Classification of Diseases: Two Hundred Years of Development.' *Public Health Report* 93 (1978),150-152.
- Ivanov, Andrei, 'Narcotics-Russia: New Drug-Production Method Raises HIV Risk' *Inter-Press Service: World News* (30 Aug 2003)
- J.A. Motyer and John RW Stott (eds), *The Bible Speaks Today Series*, Leister: IVP 1981-1992
- Jamieson, Robert, A. R. Fausset, & David Brown *Jamieson-Fausset-Brown Bible Commentary* London: Hendrickson Publishers, 1997
- Jelinek, Erik, 'Alcoholism and the Book of Proverbs: A Look at Alcoholism as Shown in Proverbs 23:29-35' *Journal of Ministry in Addiction & Recovery* Vol. 5/2 (1998), 65-74
- John Martin Fischer, Robert Kane, Derek Pereboom, & Manuel Vargas, *Four Views on Free Will*, Blackwell Publishing, 2007

- Johns, A, 'Psychiatric effects of Cannabis'; *British Journal of Psychiatry* Vol.187 (2001), 116-122
- Johnson, John, 'Three Things You Should Not Believe About Ministry in the Former Soviet Union' *Evangelical Missions Quarterly* July (1994), 294-298
- Johnson, Paul, *The Psychology of Religion* Nashville: Abingdon Press, 1959
- Johnson, Vernon E. (ed.) *I'll Quit Tomorrow* San Francisco: Harper & Row, 1973
- Jorgensen Danny L, *Participant Observation: A methodology for Human Studies* London: Sage, 1989
- Juan, Stephen, *Only Human: Why We React, How We Behave, What We Feel*, : Australia, Sydney: Random House, 1990
- Judith Okely & H. Callaway, (eds)., *Anthropology an Autobiography: Participatory Experience and Embodied Knowledge* London: Routledge, 1992 134-147,
- Judson, B.A. & Goldstein, A. 'Episodes of Heroin Abuse During Maintenance Treatment with a Stable Dosage of Acetyl-Methanol' *Drug & Alcohol Dependence* Vol.11 (1983), 185-193
- Juengst, Sara Covin, *Equipping the Saints: Teacher Training in the Church* Louisville, Kentucky: Westminster John Knox Press, 1989
- Jules-Rosette, B. *African Apostles* Ithaca NY: Cornell University Press, 1975
- Jung, C. G. 'Spiritus contra Spiritum: 'The Wilson /C. G. Jung Letters: The roots of the Society of Alcohol Anonymous', *Parabola*, Vol 12, No. 2 May (1987), <http://www.psychoheresy-aware.org/jungleg.html> , accessed: 24/10/2008
- Jung, Shannon Why Globalisation? *Currents in Theology and Mission* Vol.18:5 Oct. (1991), 325-330
- Jungel, Eberhard 'The Gospel and the Protestant Churches of Europe: Christian Responsibility for Europe from a Protestant Perspective' *Religion State and Society* Vol.22:2 (1993) :137-150
- Kagarlitsky, Boris, *Restoration in Russia: Why Capitalism Failed* London: Verso, 1995
- Kahn, Arlene, 'The Exodus: A Parable of Addiction and Recovery' *Journal of Ministry in Addiction & Recovery* Vol. 5/2 (1998), 13-32
- Kalb, M, 'The Myth of Alcoholism Prevention' *Preventative Medicine* Vol.4 (1975), 404-416
- Kaminer, Wendy, *I'm dysfunctional, You're Dysfunctional: The Recovery Movement and Other Self-Help Fashions* New York: Vintage, 1993

- Kandel, D B. *et al.* 'The Consequences in Young Adulthood of Adolescent Drug Involvement' *Archive of General Psychiatry* Vol. 43 (1986), 746-754
- Karchazhkina, Valentina A 'Western Missionaries Spreading the Gospel in Russia' *East-West Ministry Report* Vol.6:2 (1998), 8-9
- Kargina, Irina Georgievna, Каргина, Ирина Георгиевна О Динамике Развития Христических Конфессий, *Социс-Социологические Исследования* ('Dynamics of the Growth in Christian Confessions' in *Sotsis –Sociological Research*) No.6 (1998), 111-118
- Karpman, Steven B., 'Fairy tales and script drama analysis', *Transactional Analysis Bulletin*, 7(26), (1968) 39-43
- Kaser, Michael C, .Population In: *The Cambridge Encyclopaedia of Russia and the Former Soviet Union* Cambridge: Cambridge University Press , 1994
- Kaufman, Edward & Pauline Kaufmann, *Family Therapy of Drug and Alcohol Abuse* New York: *Gardner*, 1981
- Kaufman, Edward, Group Therapy Techniques used by the Ex-addict Therapist, *Group Process* Vol. 5 (1973), 3
- Keesing, R, *Cultural Anthropology: a Contemporary Perspective* New York: Holt, Rinehart & Winston, 1976
- Keidel, Levi, *Conflict or Connection: Interpersonal Relationships in Cross-cultural Settings* Wheaton: Evangelical Missions Information Service, 1996
- Kennard, D. *An Introduction to Therapeutic Communities* Second Ed. Philadelphia: Jessica Kingsley Pub., 1998
- Kerblay, Basile, *Modern Soviet Society* London: Methven, 1983
- Kerlinger, F.N, *Foundations of Behavioural Research* New York: Hold, Rinehart & Winston, 1969
- Kerry M. Olitzky, 'Moving from Codependency to Covenant: A Spiritual Counselling Manual,' *Journal of Ministry In Addiction Recovery* Vol.1 No.1 94 p33
- Kerry M. Olitzky, *Recovery from Codependence : A Jewish Twelve Steps Guide to Healing Your Soul* Woodstock, VT: Jewish Lights Pub: June 1993
- Kinder, B.N., N.E. Pape, & S. Walfish, 'Drug and Alcohol Education Programmes: A review of Outcome Studies' *International Journal of the Addictions* Vol.15 (1980), 1035-1054
- Kleber, H D, 'Decriminalisation of Cannabis' *Lancet* Vol.346 (1995), 1708
- Klee, Hilary, Iain McLean, & Christian Yavorsky, 'Employing Drug Users: Individual and Systematic Barriers To Rehabilitation' York: Joseph Rowntree Foundation, 2002

- Klingemann, Harold & Geoffrey Hunt, *Drugs Demons & Delinquents: Drug Treatment System an International Perspective* London: SAGE Publishing, 1998
- Kliuchevsky, Начение Сергья для Русского Народа и Государства (The Significance of Sergius for the Russian People and State) in *Богословски Вестник* XI (Theological Bulletin No. 11), 1892
- Kofman, Eleonore & Gillian Youngs, *Globalisation: Theory and Practice* London: Pinter, 1996
- Kohl, Manfred, 'Filling the Leadership Void in the Post Communist Church' *Contact* (1994)
- Komendant, Grigori, 'Certainly' *East-West Church and Ministry Report* Winter 1996
- Koopmans, Frans, *Zonder Identiteit ben je Stuuloos* [Without an Identity you are Out of Control] interview with professor M. J. van Leiburg in the May daily information issue Netherlands: DeHoop , 1993
- Koopmans, Frans, *De Hoop's view on Care about Identity and Professionalism* Amsterdam: DeHoop Dordrecht (unpublished paper), 1997
- Koopmans, Frans, *Information about DeHoop: Evangelical aid and Treatment of Addiction* Internal Publication, 2003
- Koski-Jannes, Anja, *Miten riippuvuus voitaan?* [*HowTo Win Over Dependency?*], Otava: Keuruu, 1998
- Kosten, T.R., B.J. Rounsville, & H.D. Kleber, 'A 2.5 year Follow Up of Depression Life Crises and Treatment Effects on Abstinence among Opioid Addicts' *Archives of General Psychiatry* Vol.43 (1986), 733-738
- Kovalevsky, P, *St Sergius and Russian Spirituality* New York: St Vladimir's Seminary Press, 1976
- Krindach, Alexei, *Geography of Religions in Russia* Decatur, Georgia: Glenmary Research Centre, 1996
- Kruger, David, 'The Dysfunctional Church: Barriers to Positive Spirituality Within a Congregation article' *Journal of Ministry in Addiction & Recovery* Vol. 2/1 (1996), 9-58
- Kuzmic, Peter, 'A Vision for Theological Education for Difficult Times' *Religion State and Society* Vol.22:2 (1994), 237-244
- Kwong, Hsueh Yu, 'Training of Asian Missionaries at Seminaries' *Asian Theological News* Oct-Dec Vol.14:4 (1988)

- LaCour, Jean, 'Brain Chemistry, Addiction and Change' In: Dawn 2002 *Pakistan National Drug Conference* 3-6 Nov (2002), 33-37
- LaCour, Jean, Co-dependency In: Dawn 2002 *Pakistan National Drug Conference* 3-6 Nov (2002), 116-124
- Lagado, Alice, 'Russia's Corrupt Moonlighting Police Force' *Police Magazine* Sept 1999
- Lane, Christel, *Christian Religion in the Soviet Union: a Sociological Study* London: Allen & Unwin, 1978
- Lapidus G. (ed) *Women in Russia* Brighton: Harvester, 1978
- Lattimore, Vergel L, 'A Theology of Addiction: Spiritual, Psychological, and Social Roots' *Journal of Ministry in Addiction & Recovery* Vol. 4/1 (1997), 47-62
- Lawson, M.S. & G. S. Wilson, 'Parenting Among Women Addicted to Narcotics' *Child Welfare* February Vol. S9/2 (1980), 67-79
- Lee, Gary K. 'The Beatitudes of Jesus and the 12 Steps of AA,' *Journal of Ministry in Addiction and Recovery* Vol. 3/1 (1996), 17-32
- Lema, Anza Amen, *Education in the Mission of the Church* Jerusalem: Reference Paper for Commission on World Mission, 1965
- Leon, David A. 'Huge Variation in Russian mortality rates 1984-94: artefact, alcohol or what?' *Lancet* 350, 9075, (9 August 1997), 383-388
- Lermontov, Michael *A Demon* Moscow, n.p. 1841
- Levin J.S. & Vanderpool, HY, 'Religious factors in physical health and the prevention of illness' *Prevention in Human Services* Volume 9 (1991)
- Levin J.S. (ed), *Religion in Aging and Health: Theoretical Foundations and Methodological Frontiers* Sage USA, 1994
- Lewis, Alan E, *Between Cross and Resurrection: A Theology of Holy Saturday* Cambridge: Eerdmans, 2001
- Lewis, Clive Staple, *The Screwtape Letters* Sixtieth Anniversary Ed. London: Harper Collins, 1942

- Lewis, David, 'Not yet Revival' *Christian Herald* July 11<sup>th</sup> (1992), 13
- Lewis, David, 'Our ways are not their ways' *Christian Herald* July 24<sup>th</sup> (1993), 9-11
- Lewis, David, 'Beatings and Buildings' *Christian Herald* April 9<sup>th</sup> (1994a), 4
- Lewis, David, 'Out in the Cold' *Christian Herald* April 30<sup>th</sup> (1994b), 3
- Lewis, David, 'Harvest of Prayer' *Christian Herald* Nov.29<sup>th</sup> (1994c), 4
- Lewis, David, 'Siberia -A Check-Up' *Christian Herald* Nov.5<sup>th</sup> (1994d), 18
- Lewis, David, 'The Mission Business' *Christian Herald* Nov.5<sup>th</sup> (1994e), 9
- Lewis, David, 'Keep Russia Orthodox' *Christian Herald* July 22<sup>nd</sup> (1995a), 8
- Lewis, David, *After Atheism* London: Curzon, 1999
- Lewis, J. A., Dana, R.Q.& Belvins, G.A. *Substance Abuse Counselling : An individualized Approach* Pacific Grove C: Brooks/Cole Publishing Co.1994
- Lewis, Jonathan, 'Does Pre-field Training Help Reduce Missionary Attrition?' *Training For Cross-cultural Ministries* Apr Vol.2 (1997), 5-6
- Lewis, Jonathan, 'Matching Outcomes with Methods and Contexts' *Training For Cross-cultural Ministries* Oct. Vol.2 (1998), 1-3
- Liardon, Robeats, *Breaking Controlling Powers* Oklahoma, OK: Albury Publishing, 2000
- Life For The World Trust 'The Church in an Addictive Society *Certificate in Substance Misuse Care and Counselling* Module 1 Course Notes available from Life for the World, 2003.
- Life For The World Trust, 'Working with People who have Addictive Behaviour Problems' *Certificate in Substance Misuse Care and Counselling* Module 2 Course Notes available from Life for the World, 2003
- Life For The World Trust, 'Relapse and Denial' *Certificate in Substance Misuse Care and Counselling* Module 3 Course Notes available from Life for the World, 2003
- Life For The World Trust, 'Co-Dependency – The Most Underestimated Addiction' *Certificate in Substance Misuse Care and Counselling* Module 4 Course Notes available from Life for the World, 2003
- Lindesmith, A, *The Nature of Opiate Addiction* Chicago, IL: Addiction and Opiates, 1937
- Lindesmith, A, *Addiction and Opiates* Chicago, IL: Aldine, 1968

