3-1-1972

The Minister's Role with the Drug Problem

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THE MINISTER'S ROLE WITH THE DRUG PROBLEM

A Research Paper
Presented to
the Faculty of
Western Evangelical Seminary

In Partial Fulfillment
of the Requirements for the Degree
Master of Divinity

by
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March 1972

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ACKNOWLEDGEMENTS

I am indebted to a number of persons for their invaluable guidance and assistance in the researching, writing and producing of this study on the minister's role with the drug problem. I sincerely express my appreciation to the following: to Dr. Norman N. Bonner for his reading, constructive criticisms and for his Christian patience; to those pastors who voluntarily took their time to make this research possible by responding to the questionnaires; to Ruth Lundstrom for her continual encouragement and for typing this paper; to my sweet wife, Joyce, who has sacrificed much of her time with me in this study and for her loving devotion that kept me going; to my children, Candice and Ricky, who understood the importance of this research, by not demanding much of their father's time. Without these people this project would have been impossible. My sincere gratitude goes to each one of them.

TABLE OF CONTENTS

Chapter	Page
1. INTRODUCTION	1
THE PROBLEM	2
Statement of the problem	2
Justification of the problem	3
Purpose of the study	3
Delimitation of the study	3
METHOD OF PROCEDURE	4
Review of related literature	4
Questionnaires	4
SOURCES	5
DEFINITION OF TERMS	5
Drug User	5
Drug Abuser	6
Drug Addict	6
Drug Addiction	6
STATEMENT OF ORGANIZATION	8
2. REVIEW OF RELATED LITERATURE INVOLVING THE THE MINISTER AND HIS ROLE WITH THE ADDICT	9
INTRODUCTION	9
THE MINISTER'S SELF-KNOWLEDGE	9
The Minister's Knowledge of God	10
The Minister's Knowledge of Himself	10
The Minister's Knowledge on how to Relate to Others	11

Chapter	Page
The Minister's Knowledge on Reacting Properly to the Drug User	13
The Minister's Knowledge of the Drug Problem	14
THE MINISTER'S ROLE WITH THOSE USING DRUGS	16
THE PROCESS OF COUNSELING WITH THE DRUG PROBLEM	22
The Precounseling Period	23
The Counseling Period	24
Entering Within the Person	25
Being a Good Listener	26
Get the Person to Talk	26
COUNSELING THE DRUG USER	28
COUNSELING THE DRUG ABUSER	30
COUNSELING THE DRUG ADDICT	31
SUMMARY	34
3. REVIEW OF RELATED LITERATURE INVOLVING REHABILITATION AND THE LOCAL CHURCH . . .	36
INTRODUCTION	36
AFTER-CARE MINISTRY FOR THE EX-ADDICT . .	36
THE LOCAL CHURCH INVOLVEMENT	40
SUMMARY	48
4. QUESTIONNAIRES SENT TO PASTORS	50
INTRODUCTION	50
METHOD OF APPROACH	50
QUESTIONNAIRE RESULTS	52
Part One of the Questionnaire	52
The Minister's Interest In Drug Abuse	53

Chapter	Page
The Minister's Knowledge of Drugs . .	53
The Minister's View of the Christian Church	54
The Minister's View on The Social Problem of Drugs	55
The Minister's View on Drug Prevention	57
The Minister's Counseling Involvement	60
The Minister and Organizational Referral.	61
Part Two of the Questionnaire	63
Part Three of the Questionnaire	68
SUMMARY	72
5. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS .	75
SUMMARY	75
CONCLUSION	77
RECOMMENDATIONS FOR FURTHER STUDY	78
BIBLIOGRAPHY	79
APPENDIXES	83

Chapter 1

INTRODUCTION

Because of the increasing use of drugs in this country today, the writer has a deep concern for the potential dangers inherent in the problem. On August 21, 1971, the American Broadcasting Company presented on Channel two in Portland, Oregon, "Heroes and Heroin." On the program they quoted President Nixon, as saying, "drug abuse is America's number one enemy." On June 17, 1971, President Nixon asked congress for 155 million dollars to help stem drug abuse. He described drug addiction as having "assumed the dimensions of a national emergency."¹

No one is certain of the exact number of addicts in the United States. The conservative figure is around 60,000.² A few believe that those addicted to opiate drugs could number as high as one million.³ Dr. Efren Ramirez who formerly co-ordinated New York City's programs on addiction, estimates that there are over one hundred thousand addicts in this city alone.⁴ In Los Angeles, officials estimate 250 million dollars are spent every day

¹Bob Combs, God's Turf (New Jersey: Fleming H. Revell Company, 1969), p. 14.

²Ibid. ³Ibid. ⁴Ibid.

on illegal drugs in their city.⁵ San Francisco spends 3.75 million dollars annually for hospital care required by approximately five thousand teenage drug users.⁶ In August, 1971, the Foursquare Church of Oregon City conducted a survey at the Oregon State Fair in Salem, Oregon. There was a two-fold purpose for the survey. The one with which this paper is concerned, was to determine how many had at one time used drugs. They made contact with one thousand, four hundred and sixty-nine persons. The ages of those contacted were ten years old and up. Out of this figure one thousand and eight had used drugs, totaling sixty-nine percent.

The growing reactions to the drug problem have brought into existence agencies designed to help the addict, the question remains: what is the minister's role with the drug problem? With this thought in mind this graduate research project is undertaken.

THE PROBLEM

Statement of the problem. The problem presented in this study was to examine the minister's role with those involved in the use of drugs, the extent of his knowledge of, and personal involvement with the drug problem, the relationship established by the minister, his local church and

⁵Gordon, McLean and Haskell Bowen, High on the Campus (Wheaton:Tyndale House Publishers, 1970), p. 1.

⁶Ibid.

his denomination with those on drugs, and any interchange with community referral organizations or agencies.

Justification of the problem. A review of the literature indicates a lack of well-documented research into the roles which ministers of religion play in ministering to drug abusers or potential drug users, either remedially or preventively. A question remains as to the extent of involvement of the American Clergy with this problem. It is hoped that this research may discover the minister's role and be of assistance to ministers in understanding their role in this area of need.

Purpose of the study. It was the primary purpose of this study (1) to investigate the minister's interest, involvement, knowledge and counseling procedures in dealing with the drug problem; (2) to study the relationship established by local churches and denominations in this area; and (3) to determine any interactions between ministers, local churches and denominations and referral organizations or agencies in the community.

Delimitation of the study. Because of the vast amount of time that would have been necessary to conduct personal interviews with all pastors of churches in the Greater Portland area, this study is limited to:

1. Questionnaires sent to selected pastors of churches in the Greater Portland area.
2. The city of Portland because (a) of the Seminary

location being close to it; and (b) Portland being a typical American city with problems that are similar to all cities in the United States. Thus, Portland was used as a model city in the research of this paper.

METHOD OF PROCEDURE

The procedures followed in this study were two-fold: a review of the literature was made, and questionnaires were administered by mail.

Review of related literature. An investigation was conducted (1) to gather information on the drug problem; (2) to examine the information as to its relevance to the purpose; and (3) to glean the information desired for the purpose of the research.

Questionnaires. Questionnaires were sent out to selected pastors of churches in the Greater Portland area. The pastors of the churches to whom the questionnaires were sent, were selected according to a fourfold plan: (1) Doctrinal - An equal amount of both Calvinists and Arminians were selected, because doctrinal view points may have overshadowed the accuracy of this research, (2) Theological - The liberal and conservative thoughts were considered because their outlook may have differed to the social problem, (3) Geographical - Pastors were chosen according to church location in the city because of the importance of considering race minorities in parts of the city, and (4) Size of

Church - The size of the church to which the pastor ministers was considered because of the problems that may exist in larger or smaller churches.

SOURCES

The sources referred to in this research were books, journals and periodicals relating to the minister's role with the drug problem. The investigation of the literature indicated a lack of information on the subject.

A survey was made of educational, social and religious indexes and guides. They were: Reader's Guide, Education Index, Bibliographic Index, Book Review Digests, Religious and Theological Abstracts and the Social Sciences and Humanities Index. Sixty articles that seemed to be related were found. After further investigation of these articles only twenty-one were found to be of some relative value.

The books that were of considerable value to this paper were those of David and Don Wilkerson dealing with individuals on drugs, Bill Milliken's book Tough Love, and Kenneth Leech's book, Pastoral Care and the Drug Scene.

DEFINITION OF TERMS

The following terms have been defined in order to prevent the possibility of confusion arising in the mind of the reader. There is a glossary in the appendix for understanding of all terms used by addicts.

Drug user. The users primarily are made up of marijuana

result that the original effect can only be obtained by repeatedly increasing the dose. Eventually a quantity which would be lethal in a nontolerant individual can be taken without danger.

2. Physical dependence - This refers to an altered physiological state in which absence of the drug from the body causes illness. In the addict's language, he has a "habit," or is "hooked." The two groups of drugs that unequivocally produce physical dependence are the narcotics (opiates) and sedative-hypnotics (barbituates, minor tranquilizers and alcohol).

3. Psychological dependence - This refers to a persistent need or craving for a drug, or the condition associated with its use.¹⁰

Thus, drug addiction is a state of periodic or chronic intoxication produced by the repeated consumption of a drug and involves tolerance, psychological dependence, usually physical dependence and an overwhelming compulsion to continue using the drug which detrimentally affects both the individual and society.¹¹

The World Health Organization (WHO) recently recommended that the terms "addiction" and "habituation" be

⁹Ibid.

¹⁰Donald D. Pet and John C. Ball, Marihuana Smoking in the United States, Federal Probation, United States Department of Health, Education and Welfare, (Washington: Government Printing Office, September, 1968), p. 10.

¹¹Wilkerson, op. cit., p. 87.

replaced by a single and more general term "drug dependence," thus, describing the drug effect upon a person even if there is no physical addiction in the drug being used.¹²

STATEMENT OF ORGANIZATION

The remainder of the research contains the following chapters: Chapter two was devoted to literary investigation on related material on the subject. It attempted to bring into focus information that has been written on the minister's role and his involvement with those on drugs. A survey was made of the addict and his personality.

Chapter three also was devoted to literary investigation. However, in this chapter, a look was taken at the after-care ministry of the ex-addict and the minister and local church involvement.

Chapter four contains the results of questionnaires sent to selected pastors of churches in the Greater Portland area to examine their involvement in the use of drugs, extent of their knowledge of, and personal involvement, with drug users, counseling procedures, local church and denominational programs with the drug user and any interchange with community referral organizations or agencies.

The final chapter (five) contains the summary, the writer's opinions and recommendations for further study in the area of the minister's role with the drug problem.

¹²Ibid.

Chapter 2

REVIEW OF RELATED LITERATURE INVOLVING THE MINISTER AND HIS ROLE WITH THE ADDICT.

INTRODUCTION

The purpose of this chapter is to present a resume of related literature on the minister's role with the drug problem. A period of ten years is covered in a survey of literature pertaining to the subject.

This chapter is composed of the following divisions: the minister's self-knowledge, the minister's role with those using drugs, the process of counseling with the drug problem, counseling with the drug addict.

THE MINISTER'S SELF-KNOWLEDGE

It is logical before one can minister to another, especially in the field of drug counseling, one needs to understand and know himself. Rev. Don Wilkerson, Director of Teen Challenge in New York and brother to David Wilkerson, founder of Teen Challenge, writes,

Before entering a counseling ministry, and during the process of counseling, the counselor must diagnose himself. He may need to make personal and spiritual adjustments; he may need additional maturity; he may

need to resolve emotional conflicts.¹

The Minister's Knowledge of God

The minister must be convinced of his own personal relationship to Jesus Christ. He has to know where he stands with God. Many qualities are necessary to be an effective minister-counselor, but the foundation stone upon which all other qualities are built is a vital and growing relationship with Jesus Christ as Saviour and Lord.²

The Minister's Knowledge of Himself

Don Wilkerson suggests that the minister must have insight into his emotional needs. His weaknesses must be known so that they will not hinder the counseling process.³ He must ask himself, why do I want to help someone? What are my motives? Am I trying to work out some personal hang-up? Am I trying to fulfil a personal need only? The minister does not have a sense of fulfilment unless he is helping others. Yet the counseling process can be used simply to serve one's own needs and not primarily those of others.⁴ The minister can be using counseling as a tool to work out his own feelings of frustration or rejection by his peers or other personal reasons. Dr. Herbert Anderson, assistant professor of Pastoral Theology, Princeton

¹David Wilkerson and Don Wilkerson, The Untapped Generation (Grand Rapids: Zondervan Publishing House, 1971) p. 29.

²Ibid., p. 30. ³Ibid., p. 31. ⁴Ibid., p. 32.

Theological Seminary, comments that the key to pastoral effectiveness is self-awareness and one of the occupational hazards is the lack of it. The need to be needed is a temptation of pastors to establish pastoral relationship that will perpetuate those dependency needs.⁵ Dr. Norman W. Imlah, psychiatrist at the All Saints' hospital in Birmingham, confirms these views when he states, "one must have full knowledge of his strengths and weaknesses in counseling the drug user."⁶

The Minister's Knowledge on How to Relate to Others.