- Lisitsyn, U., & P.I. Sidorov, *Alkogolizm: Medicko-Socialnie Aspekty [Alcoholism: Medico-Social Aspects]* Moscow: Rukovodstvo Dlya Vrachei, Meditsina, 1990
- Lloyd-Jones, D. Martin, *Romans: An Exposition of Chapters 3:20-8:39 6 Vols.* London: Hodder and Stoughton 1970-1975
- Lloyd-Roberts, Treflyn, 'Russian Christian Drug Rehab Conference' *Rapport* May/June (2002), 3
- Loewen, Jacob, 'Problems for Export Part 1'. *Milligan Missiogram* 1(4) (1974), 4-11
- Lossky, Vladimir, *Orthodox Theology: An Introduction* New York: St. Vladimir's Seminary Press trans. Ian and Ihita Kesarcodi-Watson, 1978
- Lown, Iesa M. 'Nice Girls Don't Drink: Stories of Recovery' *Journal of Ministry in Addiction & Recovery* Vol. 7/1 (2000), 78-80
- Ludwig, Arnold M, 'Cognitive Process Associated with 'Spontaneous' recovery from Alcoholism' *Journal of Studies Alcoholism* Vol.46/1 (1985), 53-58
- Lundy, David, *Beyond Internalisation: An Evaluation and Plan for Globalization Operation Mobilization*, in D.Min.Thesis, Gordon-Conwell Theological Seminary, USA, 1995
- Luther, Martin, 'The Bondage of the Will', *Martin Luther's Basic Theological Writings* Fortress Press, Minneapolis. Timothy F. Lull (ed), 1989
- Luther, Martin, *Bondage of the Will* Jonathan D. Moore 1998 10th Printing 1957, 1525
- Mabuza, Wesley M. 'Reasons for Theological Education and Ministerial Formation by Extension' *TEE Theology in Transition* Vol.1 (1997), 14-15
- Maclean, Fitzroy Maclean, *All the Russians: The End of an Empire* London: Viking Press, 1992
- MacQueen, A.R. 'Spiritual Dimensions of Alcohol and Other Drug Problems' *Addiction* Vol.94/3 (1999), 436
- Magda, Ksenija, 'Uphill Struggle: Magazines for Eastern Europe's Christian youth face formidable obstacles' *Frontier* Jan-Feb (1994), 3-4
- Maiyer, Vyacheslav, 'Russian Orthodox Missions to the East Vyacheslav Maiyer' *Religion State and Society* Vol.25:4 (1997) :369-380
- Malinowski, Andy, 'The Vein in Spain: Viability of Safe Injecting Rooms' *DrugLink* Vol.17/6 (2002), 22-23
- Malinowski, Bronislaw, *Argonauts of the Western Pacific, An Account of Native Enterprise and Adventure in the Archipelagos of Melanesian New Guinea.* London: Routledge & Regan Paul, 1922
- Manning, Brennan. *The Wittenberg Door* (Annual Journal) 1987

- Maranatha Briefing, *Cannabis Manchester*: Maranatha Community Oct. 2000
- Marcotte, David, Author Margolin & S. Kelly Avants, 'Addressing the Spiritual Needs of a Drug User Living with Human Immunodeficiency Virus: A case Study' *Journal of Alternative and Complementary Medicine* Vol.9/1 (2003), 169-175
- Marlatt, G. & Gordon, J.R., *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviours* New York: Guilford Press; 1985
- Marlatt, G.A. & Gordon, J.R. *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviours* New York: Guilford Press, 1985
- Martignetti, Anthony, 'Addiction: Putting Off Until Tomorrow' *Journal of Ministry in Addiction & Recovery* Vol. 6/1 (1999), 9-28
- Martin, David W. 'Training Fishermen' *Asian Mission* Jan (1998), 14
- Martin, Kent, 'Promoting Abstinence in a Culture of Harm Reduction' Seminar in *Raising the Standard* – A one day conference of ISAAC-UK, in Birmingham June 2004
- Marwick, C. 'Physician Leadership on National Drug Policy Finds Addiction Treatment Works' *Journal of the American Medical Association*, Vol.279/15 (1998), 1149-1150.
- Marx, Karl, A Contribution to the Critique of Hegel's Philosophy of Right, *Deutsch-Französische Jahrbücher*, (1844), February
- Maslow, Abraham H, *The Farther Reaches of Human Nature* Arkana Pubs, 1962(1984 Edition)
- Maslow, Abraham, *Motivation and Personality*. New York: Harper, 1954
- Massie, Robert K, *Peter the Great His Life and World* London: Abacus, 1980
- Mattick, R.P. Kimber, J., Kaldor, J., MacDonald, D. Weatherburn, D. & Lapsley, H. *Six Month Process Evaluation Report on the Medically Supervised Injecting Centre* NDARC Sydney: University of NSW. 2001
- Matza, D., *Delinquency and Drift* New York: Wiley.1964
- Matza, D, *Becoming Deviant* Englewood Cliffs: Prentice Hall, 1969
- May, G. Gerald, *Addiction and Grace: Love and Spirituality in the Healing of Addictions* San Francisco, CA: Harper Collins, 1988
- May, W.W. 'Spiritual Focus as a Therapeutic strategy' *Behavioural Health Management* Vol.14/5 (1994), 35-37
- McAuliffe, Robert M & Mary Boesen McAuliffe, *The Essentials of Chemical Dependency: Toward a Unified Theory of Addiction* USA: Author House, 1975

- McAuliffe, W.E., B.Reldman, R.Friedman, E.Launer, E.Magnuson, C.Mahoney, S.Santangelo, W.Ward, & R.Weiss, 'Explaining Relapse to Opiate Addiction Following Successful completion of Treatment' in F.M. Tims and C.G. Leukfield (eds) *Relapse and Recovery in Drug Abuse* NIDA, USA Research Monograph 72 Washington DC. (1986)
- McCall, G. & J.L.Simmons, *Issues in Participant Observation* Reading MS.: Addison-Wesley, 1969
- McCauley, Martin, *The Soviet Union 1917-1991* London: Longman, 1993
- McCormick, Patrick T., *Sin as Addiction* New York: Paulist, 1989
- McCormick, Patrick T. 'Moral theology 1940-1989: An overview' *Theological Studies* 50 (1989), 3-24
- McCoy, Alfred W, *The Politics of Heroin: Complicity in the Global Drug Trade*, New York: Laurance, 1991
- M'chedlov, M. P. Мчедлов, Михаил Петрович, О Религиозности Российской Молодежи *Социс- Социологические Исследования* (The Spirituality of Russian Youth in *Sotsis -Sosiological Research*) No.6 (1998), 107-111
- Mchedlov, M.P, 'On the Religiousness of Russia's Young People' *Russian Education & Society* Sept. (1999)
- McIntosh, James & Neil McKeganey, *Beating the Dragon: The Recovery from Dependent Drug Use* Harlow: Pearson Education, 2002
- McKeganey, Neil, 'Legalisation One Way or No Way' *DrugLink* Vol.17/6 (2002), 16-17
- McMinn, Don, *Spiritual Strongholds* Oklahoma City: NCM Press, 1993
- McMinn, Don, *Spiritual Strongholds* Oklahoma City: NCM Press, 1993
- McNeill, John T. (ed), *John Calvin Institutes of the Christian Religion* Vol. 1 translated by Ford Lewis *Battles Library of Christian Classics*, Vol. XX Philadelphia: The Westminster Press, 1960
- McNeill, John William. *Western Saints in Holy Russia: Perceptions of Conversion and Westerners among Western Converts, Russian Church Converts, and the Members of the Public in the Former USSR* PHD Thesis Trinity International University unpub. (Note the pagination on this publication is inconsistent.) 1995
- McPeake, J.D., B.P.Kennedy, & S.M. Gordon, 'Altered States of Consciousness Therapy. A Missing Component in Alcohol and Drug Rehabilitation Treatment' *Journal of Substance Abuse Treatment* Vol.8/1-2 (1991), 75-82

- Meadows, Pamela, 'Missionaries to the Former Soviet Union and East Central Europe: The Twenty Largest Sending Agencies' *East-West Church and Ministry Report* Vol.3 (1995), 10
- Mearns, Brian & Dave Thorne, *Person Centred Counselling in Action* London: Sage, 1999
- Mehan, H. & Wood, H. *The Reality of Ethnomethodology* New York: John Wiley, 1975
- Memaho, S, 'Australia's Methadone Mess' *Readers Digest* May (1998)
- Memorandum No16, *Submission by Criminal Justice Association to Home Affairs Select Committee on Drugs*,(n, pub, n.loc, Aug 01)
- Men, Aleksandr, 'The 1960's Remembered' *Religion State and Society* Vol.23:2 (1995), 121-124
- Mercadante, Linda A, 'Sin, Gender and Addiction' *Journal of Ministry in Addiction & Recovery* Vol. 4/1 (1997), 37- 45
- Merry, Tony, *Learning and Being: in Person-Centred Counselling* Ross-on-Wye: PCCS Books, 1999
- Merton, T. *The Sign of Jonas* New York: Harcourt Brace Jovanovich, 1953
- Meyendorff, John, *The Orthodox Church* London: Darton, Longman & Todd, 1960
- Meyendorff, John, *Living Tradition: Orthodox Witness in the Contemporary World* London: SCM, 1978
- Meyroyan, A, 'Changing Perspectives of Narcological Services in USSR'. in *Abstracts: International Conference of Healthy Lifestyles, Medical Academy of Postgraduate Studies*
- Michael, Katherine S, 'The Twelve Steps: A Biblical Foundation for Recovery' *Journal of Ministry in Addiction & Recovery* Vol. 5/2 (1998), 75-84
- Milan Machovec, *A Marxist looks at Jesus* English Translation from German(England, Forstress Press, 1976)
- Miller, Darrow L. *Discipling Nations: The Power of Truth to Transform Cultures* Seattle: YWAM Publishing, 1998
- Miller, John H. Ethnic Peoples in *The Cambridge Encyclopaedia of Russia and the Former Soviet Union* Cambridge: Cambridge University Press
- Miller, P. (ed), *The Addictive Behaviours: Treatment of Alcoholism Drug Abuse, Smoking and Obesity* Oxford: Pergamon Press, 1980
- Miller, Robert L. *Researching Life Stories & Family Histories* London: Sage. 2000

- Miller, W.R. 'Researching the Spiritual Dimension of Alcohol and Other Drug Problems' *Addiction* Vol.93/7 (1998), 979-990
- Miller, W.R. 'Spirituality the Silent Dimension in Addiction Research' *The 1990 Leonard Balloration Drug & Alcohol Recovery* Vol.9 (1990), 259-266
- Miranda, José P. *Communism in the Bible* London: SCM, 1982
- Mitchell J.C. 'On Quantification in Social Anthropology' in A.L. Epstein (ed) *The Craft of Social Anthropology* London: Tavistock, 1967
- Mittleman, M.A. 'Triggering Myocardial Infarction by Marijuana' *Circulation* Vol. 103 (2001), 2805-2809
- Moffett, Robert *Youth Ministry's Response to Globalisation* Masters Thesis Ware: ANCC, 1999
- Moore, Mary Elizabeth *Education for Continuity and Change* Nashville: Abingdon Press, 1983
- Moos, R.H & Moos, B. 'The Staff Workplace and the Quality and Outcome of Substance Abuse Treatment' *Journal of Studies on Alcohol* Vol.59/1 (1998), 43-51
- Moos, R.H. Finney, J.W. & Cronkite, R.C. *Alcoholism Treatment : Context, Process and Outcome* Oxford: Oxford Univ. Press, 1990
- Morgan, Eluned, MEP, 'The European Parliament Committee on Culture, Youth, Education and the Media'. *Report on The Information Society, Culture and Education* Brussels: European Parliament (n.d.), 1-12
- Morgan, Oliver "Chemical Comforting" and the Theology of John C. Ford, SJ: Classic Answers to a Contemporary Problem' *Journal of Ministry in Addiction & Recovery* Volume: 6 Issue: 1 (1999), 29-66, 29
- Morgan, Oliver J. 'Chemical Comforting and the Theology of John C. Ford, SJ: Classic Answers to a Contemporary Problem' *Journal of Ministry in Addiction & Recovery* Vol. 4/1 (1997), 29-66
- Morgan, Oliver J. 'Practical Theology, Alcohol and Alcoholism: Methodological and Biblical Considerations' *Journal of Ministry in Addiction & Recovery* Vol. 5/2 (1998), 13-32
- Morgan, Oliver J, 'Drug Crazy: How We Got into this Mess and How We Can Get Out' *Journal of Ministry in Addiction & Recovery* Vol. 6/2 (1999), 105-107
- Morgan, Oliver J. 'Understanding and Counselling Persons with Alcohol, Drug and Behavioural Addictions' *Journal of Ministry in Addiction & Recovery* Vol. 6/2 (1999), 101-104
- Morris, Leon, *The Epistle to the Romans* Leicester: IVP, 1988

- Mothner, I. & A. Weitz, *How To Get Off Drugs* London: Penguin, 1997
- Mowry, L. *The Dead Sea Scrolls and the Early Church* Notre Dame IN: University of Notre Dame Press, 1966
- Moynahan, Brian, *The Russian Century*, London: Seven Dials, 1999
- Moyser, George (ed) *Politics and Religion in the Modern World* London: Routledge, 1991
- Muffler J, J. Longrod & D. Larson, 'There is a Balm in Gilead': Religion and Substance Abuse Treatment In: Lowinson, J. Y., Ruiz, P. & Millman, R. G. Eds. *Substance Abuse: A Comprehensive Textbook* Second Ed, Baltimore: Williams & Wilkins, 1992
- Musto, David F. *The American Disease: Origins of Narcotic Control* New York: Oxford University Press, 1987
- n.a. 'Road Accidents linked to Cannabis' *Evening Standard*, 16/09/2007
- n.a. 'Russia's high annual alcohol consumption' *Time Magazine*, 08/11/97
- n.a. 'The Bible Helps Your Health' *Investigator* Vol.57 Nov (1997)
- n.a. *Diagnostic and Statistical Manual of Mental Disorders* Fourth ed., 1994
- n.a. 'Moscow Patriarch Can't be Without Politics' *Ukrainian*, (Kiev) RIK XXXII (May 99), 14
- Nabli Abdullaev 'New Drug Programme Overseen by Police' *Moscow Times*, 01/31/2002  
[www.moscowtimes.ru/stories/2002/01/31/0011.html](http://www.moscowtimes.ru/stories/2002/01/31/0011.html)
- Nahas C.G. *Marihuana in Science and Medicine* New York: Raven Press, 1984
- Nahas, G.G. & C. Lafor, (Eds.) *Cannabis: Pathophysiology, Epidemiology Detection* CRC Press, 1993
- Nance, J & B. Hailstone, , 'Laughter - just what the doctor ordered!' *The Advertiser* Friday 21 August (1992).23
- Narkomaniya v Rossii stanovitsya vse molozha *Novye Izvestiia* NIZ No034 [Drug Addicts are getting even younger Pervaya Kolonka First Column:] *Novye Izvestiia (New News)* 02/27/2002
- Nat Cen *Smoking, Drinking and Drug Use Among Young People in England in 2002* (National Centre for Social Research (Nat Cen) and the National Foundation for Educational Research (NFER)). The Stationery Office, 2003
- National Drug Strategic Framework '1998-99 to 2002-03, Drug Deaths Australia in 1996 in Australia', (Nov 98)
- National Evaluation of Pharmacotherapies for Opioid Dependence *No of Treatments provided and places available*. 2000/2001

- National Highway Traffic Safety Administration (US) Quoted by Professor Ashton, Department of Psychiatry University of Newcastle in 1998 in evidence submitted to the House of Lords Select Committee April 1998
- National Treatment Improvement Evaluation Study, *Office of Evaluation, Scientific Analysis and Synthesis, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Administration*. The National Treatment Improvement Evaluation Study (NTIES), 1997
- NDARC *Australian Drug Trends, Illicit Drug Reporting Systems* – NDARC Monograph 48, 2001
- Neale, J, ‘Drug Users’ Views of Substitute Methadone Drugs’ *Education Prevention and Policy* Vol. 5/1 (1988), 33-45
- Neale, J, ‘Drug Users’ Views of Substitute Prescription Conditions’ *International Journal of Prevention Policy* Vol. 10 (1999), 247-248
- Neale, J, ‘Understanding Drug Using Clients’ Views of Substitute Prescribing’ *British Journal of Social Work* Vol. 29 (1999), 127-145
- Nee, Watchman, *The Normal Christian Life* Wheaton Ill: Tyndale House Publishers, 1957
- Neibuhr, H. R. *Christ and Culture* London: Faber & Faber, 1952
- Nelson, John (ed.) *Leading Managing Ministering: Challenging Questions for Church and Society* Norwich: Canterbury Press, 1999
- Neuendorf, Kimberly A, *The Content Analysis Guidebook* London: Sage. 2002
- Newbury-Birch, D., M.White, & F. Damali, ‘Factors influencing alcohol and illicit drug use amongst medical students’ *Drug and Alcohol Dependence* Vol. 59 (2000), 125-130
- NEXUS ‘Knowing the Score: Market Factors on the Price of Drugs’ *NEXUS NCIS Bulletin* Spring Ed <http://www.ncis.gov.uk>
- Ng, HoYee & Daniel T. Shek, ‘Religion and Therapy: Religious Conversion and the Mental Health of Chronicle Heroin-Addicted Persons’ *Journal of Religion and Health* Vol. 40/4 (2001), 399-410
- NHS NTA, *Drugs and Alcohol in the Workplace* London: NHS National Treatment Agency for Substance Misuse. 2004
- NHS NTA *Recruitment and Retention* London: NHS National Treatment Agency for Substance Misuse. 2004
- Nicholl, Donald, *Triumphs of the Spirit in Russia* London: Darton, Longman & Todd, 1997
- Nick Page Walsh, ‘Russia's child alcoholics get their own clinic in Moscow’ *Guardian Observer*, 26/10/2003

- Nickles, Beverly, 'Russia: Ready to Stand on their Own' *Christianity Today*, Vol. 44.13 (13/11/ 2000)
- Nicoll, William Robertson, *The Expositor's Bible* (6 Vols.) New York: A.C. Armstrong, 1903
- Niemelä, Jorma *The Role of Spirituality and Professionalism in Recovery and Treatment STAKES* Tampere: National (Finnish) Research and Development Centre for Welfare and Health, 1999
- Niemelä, Jorma, *The Role of Spirituality and Professionalism in Recovery and Treatment* Seminar booklet produced for a lecture of the same title at the ISAAC Madrid Consultation 'Addiction Who Cares' in May 2003
- Nilson, Margareta, Kokkevi, Anna, Merino, Petra Pala & Blum, Monica, *Evaluating the Treatment of Drug Abuse in the European Union Italy*: European Monitoring Centre for Drugs and Drug Addiction EMCDDA, 1999
- North Conway Inst. *Responsible Decisions About Alcohol: A Report to the Churches [23<sup>rd</sup> Annual Assembly]* Boston MA: North Conway Institute, 1977
- Nouwen, Henri *The Wounded Healer: Ministry in Contemporary Society* New York: Doubleday, 1979
- O'Brien, C.P., & McLellan, A.T, 'Myths about the Treatment of Addiction' *The Lancet* Vol. 347 (1996), 237-240
- O'Neil, John and Pat, *Concerned Intervention: When Your Loved One Won't Quit Alcohol or. Drugs* Park Ridge, Ill: Parkside Medical Services Corporation, 1990
- Oakley, Ann, 'Interviewing Women: a Contradiction in Terms' In: H Roberts (ed) *Doing Feminist Research* London: Routledge & Kegan Paul, 1981
- Obeyesekere, Ganath, *The Work of Culture, Symbolic Transformation in Psychoanalysis and Anthropology* Chicago: University of Chicago Press, 1990
- O'Brien, Robers Y, 'Spirituality in Treatment Programs for Addicts' *Journal of Ministry in Addiction & Recovery* Vol. 1/1 (1994), 69-76
- Okely, Judith 'The Self and Scientism,' *Journal of the Anthropology Society of Oxford* 6 no.3 (1975):171-188, 172
- Okely, Judith. & H. Callaway, (eds) *Anthropology and Autobiography* London: Routledge, 1992
- Okely, Judith, *Own or Other Culture* London: Routledge, 1996
- Olitzky, Kerry M. 'Moving from Co-dependency to Covenant: A spiritual Counselling Model for the Jewish Community.' *Journal of Ministry in Addiction & Recovery* Vol. 4/1 (1994), 33-39

- Osborn, Laurence, *Restoring the Vision: The Gospel and Modern Culture* London: Mowbray, 1995
- Ottenberg, D.J. 'Addiction as Metaphor' *Alcohol Health and Research World* (1984), 18-20
- Owen, Patricia, Michelle Decker Gerrard, and Greg Owen 'Minnesota Teen Challenge follow-up study: Survey results of persons completing alcohol and drug treatment in 2001 through 2005' Saint Paul, MN: Wilder Research, August 2007
- Oxford Diocesan Board, *Drugs: Use and Misuse: An Issue for the Church*, Oxford: Oxford Diocesan Board for Social Responsibility. 2000
- Paloutzian, R.F. & Ellison C. *Spiritual Well-Being Scale* Nyack NY, 1982
- Pardini, Dustin A., Thomas G. Plante, Allen Sherman, & Jamie E. Stump, 'Religious Faith and Spirituality in Substance Abuse Recovery Determining the Mental Health Benefits' *Journal of Substance Abuse Treatment* Vol.19 (2000), 347-354
- Partington, David, *ISAAC Connections* Issue 1 Reading: International Substance Abuse and Addiction Coalition. 2004 [www.isaac-international.org](http://www.isaac-international.org) (accessed: 23/10/08)
- Pattison, M.E. M.B. Sobel, & L.C. Sobel, *Emerging Concepts of Alcohol Dependency* New York: Springer, 1977
- Pattison, Manwell, *Family Therapy of Drug and Alcohol Abuse* New York: Gardner Press, 1981
- Pazmino, Robert W. *Foundational Issues in Christian Education: An Introduction in Evangelical Perspective* 2nd Ed. Grand Rapids Michigan: Baker Book House, 1997
- Pecherskaya, Nataliya, 'Man in Search of Meaning: the St Petersburg School of Religion and Philosophy' *Religion State and Society* Vol.22:2 (1994), 205-208
- Peel S & A. Brodsky, *Love and Addiction* New York: New American Library, 1976
- Peele, Stanton, 'Diseasing of America: Addiction Treatment Out of Control' Lexington, MA: D.C. Heath, 1989
- Phoenix House, *Combating Drugs and Alcohol Within Your Community* London: Phoenix House. n.d.
- Pilkington, Hilary, *Russia's Youth and its Culture: A Nation's Constructors and Constructed* New York: Routledge, 1994
- Pilkington, Hilary (Ed.) *Gender, Generation and Identity in Contemporary Russia (ed.)* London: Routledge, 1996
- Pilkington, Hilary, Elena Omel'chenko, Moya Flynn, Ul'iana Bliudina, & Elena Starkova *Looking West?: Cultural Globalization and Russian Youth Cultures*, Pennsylvania: Penn State Press, 2003