The clergyman will have the hardest time bridging the problem gap. He will be viewed as one giving advise from his pulpit position as a professional. This superior position must be torn down. The minister's interest, sincerity and love will help to do this. This will not happen through his ministerial position or religious jargon, but with simple words and talking with the drug user instead of at him.⁷ To accept him as a person of worth must be communicated. Dr. Imlah adds to this by saying,

In most cases, however, the drug abuser is bound up with traits of the personality rather than underlying psychiatric disease, and the successful counselor must first gain confidence and respect and, through

⁵Herbert Anderson, "Youth and the Abuse of Drugs," Pastoral Psychology, 22:217, October, 1971.

⁶Norman W. Imlah, "First Aid in Counselling. XIV. Drug Addiction," The Expository Times, 78:6, March, 1967.

⁷Wilkerson and Wilkerson, op. cit. p. 33.

these, influence. The person most likely to help the individual will ultimately be the person whose influence is greatest, and the would-be counsellor in the situation must strive to attain this position.⁸

This statement is supported by Dr. Anderson, when he says,

The caretaker (pastor) needs to be a trustworthy person who can engender trust and whose style of relating enables him to gain the confidence of alienated youth who are already suspicious of adult overtures.⁹

In relating to the addict, areas in which the minister is most effective should be viewed. Those that can be a great comfort and strength to the elderly may find that they have little influence with the young. And many find that the young respond to them in a way that is lacking in others. In other areas of thought the pastor needs a double portion of patience, but he also needs to set limits to that patience, while relating to the drug user, and be secure enough in himself to show his exasperation when appropriate.¹⁰

In counseling the drug user there is a delicate balance between taking seriously what a person says and retaining some doubt as to its veracity. The reason for this is that the amount of drugs consumed and their effects are frequently exaggerated, especially if the pastor seems shocked.¹¹ The pastor then should not be easily shocked,

⁸Imlah, op. cit., p. 166.

⁹Anderson, op. cit., p. 24.

¹⁰Ibid. ¹¹Ibid.

threatened or intimidated by hostility or aggressive acting out. The minister who has never been an addict is often too soft, too trusting, and more easily fooled.¹²

The pastor in relating to those using drugs bridges the problem gap by his sincerity and love. This is related to the user by confidence and trust, but in the process by which the minister does this, he must be careful not to be too soft and trusting.

According to a national research agency, only one young American in four hundred turns to a clergyman when in trouble.¹³ If this figure is correct, the problem gap may be growing larger instead of smaller.

The Minister's Knowledge on Reacting Properly to the Drug User

The minister's task is to find out why a person acts the way he does in order to try to change that pattern of behavior. Dr. Anderson says the primary concern of the pastor should be to help the young person find out why he has been or is using drugs.¹⁴

A minister may be able to relate and to get inside the drug user but may not be able to react properly. He may react in a way that prevents the minister from properly

¹²Wilkerson and Wilkerson, op. cit. p. 38.

¹³"Drugs and Christian Responsibility," Eternity, 21:3, March 1970.

¹⁴Anderson, op. cit., p. 26.

understanding him.¹⁵ The minister's reaction may be, "This person doesn't want help," "He's just no good," or "I think he's a nut." All of these attitudes toward the drug user may be valid on the surface, but it may affect the minister's approach to the individual and his problem.

The Minister's Knowledge of the Drug Problem

The questionnaires referred to in Chapter One will be viewed in Chapter Four. However, at this point an illustration will be drawn from the questionnaire response.

There are three questions that apply to the minister's knowledge of drugs. The first deals with the question, do you have a general knowledge of drugs. Most have answered yes to this question. The second asked whether this general knowledge is sufficient for them to effectively minister to an addict. Most of them have answered no, or somewhat. The third asked if the minister needs more specific education about drugs. The majority of those ministers responding have answered yes. This seems to indicate the lack of specific knowledge of drugs that would help them become more effective in this area. Dr. Imlah implies this need when he says,

The effective counsellor must be totally aware of the enormity of the problem he faces and the forces that are aligned against him . . . the drug addict is

¹⁵Wilkerson and Wilkerson, op. cit., p. 36.

the most knowledgeable of all sick groups of the various ramifications of his affliction, and will have little regard for the ill-informed or the naive traveller in his jungle.¹⁶

Rev. William A. Irish, the pastor of the Glen Ride Congregational Church in New Jersey relates this challenge to the minister today, which "is to get a working knowledge of drugs and what they do."¹⁷ The minister's workable knowledge of drugs plays a large role in his effectiveness with the drug user. This enables him to define the problem of drugs and successfully deal with it. Donald E. Messer in his article, "Social Action Blueprint for Parish Pastors," advocates,

How we define a situation often determines what we do about it. If we perceive a problem as juvenile delinquency or drug addiction, then we are more likely to be involved in changing the situation than if we do not.¹⁸

Another step in reference to the drug problem is to get the full picture. The minister must get out where people are using drugs. The pastor, if he has a desire to work with the drug user should go to the streets and visit the jails. He must go everywhere or anywhere so that he can develop the full knowledge of the addict's distresses and difficulties. He should visit the gay bars and watch

¹⁶Imlah, loc. cit.

¹⁷William A. Irish, "The Search for God," Pulpit Digest 50:367, September, 1967.

¹⁸Donald E. Messer, "Social Action Blueprint for Parish Pastors," Christian Advocate, 14:21, November 12, 1970.

the hustler make contact for the prostitutes. Seeing the full picture of humanity does not make a minister a qualified worker, but it's a place to start.¹⁹

The lack of knowledge of drugs among ministers in the past as well as thoughtful laymen is seen by Will Norton, Jr. who wrote an article in Christian Life. He mentions that Christians tend to use scare tactics to manipulate behavior, but these have back fired. The pills and antibiotics have almost destroyed the fear tactics of pregnancy or venereal disease.²⁰ The same scare tactics are being used on drugs, but they too are failing because of the new social order prevailing in this country. A young sophomore at a christian college suggests that the present institutions: political, social, religious and economics aren't able to cope with today's problem and values are changing.²¹

THE MINISTER'S ROLE WITH THOSE USING DRUGS

In understanding the addict as a drug user and a person, a brief look at the various approaches to the drug user is important. The medical profession has been very active with the problem and has helped many in relieving

¹⁹Wilkerson and Wilkerson, op. cit., p. 39.

²⁰Will Norton, Jr., "You May Be Unknowly Involved in Drug Abuse." Christian Life, 30:4, August 1969.

²¹Ibid.

the pain of withdrawal. One doctor felt that medical treatment was the only way to deal with the situation. He said, "It is a medical problem and the layman should stay out of the field of drug addiction treatment."²² However, many are very much involved with the problem. The psychiatrist deals with the user. He diagnoses and analyzes the problem and offers valuable assistance to the person. Don Wilkerson relates what one of the addicts told him concerning a psychiatrist.

The psychiatrist told me about problems I never knew I had before. So when I came out of the hospital, I left with all the problems I carried in with me, plus the new ones I picked up from the head shrinker. I ended up with twice as many hang-ups, and still no solution to my situation. I went deeper into drug addiction as result.²³

This is one report and by no means can this profession be judged accordingly. However, Wilkerson makes clear that unless the person in need finds something outside himself, or finds some outer force to enter into him and provide the strength to overcome his problem, then the psychiatric approach is more harmful than helpful.²⁴

Dr. Imlah to whom the writer has referred in this paper is a psychiatrist. He commented that his own profession as a body has so far been relatively unsuccessful in their efforts to curtail the spread of drugs and treat

²²Wilkerson and Wilkerson, op. cit., p. 43.

²³Ibid., p. 44.

²⁴Ibid.

programs. The addict is not led into a way of life that enables him to be anew from above.²⁹ It is irresponsible ministering to remove the drugs that a person has come to depend on without offering something else in its place, according to Dr. Anderson.³⁰ Although this may be the highest task of a minister in leading that one to Christ, he must not bypass the addict's physical needs. His stomach, pocketbook or family needs must not be neglected. Sherwood Wirt in his book, The Social Conscience of the Evangelical writes, "When a man becomes a believer he does not retreat from his responsibilities as a member of society."³¹ Helping the addict socially cannot be neglected.

As groups outside the Church are trying to treat the addict, the minister cannot afford to brush-off the call for help. The minister often has been neglectful in doing his part with this problem. Maybe it is due to his lack of knowledge, lack of self-introspection or a lack of personal contact which produces fear in ministering to the addict. An understanding of the addict as a drug user and a person will be of help to him.

The first thing the minister must remember is that it is very difficult to counsel the addict while he is high on drugs. Judgements about his reactions cannot be

²⁹Wilkerson and Wilkerson, op. cit. p. 45.

³⁰Anderson, op. cit., p. 27.

³¹Sherwood Wirt, The Social Conscience of the Evangelical (New York: Harper & Row, 1968), p. 41.

accurately made. He may make promises while under the influence of drugs, tell lies, talk incessantly about meaningless problems and relate other feelings that have been brought on by the drug.³²

The opposite side is when the addict has had no drugs for a period of time and is suffering withdrawal. He may not want to talk, because he is getting sick, and has only a shot of dope on his mind. He may become irritable, hostile and could be dangerous if he gets real sick and desperate.³³ He may act sincere and make promises of rehabilitation, only to build up the counselor for a "con" job. It is here that he usually asks for money or for some consideration that is part of fulfilling his need for drugs.³⁴

Virginia Ely, who worked for almost sixteen years as a medical librarian in a federal hospital for narcotic addicts writes about the addict's personality. Many have a basic love for beauty, endowed with musical talent, artistic talents and deep active social sensitiveness.³⁵ Miss Ely gives an evaluation of what she thinks some people see in an addict. She writes,

There are some people who can look at a so-called confirmed drug addict and see nothing but a broken body, a marred personality, and a wasted life--the results of a man's wrong living. They label him hopeless. There are others who see within the same broken

³²Wilkerson and Wilkerson, op. cit., p. 98.

³³Ibid. ³⁴Ibid.

³⁵Virginia Ely, Some of My Best Friends Were Addicts, (New Jersey: Fleming H. Revell Company, 1968), pp. 53-67.

body and marred personality the dim image of God, after whose likeness man was made; and with purpose put into action, they devote their best thoughts and energy toward restoring that image to its near completeness.³⁶

As one works with the addict he realizes each has his own personality and intellegent level as Miss Ely has pointed out. These distressed individuals come from a wide spectrum of our society. Dr. Imlah has found that the intelligence level of the addict is one of the important things to consider when counseling him.³⁷ The highly intelligent will require to be reasoned with and will not respond unless convinced that the ideas which led to abuse of drugs are false and that there are other values and other ideas which are more important and have greater strength.³⁸

What is often overlooked, however, is the process by which the drug user moves toward health or more constructive behavior. The same thing is true for helping young people develop interpersonal skills. Many of the youth who turn on with drugs in a substantial way are timid, socially passive, lonely individuals who have not learned how or are too fearful to initiate social contact.³⁹ Dr. Anderson points out that pastors should devise elaborate schemes

³⁶Ibid.

³⁷Imlah, loc. cit.

³⁸Imlah, Ibid.

³⁹Anderson, op. cit., p. 26.

to incorporate those outside the group into the group.⁴⁰

As seen apart from the drugs, addicts are persons with individual problems and personalities. Each one must be dealt with according to his particular needs. A teenager and middle-ager may behave similarly on the streets and in their activities in the drug world, but in counseling and rehabilitation they must be dealt with on the basis that all are individuals with particular personalities.

THE PROCESS OF COUNSELING WITH THE DRUG PROBLEM

Dr. Herbert Anderson believes pastoral counseling for persons using drugs is really not much different than counseling in any kind of crisis.⁴¹ This may be true when considering the person who is in need, who is hurting in that crisis. However, there have been some interesting studies, according to William S. Garmon and Phil Strickland in their book called, How to Fight The Drug Menace. They indicate drug experimenters are generally reluctant to talk to pastors, even when they feel in need of help.⁴² They mentioned two reasons. First, there is a lack of faith that the pastor has any real understanding of the drug scene. Secondly, there is the feeling that the minister's response

⁴⁰Ibid.

⁴¹Anderson, op. cit., p. 24.

⁴²William S. Garmon and Phil Strickland, How to Fight the Drug Menace (Nashville: Broadman Press, 1970), p. 119.

will be condemnation rather than empathy.⁴³ These two reasons should be more than enough to cause the pastor to examine his own role and be prepared for it. If he is prepared he can have a significant impact in his counseling time.

The Precounseling Period

The precounseling period is one of great importance. As the name indicates this is a period before counseling, however, it is a time when observations are being mentally taken. To the minister who is well prepared, this precounseling will serve as a guide to his helping and reconciling the individual with God, society and himself.

The one problem in this precounseling period that must be defined before actual counseling takes place is whether the individual is a drug user, drug abuser or an addict. These terms were defined in Chapter One for purposes of this study. The minister is lost if he cannot delineate between these. Counseling varies in each case although in each there is the familiar drug element.

Also in this precounseling time the minister should look for determined readiness.⁴⁴ He should ask himself, "is the addict ready for this kind of help I have to offer?" According to Don Wilkerson, to determine this period of

⁴³Ibid.