- Pipes Richard, *The Formation of the Soviet Union* Revised Ed Harvard: Harvard University Press, 1964
- Plant, Martin A. *Women, Drinking and Pregnancy* London: Tavistock, 1985
- Plant, Martin A, *Drugs in Perspective* London: Hodder & Stoughton, 1987
- Plasko, Judith, *Sex, Sin and Grace: Women's Experience and the Theologies of Reinhold Niebuhr and Paul Tillich* Lanham, MD: University Press of America, 1980
- Platt, Jerome J, *Cocaine Addiction Theory Research & Treatment* Cambridge MA: Harvard University Press, 1997
- Poewe, Karla, *Charismatic Christianity as Global Culture* Columbia: University of South Carolina, 1994
- Poloma, Margaret, M *Glossolalia, Liminality and Empowered Kingdom Building: A Sociological Perspective* in Cartledge (Ed) 2006a *Speaking in Tongues: Multi-Disciplinary Perspectives* Milton Keynes: Paternoster. 2006
- Polosin, Vyacheslav S. 'Russian Religion by the Numbers' *East-West Ministry Report* Vol.7:1 (1999), 4-6
- Polsky, N. *Hustlers, Beats and Others* New York: Anchor, 1969
- Powdermaker, Hortense *Stranger And Friend: The Way of an Anthropologist* New York: W.W. Norton, 1966
- Pratt, Mary Louise, 'Fieldwork in Common Places,' in James Clifford & George E. Marcus (eds.), *Writing Culture: The Poetics and Politics of Ethnography*, Berkeley, California: University of California Press, 1986, 27-50
- Prezioso, F.A, 'Spirituality and the Recovery Process' *Journal of Substance Treatment* Vol. 4 (1987), 233-238
- Primrose A & Phil Simpson, *The IBTIDA Rehabilitation Model* Nejat Pakistan ORA International Vol. 2 Winter, 1997
- Prochaska, J.O., C.C. DiClemente, & J.C, Norcross, 'In Search of How People Change: Applications to Addictive Behaviours' *American Psychologist* Vol.47/9 (1992), 1102-1114
- Prochaska, J.& C, DiClemente, 'Stages and Processes of Self-Change and Smoking: Towards a more Integrative Model of Change' *Journal of Consulting and Clinical Psychology* Vol. 51 (1983), 390-395
- Prodezeck, A. Frohner, K & Steinbach, K, 'Acute myocardial infarction in juvenile patients with normal coronary arteries' *International Journal of Cardiology* Vol. 30 (1990), 359-361
- Propp, Vladimir, *Morphology of the Folktale* Austin TX: University of Texas Press, 1975

- Protsenko, Evgeni, *Наркотики и Наркомания (Drugs and Drug Addicts)* Moscow: Tirada, 2002
- Pullen, L., M. A. Modrcin-Talbott, W. R. West, and R. Muenchen 'Spiritual High vs. High on Spirits: Is Religiosity Related to Adolescent Alcohol and Drug Abuse?' *Journal of Psychiatric and Mental health Nursing* Vol.6/1 (1999), 3-8
- Pullinger, Jackie & Andrew Quicke, *Chasing the Dragon* London: Hodder & Stoughton Religious, 2006
- Pullinger, Jackie & Caroline Armitage, *Crack in the Wall* London: Hodder & Stoughton Religious, 1997
- Pullinger-To, Jackie, 'The Role of the Holy Spirit in Working with Addicts' *ISAAC Forum* No2 Winter (2003), 6
- Purgh T, 'Winter Alcohol, Spirituality and Recovery' *Alcohol, Health, and Research World*, 28-31 (1986), 53-4
- Pushkin, Alexandar, *Eugene Onegin* St Petersburg: n.p. 1831
- Pushkin, Alexandar, *Poltavof* St Petersburg: n.p. 1840
- Quesada, Francine, 'Addiction and Spirituality: A Multidisciplinary Approach' *Journal of Ministry in Addiction & Recovery* Vol. 7/1 (2000), 72-76
- Rainbow, P. *Reflections on Fieldwork in Morocco* Berkeley California: University of California Press, 1977
- Rainbow, P., *Reflections on Fieldwork in Morocco* Berkeley California: University of California Press, 1977
- Raistrick, D, 'Review of Effectiveness of Treatment for Alcohol Problems' *Alcoholism* Vol.17/6 (1998), 1-3
- Raitt, Jill, Bernard McGinn, & John Meyendorff, *Christian Spirituality, II: High Middle Ages and Reformation* London: SCM Press, 1989
- Ramet, Sabrina Petra, *Religious Policy in the Soviet Union* Cambridge: Cambridge University Press, 1993
- Ramstrom, Jan, *Adverse Health Consequences of Cannabis Use*, Socialstyrelsen, 1998
- Rapport, Nigel, *Transcendent Individual: Towards a Literary and Liberal Anthropology* London: Routledge, 1997

- Rautava, Jouko (ed.) *Economic Developments Russian Economy: The Month in Review* Helsinki: BOFIT (Bank of Finland Institute for Economies in Transition) May (1999) :1-3
- BOFIT, 'Russia's Foreign Debt' *Russian Economy: The Month in Review* Helsinki: BOFIT3
- BOFIT, 'Economic Indicators' *Russian Economy: The Month in Review* Helsinki: BOFIT3
- Reason, Peter & Rowan, John, *Human Inquiry: A Source book of New Paradigm Research* Chichester: John Wiley, 1981
- Rebecca F. Wallace 'Wanted: A Higher Power' *Journal of Ministry and Addiction* Vol.6/2 (1999), 41-59
- Reimer, Johannes, 'Mission in Post-Perestroika Russia' *Missionalia* Vol. 24:1 April (1996), 18-39
- Rhodes, D, 'A Longitudinal Study of Life Stress and Social Support among Drug Abusers' *International Journal of Addictions* Vol.18 (1983), 195-222
- Rhodes, Tim et.al, *Insights: Injecting Drug Use, Risk Behaviour and Qualitative Research in the Time of AIDS* Italy: EMCDDA. (European Monitoring Centre for Drugs and Drug Addiction). 2001
- Riasanovsky, Nicholas V. *A History of Russia* Fifth Ed Oxford: Oxford University Press, 1993
- Richardson, Sarah, 'Health Promotion in the Field of Substance Misuse in Post Soviet Russia' PhD thesis Birmingham University, 2003
- Richmond, Carl Adam, *Twisted: Inside the Mind of a Drug Addict* New York: Jason Aronson, Inc., 1997
- Richter, Derek, *Addiction & Brain Damage* London: Croom Helm, 1980
- Riordan, J., C. Williams & I. Ilynsky, (eds) *Young People in Post-Communist Russian and Eastern Europe* Aldershot: Dartmouth Pubs, 1995
- Riordan, James, *The Komsomol* Indiana: Indiana University Press, 1989
- Robertson, Jenny (trans)'Two Moments in Time: A 17 year old Author Pinpoints the Hope and Despair which Govern Russian Everyday Life' *Frontier* Jan-Mar (1993), .8-9
- Robinson, William I, .Globalisation: Nine Theses on our Epoch *Race and Class* Vol. 38:2 Oct.- Dec. (1996), 13-31
- Robison, L.L., J.D. Buckely, & A. E. Daigle, et.al, 'Maternal Drug Use and Risk of Childhood Nonlymphoblastic Leukaemia Among Offspring An Epidemiologic Investigation Implicating Marijuana' *Children's Cancer Study Group* (US), 1989

- Roch, I. *et.al* .Economic Cost of Drug Abuse in Cartwright W. & Kaple, J. (eds) *Economic Cost, Cost-effectiveness, Financing, and Community-based Drug Treatment* US Dept. of Health and Human Service, Research Monograph 113, Washington DC: US Government Printing Office, 1992
- Roos, J.P, . 'Life Stories of Social Changes: Four Generations in Finland' *International Journal of Oral History* Vol.6 (1985), 179-190
- Rosaldo, Renato, 'From the Door of His Tent: The Fieldworker and the Inquisitor' in James Clifford & George E. Marcus (eds.), *Writing Culture: The Poetics and Politics of Ethnography*, Berkeley, California: University of California Press, 1986, 77-97
- Rosenthal, M. S. & D. V. Baise, 'Phoenix House's therapeutic communities for Drug Addicts' *Hospital Community Psychiatry* Jan (1969), 43
- Ross, Ron, *Growing Beyond Life's Hurts* Stony Point: Christian Publications, 1995
- Roth, C, 'Nothing like a good belly laugh at yourself'. *The German Tribune* June No, 1422 (1990) , 13
- Rouse, Joseph, & Gary Guttings, (Ed) 'Power/ Knowledge' *Foucault* Cambridge: Cambridge University Press, 1994
- Royce, J, 'The effects of alcoholism and recovery on spirituality.' *Journal of Chemical Dependency Treatment*, 5/2 (1995), 19-37
- Rozanov, Vasilii, *Columapua* [*Solitaire* in Russian] London: n.p., 1927
- Ruble, B. & A. Kahan, *Industrial Labour in the USSR* New York: Pergamon, 1979
- Rudden, Bernard, Post-Soviet Politics in *The Cambridge Encyclopaedia of Russia and the Former Soviet Union* Cambridge: Cambridge University Press, 1994
- Ruegg. F. 'The International Catholic Child Bureau and Drug Abuse: Contributions to Drug Abuse Prevention by a Non-Governmental Organisation Concerned with Children' *Bulletin on Narcotics* Vol.43./1 (1991), 9-15
- Ryan, Dale, 'The Christian Recovery Movement: an Introduction' ISAAC Forum: *The Journal of the International Substance Abuse & Addiction Coalition* Ed.2 Winter (2003/4), 4-8
- Ryan, M., 'Healthcare in Moscow' *British Medical Journal* Vol.307 (1993), 782-784
- Rydell, C.P. & S.S. Everingham, *Controlling Cocaine Supply Versus Demand Programs*. RAND Drug Policy Research Centre, 1994
- Ryder, Jon, 'Heroin Lottery Cash' *South London Press* 08/05/2003  
[www.icsouthlondon.co.uk](http://www.icsouthlondon.co.uk) (accessed: 3/1/04)
- Rywkin, M. *Moscow's Muslim Challenge: Soviet Central Asia* London: Hurst, 1982

- Sabet, Amr, 'Religion, Politics and Social Change: A Theoretical Framework' *Religion State and Society* Vol.24:2/3 (1996), 241-268
- Saikal, Amin & William Maley, *Russia in Search of a Future* Cambridge: Cambridge University Press, 1995
- Sakwa, Richard, 'Christian Democracy in Russia' *Religion State and Society* Vol.20:2 (1992), 89-100
- Salkeld, Jonathon, *Strategy Development for IFES in Belarus*, Oxford: Brooks, 1999
- Sampson Philip, Samuel, Vinay Sugden, Chris, *Faith and Modernity* Oxford: Regnum, 1998
- Sandoz, Charles J, 'The AA "Home Group" Effect: There's No Place Like Home' *Journal of Ministry in Addiction & Recovery* Vol. 5/1 (1998), 57-63.
- Sandoz, Charles J. 'Exploring the Spiritual Experience of the 12 Steps of Alcoholics Anonymous' *Journal of Ministry in Addiction & Recovery* Vol. 6/1 (1999a), 99-107
- Sandoz, Charles J, 'The Spiritual Experience in Recovery: A Closer Look' *Journal of Ministry in Addiction & Recovery* Vol. 6/2 (1999b), 53-59
- Sandoz, Charles J, 'Making a Referral to Alcoholics Anonymous' *Journal of Ministry and Addiction Recovery* Vol. 7/2 (2001), 37-42
- Sawatsky, Walter, *Soviet Evangelicals Since World War II* Ontario: Herald Press, 1981
- Sawczak, Peter 'Reconstruction, Deconstruction, and Restoration of Literature in Russia,' *Russia in Search of a Future*, ed. Amin Saikal and William Maley (Cambridge: Cambridge University Press 1995), 178,189
- Schaps, E., Dibartolo, R., Moskowitz, J., Moskowitz, J., Balley, C. G. & Churgin, G. 'A Review of 127 Drug Abuse Prevention Programme Evaluations' *Journal of Drug Issues* Vol.11 (1981), 17-43
- Schechter A. Alksne H. & Kaufman E. eds. *Critical Concerns in the Field of Drug Abuse* New York : Marcel Dekker, 1997
- Schechter, Arnold & Mule, Joseph, *Treatment Aspects of Drug Dependence* West Palm Beach Florida: CRC Press, 1978
- Schreiter, Robert, 'Mission into the Third Millennium' *Missiology* Vol. 18:1 Jan. (1990) :3-12
- Schreiter, Robert, *The New Catholicity: Theology between the Global and the Local* Maryknoll: Orbis, 1998
- Schultz, Otto B, 'Flashing Your Blights: A Christian Pastoral Response to Alcohol and Other Drugs Problems' *Journal of Ministry in Addiction & Recovery* Vol. 5/1 (1998), 37-55

- Schwarz, Christian A, *Natural Church Development: A Practical Guide to a New Approach* in Russian *Естественный Рост Оющины: Практическое Руководство для Христиан и Общин* Нижний Новгород: Центр АГАПЕ , 1996
- Scott, M, *The Racing Game* Chicago: Aldine, 1968
- Semenchuk, Paul, ‘Western Christian Working in the CIS: Are They in Tune with Russian Evangelical Nationals?’ paper produced for *Trans World Radio* Nov.1994
- Seton-Watson, Hugh. *The Russian Empire, 1801-1917*. Oxford, Clarendon Press, 1988
- Sexton, B. F. *et al*, *The Influence of Cannabis on Driving* DETR, TRL Report 477. 2000
- Shafii, M. R.Lavelly, & R.Jaffe, Meditation and Marijuana *American Journal of Psychiatry* Vol. 131/1 (1974), 60
- Shaw, Denis J. B, Resources and Conservation’ In: *The Cambridge Encyclopaedia of Russia and the Former Soviet Union* Cambridge: Cambridge University Press, 1994
- Sheider, Yuri, *Religion State and Society* Vol.26:2 (1998) :.191-196
- Shiokawa, N, ‘Has Perestroika Ended?’ In: *Thorny Path to the Post-Perestroika World* (ed.) Shugo Minagawa Slavic Resarch Center, Sapporo: Hokkaido University pp.49-68, 1992
- Shkolnikov, V., M., McKee & D. Leon, ‘Changes in Life Expectancy in Russia in the Mid-1990s’ *The Lancet* , Volume 357 , Issue 9260 (1997), 917 – 921
- Shukman, Ann, ‘Good Overcomes Evil: Father Alexander Men is Brutally Murdered’ In: 1990. But his spiritual Children are Keeping his Teaching Alive *Frontier* Jan-Mar (1993), 6-8
- Shuler, P.A., L. Gelberg, & M. Brown, ‘The Effects of Spiritual/Religious Practices on Psychological Well-Being Among Inner City Homeless Women. *Nurse Practitioner Forum* Vol.5/2 (1994), 106-113
- Sidorov, P.I & Nikiforov, I.A, ‘Narkologicheskaja sluzhba v Rossiiskoi Redderatsi’ [Addiction Treatment Services in the Russian Federation *Sovetskaya Zravookh*.Vol.12 (1989), 16-21
- Sieber, J.E. *Planning Ethically Responsible Research: A Guide for Students and Internal Review Boards* Newbury Park, California: Sage, 1992
- Silverman, David, *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction* London: Sage, 1993
- Simpson, D.D., G.W. Joe, W.E.K. Lehman & S.B. Sells, ‘Addiction Careers: Etiology, Treatment and 12 year follow up outcomes’ *The Journal of Drug Issues* 16/1 (1986), 107-121

- Simpson, Philip, 'Spirituality a Neglected Dimension In: Dawn 2002' *Pakistan National Drug Conference* 3-6 Nov (2002), 105
- Sine, Tom, *Mustard Seed Versus McWorld: Reinventing Christian Life and Mission for a New Millennium* Crowborough: Monarch, 1999
- Skelton, Tracy & Gill Valentine, *Cool Places: Geographies of Youth Cultures* London: Routledge, 1998
- Slay, Ben (ed.) Russia – Disorder Remains the Order of the Day *PlanEcon* Vol.15:9 May (1999)
- n.a. Russia Key Economic Indicators *PlanEcon* Vol.15:9 May
- Small, M, *Criminal Re-Convictions of Ley Community Ex-residents: A Retrospective Study of 1996-1998 Admissions* Ley Community, 1999
- Smart, Ninian *The World's Religions: Old Traditions & Modern Transformations* Cambridge: Cambridge University Press, 1992
- Smart, R.G. 'Dependence and Correlates of Change: A Review of the Literature' in G. Edwards and M. Lader (eds.) *Addiction: Processes of Change*, Oxford: Oxford University Press, 1994 79-94
- Smith Bowen, E. *Return to Laughter* London: Victor Gollanez; Berkeley California: University of California Press, 1954
- Smith, Hedrick, *The Russians* London: Times Books, 1976
- Smith, Milman & Sunderwirth, 'Addictive Disease: Concept and Controversy' in *The Addictions: Multidisciplinary Perspectives and Treatments* Milkman and Shaffer EDS Lexington Books, 1985
- Solzhenitsyn, Aleksandr I, *The Gulag Archipelago 1918-1956* Collins/Fontana tr. Thomas P. Whitney, 1974
- Solzhenitsyn, Alexander, *The Gulag Archipelago* 3Vols. London: Collins/Harvill, 1978
- Sorenson, James L. Rawson, Richard A., Guydish, Joseph & Zweben, Joan. E. *Drug Abuse Treatment Through Collaboration: Practice and Research Partnerships, that Work* Washington D.C.: American Pathological Association, 2003
- Spradley, J. P. *The Ethnographic Interview* New York: Hold Rinehart & Winston, 1979
- Spunt, B. *et al.* Drug Use by Homicide Offenders *Journal Psychoactive Drugs* Vol. 27/2 April-June (1995), 125-134
- Stamoolis, James, *Eastern Orthodox Mission Theology Today* Maryknoll: Orbis, 1986

- Stanley, Liz. & Sue Wise, *Breaking Out: Feminist Consciousness and Feminist Research*, 1983
- State Committee for Statistics, *USSR in Numbers in 1989: Short Statistical Summary* (Russian own trans) Moscow: Finance and Statistics, 1990
- State committee for USSR statistics *The USSR in Numbers* (own trans.) Annual publication with past year comparisons, 1990
- Stead, Martine, Anne Marie MacKintosh, Douglas Eadie, & Gerard Hastings, *NE Choices: The results of a Multi-Component Drug Prevention Programme for Adolescent* London: Home Office DPAS Paper 14, 2001
- Steele, Teren Palm, *Relapse and Spirituality: Spiritual Well-Being and Quality of Life as a Critical Factor in Maintaining Recovery from Addiction* unpub. Masters submitted to University of Wisconsin-Stout, 1999
- Steingard, *Challenging the Juggernaut of Globalisation: A Manifesto for Academic Praxis* Illinois: Illinois State University, 1993
- Stoker, Peter, 'The Pressure on Drug Laws and Enforcement' *Police Magazine* (February 2003)
- Stoller, Paul, 'Eye, Mind, and Word in Anthropology' *L'Homme* Vol. 24:3-4 (1984), 91-114
- Stott, John, *Basic Christianity*, Leister: IVP, 1971
- Strauss, Anselm & Juliet Corbin, *Grounded Theory in Practice* London: Sage, 1997
- Strauss, Anselm *Qualitative Analysis for Social Scientists* Cambridge: Cambridge University Press, 1987
- Strebizh, *Profilaktika alkogolizma i narkomanii* [Prevention of alcoholism and drug addicts] (n.p.) 1998
- Stricker, Gerd, 'Stumbling-blocks between Orthodoxy and Protestant Ecumenism' *Religion State and Society* Vol.26:2 (1998) :.145-155
- Stringer, D. Martin, *On the Perception of Worship* Birmingham: University of Birmingham Press, 1999
- Struve, Nikita, *Christians in Contemporary Russia* London: Harvill Press trans. Lancelot Sheppard and A. Manson, 1967
- Struve, Pierre V., .Христианство и Славянство *Сотсиалнаиа и Экономическаиа Истопиа* России: [Pairs in Russian Christianity and the Slav World] *Social and Economic History of Russia*. (n.p.)1952
- Sturova, M.P., 'The System of Education and Youth Crime' *Russian Education & Society* Sept. (1999)

- Sullivan, L., Maley, G. & Warby M. *State of the Nation* St Leonards NSW: Centre for Independent Studies, 1997
- Sussman, Steven, & Susan Ames 'Addiction And Habituation' *Gale Encyclopaedia of Public Health* (New York, USA: Macmillan Reference, 2002) available at <http://www.healthline.com/galecontent/addiction-and-habituation> (accessed: 9/12/08)
- Sutton, Jonathon, 'Religious Roots of Change in Present-day Russia' *Religion State and Society* Vol.22:2 (1993), 225-224
- Sutton, Jonathon, *Traditions in New Freedom: Christianity and Higher Education in Russia and Ukraine Today* Nottingham: Bramcote Press, 1996
- Swartz, Lise, 'Being Changed by Cross Cultural Experiences' (1994). in: David E. Young & Goulet *Being Changed by Cross-Cultural Encounters: The Anthropology of Extraordinary Experiences* Peterborough, Canada: Broadview Press, 1994 209-236
- Swatsky, Walter, *Soviet Evangelicals since World War Two*, Scottdale, PA: Herald Press, 1981
- Swindoll, Charles R, *.One to One Discipleship* Anaheim, CA: Insight for Living, 1999
- Swisher, J.D, 'Drug Education Pushing or Preventing?' *Peabody Journal of Education* (1971), 68-79
- Tanda, C., F.E. Pontieri, & G. Di Chiara, 'Activation of Mesolimbic Dopamine Transmission by a Common Mutual Opioid Receptor Mechanism' *Science* Vol.276 (1997), 2048
- Tapscott, Don, *Growing up Digital: The Rise of the Net Generation* London: McGraw-Hill, 1998
- Tashkin, D.P. *et al*, 'Respiratory Symptoms and Lung Function in Habitual Heavy Smokers of Marijuana Alone, Smokers of Marijuana and Tobacco, Smokers of Tobacco Alone, and Non-smokers' *American Review of Respiratory Disease* Vol. 135 (1987), 209-216
- Tepper, Elliot, 'The Three Stages of Rehabilitation' In: Dinnen *Rescue Shop within a Yard of Hell* Fern, Ross-shire: Christian Focus Publications, 2000 : 268-271
- Terence T. Gorski, *The Relapse/ Recovery Grid* Centre City, Minnesota: Hazelden, 1989
- Terentjeva, Anna, 'No Alcoholism and Drug Addiction: Survey of Moscow colleges' *Newsday*, NAN group (11/02/1997)
- Th. A. Boer, *et.al* *Zorgen met Visie?* (Caring with a view) Annual autumn conference 20 November 1996
- The IVP New Testament Commentary Series (18 vols) Leister: IVP

- The Robert Wood Johnson Foundation. *Key Indicators for Policy Update, Substance Abuse The Nation's Number One Health Problem*. February New Jersey: Princeton, 2001
- The Russian Orthodox Church Underground 1917-1970* London: Oxford University Press, 1971
- Thomas, Norman, 'Globalisation and the Teaching of Mission' *Missiology* Vol. 18:1 Jan (1990), 13-23
- Thomas, Szasz, *Ceremonial Chemistry*, 1986
- Tiebout, Harry A, *The Act of Surrender in the Therapeutic Process* New York: National Council of Alcoholism, n.d.
- Tillich, Paul, *Systematic Theology 3 Vol.* Chicago: University of Chicago Press [orig. 1951] 1963
- Tillich, Paul, *Theology of Culture* London: Oxford University Press, 1959
- Tims Frank & Jacqueline P. Ludford, eds., *Drug Abuse Treatment Evaluation: Strategies, Progress and Prospects*. NIDA, USA Research Monograph 51. DHHS Pub, 1984
- Tischner, Jozef, 'Christianity in Post-communist Vacuum' *Religion State and Society* Vol.26:2 (1992), 331-118
- Tishkov, V. A. Тишков, В. А, 'Russian Peoples' *Encyclopaedia Moscow: Large Russian Encyclopaedias* (Russian own trans.) Наподы России Энциклопедия Москва: Большая Российская Энциклопедия, 1994
- Tolstoy , Leo, *A Confession The Gospel in Brief, and What I Believe* translated by Aylmer Maude London Oxford University Press, 1958
- Tolstoy, Leo. *War & Peace*, Translated by Louise and Aylmer Maude, Edited by Henry Gifford, Great Clarendon Street, Oxford OX2 6DF, Oxford University Press, 1991
- Tournier, Paul, *Guilt and Grace: A Psychological Study* London: Hodder & Stoughton, 1962
- Toynbee, Arnold, *A Study of History* 12 Vols. London, 1935-1961
- Trompenaars, Fons & Hampden-Turner, Charles, *Riding the Waves of Culture: Understanding Cultural Diversity in Business* London: Nicholas Brealey, 1997
- Troyanovsky, Igor, 'Religion in the Soviet Republics' *Journal of Church and State* No.33 (1991)
- Turgenev, Ivan Sergeevich, *A Gentry Nest* Trans. Victor Kankin New York: Ecco Press, 1986 *Дворянское Гнездо (Dvoryanskoye Gnezdo)* or Home of the Gentry, *A Nest of Gentlemen*, or *A Nest of Nobles*, 1859