⁴⁴Wilkerson and Wilkerson, op. cit., p. 62

Although Dr. Rogers in his book, Client-Centered Therapy, is not specifically referring to drug takers, but to all emotionally troubled individuals, it is generally accepted in this research that the one who is a drug abuser is in this category. Thus, these comments from Dr. Rogers could be highly important when counseling with this problem.

Being a good listener. One aspect of entering into an individual is to be a good listener. Bill Milliken who has a unique ministry on New York City's Lower East Side writes in his book, Tough Love,

It's so easy just to listen at the first level. We strip off the first layer of the onion, and then we don't want to smell any more, we don't want our eyes to water any more, we don't want to fall any more deeply. Therefore, we condition ourselves to listening only superficially to what people have to say. What happens then? We miss what they are really trying to tell us. We come up with the wrong medicine, the wrong answer, we give answers to questions that aren't even being asked.⁵²

Get the Person to talk. The writer's experience as a Chaplain in the Clinical Pastoral Education Program at Emanuel Hospital in Portland, led him to some vivid encounters with those on drugs. One characteristic that stood out to him in each of the, was their suspicious fear. This suspicious characteristic was a great hinderance in the counseling process. In interviewing one of the counselors

⁵²William Milliken, Tough Love (Old Tappan, New Jersey: Fleming H. Revell Company, 1968), p. 126.

at Teen Challenge, Bob Combs, author of God's Turf, found out that these men who first come to the center literally sit and stare at the counselors. They try to figure out what these counselors are like and how they can "con" or "work angles" on them.⁵³ "Working angles" is the same as a "con" job.

The reason drug abusers are suspicious is that what they are doing is illegal and they could be "busted" (arrested). Busted means jail and jail means they will not be able to obtain the drugs their bodies need. Thus, the person, no matter how humanitarian he may be, will be considered a "nark" (narcotic officer) by the drug user. This is a general condition the writer has observed. However, certain individuals, due to their background, may trust a minister from the beginning without any suspicion.

This suspicion may be determined by the manner in which a contact was made with the user--whether the minister made the first approach or whether the addict made the approach to the minister. This may have a deciding factor in the counseling. This also is a general observation and may not always apply.

Once confidence is established the addict's suspicion decreases, thus gradually replacing it with trust. One addict at Emanuel Hospital, asked over and over again if

⁵³Combs, op. cit., p. 28.

the writer was from the police department or a "nark." When confidence finally took place the addict began to relax and reveal the story of his life. It is highly important to get the one on drugs to talk.

COUNSELING THE DRUG USER

The drug users are made up of the so-called "soft-drug takers." Soft drugs refers to drugs other than narcotics (opiates)--the hard drugs. The Wilkersons refers to it only as relating to marijuana smoking.⁵⁴ In dealing with this type of person, focus should not be entirely on the drug. The reason is that the drug user has already made up his mind about the so-called harmlessness of their "thing."⁵⁵ No argument generally based on facts or experience will convince them otherwise. This can be seen by the warnings from the United States General Surgeon that cigarette smoking may lead to cancer. Generally very little response is given to this warning.

The more serious aspect of the soft drug user is not the drug, but the person. The drug is only the symptom. The cause behind it all may stem from serious personality disorders, or it may be just the severe growing pains of adolescence.⁵⁶

Scare tactics and threats, as already pointed out

⁵⁴Wilkerson and Wilkerson, op. cit., p. 92.

⁵⁵Ibid., p. 93. ⁵⁶Ibid.

in this paper, will not work, especially with the soft drug rebel. There may be a time when facts are presented, but they must be at a time when each (minister and user) is not in an emotional heat, but in a calm convincing state.

The user may lure the minister into a debate on such issues as:

"It's not any different than alcohol," or "Prohibition never worked," "It ought to be legalized, alcohol is legal," "It's my body, I can do with it what I want; no one has the right to stop me," or "Why aren't young people entitled to get high?"⁵⁷

Drug users think that rebellion is a sign of independence. They fail to realize that true independence is the ability to take care of one's own health needs, to get along effectively with other people, and to earn a living.⁵⁸

In addition to the personality disorders and arguments that were mentioned above, the minister working with the drug user will often be confronted with these difficulties: "disharmony with parents, broken homes, lack of discipline, and adjustment to life with all its hang-ups and hardships."⁵⁹

Drugs are used as both a "high" (pleasure) and escape to the user. David Wilkerson writes, "Marijuana smokers must be brought to see that they are copping out,

⁵⁷Ibid.

⁵⁸Francis H. Wise, Youth and Drugs (New York: Association Press, 1971), p. 153.

⁵⁹Wilkerson and Wilkerson, loc. cit.

not coping with life."⁶⁰ He considers marijuana the most dangerous drug used today, because it is considered harmless and is so widely accepted, it is leading thousands of users into deadly experiences with harder drugs.⁶¹ Ninety percent of all the drug addicts that have been treated as Teen Challenge used marijuana and then graduated to something harder.⁶² Bringing the individual to the reality that he needs not "cop out" through drugs but can face up to adjustments by his faith in God through Jesus Christ is the primary goal of the minister. In Dr. Imlah's experience most drug users deny that they believe in God. However, his experience with alcoholics has shown that "finding and accepting God is the most certain assurance against relapse and this applies equally to the drug user or addict."⁶³

COUNSELING THE DRUG ABUSER

The drug user becomes a drug abuser as stated in Chapter one. The abuser turns away rather than towards life and its problems. The more he escapes from reality the more drugs are necessary. Drug abuse comes as a result of both the effect of the drug upon the mind and body, and the

⁶⁰Ibid., p. 94.

⁶¹David Wilkerson, What Every Teenager Should Know About Drugs (Massapwqua, New York: David Wilkerson Youth Crusades, 1968), pp. 41-42.

⁶²Ibid., p. 36.

⁶³Imlah, "First Aid in Counseling XIV. Drug Addiction," p. 166.

deterioration of the personality.⁶⁴

The abuser most likely will not see his involvement in drugs as a serious problem, because he is at a phase of his drug taking cycle where he is deriving satisfaction, euphoria, and release of tension from the drugs he is using.⁶⁵ Thus, the cure is less desirable to him. He has not arrived at the point of his drug use that brings misery and suffering. Therefore, it is difficult for him to be motivated enough to examine himself and his reason for using drugs.

The abuser is a person that usually withdraws from family and society and will not come out of his seclusion unless the minister makes contact with him.⁶⁶

In working with an individual in this phase of drugs one would have to work with him as suggested under pre-counseling in this chapter, that is: determine the readiness of the individual to want help. Users and abusers are saying according to David Wilkerson, "Please, help me." But they do not know they are saying this. Not until they see that drugs do not give answers, but instead robs them, will they be ready for help.⁶⁷

COUNSELING THE DRUG ADDICT

Usually the problems caused by drug taking prepares

⁶⁴Wilkerson and Wilkerson, The Untapped Generation, p. 95.

⁶⁵Ibid. ⁶⁶Ibid. ⁶⁷Ibid., p. 96.

the addict as a "good" candidate for counseling and rehabilitation. The misery and the suffering of bad trips, criminal arrests, sicknesses, physical weariness, broken family and home conflict, jail and hospital confinements, usuauully convince the hard core addict. The addict, as op-posed to the user and abuser, is one who has become physical-ly and/or psychologically "hooked" (addicted). The drugs have disrupted his normal pattern of living and behavior. The Wilkersons have outlined seven steps when working with an addict. Because of their importance to this research a brief summary of these steps is as follows.⁶⁸

1. Establish the fact that the person is hooked (addicted). This may be easy to establish, however, he may be in the early stages of his addiction and will not admit to this until he is "strung out" (using five or ten bags of herion a day). Talk straight to him on the fact that either he is hooked or not hooked--there is no big or little habit.

2. Find out what kind of help or cure the addict wants. The addict may want only a temporary cure. There is no simple, painless cure. Hospitals cannot help him on a permanent basis, doctors can pacify him with some pills, psychiatrists may tell him why he is on drugs, but neither can cure him, he must be made to stop himself and accept the spiritual therapy.

3. Be honest with him about the difficulties he

⁶⁸Wilkerson and Wilkerson, pp. 100-103.

faces on the road to recovery. Tell him it won't be easy, that he must be desperate and willing to fight. He will want to take short-cuts, because he is used to quick answers to all his problems by taking drugs. He will find it too difficult to wait for his answers. He must realize that he can't be cured in three weeks or three months. It generally will take one full year before he is able to assume all normal responsibilities.

4. Through prayer lead him to a personal experience with Jesus Christ. The addict may be reluctant to accept Christ because of the possibility of returning to drugs and thus not being able to follow the Lord. Some will even want to clean up their lives before they give themselves to Christ.

5. Help him face his fears. The addict has an overwhelming fear of failure than in any other individual. He has sensed failure from early stages of his life. There may have been many rehabilitation attempts in the past and all were failures. The fear of starting again is very strong. He must see that through Christ he can make it. The addict also has the fear of the past. The guilt from past sins often haunts him. Teach him that there is assurance and "no condemnation to them which are in Christ Jesus." (Romans 8:1).

6. Help him find meaningful activity. It's hard for the addict to do physical work. The only work they have known is that of "working angles". Normal household

chores are enough to let the addict know he is a changed person. The minister will have to keep challenging him. He must understand the mental and emotional stresses addicts have lived under which have caused physical inactivity. Laziness starts with the mind. It takes the addict time to get used to using his body and keeping his mind on what his body is supposed to be doing.

7. Help him start planning for his future. The only plans they have had, have been to plan for tomorrow's fix. Some addicts started on drugs at an early age and never had any ambitions, some never worked a day in their lives. Others, if older when they became addicted may want to return to their old occupation. Beware of the converted addict's grandiose attitude about the type of work he plans to do. Suggest that he start with something small, yet meaningful. When he handles that he can go on to greater things.

These are important steps and would be well to remember when working with this type of individuals.

SUMMARY

This chapter dealt with the minister's concept of himself, his role with those on drugs, his inter-action with the drug taker, the addict's personalities, and counseling the drug user, abuser and the addict.

The precounseling and counseling periods with these individuals are valuable because of the important observations the precounseling gives the minister when he finally

enters the counseling sessions. The precounseling is where the minister takes the major role in getting the drug taker to "do something." In the counseling period, the important thing is the drug taker and his action in taking concrete steps to help himself.

Counseling aspects in this chapter concerning the drug user, abuser, and the addict were viewed. The user is a soft drug taker--mostly marijuana, with personality problems or adolescent pains of growing up. The abuser is one who is turning away from reality and retreating farther into his own unreal world. This type of person is the hardest to counsel with, due to the euphoria drugs give him. As yet he has not experienced the misery and sufferings of the drugs. The addict usually is a "good" candidate for counseling because of the misery and sufferings of bad trips and physical weariness he has found himself.

Chapter 3

REVIEW OF RELATED LITERATURE INVOLVING REHABILITATION AND THE LOCAL CHURCH

INTRODUCTION

In this chapter the ex-addict is seen in the after-care ministry (rehabilitation). It is one thing to make contact with those on drugs and to counsel them, but it is another thing to see such a person follow through in a program until he is "clean," to involve himself with society in a way not detrimental to himself or others.

The latter part of the chapter will deal with the minister and local church involvement. One cannot write concerning the minister's role with the drug problem without a look at what his local church is doing. It is a dual role and this aspect must enter into the picture.

It is hoped that this chapter will be reviewed carefully by the reader because of the importance of rehabilitation (after-care ministry) and local church involvement.

AFTER-CARE MINISTRY FOR EX-ADDICTS

After-care is a ministry of help to re-establish the ex-addict in the community. The ex-addict often emerges from the drug withdrawal phase with no friends or acquaintances. To return to his addict friends would be disastrous.

The after-care program is regarded by many in this field as the real key to success or failure.¹

The after-care of the ex-addict within the community demands a co-operative action of various groups, as pointed out by Kenneth Leech in his book, Pastoral Care and the Drug Scene.² He feels there ought to be more than one group or individuals involved with this program through-out the city and county or it will be of little value.³ This is where organizations and agencies designed to help the addict could be valuable assistance to the minister and the church. His knowledge of these particular groups will serve as helpful means of bringing complete rehabilitation to drug users.

Working out such a program for ex-addicts will be time-consuming as contacts must be frequent and probably prolonged. Moral support must be backed up in most cases by material aid. And because of broken homes, conflict in families, or an unhealthy environment, the ex-addict in many cases will have to be placed within a family of corresponding social class and intellectual level. This will not be easy to find him a job. Mr. Leech points out that the success of the after-care "must lean heavily upon the ability of communities to absorb the ex-addict. It is not simply the

¹Norman W. Imlah, "First Aid in Counseling, XIV. Drug Addiction," The Expository Times, 78:6, March, 1967.

²Kenneth Leech, Pastoral Care and the Drug Scene (London: S.P.C.K., 1970), p. 92.

³Ibid.

addict who must change--the community must change radically."⁴

The reason why so many addicts relapse after drug withdrawal, Dr. Imlah reports, is due to three main things: The vulnerability of the addict, the pressures exerted by other addicts, but mainly, the poverty of the after-care facilities and workers.⁵

Because of the intensive writings of both David and Don Wilkerson, and news reports and articles in periodicals on their work among the street people, Teen Challenge has become a symbol to many other groups, religious and non-religious in this country. In the periodical called "America," Mr. Kilian McDonnell writes on "The Pentecostals and Drug Addiction." In this article he gives the story of David Wilkerson and Teen Challenge. He reports that eighty percent of addicts that complete the nine month program remain off drugs.⁶

He also gives some interesting statistics concerning the after-care rehabilitation program. These are: sixty-three percent of the boys complete the nine month program, twenty-five percent leave after two or three weeks, fifteen percent of those who complete the nine month program go to work on the staff of Teen Challenge, fifty-five per-

⁴Ibid., pp. 92, 93.

⁵Imlah, loc. cit.

⁶Kilian McDonnell, "The Pentecostals and Drug Addiction," America, 118:13, March 30, 1968.

cent who complete the program go back to their families and twenty percent who complete go to a three-year Bible School for the ministry.

These statistics have drawn sharp criticism from doctors, psychiatrists, and psychologists of various organizations. Their criticisms relate to the figure that eighty percent stay "clean" after they leave the program. The reason for this is, that in comparison only three to six percent stay "clean" after being released from the United States Public Health Service at Lexington, Kentucky, five percent at Riverside Hospital in New York, and twenty percent at Mt. Carmel Guide Narcotic Center.⁷ McDonnell makes the claim that even if this figure is thirty percent incorrect, it still remains much higher than them all.⁸

Art Linkletter says, "This (Teen Challenge) is the most effective drug rehabilitation program I've seen. I am amazed at how Christ has come into the lives of addicts and turned them off drugs."⁹

There are many similar programs to this such as: Bill Milliken and his "Young Life" Club in Lower East Side New York and nation-wide, Nicky Cruz's "Outreach for Youth" in Fresno, California, Phil Thatcher's "Shephard Foundation" in Lynwood, California, Salvation Army operation "Manhattan

⁷Ibid. ⁸Ibid.

⁹Art Linkletter, "Victory over Drugs", Guidepost, special edition, Carmel, N.Y.:Guidepost Associates, Inc., 1972.

Project" in Los Angeles and "Youth for Christ/Campus Life" in the Santa Clara Valley. There are many more across the nation that have been started by individuals, churches or groups. If they were investigated outstanding success could probably be observed in each.

LOCAL CHURCH INVOLVEMENT

The material reviewed has centered on the minister's role, his involvement and the individual on drugs. The question that was raised in Chapter One, "What is the Minister's Role with the Drug Problem?" cannot be complete until the minister and his local church are seen involved together with this problem.

There seems to be a trend according to some church officials, toward secular organizations and agencies designed to help the derelicts of humanity because the local church has seemingly not focused on its real calling in this world. This pacified position is seen by many in the church's contentment to let federal, state, county, and local projects be the primary help to these people. In Pulpit Digest, the Rev. Graydon E. McClellan, General Presbyter of the Presbytery of Washington City, Washington D.C., comments, "The Church has not done well in the city because it has not understood the wholeness and the selflessness of its ministry."¹⁰ Three reasons why Rev. McClellan says this, are

¹⁰Graydon E. McClellan, "The Church Ministers to the Secular City," Pulpit Digest, 47:343, May, 1967.

summarized as follows.

1. The Church focused on individuals. The city being a highly structured organization deals with people as communities. Thus, the Church is looked upon by the urban man to be dealing sentimentally with isolated individuals and neglecting social policies that would affect man in the community.

2. The Church focused on winning converts. The city is full of organizations; political, ideological as well as religious, trying to win converts. Thus, the urban man distinguishes the church as just another competitor for adherents.

3. The Church has focused on building up itself. The city is full of institutions that concentrate on themselves. They seek prestige and a place of high visibility. The Church thinks of itself as a holy institution and no one can ignore it. Thus, the urban man finds it simple to ignore the Church, for in his eyes it makes so little difference.¹¹

The church has been under severe attacks for its failure to solve many of the problems that exist in our society. When drug abuse is reaching dimensions of national emergency as proclaimed by President Nixon, the failure falls back on the church for not being a strong influence in stemming the tide of immorality.¹² However, if the doors

¹¹Ibid., p. 9

¹²See Chapter 1, page 1.

to the Church were closed things would be much worse.

Dr. Imlah confirms the position of the Church with the drug user when he writes.

It is well recognized in the psychiatric world that addicts who acquire faith and a belief in the teaching of the Church seldom require further psychiatric help . . . most (addicts) are searching for something that only the Church can provide, and no doubt the rising problem of addiction presents the Church with one of its greatest challenges.¹³

Dr. Norman Vincent Peale writes in Guidepost's special edition called, "Victory over Drugs," reporting,

It is clear that medical science, while able to explain what is happening, has found no real solution to the problem . . . evidence has continued to accumulate that religion is the key to recovery from drug addiction.¹⁴

The minister and his church, according to the above statements, have a role to play in this problem, a role that can be very effective when properly executed.

In the same Guidepost special, an interview was conducted by Dr. William Nesbitt, a Fairfield, California, physician with special training in psychiatry. He devotes several evenings a month to patients' treatment in the Haight-Ashbury Medical Clinic and Drug Abuse Treatment Program. Dr. Nesbitt feels that the reason many turn to drugs is because they yearn for some kind of artificial paradise or easy escape from the pressures or structures of our

¹³Imlah, op. cit. p. 167.

¹⁴Norman Vincent Peale, "Victory over Drugs," Guidepost, special edition, Carmel, N.Y.: Guidepost Associates, Inc., 1972.

society.¹⁵ The following part of the interview will be verbatim, as it shows a need of Christ, and indicates the importance of the role of the minister and church.

Question: Where does the answer to the problem lie?

Dr. Nesbitt: . . . the answer, therefore, lies in finding higher values and more worthwhile pursuits in life.

Question: Such as religious faith?

Dr. Nesbitt: That above all. When one has a good relationship with God and with his fellow man, he often has the kind of internal experience that gives intense satisfaction and makes the drug involvement superficial and artificial. I have never seen a drug user yet who wasn't caught in the mesh of his own egocentricity. But when we have a relationship with God, we tend to be egoeffacing. Drugs are physically dangerous; our relationship with God can be healing. Drugs are psychologically distorting; a proper relationship with God brings us into contact with true reality. Drugs can isolate us from our fellow man; our relationship with God can unite us with others.

Question: How complete are these cures by faith?

Dr. Nesbitt: I believe these people will be completely free of drugs as long as they stay committed to their religious beliefs. In fact, I feel that the ones who are called Jesus People, many of whom are former drug users, offer a real answer to the drug abuse problem. These people have found such a special relationship with a Person that they feel the power of His Spirit inside them and thus radiate a kind of euphoric atmosphere, a strength, an inner tranquillity better than can ever be obtained from drugs. It wins many young people--and adults as well.

Statistics indicate that the cure rate in drug addicts by any of the conventional methods is less than 15 percent. The cure rate among unreserved commitment of their lives to Jesus Christ is reported by several small Christian communes to be more than 85 percent.¹⁶

If drug addiction represents the extreme of a sick society, it may then be an indication of a failing influence which society as a whole has upon these individuals. For

¹⁵Ibid., p. 23.

¹⁶Ibid., pp. 24-25.

the most part conforming society rejects or represses the existence of the addict in its midst.¹⁷ However, society and its role with addiction does not give the Church any room for indifference to this problem.

There seems to be existing unwritten mores in some churches which brand the drug user as one who doesn't fit into the pattern of sinners that the church is looking for. Ironically as it seems, the addict may be an "unrespectable" sinner, where as some churches have seemingly developed a ministry to "respectable" sinners.

Some churches have ministered to one type or class of individuals. A person coming from a different background, culture, or life-style presents a threat to the church and its members. The traditional patterns are challenged, thus the church fears this "unrespectable" sinner.

The fears of many churches in opening their doors to the addict or ex-addict depend upon many variables such as: where the church is located, what type of ministry is emphasized, social class of the congregation, the minister's interest and the interest of the congregation. David Wilkerson gives three reasons why he believes the church fears to open its doors to the addict. They are briefly summarized as follows:¹⁸

¹⁷Imlah, op. cit., p. 167.

¹⁸David Wilkerson and Don Wilkerson, The Untapped Generation (Grand Rapids: Zondervan Publishing House, 1971), pp. 239-241.

1. A fear that the ex-addict may backslide and adversely influence other youth in the church. However, his argument against this is that the church's youth who have never been exposed to other types of young people will not be adequately prepared for the world when they grow up.

2. A fear that the ex-addict will start marrying some of the young women in the church. Wilkerson seems to sympathize with this fear in that it is not good for a girl who has been sheltered all her life to marry one with an extremely different culture and background. However, the situation can be very touchy and produce an adverse reaction in both youth to make them all the more determined to marry in rebellion. The counseling must involve the pastor, the family and the two in concern. The youth of the church must be made to realize that when a person comes to Christ, all his problems are not automatically solved. This approach also allows the youth themselves the right to make the decisions.

3. A fear that if one ex-addict comes into the Church the whole church will soon be full of them, hindering the "respectable" prospects the Church may desire. This could present a problem, because the converted addict is often quite enthusiastic in wanting to win others like himself, thus bringing others to the church. The church will have to make a decision as to whether they want to enter this kind of ministry or send them to a church or rehabilitation center which does. However, with the limited places in many cities to help the addict, the church should make

every effort to reach the addict and the drug abuser.

Bill Milliken challenges the church when he writes, "We can't say, 'I'll love you if you'll come my way, if you'll believe what I believe. If you follow Christ, then I'll love you.' We must remember He loved even those who did not love Him."¹⁹

The church is a place for those who have made mistakes and need the message of forgiveness. Therefore, the church has a crucial role to play in fighting the drug menace. It has a dual role according to Garmon and Strickland. First, it is to perform a preventive ministry, which is conducting special drug education programs, outlet for service that enrolls the person in search of a cause to go where there is human need, the supportive role, by standing ready to lend its resources, especially financial, to educational and community efforts, and pastoral counseling. Second, is to perform a healing ministry for those who have made mistakes with drugs. This takes in the referral ministry, knowledge of organizations designed to help the addict, the support ministry in which the church helps the ex-addict to acquire a place to live during readjustment, job and new relationships, the family ministry--to realign him again with his family, and the counseling ministry, to give to the ex-addict an authority figure, who gives him a

¹⁹William Milliken, Tough Love (Old Tappan, New Jersey: Fleming H. Revell Company, 1968), p. 149.

need to be responsible to someone. This figure of authority is one who will detect if he slips back to drugs and will be able to empathize and help him through periods of frustration.²⁰

Another interesting look at the church's involvement comes from Kenneth Leech, who has already been referred to in the preceeding pages. He writes from an Englishman's point of view of drugs and uses the London scene as a model in discussing the nature of pastoral care. He comments on the fact that pastoral care of the drug user may involve churches at one of two levels. The first, is the "casualty caring." This is the church in the area of infection, in which it is situated in an inner city district where drug abuse is common. The second, which affects far more churches numerically, is the "long term caring" for the drug users, abusers and addicts or ex-addicts within their home community or within a new environment.²¹

The Church has many critics as well as many admirers. It has been recognized that doctors and psychiatrists are not curbing this problem of drug abuse. The minister and his local church must do their part in the preventive and healing ministry among the drug problem. As Dr. Imlah writes,

²⁰William Garmon and Phil Strickland, How To Fight the Drug Menace (Nashville: Broadman Press, 1970), pp. 118-121.

²¹Leech, op. cit., p. 80.

The individual wise counselor can do much for the individual addict, but the total problem can only be contained and reversed by united action in which the Church should be, and appears to be, in the forefront.²²

SUMMARY

This chapter dealt with the after-care ministry (rehabilitation) of the addict and the involvement of the local church with the drug problem.

After-care is a ministry to the ex-addict to help him to be re-established in the community. This ministry must involve more than one group or individual to be a success. Much time must be taken to secure the ex-addict in the community, such as a place to live, finding him a job and friends for new relationships. The community, as well as the addict, must change in order to absorb this person with his difficulties of readjustment.

Teen Challenge represents one of the most thriving after-care centers in the United States, with thirty-four centers through out the major cities. Eighty percent that complete the nine month program stay "clean." Sharp criticisms have been made concerning this percentage, but none has proven it wrong.

Many see the church as failing to take its proper role in the city. They stress its failures because it has focused only on individuals, while the city is full of institutions. The result is neglect of the community as a

²²Imlah, loc. cit.

whole, along with the social responsibilities it has to the urban man. Also they see the church as failing to stem the tide of addiction which is increasing in this country.

However, others, while they do not discount the church's responsibility, feel the church should assume a definite role with the drug problem. They point out that individuals who have had an experience with Christ and the teachings of the church seldom become involved with drugs. The ex-addict who experiences salvation becomes a morally readjusted person and takes his rightful place in society.

The fears of some churches that ex-addicts will invade their churches are expressed as follows: They may backslide and take the young people with them, they may marry their young women, and they may fill the church with these "unrespectable" sinners, whereby the church is seeking the salvation of "respectable" sinners.

The church must realize that its ministry is two-fold: a preventive ministry, teaching about drugs, standing ready to lend its resources to community projects; and the healing ministry, knowing different organizations for referral, placing ex-addicts in homes, finding jobs for them, realigning them with their families, and counseling them through recurring periods of frustration and temptations to return to drugs.