- Turner, Edith, 'A Visible Spirit Form in Zambia' in: Young & Goulet *Being Changed by Cross-Cultural Encounters: The Anthropology of Extraordinary Experiences* pp 71-95 Peterborough, Canada: Broadview Press, 1994
- Turner, Norma Haston, Kristi J. O'Dell, & Gayle D. Weaver, 'Religion and the Recovery of Addicted Women' *Journal of Religion and Health* Vol.38/2 (1999), 137 – 148
- Turner, Victor W. & Edward M. Bruner, (eds), *The Anthropology of Experience* Chicago: University of Illinois Press, 1986
- Turner, Victor W. *Schism and Continuity in and African Society: A Study of Ndembu Village Life* Manchester: Manchester University Press, 1957
- Turner, Victor W. *The Forrest of Symbols, Aspects of Ndembu Ritual* Ithaca: Cornell University Press, 1967
- Turner, Victor W. *The Drums of Affliction, A Study of Religious Processes among the Ndembu of Zambia* London: Intl African Institute, 1968
- Turner, Victor W. *Revelation and Divination in Ndembu Ritual* Ithaca: Cornell University Press, 1975
- Twerski, Abraham J, *Addictive Thinking: Understanding Self-Deception* Centre City, Minnesota: Hazelden, 1997
- Ukrainian Ministry of Foreign Affairs МИД Министерство иностранных дел (Ministry of / for Foreign Affairs) Drugs statistics Customs Control, 2003
- Ukrainian Ministry of Health Drug Statistics, 2003
- Ukrainian Ministry of Internal Affairs Drug and Crime Statistics, 2003
- United Nations 'International Drug Control Programme', *World Drug Report*. Oxford: Oxford University Press, 1997
- United States Bureau of the Census, *Statistical Abstract of the United States: 1998*, 118th edition Washington, D.C.: Government Printing Office, 1998
- United States Executive Office of the President, Office of National drug Control Policy, 'The National Drug Control Strategy, Program, Resources and Evaluation' Washington,DC: Government Printing Offices, 1996
- Usenko, Y.I, *Comparative efficiency of the Use of Acupuncture and Clonidine for Termination of an Opiate Abstinent Syndrome*. [withdrawal] Bekhterev Institute Research: Psychiatry, Medisinsky i Psychologisky, 1992
- Utenkov, V.M. & V.I. Ovsiannikov, 'The Value Orientations of Students in a Pedagogical Institution' *Russian Education & Society* Sept. 99 New York: ME Sharpe, 1999

- Uzzell, Lawrence, 'Guidelines for American Missionaries in Russia' In: Witte & Bourdeaux *Proselytism and Orthodoxy in Russia: The New War for Souls* Maryknoll: Orbis (1999), 323-330.
- Vaillant George E., *The natural History of Alcoholism: Causes Patterns and Paths to Recovery* Cambridge MA: Harvard University, 1983
- van Kaam, Adrian, 'Addiction: Counterfeit of Religious Presence,' in *Personality Fulfilment in the Spiritual Life* Wilkes-Barre, PA: Dimension Books, (1966), 123-53
- VanLoon, Preston & Clay *A Cognitive Development Intervention for Clergy: Forgiveness Education* Doctoral thesis from Northern Illinois University (0162), 1997
- Vass, George, *The Mystery of Man and the Foundations of a Theological system: Understanding Karl Rahner* Vol.2 London: Sheed & Ward, 1985
- Vermes, G. (ed) *The Dead Sea Scrolls* Westerham UK: Limited Edition Club, 1966
- Volkogonov, Dimitri *The Rise and Fall of the Soviet Empire: Political Leaders from Lenin to Gorbachev* London: HarperCollins, 1998
- Waddams, Herbert, *Meeting the Orthodox Churches* London: SCM, 1964
- Wadorf, D. 'Natural Recovery from Opiate Addiction: Some Social-Psychological Processes of Untreated Recovery' *Journal of Drug Issues* Vol. 13/2 (1983), 237-280
- Wagner, Charles Peter, *Churchquake!: The Explosive Dynamics of the New Apostolic Revolution*, Ventura CA: Regal Books, 1999
- Waisberg, J.L. & J.E. Porter, 'Purpose in Life and Outcome of Treatment for Alcohol Dependence' *British Journal of Clinical Psychology* Vol.33 (1994), 49-63
- Walker, Philip (ed.), 'Vessel of truth: Mission Volga – a Protestant-inspired mission to Russia that drew Orthodox support' *Frontier* Jan-Mar (1993), 16-19
- Walker, Philip (ed.), 'In Place of Marxism: An Orthodox Youth Club is Replacing Collapsed Communist Organisations' *Frontier* Jan-Feb (1994), 16-18
- Wallace, Daniel, 'Religion and the Struggle for Russia's Future' *Religion State and Society* Vol.24:4 (1997), 367-382
- Wallace, Rebecca F, 'Wanted: A Higher Power' *Journal of Ministry in Addiction & Recovery*. Vol. 6 No 2 (1999), 41-59
- Wallen, Jacqueline, *Addiction in Human Development: Development Perspectives on Addiction & Recovery* Binghamton NY: Hanworth, 1993
- Walter, Tony & Stephen Hunt, 'Introduction: The Charismatic Movement and Contemporary Social Change' *Religion* Vol.28:3, (1998), 219-221 Article No r1980129

- Walters, Philip (ed) 'The Charismatic Movement and the Secularisation Thesis' *Religion* Vol.28:3 (1998), 223-232 No r1980130
- Ward, Benedicta, *The Sayings of the Desert Fathers: The Alphabetical Collection* London, 1975
- Ware, Timothy Kallistos, *The Russian Orthodox Church* Harmondsworth Penguin Books, 1963
- Ware, Timothy Kallistos, *The Orthodox Way* Oxford: Mowbrays, 1979
- Warren, Rick, *The Purpose Driven Life: What on Earth am I Here For* Grand Rapids MI: Zondervan, 2002
- Watkins, Emma. 'Father Aleksandr Men' *Religion State and Society* Vol.23:2 (1995), 119-120
- Watson, C.W, 'Autobiography and Anthropology and the Experience of Indonesia' Ch 8 in Judith Okely & H. Callaway, *Anthropology and Autobiography*, London: Routledge, (1992)134-147
- Watters, Brian, 'Christian Influence in a Pluralistic Society' *ISAAC Forum* (2003)
- Watts, T. (ed) 'Sin or Solace? Religious Views on Alcohol and alcoholism' Royce J in *Social Thought on Alcoholism: A Comprehensive Review* Robert E Krieger Pub, 1986
- Wax, R.H. *Doing Fieldwork* Chicago: University of Chicago Press, 1971
- Webber, Stephen L. *School, Reform and Society in the New Russia* Birmingham: CREES & Basingstoke: MacMillan. 2000
- Wegscheider, Don, 'From Ideals to Bankruptcy and Back Again' *Journal of Ministry in Addiction & Recovery* Vol. 2/1 (1995), 107- 116
- Wegscheider-Cruse, S, *Another Chance: Hope and Health for the Alcoholic Family* Palo Alto CA: Science and Behaviour, 1981
- Weisner, C., Mertens, J., Parthasarathy, S., Moore, C., & Lu, Y, 'Integrating Primary Medical Care with Addiction Treatment, A Randomized Controlled Trial' *Journal of the American Medical Association* Vol. 286/14 (2001), 1715-1723
- Weitz, Alan, *How to Get Off Drugs* London: Penguin, 1984
- Welsh -Central Office of Information 'Forward Together: A Strategy to Combat Drug and Alcohol Misuse in Wales' *Welsh Office WOFF* J05 6460, 1996
- Wen, H. L. & Cheung, S.Y. 'Treatment of Drug Addiction by Acupuncture and Electrical Stimulation' *American Journal of Acupuncture* Vol. 1 (1973), 71
- Wensinck, A.J, *Mystic Treatises Amsterdam* (trans.), 1923

- Westin, Peter, 'Comparative Advantage and Characteristics of Russia's Trade with the European Union' *Review of Economies in Transition* Helsinki: Soumen Pankki for Bank of Finland (1998)
- Westwood, J.N, *Endurance and Endeavour: Russian History 1812-1992* (4<sup>th</sup> Ed) Oxford: Oxford University Press, 1993
- White, Stephen & Ian McAllister, 'The Politics of Religion in Post-communist Russia' *Religion State and Society* Vol.25:3 (1997), 235-252
- Whitfield, C.L, 'Stress Management and Spirituality During Recovery: A Transpersonal Approach Part 1 Becoming' *Alcoholism Treatment Quarterly*, 1/1 (1984), 3-54
- WHO Regional Office Europe: Frankfurt, *Comparison & Evaluation of Methods of Treatment & Rehabilitation for Drug Dependence and Abuse* 12-16 March Copenhagen: World Health Organisation, 1973
- Wiessing, Lucas, 'Eastern Europe's HIV Time Bomb' *NIDA, (USA) Notes* Vol. 18/3 May June (2003), 8-10
- Wilkerson, David, *The Cross & the Switchblade* , 1970
- Williams, Christopher, "'Respectable Fears' versus 'Moral Panics': Youth as a Social Problem in Russia and Britain' In: J. Riordan, C.Williams, I. Ilynsky (eds) *Young People in Post-Communist Russian and Eastern Europe* Aldershot: Dartmouth Pubs, 1995
- Williams, Jill Schlabig, 'Multiculturalism at Least as Effective as Cultural Specificity in Test of Prevention Program' *NIDA, (USA) Notes* Vol. 18/3 (2003), 8-10
- Williams, M.J.U. 'Cause for Concern The Problems of Children Born of Drug Addicts' *Maternal and Child Health* June Vol.8/6 (1983), 258-263
- Wilner, Daniel M. & Kassebaum, Gene G, *Narcotics* Sydney: Blakiston Division McGraw-Hill, 1965
- Wilson, Bill, *Alcoholics Anonymous Comes of Age: A Brief History of AA* New York: Alcoholics Anonymous World Services, 1957
- Wilson, P.H, 'Relapse Prevention Training' *International Encyclopaedia of the Social & Behavioural Sciences* Coffs Harbour NSW: Southern Cross University, 2001
- Wilson, Roderick C., 'Seeing They See Not' in Young & Goulet *Being Changed by Cross-Cultural Encounters: The Anthropology of Extraordinary Experiences* Peterborough, Canada: Broadview Press (1994), 197-208
- Wimber, John & Kevin Springer, *Power Evangelism* San Francisco: Harper & Row, 1986
- Wimber, John & Kevin Springer, *Power Healing* San Francisco: Harper & Row, 1987
- Winnick, C, 'Maturing out of Narcotic Addiction' *Bulletin of Narcotics* Vol.14 (1962), 1-7