The minister and his local church must work together to develop a complete program to cope with the drug problem.

Chapter 4

QUESTIONNAIRES SENT TO PASTORS

INTRODUCTION

In chapter two the reader has seen what should be or could be the minister's involvement with those on drugs, the personality of the addict, counseling procedures as the minister deals with the drug user, the drug abuser and the drug addict. Chapter three related the importance of the after-care ministry (rehabilitation) and the local church involvement. These chapters reviewed the available literature on the subject. Although these chapters do not give a complete picture of the minister's role, the investigator related what material could be found for documentary study.

This chapter looks at the question: what is the minister's role with the drug problem? This chapter will also give the reader a resume of the minister's role in a typical American City.

METHOD OF APPROACH

The City of Portland has been chosen as the model city for the study because (1) of the seminary's closeness to the city and (2) it is a typical American city with similar problems to others in this country.

In Portland there are approximately 200 churches.

The questionnaires were sent out to sixty-two pastors of these churches. Two questionnaires were sent to the wrong addresses and came back. There was no attempt to re-address them, thus lowering the number to sixty pastors. One pastor wished not to participate in this research by sending a letter requesting non-participation. Out of sixty pastors, thirty-nine responded to the questionnaires, a sixty-five percent return. When the pastor who did not wish to participate in the research was dropped from this list, then the percentage of pastors taking part was sixty-three, or thirty-eight pastors.

As mentioned, the pastors were selected according to the following criteria: their theology and doctrine, size of their churches and the location of their churches. In the original sample there were thirty Arminian, twenty-seven Calvinist and five Roman Catholic pastors. The doctrinal breakdown of those pastors who participated in this research is as follows:

1. Arminian pastors	19 - 50%
2. Calvinist pastors	16 - 42%
3. Roman Catholic pastors	3 - 8%

There were sixteen denominations to which these questionnaires were sent and all sixteen participated in the research. Included were the Roman Catholic pastors, thus, covering a wide spectrum of the Christian Church. Outside the sixteen denominations was a group of six churches. The investigator classified them under the term, independent

churches. Their denomination affiliations were unknown. This gave even a deeper view of the subject from independent sources. However, only two of these churches participated and both recorded "none" under denomination in the questionnaire. The list of denominations can be seen in Appendix A. The names of the pastors and their churches will not be listed because some desired not to be identified in this research.

In view of the percentage of pastors participating in the study, only generalizations can be made from the results. However, those who did participate, did so voluntarily. Their opinions on the subject can be taken as sincere and valid.

The fact is apparent that there may be many personal variables in a research such as this, which should not be over-looked. These are for example: the age of the pastor, his religious experience, his social background and his personality. These and perhaps many more may have affected responses to the questionnaire.

QUESTIONNAIRE RESULTS

Part One of the Questionnaire

There were twenty-six questions asked in Part One and seven different topics covered. One of three choices could be selected by the pastors. They were: yes, no, or somewhat (to some degree or slightly). Some of the pastors did not wish to answer some of the questions. This will be indicated in the succeeding pages by no answer (NA). In

Appendix B a list of the results of Part One can be found.

It was not the investigator's intention or purpose to divide the pastors by their theological or doctrinal beliefs in the results of the questionnaires. But since the pastors were selected by their beliefs, the importance of doctrinal breakdown between the pastors aided in the analysis. Because only three Roman Catholic pastors participated in the research, percentages of their answers were not figured.

The minister's interest in drug abuse. The question asked under this topic was: are you interested in drug abuse? Eighty-seven percent of the pastors answered yes, thirteen percent marked somewhat. There were none that indicated no to this question.

The breakdown of the pastors were:

1. Are you interested in drug abuse?

	yes	no	Sw
a. Arminian pastors	17-89%	0	2-11%
b. Calvinist pastors	13-81%	0	3-19%
c. Roman Catholic pastors	3	0	0

The minister's knowledge of drugs. There are three questions under this heading which permit some interesting observations. Thirty pastors (seventy-nine percent) indicate they have a general knowledge of drugs, while eight (twenty-one percent) listed only some degree. However, seventy-eight percent of them thought this knowledge was not sufficient to effectively minister to those on drugs. Seventy-one percent of these men felt that pastors need more specific

education about drugs in order to become effective workers or counselors with this problem. It is interesting that the majority of the pastors felt they need more study in this area to reach those on drugs.

The doctrinal breakdown of the pastors were:

1. Do you have general knowledge of drugs?

	yes	no	Sw
a. Arminian pastors	14-74%	0	5-26%
b. Calvinist pastors	13-81%	0	3-19%
c. Roman Catholic pastors	3	0	0

2. Is this knowledge sufficient for you to effectively minister to an addict?

	yes	no	Sw	NA
a. Arminian pastors	5-26%	4-21%	9-47%	1-5%
b. Calvinist pastors	2-12%	5-32%	9-56%	
c. Roman Catholic pastors	2	0	1	

3. Do you feel the minister needs more specific education about drugs?

	yes	no	Sw
a. Arminian pastors	15-79%	0	4-21%
b. Calvinist pastors	11-69%	2-12%	3-19%
c. Roman Catholic pastors	2	0	1

All the pastors in these three groups seem to indicate to a great degree concern about the knowledge of the minister in his relationship to the drug problem.

The Minister's view of the Christian Church.

Eighty-four percent of the pastors felt the Christian Church should be more actively involved with this problem. Eighty-seven percent of these men felt that the Church is not doing all it can. This indicates that the Christian Church may be depending upon others to cope with this situation.

The doctrinal breakdown of the pastors were:

1. Do you feel the Christian Church should be actively involved with the drug problem?

	yes	no	Sw
a. Arminian pastors	17-89%	0	2-11%
b. Calvinist pastors	13-81%	0	3-19%
c. Roman Catholic pastors	2	0	1

2. Do you feel that the Christian Church is doing all it can relative to this problem?

	yes	no	Sw	NA
a. Arminian pastors	0	17-89%	2-11%	
b. Calvinist pastors	0	14-88%	1-6%	1-6%
c. Roman Catholic pastors	0	2	1	

Once again there is a close similarity between these groups.

The minister's view on the social problem of drugs.

In this group of questions the pastors looked at this social problem in terms of their denominational out-reach, stricter federal laws, drug abuse as a social problem, the trend away from drugs, should all drugs be legalized and is there a drug problem in their location?

Denominational out-reach indicates that only thirty-four percent felt their denominations had some kind of ministry with this social problem. There were sixteen major denominations represented in this study and two independent churches. Forty-seven percent of the pastors marked no and twenty-one percent marked slightly while one did not answer this question.

Federal laws should be stricter against drug abuse according to fifty-five percent of the pastors, while each category marked no, or somewhat, represents twenty-one

percent. Although forty-two percent answered no and slightly to stricter laws, eighty-nine percent still felt that drug abuse is a social problem in our society. Only eight percent thought there was a trend away from drugs, while thirty-four percent indicated a slight trend.

Thirty-two out of thirty-eight felt that there was a drug problem in their geographical location. And all the pastors were firmly negative to the question: Do you feel that all drugs should be legalized?

The doctrinal breakdown of the pastors were:

1. Does your denomination have an out-reach program relative to the drug problem?

	yes	no	Sw	NA
a. Arminian pastors	7-37%	9-4%	2-11%	1
b. Calvinist pastors	5-32%	7-43%	4-25%	
c. Roman Catholic pastors	1	2		

2. Do you feel that there should be stricter federal laws against drug abuse?

	yes	no	Sw	NA
a. Arminian pastors	14-74%	3-15%	2-11%	1-6%
b. Calvinist pastors	9-56%	4-25%	2-12%	
c. Roman Catholic pastors	0	0	3	

3. Do you feel that drug abuse is a social problem today?

	yes	no	Sw
a. Arminian pastors	18-95%	0	1-5%
b. Calvinist pastors	15-94%	0	1-6%
c. Roman Catholic pastors	3	0	0

4. Do you feel that there is a current trend away from the use of drugs?

	yes	no	Sw
a. Arminian pastors	1-5%	13-69%	5-26%
b. Calvinist pastors	1-6%	8-50%	7-44%
c. Roman Catholic pastors	1	2	

5. Do you feel that all drugs should be legalized?

All pastors answered no to this question.

6. To your knowledge, is there a drug problem in your geographical location?

	yes	no	Sw
a. Arminian pastors	18-95%	0	1-5%
b. Calvinist pastors	14-88%	1-6%	1-6%
c. Roman Catholic pastors	1	1	1

The doctrinal and theological background seemingly did not alter their views. They were close to each other's opinions in these series of questions.

The minister and drug prevention. The questionnaires revealed that the clergy are not as involved in community drug prevention as they could be. Only thirty-two percent of the pastors are extensively involved, while thirty-two percent mentioned they are to some degree. Of course, this last percentage could go one way or the other. Forty percent never had been involved with any kind of drug prevention in their ministry. Sixty-eight percent felt that they do not have any local church out-reach program to help the drug addict, while twenty-one percent felt they do.

It is interesting to note that Pastor Jack L. Willcuts from the Reedwood Friends Church writes in his questionnaire,

We have two houses for drug addicts maintained by our local Church; we have four youth liberated from drugs in our Church, two working full-time. One of these fellows works in the drop-in center we operate, the other teaches in our Day School for children.

The Reverend Aaron Johnson writes that he is the Director of a "Drug Prevention Center" in Portland. He also stated

3. Have you ever been involved with a drug prevention program?

	yes	no	Sw
a. Arminian pastors	7-37%	6-32%	6-31%
b. Calvinist pastors	5-32%	8-50%	3-19%
c. Roman Catholic pastors	1	1	1

4. Does your local church have an out-reach program for drug addict?

	yes	no	Sw
a. Arminian pastors	3-16%	13-68%	3-16%
b. Calvinist pastors	4-25%	11-69%	1-6%
c. Roman Catholic pastors	1	2	0

All three groups reflected a low degree of local church outreach into the community for the drug addict.

5. Have you preached recently on this social problem?

	yes	no	Sw	NA
a. Arminian pastors	13-69%	4-21%	1-5%	1-5%
b. Calvinist pastors	4-25%	7-43%	5-32%	
c. Roman Catholic pastors	1	2	0	

The Arminian pastors scored high on preaching about this problem from the pulpit, while the others were low. However, the Calvinists mentioned that they do to some degree allude to the subject in their sermons.

6. Is your youth group involved in some way with the problem?

	yes	no	Sw
a. Arminian pastors	12-63%	4-21%	3-16%
b. Calvinist pastors	3-19%	6-38%	7-43%
c. Roman Catholic pastors	2	1	0

The Calvinists rated below the Arminians on this answer. But once again, the Calvinists instead of stating firmly, yes or no, indicated their youth are involved to some degree (forty-three percent).

The minister's counseling involvement. In this group of questions (19-21), the involvement of the pastor with his young people, those on drugs, and those curious about drugs, is researched.

A majority of the pastors (forty-seven percent) said their young people do come to them for advice, while thirty-four percent indicated no. But on the other hand, seventy-one percent of those pastors said that they have counseled those curious about drugs and sixty-six percent indicated they have counseled addicts toward rehabilitation. It seems to indicate that those whom they have counseled were from groups other than youth, or non-church members. Part two of this questionnaire will add more light to this matter.

The doctrinal breakdown of the pastors was:

1. Do your young people come to you for advice on this problem?

	yes	no	Sw
a. Arminian pastors	9-47%	3-16%	7-37%
b. Calvinist pastors	5-32%	8-50%	3-19%
c. Roman Catholic pastors	1	2	0

Eight out of sixteen pastors of the Calvinist doctrine indicate that their young people do not come to them for advice while three Arminian pastors marked no. Sixteen Arminian pastors do or have to some degree given advice to their young people on this problem. Roman Catholic pastors also responded similarly to the Calvinist pastors.

2. Have you counseled any addicts toward rehabilitation?

	yes	no	Sw
a. Arminian pastors	15-79%	3-16%	1-5%
b. Calvinist pastors	8-50%	8-50%	0
c. Roman Catholic pastors	2	1	0

The Calvinists split fifty-percent on yes and no, while the majority of Arminians acknowledge that they do counsel addicts toward rehabilitation.

3. Have you counseled any who may be curious about drugs?

	yes	no	Sw	NA
a. Arminian pastors	17-89%	2-11%	0	
b. Calvinist pastors	8-50%	4-21%	3-19%	1-6%
c. Roman Catholic pastors	2	1	0	

The Arminians scored higher on this question than in the last which dealt with rehabilitating the addict. The Calvinists indicated more involvement in working with those curious about drugs. The Roman Catholics responded similarly to each of these questions.

The minister and organizational referral. These questions (22-26) were structured to determine the extent to which the pastors were involved with organizations or agencies designed to help the addict or those on drugs. They were also designed to detect whether these organizations were of help to the pastors and whether there were any referrals on either the pastor's part or the organization to the pastors. Another important objective was to discover whether the pastors were acquainted with referral agencies.

Sixty-six percent mentioned they were acquainted with these organizations. Fifty-five percent answered they

have not visited any, while eight percent did not even answer this question. (See No. 5, next page).

There seems to be a close rating on referrals to these organizations. Forty-seven answered they have referred and fifty-three percent answered no. Yet, when it came to the question whether these organizations referred any one to them, a high eighty-two percent said they had never. Even with this high percentage just mentioned, thirty-six percent still thought these organizations were helpful to them, while fifty percent did not answer this question.

The doctrinal breakdown of the pastors were:

1. Are you acquainted with organizations in the Greater Portland area designed to help the addict?

	yes	no	SW
a. Arminian pastors	13-69%	0	6-31%
b. Calvinist pastors	9-56%	1-6%	6-38%
c. Roman Catholic pastors	1	1	1

2. Have you referred any one to such organization?

	yes	no	SW
a. Arminian pastors	12-63%	7-37%	0
b. Calvinist pastors	6-38%	10-62%	0
c. Roman Catholic pastors	1	2	0

3. Has any such organizations referred anyone to you?

	yes	no	SW
a. Arminian pastors	5-26%	14-74%	0
b. Calvinist pastors	2-12%	14-88%	0
c. Roman Catholic pastors	1	2	0

Here is an interesting note. All three groups indicated these organizations very seldom refer any one to them.

4. If affirmative to either above questions, has the organization/s been helpful?

	yes	no	Sw	NA
a. Arminian pastors	8-36%	2-11%	3-16%	7-37%
b. Calvinist pastors	4-25%	0	2-13%	10-62%
c. Roman Catholic pastors	1		0	1

As one can notice, a significant percentage of the pastors did not even answer this question. It seems to present a feeling on both the part of pastors and the organizations that neither is much help to the other.

5. Have you visited such organizations?

	yes	no	Sw	NA
a. Arminian pastors	6-32%	11-57%	0	2-11%
b. Calvinist pastors	7-44%	9-56%	0	0
c. Roman Catholic pastors	1	1	0	1

In question three a high percentage of the organizations did not refer anyone to the pastors. This might be due to the fact that the pastors, according to the above question, did not visit these organizations nor make known that they are available if needed.

Part Two of the Questionnaire

In Part One of the questionnaire a general view of what the pastors thought concerning drugs was considered. In this part of the questionnaire, a more specific and in-depth look at the problem is the main concern. Structured answers were supplied to the pastors relative to each question. In questions one and six respondents were given alternate choices of "others". This was done in order to give the pastors a wider range to respond to these two questions.

In this part, the pastors were not divided according to their doctrine and theology. The reason for this was

that these questions were similar in nature to the questions of Part one.

The questions are listed here as well as a brief discussion concerning each. The breakdown of each question according to the number and percentage can be seen in Appendix B. Questions three and six were the only ones that required only one answer from each pastor. Many of the pastors put down as many as four different choices.

The questions as they appeared in the questionnaire were:

1. To what extent is your involvement with this problem in the community?

In Part One, as the reader may recall, only thirty-two percent actually answered that they had any involvement in drug prevention in their community, while thirty-two percent indicated a slight involvement.

Drug educational classes in the Church and drug agencies in the City of Portland seem to be the number one choices of the pastors. These questions each received thirteen percent of the pastor's answers. Following close behind were community workshops and P.T.A. meetings.

It is interesting to note that in Part One under "the minister and organizational referral," forty-seven percent stated they made use of referral to such organizations and here only thirteen percent indicated they are involved with these agencies. While the question of involvement by pastors in these agencies received a number of responses, the majority had never visited any and mentioned

they were of no help to them.

Thirteen pastors answered this question under "others". They wrote in their own answer as to their involvement in the community. Their remarks can be seen in Appendix B.

Twelve of the pastors did not answer this question. The reason for this was not stated.

2. In your involvement with the drug problem, what age group seems to be prominent?

Due to an error on the investigator's part, the age group twenty to twenty-five was left out. However, several of the pastors wrote it in. It might have received a higher rating, had this range been included in the questionnaire.

The age group, fifteen to twenty, received forty-eight percent of all the responses. This group, according to the pastors, seems to be more involved with the drug problem. The age range, twenty to twenty-five, was second with fifteen percent of the answers. Six pastors did not answer this question.

3. What is your involvement with this problem?

The design of the investigation was to determine whether the pastor was involved with church members or non-church members relative to this problem.

Respondents indicated that this problem extended outside the Church to non-church members. Forty-seven percent marked that they were involved with both. Only thirteen percent indicated their involvement was only with church members. Twenty-one percent said it was with non-

church members. This should indicate to some degree community involvement. Seven pastors did not answer the question.

4. Whom do you counsel mostly on this issue?

Although this question may sound similar to question two of this part, it has a definite finding. Question two dealt with the age group that the pastors felt was prone to the problem, while this one draws attention to the pastor's personal counseling involvement.

The teenagers and the college age were counseled more than the young and older adults. The percentages respectively were forty-six and thirty-three. However, six of the pastors did not answer this question.

In questions two and four, the pastors felt that the teenagers were mostly involved with drugs and counseled them more than any other group.

5. Do you feel that any of the following should be legalized?

A list of drugs was provided for the pastors. There were also two other choices; "none" and "all". The list is given here for the convenience of the reader. They are: marijuana, amphetamines, barbiturates, hallucinogens, opiates (morphine, heroin), codeine, and cocaine.

Forty-nine percent of the pastors felt that none of these should be legalized. The connotation of legalization is that there would be no federal or state laws prohibiting "across-the-counter" sales. It was not inferred that some drugs couldn't be used by prescription only. A few of the

pastors, however, made this inference by stating "prescription only." This question was asked to record the responses of the pastors on legalization of any of the above-mentioned drugs.

One of the pastors wrote, "legal repression is not the way to handle the drug use---the drug pusher is another matter." And one of them wrote that he has "not decided." Three did not answer the question. Five pastors felt that marijuana should be legalized, while two suggested legalization of the opiate drugs of morphine and heroin.

Codeine could have been listed under opiates with morphine and heroin for it is a derivative from opiate, the resin of the pod of the opium poppy.¹ The reason it was not listed under the opiates is that it is potentially much lower in addiction.² It would be interesting to see the pastor's response to this drug. However, two indicated that it should be legalized by prescription only.

6. In your geographical location which group has more difficulty with the drug problem?

The structured choices given were Whites, Blacks, both or others. The surprising element was that no one suggested that the Blacks in the Portland area predominately have this problem. However, thirty-nine percent said that both Blacks and Whites were involved. While none indicated

¹Sidney Cohen, The Drug Dilemma, (San Francisco: McGraw-Hill Book Company, 1969), p. 72.

²Ibid.

that Blacks were involved in the area, forty-seven percent felt that the Whites had more difficulty than any other group. Of course, not all sixty pastors, to whom these questionnaires were sent out, participated. Some mentioned that they pastored in an all-white areas.

The questions just reviewed have provided some pertinent information concerning the minister's involvement and his personal views on the subject.

Part Three of the Questionnaire.

In evaluating this part of the questionnaire, the problem of how to categorize the opinions of all the pastors was apparent. After careful study, they were categorized according to two criteria or methods of approach. The reason for the difficulty is that this part dealt with the pastors' personal opinions in an essay type of question. These opinions by the pastors were evaluated at face value as to what was written. The investigator could not analyze what the pastor might have been intending to put down. Thus, an area for error is definitely possible. Definitions of the methods are as follows:

1. The conventional method. This approach seeks to rehabilitate those on drugs by using educational facts about drugs, personal counseling, group therapy, talks with ex-addicts, family counseling, psychology and referral to organizations designed to help those on drugs.

2. The spiritual method. This approach seeks to counsel those on drugs toward a self-realization of spiritual

concepts. This method stresses the fact that those on drugs are not hopelessly lost, but can be helped by putting their trust in Christ. However, in evaluating opinions the pastors utilizing this method by no means reject the conventional ways, but do not use them as the only means to the end.

The breakdown of pastors utilizing these two methods follows:

1. Conventional method 13 pastors - 34%
 2. Spiritual method 24 pastors - 63%
- (one pastor did not comment on either of the four questions in this part.)

It should be noted that some of the pastors using the conventional approach, even if they did not indicate any spiritual approach to rehabilitation, may on occasion use the spiritual approach. And those using the spiritual approach may at times revert to the conventional means when counseling certain persons.

The breakdown according to method of approach used is as follows:

1. Conventional Method
 - a. Arminian pastors 3 - 16%
 - b. Calvinist pastors 7 - 44%
 - c. Roman Catholic pastors 3 - 100%
2. Spiritual Method
 - a. Arminian pastors 15 - 79%
 - b. Calvinist pastors 9 - 56%
 - c. Roman Catholic pastors 0

Question one of part three is: What would you say is/are the reason/s for the increasing drug problem in this country? Responses are reported according to the method

used, conventional or spiritual, so that the opinions of the pastors may be seen and compared. The comparison of their opinions are:

1. Conventional Method

<u>Opinions</u>	<u>No. of times represented</u>
a. Dissatisfaction of Society	9
b. Peer Pressures	4
c. Absence of challenge in life	4
d. Sense of hopelessness	3
e. Availability	3
f. Loneliness	2
g. False values of adults	2
h. Lack of discipline	1
i. Boredom	1
j. Reared in a sensitive culture	1
k. Lack of values	1
l. Search for meaning	1
m. Wishing instant solutions	1
n. Escape from reality	1
	<u>34</u>

2. Spiritual Method

<u>Opinions</u>	<u>No. of times represented</u>
a. Lack of spiritual concepts	14
b. Delinquency of parents	9
c. Dissatisfaction of society	8
d. Sense of hopelessness	5
e. Availability of drugs	5
f. Breakdown of morals	3
g. Affluent society	3
h. False values of adults	3
i. Search for spiritual fulfillment	3
j. Insecurity	2
k. Peer pressures	2
l. Wishing instant solutions	1
m. Lack of drug education	1
n. Literature and music	1
o. Boredom	1
p. Law enforcement	1
q. Escape from reality	1
r. Loss of personal identity	1
s. Absence of challenge in life	1
	<u>65</u>

The breakdown is self-explanatory. However, it is interesting to note that the pastors under both categories

denominations on the whole were failing to reach those on drugs. They felt that the Christian Church could be doing more than it is relative to this social problem. Most pastors felt there was a definite drug problem in their geographical location, yet the majority were not participating in community action to prevent the spread of this menace. The local Church out-reach program was greatly inadequate, while the pastors personal counseling with those on drugs was seen to be meaningful. Organizations which were designed to help the addict were not of much help to the pastor and not many of the pastors visited such agencies.

In Part Two the pastors listed drug educational classes in the church and drug agencies in the City of Portland as the main extent of their involvement. Community workshops followed close behind. The pastors tended to feel that youth between the ages of fifteen to twenty were more involved with drugs. They counseled mostly teenagers and college-age young people. Pastors' involvement in the drug problem was with both church and non-church members. While the majority agreed that none of the drugs should be legalized, a few made allowance by stating "by prescription only." The pastors felt that both Whites and Blacks had difficulty with drugs in their location. However, none specifically mentioned Blacks, while eighteen pastors stated that the Whites predominately had difficulty in their area.

Part Three of the questionnaire was divided into two methods or approaches called: conventional and spiritual.

Twenty-four pastors, according to opinions reflected, were categorized as using a spiritual approach and thirteen a conventional approach. One pastor did not answer any of the four questions in this part. The majority of the pastors felt that the primary role of the minister with the drug problem was to teach about the danger of drugs, present spiritual concepts in a way that would change their lives and counsel them in a personal way.

Chapter 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter contains a brief summary of related literature conclusions arising from the study and recommendations for further study relative to the minister's role with the drug problem.

THE LITERARY RESEARCH

A survey of available literature revealed that precise documentary material was lacking on the minister's role with the drug problem. Although the Wilkersons' books alluded to those who counsel the drug addict, they fail to give a clear understanding of what the typical clergyman's role should be or that of the church.

An effort was made to put together in logical order the literature found to be of value to the subject. Chapter two surveyed (1) the minister's self-knowledge, which included his knowledge of God, himself, how to relate to others, how to react properly to the drug user, his knowledge of the drug problem; (2) the minister's role with those using drugs; (3) the process of counseling with the drug problem, which included the precounseling period and the counseling period; (4) counseling the drug user; (5) counseling the drug abuser; and, (6) counseling the drug addict.

Chapter three dealt with two important areas: the after-care ministry (rehabilitation) and the local church involvement. An adequate picture of the minister's role with the drug problem would be incomplete without including the local church. They both must be seen as one, working as a unified whole. Chapter three reflects that this after-care ministry is not an "over-night" affair. The Wilkerson program is seen as a nine-month ordeal to rehabilitate the addict. Any attempt by the pastor and the local church to reach those on drugs without stressing the importance of the after-care ministry could lead to trouble. Because of lack of insight concerning local church involvement in the after-care ministry many ministers go into this area ill-advisedly, only to find that there are too many problems remaining to be worked out.

Because of the enormity of the problem involved, many may stay away from entering this type of ministry. Thus, many who have or could develop a workable relationship with those on drugs may be fearful of their own inadequate ability or may lack the confidence that their local Church could take on this task. Some may be hesitant as to sources to finance such a project. However, whatever the reason/s, many are not entering this ministry. Pastor Jack L. Willcuts of the Reedwood Friends Church writes concerning the minister and his role,

. . . . It takes hours and hours, of time, caring, love. Christ is the answer, but one short altar service is just the beginning of a tedious, demanding ministry. It is not fun, it is not easy, it is the

most heartbreaking ministry one has, but it has to be done (Appendix B - page 101.)