- Winters, Moira & Patel, Kamlesh *Drug Misuse Needs Assessment Project: Community Engagement Report 1: The Process* Preston: University of Central Lancashire, 2003
- Wise, Sue, *Breaking Out: Feminist Consciousness and Feminist Research* London: Routledge, 1983
- Witte, John & Bourdeaux, Michael, *Proselytism and Orthodoxy in Russia: The New War for Souls* Maryknoll: Orbis, 1999
- Word Biblical Commentaries*, World Publishing, Dallas, Texas
- Wright, Will, *Sixguns and Society: A Structural Study of the Western* Berkley CA: University of California Press, 1975
- Wulff, Robert M. & Fiske, Shirley J, *Anthropological Praxis: Translating Knowledge into Action* London: Westview Press, 1987
- Wylie, A. S. , Scott, R. T. A. & Burnett, S. J, 'Psychosis due to "Skunk"' *British Medical Journal* Vol. 311 (1995) :125
- Yamaguchi, K & Kandel, D.B.'Patterns of Drug Use from Adolescence to Adulthood III Predictors of Progression' *American Journal of Public Health* Vol 74/7 (1984), 673-681
- Yoder, John Howard, *The Priestly Kingdom: Social Ethics as Gospel* (Paris: University of Notre Dame Press 1984)
- Young, David E. & Goulet, Jean-Guy, *Being Changed by Cross-Cultural Encounters: The Anthropology of Extraordinary Experiences* Peterborough, Canada: Broadview Press , 1994
- Zernov N, *Saint Sergius, Builder of Russia* London: SPCK, 1939
- Zhang, Zhiwei *A Longitudinal Study of Alcohol and Drug Use in the Workplace* PhD doctoral Virginia Polytechnic Institute and State University. 1999

## 5.2 Web References

[http://teenchallengeusa.com/docs/SCA\\_prelim.pdf](http://teenchallengeusa.com/docs/SCA_prelim.pdf) Marty Harris, Ph.D., Roger Heuser, Ph.D., Doug Petersen, Ph.D., Andrew Stenhouse, Ed.D. 'Faith Based Substance Abuse Intervention: A Substantive Evaluation of the Utility, Application & Efficacy of Teen Challenge' Judkins Institute For Leadership Studies, 2008

<http://www.web-axis.net/viewlink-2258866.html>, Vorensky I dare to heal, accessed: 23/04/04

<http://atheism.about.com/gi/dynamic/offsite.htm?site=http://lcweb2.loc.gov/frd/cs/cshome.html> *Atheism* site - facts about religion on various countries, accessed: 23/08/04

[http://english.pravda.ru/main/18/90/359/11593\\_alcoholism.html](http://english.pravda.ru/main/18/90/359/11593_alcoholism.html) 'Alcohol Makes Russians an Extinct Nation' (written 19/12/03) accessed: 3/11/08

[http://hrw.org/reports/2007/russia1107/1.htm#\\_ftn2](http://hrw.org/reports/2007/russia1107/1.htm#_ftn2) accessed: 23/09/08

<http://international.drugabuse.gov/information/PDFs/IntEnglishRep.pdf> 'Drug Abuse And Infectious Disease Prevention Strategies' May 24-27, 1999 By International Program Of The National Institute On Drug Abuse St. Petersburg, Russia

<http://members.boardhost.com/SPEAKMETHADONE/> accessed: 15/7/2004

<http://news.bbc.co.uk/1/hi/uk/7459669.stm> 'Record number treated for drugs' *BBC News at Ten* (written: 2 October 2008) accessed: 6/10/08

[http://news.bbc.co.uk/1/hi/uk\\_politics/2120116.stm](http://news.bbc.co.uk/1/hi/uk_politics/2120116.stm) David Blunket confirms that some addicts will be prescribed the 'drug of choice' –typically heroin.created 11 July, 2002, accessed: 17/03/2004

<http://news.bbc.co.uk/go/pr/fr/-2/hi/europe/3274839.stm> accessed: 15/10/2008

[http://news.bbc.co.uk/hi/english/uk\\_politics/default.stm](http://news.bbc.co.uk/hi/english/uk_politics/default.stm) accessed: 23 Oct 01

[http://news.bbc.co.uk/hi/english/uk\\_politics/newsid\\_1774751.stm](http://news.bbc.co.uk/hi/english/uk_politics/newsid_1774751.stm) *BBC News Online*, accessed: 15/10/2008

<http://newsvote.bbc.co.uk/cgi-bin/emailthisstory/emailhistory.pl>, accessed: 23/10/01

<http://newliferus.ru/> New Life rehab centre Kindesep Russia (accessed 12/7/09)

<http://observer.guardian.co.uk/international/story/0,6903,1071181,00.html>, 'Russia's child alcoholics get their own clinic' Nick Paton Walsh in Moscow. Sunday October 26, 2003, accessed: 15/10/2008

[http://stat.wto.org/CountryProfiles/RU\\_e.htm](http://stat.wto.org/CountryProfiles/RU_e.htm) World Trade Organisation 'Russian Federation' written April 09 assessed: 20/6/09

[http://stat.wto.org/CountryProfiles/UA\\_e.htm](http://stat.wto.org/CountryProfiles/UA_e.htm) World Trade Organisation 'Ukraine' written April 09 assessed: 20/6/09

[http://teenchallengeusa.com/docs/MNTC\\_outcome.pdf](http://teenchallengeusa.com/docs/MNTC_outcome.pdf) Patricia Owen, Michelle Decker Gerrard, and Greg Owen 'Minnesota Teen Challenge follow-up study: Survey results of persons completing alcohol and drug treatment in 2001 through 2005' Wilder Research, August 2007

<http://teenchallengeusa.com/studies1.php> Dr. Roger Thompson, Head of the Criminal Justice Department at University of Tennessee at Chattanooga, 1994, accessed: 5/11/2008

<http://teenchallengeusa.com/studies2.php> Catherine Hess, 'A Seven Year Follow Up Study of 186 Males in Religious Therapeutic Community' National Institute on Drug Abuse Report USA, 1975 accessed: 5/11/2008

<http://teenchallengeusa.com/studies3.php> Andrew Kenny, 'Teen Challenge's Proven Answer to the Drug Problem' Vanguard University, 1999 accessed: 12/12/08

<http://usinfo.state.gov/topicalglobal/drugs/monsen.htm>, *Washington File* US Department of State, Created 14 March 2000, accessed: 10/4/2002

<http://www.--ITAR-TASS.com/news.htm> *ITAR-TASS Weekly News* accessed: 24/9/2002

<http://www.addingtonhouse.com/index2.htm>, accessed: 2/4/2004

[http://www.alcoholism-treatment.com/images/home\\_on.gif](http://www.alcoholism-treatment.com/images/home_on.gif), Description and contacts for Alcohol treatment centres, accessed: 15/10/2008

<http://www.bmj.com/cgi/content/full/319/7219/1220/a>, *British Medical Journal* 'Drug Resistant TB globally specifically in Russian Jails'. *BMJ* 319: 1220 (6 November 1999); accessed: 15/10/2008

<http://www.caritas.ca>, Home page for the Catholic Charity Caritas, accessed: 15/10/2008

<http://www.census.gov> International Database: Ukrainian Society, Health and Welfare, accessed: 15/10/2008

<http://www.christian.org.uk/news/20080129/cannabis-must-go-back-to-class-b-say-experts/> 'Cannabis must go back to Class B, say experts' (29 January 2008) accessed: 7/10/08

<http://www.christian.org.uk/news/20080327/youngsters-to-be-warned-of-cannabis-mental-health-risk/> 'Youngsters to be warned of cannabis mental health risk' (27 March 2008) accessed: 7/10/08

<http://www.christian.org.uk/news/20080507/cannabis-will-be-restored-to-class-b-says-home-secretary/> 'Cannabis will be restored to class B, says Home Secretary' (7 May 2008) accessed: 25/5/08

<http://www.christian.org.uk/news/20080529/scots-plan-to-drop-harm-reduction-drugs-policy/> Deidre Boyd 'Scots Plan to Drop 'Harm Reduction' Drugs Policy' *Christian Institute* (written: 29 May 2008) accessed: 2/10/08

<http://www.cocaineaddiction.com> , accessed: 2/4/04

<http://www.countryreports.org/content/koreanorth.htm> ,accessed: 15/10/2008

<http://www.countryreports.org/content/russia.htm> accessed: 7/11/2008

<http://www.countryreports.org/koreasouth.htm> , Demographic and economic data, accessed: 15/10/2008

<http://www.dailymail.co.uk/health/article-494926/2-5m-spent-treat-drug-addicts--heroin.html> James Slack *Mail Online* (written: 19 November 2007) accessed: 7/9/08

<http://www.dpna.org/resources/books/adviceparenting.htm> The Drug Prevention Network of the Americas provide helpful advice and resources for parents. accessed: 26/6/04

<http://www.drugalarm.co.za/newucan.htm>, Christian Rehab centre in South Africa accessed: 10/09/03

<http://www.--druglibrary.org/schaffer/heroin/opiwar1.htm> , accessed: 15/10/2008

<http://www.--druglibrary.org/schaffer/library/studies/cu/CU16.htm> Increasing availability of methadone accessed: 15/10/2008

<http://www.--druglibrary.org/schaffer/library/studies/cu/CU16.html> Methadone information and side effects of methadone accessed: 15/10/2008

<http://www.drug-rehab-program.net/> ,A list of treatment centres, accessed: 15/10/2008

[http://www.emory.edu/NFIA/legal/dutch\\_policy.html](http://www.emory.edu/NFIA/legal/dutch_policy.html) , 70% of cannabis sold in Dutch 'licensed café's is illegal, accessed: Jan 02

[http://www.excite.co.uk/directory/Health/Addictions/Substance\\_Abuse/Centres\\_and\\_Counseling\\_Services/United\\_Kingdom](http://www.excite.co.uk/directory/Health/Addictions/Substance_Abuse/Centres_and_Counseling_Services/United_Kingdom) Treatment centres in the United Kingdom, accessed: 15/10/2008

<http://www.ficm.org/newsite/index.php> 'Freedom in Christ Ministries' accessed: 2/11/08

<http://www.forum18.org/> accessed: 7/11/2008

<http://www.geocities.com/mokkim/koreafacts.html> Korea Statistics and Historical information accessed: 15/10/2008

<http://www.godembassy.org/en/embassy.php> accessed: 24/09/08 Have a network of rehab centres

<http://www.--health.gov.au/pubhlth/nidc/index.htm> , Parents talking to kids in Australia, accessed: 10/6/2004

<http://www.--idmu.co.uk/canagr.html> Cannabis and Aggression from Independent Drug Monitoring Unit accessed: 15/10/2008

<http://www.internationaldrugpolicy.net/> A DrugScope Report for the *Beckley Foundation: Drug Policy Programme* London: DrugScope, 2004

<http://www.--iserv.net/~mrbill/ecl/ecl-gw01.html> Information on the life of George Whitfield, accessed: 23/08/04

<http://www.isn.ethz.ch/isn/Current-Affairs/Security-Watch/Detail/?lng=en&id=93732> Sergei Blagov 'The return of missile diplomacy' (Zurich: 12/11/08), accessed: 25/11/08

<http://www.kings-church.org.uk/caringhands> accessed: 2/5/04

<http://www.ley.co.uk/effectiveness.htm> accessed: 9/12/08

[http://www.--methadone.org/nama\\_is\\_committed\\_to.html](http://www.--methadone.org/nama_is_committed_to.html) accessed: 15/10/2008

<http://www.--morphineaddiction.com> , accessed: 15/10/2008

<http://www.narcom.ru/news>

<http://www.narcom.ru/publ/info/745> 'Российская Социология Девианности и Социального Контроля' (Russian Sociology of Deviation and Social Control) *Русский Народный Сервер Против Наркотиков (Russian Peoples Server to Resist Drugs)* accessed: 17/11/2008

<http://www.narcom.ru/publ/info/749> С.Бондырева, & Д. Колесов Легализация наркотиков: кому выгодно? 'Legalisation of Drugs: Who Benefits?' written: 05.08.2008 accessed: 15/10/2008

<http://www.ncis.gov.uk> Knowing the Score: Market Factors on the Price of Drugs *NEXUS* NCIS Bulletin Spring Ed 2001, accessed: 15/10/2008

<http://www.ndpa.org/> National Drug Prevention Alliance (UK) email – [ndpa@drugprevent.freemove.co.uk](mailto:ndpa@drugprevent.freemove.co.uk), accessed: 15/10/2008