CONCLUSIONS

The questionnaires revealed that, although there were interests in drug abuse, this interest did not produce corresponding efforts on the part of the majority of pastors in order to gain specific knowledge to effectively work with the addict. This could have a direct bearing on the fact that a low percentage of pastors were involved with drug prevention in their community and the lack of local church out-reach programs. Although the majority indicated that they had general knowledge of drugs, this was not a strong motivating force to involve them or arouse their churches to this social problem. The investigator is not inferring that every pastor has the call to work with those on drugs. However, this should not excuse the minister from obtaining the knowledge he needs to effectively cope with the drug problem.

The primary concepts of the minister's role with the drug problem seem to fall into five broad areas: (1) the minister's self-knowledge; (2) the minister's involvement; (3) the minister's knowledge as to how to counsel those on drugs; (4) knowledge of the after-care ministry; and, (5) involvement of the local church. Although the questionnaires reflected little involvement in areas of workable knowledge, in the community and in local church out-reach programs, these concepts were seen in some degree as of relating to

the minister's role. There were three specific areas of involvement according to the reflection by pastors as follows: educate people about drugs, present spiritual concepts that would change their lives and conduct personal counseling.

One observation was made clear in the investigation and that is that each pastor has different abilities and talents given to him by God to reach particular people. One role may be effective in relation to a certain pastor and completely ineffective when used by another. Keeping in mind the minister's roles that have been reflected in this research, the pastor must fill the role best suited to his own God-given abilities.

RECOMMENDATIONS FOR FURTHER STUDY

Further studies which might benefit the pastor who is working or desires to work with drug users are as follows:

1. The minister's role as viewed by the addict.
2. The minister's role as viewed by organizations designed to help the addict.
3. The minister's role as viewed by teenagers and adults in the local church.
4. The minister's role as viewed by non-church members in the community.

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APPENDIX A

LIST OF DENOMINATIONS

LIST OF DENOMINATIONS

<u>Name of Denominations</u>	<u>Number of Questionnaires sent to the Pastors</u>	<u>Pastors Participating</u>
A 1. Assemblies of God	5	3
C 2. Baptist Churches	5	1
A 3. Church of the Nazarene	4	1
A 4. Church of God (Anderson, Ind.)	1	1
C 5. Christian Churches	3	2
A 6. Evangelical Church of North America	2	2
C 7. Episcopal Churches	5	3
A 8. Free Methodist Churches	2	2
A 9. Friends Churches	2	2
A 10. Foursquare Churches	2	1
C 11. Lutheran Churches	5	3
C 12. Presbyterian Churches	5	5
13. Roman Catholic Churches	5	3
C 14. United Churches of Christ	4	2
A 15. United Methodist Church	5	4
A 16. Wesleyan Church	1	1
A 17. Independent Churches	6	2
	<u>62</u>	<u>38</u>

(A) Arminian Denominations
(C) Calvinist Denominations

One pastor did not wish to participate in the research and sent a letter accordingly. Two questionnaires were returned because of wrong addresses. No attempt was made to re-address them. The percentage of pastors participating was sixty-three.

APPENDIX B

QUESTIONNAIRE
AND SUMMARY OF RESPONSES

THE MINISTER'S ROLE WITH THE DRUG PROBLEM

GENERAL INFORMATION

Dear Pastor:

I would prefer to confer with you personally. This being an impossibility, I will sincerely appreciate your time and cooperation by completing the following questionnaire. I am sure that you understand the importance of this research. It means a lot to the success or failure of the project.

- . Your Name _____
- . Name of Your Local Church _____
- . Your Church Address _____
- . Your Denomination _____
- . May I use your name in the research in connection with the answers below?
Yes _____ No _____
- . Would you like a summary of the results? Yes _____ No _____

QUESTIONNAIRE

- . Please answer each question by placing a check mark in the appropriate blank.
Yes _____ No _____ Somewhat (Sw) _____ (To some degree, or slightly)
- 1. Are you interested in drug abuse? Yes _____ No _____ Sw _____
- 2. Do you have a general knowledge of drugs? Yes _____ No _____ Sw _____
- 3. Is this knowledge sufficient for you to effectively minister to an addict?
Yes _____ No _____ Sw _____
- 4. Do you feel the minister needs more specific education about drugs?
Yes _____ No _____ Sw _____
- 5. Do you feel the Christian Church should be actively involved with the drug problem? Yes _____ No _____ Sw _____
- 6. Do you feel that the Christian Church is doing all it can relative to this problem? Yes _____ No _____ Sw _____
- 7. Does your denomination have an out-reach program relative to the drug problem? Yes _____ No _____ Sw _____
- 8. Do you feel that there should be stricter Federal laws against drug abuse?
Yes _____ No _____ Sw _____
- 9. Do you feel that drug abuse is a social problem today? Yes _____ No _____
Sw _____

age 2

10. Do you feel that there is a current trend away from the use of drugs?
Yes _____ No _____ Sw _____
11. Do you feel that all drugs should be legalized? Yes _____ No _____ Sw _____
12. To your knowledge, is there a drug problem in your geographical location?
Yes _____ No _____ Sw _____
13. Are you involved in drug prevention in your community? Yes _____ No _____ Sw _____
14. Have you conducted classes in your church on drug presentation? Yes _____
No _____ Sw _____
15. Have you ever been involved with a drug prevention program? Yes _____ No _____
Sw _____
16. Does your local church have an out-reach program for drug addicts? Yes _____
No _____ Sw _____
17. Have you preached recently on this social problem? Yes _____ No _____ Sw _____
18. Is your youth group involved in some way with the problem? Yes _____ No _____
Sw _____
19. Do your young people come to you for advice on this problem? Yes _____ No _____
Sw _____
20. Have you counseled any addicts toward rehabilitation? Yes _____ No _____ Sw _____
21. Have you counseled any who may be curious about drugs? Yes _____ No _____ Sw _____
22. Are you acquainted with organizations in the Greater Portland area designed
to help the addict? Yes _____ No _____ Sw _____
23. Have you referred anyone to such organizations? Yes _____ No _____ Sw _____
24. Has any such organization referred anyone to you? Yes _____ No _____ Sw _____
25. If affirmative to either above question, has the organization/s been
helpful? Yes _____ No _____ Sw _____
26. Have you visited such organizations? Yes _____ No _____ Sw _____

I. Please answer each question by underlining the answer(s) of your choice.

1. To what extent is your involvement with this problem in the community?
Community workshops; Ministerial committees; P.T.A.-Drug educational
classes in the church; Drug agencies in the city; Junior Chambers of
Commerce; others _____
2. In your involvement with the drug problem, what age group seems to be more
prominent? 10-15; 15-20; 25-30; 30-40; 40-50; 50-65

3. What is your involvement with this problem? With church member; with non-church member; both
4. Whom do you counsel mostly on this issue? Teenagers; college age; young adults; older adults
5. Do you feel that any of the following should be legalized? Marijuana; amphetamines; barbiturates; hallucinogens; opiates(morphine, heroin) codeine; cocaines; none; all
6. In your geographical location which group has more difficulty with the drug problem? white; black; both; others _____

II. Please respond to each question. Your response will be of a great benefit to me in this research project.

1. What would you say is/are the reason/s for the increasing drug problem in this country?
2. How would you counsel a drug addict if he/she should come to you for counseling?
3. How would you counsel those who are curious about drugs, who come to you for advice?
4. What do you personally feel should be the minister's role with the drug problem?

QUESTIONNAIRE RETURNS

PART I - BIOGRAPHICAL INFORMATION

	Yes	No	SW	NA
1. Are you interested in drug abuse?	33-87%	0	5-13%	
2. Do you have a general knowledge of drugs?	30-79%	0	8-21%	
*3. Is this knowledge sufficient for you to effectively minister to an addict?	8-21%	9-26%	20-52%	1-3%
4. Do you feel the minister needs more specific education about drugs?	27-71%	2-4%	9-25%	
5. Do you feel the Christian Church should be actively involved with the drug problem?	32-84%	0	6-16%	
6. Do you feel that the Christian Church is doing all it can relative to this problem?	0	33-87%	4-10%	1-3%
7. Does your denomination have an out-reach program relative to the drug problem?	13-34%	18-47%	8-21%	1-3%
*8. Do you feel that there should be stricter federal laws against drug abuse?	34-89%	2-5%	2-5%	
9. Do you feel that drug abuse is a social problem today?	34-90%	2-5%	2-5%	
10. Do you feel that there is a current trend away from the use of drugs?	33-8%	22-58%	13-34%	

	Yes	No	SW	NA
11. Do you feel that all drugs should be legalized?	0	38-100%	0	
12. To your knowledge, is there a drug problem in your geographical location?	32-84%	2-5%	4-11%	
13. Are you involved in drug prevention in your community?	12-32%	14-36%	12-32%	
14. Have you conducted classes in your church on drug prevention?	18-47%	15-40%	5-13%	
*15. Have you ever been involved with a drug prevention program?	14-36%	15-40%	9-26%	
*16. Does your local church have an out-reach program for drug addicts?	8-21%	26-68%	4-11%	
17. Have you preached recently on this social problem?	17-45%	13-34%	7-18%	1-3%
18. Is your youth group involved in some way with the problem?	17-45%	11-29%	10-26%	
19. Do your young people come to you for advice on this problem?	15-40%	13-34%	10-26%	
20. Have you counseled any addicts toward rehabilitation?	25-66%	11-29%	2-5%	
21. Have you counseled any who may be curious about drugs?	27-71%	7-18%	3-8%	1-3%
22. Are you acquainted with organizations in the Greater Portland area designed to help the addict?	25-66%	3-8%	10-26%	

	Yes	No	Sw	NA
23. Have you referred anyone to such organizations?	18-47%	20-53%	0	
24. Has any such organization referred anyone to you?	7-18%	31-82%	0	
25. If affirmative to either above questions, has the organization/s been helpful?	14-36%	1-3%	4-10%	19-50%
26. Have you visited with such organizations?	14-37%	21-55%	0	3-8%

*Comments by the pastors

- (3) Depends on extent of addiction and the drug and religious position of addict.
- (8) Varies according to what you mean by "drug abuse."
- (15) We have two houses for drug addicts maintained by our local Church; we have four youth liberated from drugs in our Church, two working full-time.
- (16) One of these fellows works in a drop-in center we operate, the other teaches in our Day School for children.
(Same pastor wrote comments to questions fifteen and sixteen.)

QUESTIONNAIRE RETURNS

PART II - BIOGRAPHICAL INFORMATION

	No. of choices represented	Percent
*1. To what extent is your involvement with this problem in the community?		
a. Community workshops	5	12
b. Ministerial committees	4	10
c. P.T.A.	5	12
d. Drug educational classes in the church	7	17
e. Drug agencies in the city	7	17
f. Junior Chamber of Commerce	0	0
g. Others	12	29
h. No answer	<u>12</u>	29
	52	
2. In your involvement with the drug problem, what age group seems to be more prominent?		
a. 10-15	4	8
b. 15-20	25	48
c. 20-25	8	15
d. 25-30	6	12
e. 30-40	1	2
f. 40-50	1	2
g. 50-65	1	2
h. No answer	<u>6</u>	12
	52	
3. What is your involvement with this problem?		
a. With church member	5	13
b. With non-church member	8	21
c. Both	18	47
d. No answer	<u>7</u>	18
	38	
*4. Whom do you counsel mostly on this issue?		
a. Teenagers	22	46
b. College age	16	33
c. Young adults	3	6
d. Older adults	1	2
e. No answer	<u>6</u>	13
	48	

	No. of Choices represented	Percent
*5. Do you feel that any of the following should be legalized?		
a. Marijuana	5	11
b. Amphetamines	3	7
c. Barbiturates	4	8
d. Hallucinogens	1	2
e. Opiates (Morphines, heroin)	2	4
f. Codeine	2	4
g. Cocaine	2	4
h. None	23	51
i. All	0	0
j. No Answer	3	7
	<u>45</u>	
6. In your geographical location which group has more difficulty with the drug problem?		
a. Whites	18	47
b. Blacks	0	0
c. Both	15	39
d. Others	0	0
e. No answer	5	13
	<u>38</u>	
*Comments by the pastors		
(1) University of Oregon Medical School-Pediatrics Depart- ment.		
I run a drug prevention program (nation-wide)		
Lectures, talks, literature		
We sponsor and work with contact Center.		
Kiwanis ODA		
Layly personnel		
Hotline and drop-in center, Youth center		
Counseling		
Kiwanis		
Youth group		
Interfaith counseling services		
Hub Cap (Church Action Program in Central City)		
(4) Mostly late teens-early twenties - some college students, some with no education beyond grade school.		
I counsel many		
(5) By prescription only		
Not decided		
With some reservations		
Some of these are already legal by prescription. Most drug abuse is in the home.		
By prescription		
Legal repression is not the way to handle the drug user - the pusher is another matter.		
The underlined are legalized under Rx. I think they are fundamental therapeutic uses.		