<http://www.nida.nih.gov/PODAT/PODATindex.html> accessed: 27/08/2007

<http://www.oxfordbusinessgroup.com/country.asp?country=37#geo> Oxford Business Group 2005 Economic Briefings: Ukraine News Briefing, accessed: 27/3/08

<http://www.phoenix-futures.org.uk/>, accessed: 10/10/2008

[http://www.preventionpartnership.us/russian\\_project.htm](http://www.preventionpartnership.us/russian_project.htm) OPORA work and medical statistics. accessed: 15/10/2008

<http://www.residential-treatment.net/>, American Treatment centres, accessed: 15/10/2008

<http://www.rxlist.com/cgi/generic/methdone.htm> Information on methadone, accessed: 15/10/2008

<http://www.Salvos.org.au/salvos/new/me.get> - Drugs & Alcohol 'Dangers of Drugs'  
accessed: 20/11/03

<http://www.simonhughes.org.uk/> accessed: 15/10/2008

<http://www.spurgeon.org/>, 'Spurgeon's start of Methodism', accessed: 15/10/2008

<http://www.--teenchallenge.org.uk> or [www.bcteenchallenge.com](http://www.bcteenchallenge.com) , accessed: 15/10/2008

<http://www.--texas-drug-rehab.com> A rehab centre in Texas, accessed: 15/10/2008

[http://www.timesonline.co.uk/tol/comment/columnists/melanie\\_reid/article4870401.ece](http://www.timesonline.co.uk/tol/comment/columnists/melanie_reid/article4870401.ece)

Melanie Reid 'Say no, no, no to the rehab industry: The methadone lobby has built a pharmaceutical holding pen that keeps addicts addicted' *TimesOnline* (written: 3 October 2008), accessed: 4/10/08

<http://www.timesonline.co.uk/tol/comment/letters/article3260784.ece> 'Classifying cannabis: There are numerous very compelling reasons for restoring cannabis to Class B' (28 January 2008) accessed: 7/10/08

<http://www.timesonline.co.uk/tol/news/uk/crime/article4535389.ece> David Rose & Richard Ford 'More young people end up in hospital as price of heroin and cocaine falls' (15 August 2008) accessed: 3/10/08

<http://www.--washtimes.com/upi-breaking/20040313-092151-6472r.htm> Putin Victory,  
accessed: 13/03/04

<http://www.wesley2003.org.uk> Wesley, accessed: 15/10/2008

<http://www.--wsu.edu:8080/~dee/CHING/OPIUM.HTM> 'Opium War –China view'  
accessed: 01/05/2003

<http://www.dehoop.org>, Holland based WebSite, accessed: 15/10/2008

<https://www.cia.gov/library/publications/the-world-factbook/geos/up.html> – CIA World Factbook Ukraine Page 2008 accessed: 7/11/2008

<https://www.cia.gov/library/publications/the-world-factbook/geos/rs.html> – CIA World Factbook Russia Page 2008 accessed: 7/11/2008

Jonathan Owen (27 April 2008) 'Drugs agency warns Government over reclassification of cannabis' <http://www.independent.co.uk/news/uk/politics/drugs-agency-warns-government-over-reclassification-of-cannabis-816217.html> accessed: 7/1008  
[www.bbc.co.uk/news/](http://www.bbc.co.uk/news/), accessed: 15/10/2008

[www.betel.org](http://www.betel.org), accessed: 15/10/2008

[www.bridgeinternational.co.uk/about.html](http://www.bridgeinternational.co.uk/about.html), Description of Bridges International rehab centres, accessed: 11/03/2001

[www.can.se/showStandard.asp?id=27](http://www.can.se/showStandard.asp?id=27), Fact Sheet available from the Swedish Council for Information on Alcohol and Other Drugs, accessed: 15/10/2008 (In Swedish)

[www.christian.org.uk](http://www.christian.org.uk), accessed: 15/10/2008

[www.christian-drug-alcohol-treatment.com/christian-rehabilitation.htm](http://www.christian-drug-alcohol-treatment.com/christian-rehabilitation.htm), Spencer Recovery Centres Inc, accessed: 10/09/03

[www.christianitytoday.com](http://www.christianitytoday.com), Ready to Stand on their Own *Christianity Today* 1990 Nickles, Beverly, accessed: 15/10/2008

[www.cmiworld.org/countries/russia.htm](http://www.cmiworld.org/countries/russia.htm), International Bank for Reconstruction and Development (IBRD)/ World Bank Database 1998 accessed: 7/11/2008

[www.drugalarm.co.za/drugstats.htm](http://www.drugalarm.co.za/drugstats.htm), Information and effects of different drugs. accessed: 10/09/03

[www.drugprevent.co.uk](http://www.drugprevent.co.uk) National Drug Prevention Alliance UK

[www.drugprevent.org.uk](http://www.drugprevent.org.uk), National Drug Prevention Alliance UK, accessed: 15/10/2008

[www.drug-rehabilitation.org](http://www.drug-rehabilitation.org), accessed: 15/10/2008

[www.drugs.gov.uk](http://www.drugs.gov.uk), Information on Government drugs services, accessed: 15/10/2008

[www.drugscope.org.uk/druginfo/drugsearch/ds\\_results.asp?file=\wip1\1\1\flashbacks.htm](http://www.drugscope.org.uk/druginfo/drugsearch/ds_results.asp?file=\wip1\1\1\flashbacks.htm), Flashbacks can last several weeks, accessed: 19/03/02

[www.Encyclopedia.com](http://www.Encyclopedia.com), Web based encyclopaedia and with generally accepted definitions and descriptions, accessed: 15/10/2008

[www.EveryoneDoesIT.com](http://www.EveryoneDoesIT.com), *Cannabis Laws: The UK cannabis laws and cannabis reclassification*, accessed: 29/01/04

[www.Exodus-church.org](http://www.Exodus-church.org) accessed: 25/10/08

[www.fao.org](http://www.fao.org), FAOSTAT Food and Agriculture Organisation of the United Nations 1998, accessed: 15/10/2008

[www.free-nlp.co.uk](http://www.free-nlp.co.uk), John Cassidy-Rice Success Beliefs, accessed: 15/10/2008

[www.globalchange.com](http://www.globalchange.com) accessed: 15/10/2008

[www.guardian.co.uk/russia/article/0,2763,1102459,00.html](http://www.guardian.co.uk/russia/article/0,2763,1102459,00.html), accessed: 15/10/2008

[www.health.gov.au/pubhlth/nidc/index.htm](http://www.health.gov.au/pubhlth/nidc/index.htm), accessed: 17/06/2001

[www.icsouthlondon.co.uk](http://www.icsouthlondon.co.uk), Ryder, Jon, *Heroin Lottery Cash South London Press*

[www.idmu.co.uk/canagr.html](http://www.idmu.co.uk/canagr.html), Cannabis and Aggression from Independent Drug Monitoring Unit, accessed: 15/10/2008

[www.incb.org/pdf/e/press/1997/e\\_bn\\_08.pdf](http://www.incb.org/pdf/e/press/1997/e_bn_08.pdf) *INCB Report*, International Narcotics Control Board UN Information Service, 1997 accessed: 24/3/08

[www.internationaldrugpolicy.net/reports/BeckleyFoundation\\_Report\\_01.pdf](http://www.internationaldrugpolicy.net/reports/BeckleyFoundation_Report_01.pdf) Marcus Roberts, Axel Klein, Mike Trace *Towards a Review of Global Policies on Controlled Drugs* (published: May 2004) accessed: 15/7/2004

[www.isaacinternational.com](http://www.isaacinternational.com), Partington, David, Lloyd-Robinson, Treflyn, *ISAAC Connections* Issue 1 Reading: International Substance Abuse and Addiction Coalition, accessed: 15/10/2008

[www.lftw.org](http://www.lftw.org), UK Life for the World and the Matthew Project, accessed: 15/10/2008

[www.mcare.org.my/services/services.htm](http://www.mcare.org.my/services/services.htm) accessed: 06/06/03

[www.mdcc.edu/kendall/esl/wave/](http://www.mdcc.edu/kendall/esl/wave/) Leda Guevara, Love strengthens growth, accessed: 20/04/04

[www.nyc.gov/html/nypd/html/pct/cspdf/html](http://www.nyc.gov/html/nypd/html/pct/cspdf/html) accessed: 08/04/02

[www.phoenixhouse.org](http://www.phoenixhouse.org) A Description in Phoenix House USA, accessed: 15/10/2008

[www.prioryhealthcare.co.uk](http://www.prioryhealthcare.co.uk), accessed: 4/4/04

[www.radstock.org](http://www.radstock.org) Jose, Brian *Rapport* Radstock's (Sept-Oct [2003](#)), [1](#), accessed: 15/10/08

[www.retreat-hospital.org](http://www.retreat-hospital.org), accessed: 2/4/2004

[www.salvationarmy.org.au](http://www.salvationarmy.org.au), accessed: 15/10/2008

[www.stophedrugwar.org/popup/popup.shtml](http://www.stophedrugwar.org/popup/popup.shtml), Automatic popup inviting people to pro-drug campaigns and to support legal battles, which appears on a search for rehab centres, accessed: 15/10/2008

[www.stophewar.org](http://www.stophewar.org), accessed: 15/10/08

[www.streetcry.org](http://www.streetcry.org) accessed: 13/09/08 Run rehabilitation programme in St Petersburg

[www.TA-Tutor.com](http://www.TA-Tutor.com), *Relationship & Seminars* Louis Quinby LCWS 1671 Myrtle Ave Eureka CA, accessed: 15/10/2008

[www.un.org/pubs/chronicle/2003/issue/0103](http://www.un.org/pubs/chronicle/2003/issue/0103), UNAIDS press release, Aids Epidemic explodes in Eastern Europe, Nov 2000 accessed: 20/11/2003

### 5.3 Publications

Primary documents or of limited circulation

Koopmans, Franz 'Information about DeHoop: Evangelical aid and Treatment of Addiction'  
Internal Publication DeHoop Dordrecht, 2003

Koopmans, Franz *De Hoop's view on Care about Identity and Professionalism* Internal  
Publication DeHoop Dordrecht 1997

ORA *Central Asia Annual Report 2000/2001* Pakistan: ORA International, Internal  
Publication. 2002

*Together in Mission* Conference Report Moscow April 2002 : 380-386

Victorian Institute of Forensic Medicine *Annual Report* Monash University National Centre  
for Coronial Information (MUNCCI) SouthBank Victoria (5 Feb 2002)

## 5.4 Programme Leaflets

Are You Sick and Tired of Feeling Sick and Tired?

Invitation leaflet for Teen Challenge Birmingham.

Born from a Heart of Compassion

About New Life Centre, Zion Mountain, Nicolina Gora

*Dgerelo*, Christian Rehabilitation Center for Drug Addicted Youth, 'Description of work and Statistics' 2004

Doing drugs with your children

Child Wise: Building blocks for a drug free future. Drug awareness & training for adults Information about organisation

Kenwood Trust leaflet, *Your Recovery*. Offering help and freedom to addicts

New Life, *The Newsletter of the Kenward Trust* Issue One (2004)

*Overcomers*

About organisation, information to join

*The Life Course*

Invitation to join course, dates

Under the Influence

By David G. Martinez Personal story

Who cares for drug and alcohol misuser's?

Life for the world. We've been caring for over 30 years About organisation

А в это время в Евпатории: Невыдуманные Истории о Настоящей Любви

Благотворительная Организация Христианский Реабилитационно-Оздоровительный Центр «Свобода»

At that time in Evpratoria... Real Stories of True Love

Registered Charity Christian Rehabilitation-Healing Centre

Если Выход Есть! Is there a way out

Новое Рождение центр социальной Реабилитации

New Birth social rehab centre Programme leaflet explaining method

Изход *Izhod* (Exodus) brochure 'Exodus an International Charity'.

Наркотики – Есть Выход

Izhod invitation leaflet offering help and contact

Drugs – There is a way out...

*Отче прости им (Father Forgive Them)*

Lexington, KY: *Авен-Езер* (Ebenezer, 2004)

Тебя Подросток! *Tebya, Podrostok!* [To you, Teenager!](1997)

Central Municipal Library Nizhni Tagil – drugs warnin