QUESTIONNAIRE RETURNS

PART III - BIOGRAPHICAL INFORMATION

1. What would you say is/are the reason/s for the increasing drug problem in this country?

Comments: (1) It is stabilizing and users are more selective. It provides options to people under pressure. (2) Low level motivation. (3) People wish to solve their problems instantly instead of using hard work. (4) Youth searching for a meaning in life. They are not satisfied with what they see of war, hunger, racial issues, and so have turned out the establishment. (5) Desire to be turned on-a feeling that drugs will aid in this - social pressure by peers-adult use of alcohol, sleeping pills, etc. (6) Non-direction, loneliness, peer pressure, and false values of older generation. (7) Flight from reality-reared in a senate culture, emotional "kicks", not a high sense of values, are paramount with most people - life style. (8) Availability, curiosity- lack of firm foundation- frustration over society in America. (9) Insecurity- dissatisfaction with "establishment." (10) Availability by physicians/prescriptions--pills have become a way of life-all starts with "straight" middle-class uptight people. Increased anxiety and tension over living at our pace and dehumanized level of existence. (11) Escape from boredom and absence of challenge in life; also establishes a community in which one is accepted. (12) A sense of hopelessness in the face of continuing world and domestic problems is an incentive for tripping out. The urgent need to belong to a group and escape loneliness brings great pressure to bear on an individual to conform. The legal use of drugs-so readily prescribed by doctors and made available by pharmaceutical concerns interested in the profit motive-makes adults seem suspect for down playing youth drug culture. Disillusionment with efforts to change society. (13) An increasingly complex-unresponding and frustrating society complexed with the breakdown of traditional institution and discipline. (14) No answer (15) a sense of insecurity, sense of disillusionment with the way things are-a sense of withdrawal. (16) Loss of personal identity, dehumanization, loss of goals, loss of hope. (17) Lack of knowing Jesus Christ in a personal relationship. (18) Basic moral breakdown of society, social permissiveness, sin is sin wherever it is. (19) A loss of "contor" of meaning, and an alienation from the apparent purposes of society and ultimately alienation from God (which relates to the first statement). (20) Delinquency of parents-their irresponsibility-divorce-breakdown of family-spiritual and moral vaccum-hypocrisy of

adults. (21) Decline in spiritual tenacity, social and political upheaval, the TV myth that problems can be solved in 30 minutes and one hour programs which has deceived our children into seeking instant answers to problems that are part of the natural course of life and may be solved only by discipline (which, of course, is a lot harder than coping out on some drugs). (22) Empty lives searching for something-deception of the Devil-compromise of Christianity as seen in liberalism. (23) Search for new experience and/or spiritual needs. (24) Greedy politicians, gangsterism, black genocide and a search for spiritual fulfillment. (25) Loss of true personal relations in the home, affluence and easy accessibility, hopeless pessimism because of no stable absolutes and peer influence. (26) Lack of classes on the drug problem, lack of preaching a moral standard, lack of Christian love for those who have this problem and lack of love from parents. (27) sense of meaninglessness-peer group pressures-future clouded with threats of unemployment, nuclear war, etc. (28) Lack of spiritual understanding, family breakdown, wrong value systems, the general pessimism of society today. We are experiencing the harvest of the previous generation preoccupation with materialism, smoking, drinking, sexual promiscuity. Many youth we see come from affluent homes whose attitudes toward their homes, or homes where drinking, immorality (on a sophisticated level), smoking, overweight, over spending, lack of consistent Christian values prevail. Many know their parents cheat on income taxes, business, etc., so there is no firm base for a philosophy of life. (29) An increasing spiritual vacuum socially and personally. (30) Personal insecurity, lack of home responsibility by parents, ease of obtaining drugs, and affluent society. (31) Sin. (32) The breakdown of the home-both parents working and the results-too little supervision for the leisure hours-availability of the drugs-too easy to get them-Increasing prosperity. (33) Its ready availability the restlessness and emptiness of lives, the lack of whole some family life that is fulfilling, with close interpersonal relationships-hypocrisy or the appearance of it in many adult church members, the drug culture advaced by literature, music, etc. (34) Lack of a family life situation that meets the social and spiritual needs of the child, a growing frustration about what seems to many to be, a hopeless future. (35) Emptiness, frustration, boredom of life. (36) In a materialistic society we have moved away from the old puritan religious ethic, which in the light of what has happened wasn't so bad after all. Without God, people begin turning to something else. (37) Availability, law enforcement, education, spirituality. (38) Youth today are seeking for an answer to complex problems of our day-lacking the answers and not willing to face the future-they seek an escape in drugs.

2. How would you counsel a drug addict if he/she should come to you for counseling?

Comments: (1) First determine medical or psychological needs then after he is stabilized inquire about religious needs. Usually the needs center on acceptance in a community, etc. (2) Mainly by referral. (3) Depends on the individual, their attitude, their problem. (5) To get expert counseling and find resources to conquer habit. (6) Personally. (7) Depends on the person, the drug being used, extent of addiction, resources and many factors. No "pat" answer. (8) I really don't think this question can be answered--depends on the case. (9) Try to present security and joy and excitement through non-artificial ways--plus referral to secular programs. (10) I'd begin just as with anyone else--history, then perceive depth of problem--probably referral to groups, agencies for help I cannot give. (11) Manifest acceptance, friendship, interest--discover the nature of the problem--elicit suggestions from addict as to ways of solving problem--give encouragement but impress need for truth, honest--make referral where advisable. (12) A person on hard drugs I would refer to a professional center for counseling. With a young person on drugs I would work toward an understanding which would allow the counseling to go on in the family setting so that all aspects of the situation could be understood and an attempted solution worked out from there. I don't think the problem can be isolated from the total life world of the person. (13) I would try to help him see other avenues to the personal fulfillment which has escaped him up to this time. (14) No answer. (15) I would refer them to a clinic versed in know-how. (16) Both as a personal problem and in terms of the facts--share the spiritual strength of the gospel, if open to this possibility. (17) I would counsel from a spiritual standpoint. (18) Help them seek medical assistance, when confidence was established counsel in spiritual nature of life. (19) That depends on what the addict expects or wants, I must begin with him, where he is. (20) Both together--spiritual (forgiveness in Christ and power of Holy Spirit and Christ) and medically and psychologically--refer to one of the drug treatment programs. (21) Without sounding like some uninformed, backwoods preacher, I would have to admit to my surprise, that regardless of how much we talk about the reasons for the addiction (father deserted the family when addict was 5, etc.,) that getting down to the basic Christian position that what happens to you isn't as important as your opinion of what happens to you, and each person still must decide what he's going to do about the life he's been given (and drugs aren't going to shape that life along responsible lines), these lines of religious counsel are the only ones I find effective. (22) Urge him to completely repent of his sin, turn his life over to Christ, and allow the Holy Spirit to be his strength for overcoming his addiction. (23) Carefully and understandingly. (24) De-

pends on the case. (25) Establish a personal confidence so as to get honest communication-lead them to Christ as the answer to personal needs. (26) establish a real relationship-get admission of a need for change, formulate a contract (what he will do, what you will do, and for how long a time)-get a commitment-follow through on punishments or rewards. (27) I would offer acceptance of person with his problems, seek to understand and reflect his feelings and goals, offer support, encouragements, resources, involvement in helping him reach his goals. (28) Present Jesus Christ as soon as possible. We have plenty of proof that no amount of therapy, psychiatric or other medical care will help greatly. We recently had representatives at our church from the Multnomah Juvenile Court. District Attorney's office, three courts rehab center, Welfare Administration, three parole officers, director of Oregon State Correctional Institution-all openly admitted only a "religious factor" is adequate for hard drug addiction cures. These leaders on the most part are frustrated, pessimistic people of our community today. (29) I assume the existence of this spiritual vacuum and introduce them to Jesus Christ as the only valid solution. We then relate them to others who have come off drugs and can assist them further. (30) I would try to determine the degree of addiction, the type of drug used, make referral to agency of physician, try to follow up with counseling and try to "turn on" Christ. (31) Seek the real problem behind the dependency. (32) Remind him that someone cares for him and his problem-endeavor to lead him to Jesus Christ as the Saviour and Miracle worker-seek to find professional help. (33) Try to determine the extent of the addict and involvement in drug culture. If they really want to quit, I assign them to an ex-addict for friendship, cultivation and understanding. Meet them often at first just establish rapport, every other day, then twice a week, weekly...often refer them to an agency dealing with addicts. Hold forth the simple plan, power of God to deliver, help them understand their background and why of drugs-get them helping someone else. (34) I'd try to transmit my love for them to them-and Christ's love-I'd want to build up their confidence in themselves-of being worthwhile and an important somebody-I'd try to help them take a "trip" with Jesus. (35) Help him to understand why he turned to drugs-show him I love him-show him that my love for him is really the love of Christ for him. (36) I would try to reach the spiritual problems which I feel are the root of the trouble. (37) First of all I would approach him on the Gospel level, realizing that if he is definitely converted he will have a large percentage of his problem done away with. (38) I would advice a complete surrender to God-and a personal experience with Christ. I would give them literature of testimonies of others whom God has helped - like - Cross and the Switchblade etc.

3. How would you counsel those who are curious about drugs, who come to you for advice?

Comments: (1) Give them information pamphlets and refer them to classes or persons with direct drug experience. (2) This would depend on their age and their need. (3) Try to inform them of the consequences of their choice for or against. Again this would depend on the individual. (4) We would discuss the issues-pros and cons. (5) Urge them to study drugs and effects and to not indulge-look to get at their personality hang-ups and suggest what can really turn them on without needing to resort to drugs. (6) personally. (7) Essentially to leave them alone-while marijuana is not addictive, persons selling it, plus associations in using it, induce use of other much more harmful drugs. (8) Not to use them. (9) Same. (10) I'd give the education pitch - no scare tactics, no trumped religious pitch. (11) End sought ok excitement? friendship?-various means to find satisfaction-some destructive-others self-fullfilling-- make a choice (12) We have used a series of filmstrips and 16mm films that deal with what is known about the effects of the drugs on a person. The attempt is not to scare a child away from drugs but to inform him of the facts that are available to date. I also spend some time with individuals discussing why drugs are of interest to them, I work at the idea of responsibility to one's own physical and mental well-being as well as responsibility to the concern of others for the self. I try to breakdown the current heresy that "what I do to my life is only my business and does not or should not concern anyone else." (13) I would try to point out while they offer in fact and what they fail to offer. (14) no answer. (15) I would explore with them their own needs which seem to lead them to ever think curiously about drug use. (16) strictly as an educational, informational exercise, unless personal problems become apparent. (17) I would counsel from a spiritual standpoint. (18) Help them see evidence of abuse of body and mind and again seek to direct them towards the body as temple of the Holy Spirit. (19) Same as the last. (20) Spiritually-discuss what God has called us to be. Practical information on drugs-disucss-giv literature, refer to competent authorities or to those who have "kicked the habit" in my congregation. (21) I tell them everything I know that they want to know about the drugs-what they are-what they do and I emphasize the temporariness of any benefit they offer (the temporary flight of energy, euphoria, etc. from the amphetamines and hallucinogens) and the fact that they don't reconstruct their human powers-only interfere with announcements in the body that it needs sleep, or that depression is coming on. The risks involved so immensely outweigh the benefits that anyone is nuts to take them (outside of the careful therapeutic usage under a competent doctor's control). (22) Give them appropriate literature-recommend the book, Uptight, or similar ones. Probe their reasons for wanting it. (23) Receptively and guide them to study, not try drugs. (24) Same as last.

(25) Share the facts - establish spiritual and personal values. (26) I would use the same pattern for counsel as in question two but point out the dangers to the physical, mental and spiritual well-being. (27) Check their awareness of dangers involved- seek to understand motivation for wanting to try drugs- help them see its their responsibility to determine their course- if they are Church or Christian related- indicate by words or prayer the help of God can give. (28) Present Jesus Christ as soon as possible. (29) We endeavor to inform them concerning drugs and narcotics to be a counterfeit for reality- show them a proper relationship with Jesus Christ. (30) Determine why they are curious, point up dangers, follow up counseling to try to fill the gap that drugs might "try" to fill, inform parents if deemed advisable, and of course add spiritual dimensions. (31) Avoid drugs. (32) Build on the principle- the body is the dwelling place of the Holy Spirit- direct them to living examples of drug abuse- encourage them to come active in their witness life. (33) Feed them literature- set up meetings with ex-addicts to help them understand the danger- look into the home situation to see what problem is. (34) I'd let them talk to some former addicts and hope they could be turned off by their testimonies of the foolishness of turning to drugs. (35) Same as above. (36) This is a bit vague to me- certainly not suggest they give it a try! (37) I would first talk to them about their soul, and then give them an educational point of view and offer my friendship and help. (38) Same as above.

4. What do you personally feel should be the minister's role with the drug problem?

Comments: (1) To try to answer or speak to the real need- that lies beneath the drug problem without assuming what that need might be. Some are substituting religion for drugs- this simplistic approach can also have some destructive effects. (2) He should be concerned with a practical, preventive approach to the problem. (3) Preventative by trying to stop some of the causes leading to it in family life, and society. (4) To meet needs when the opportunity arises and to help youth to see the danger before they experiment. (5) Counseling, spiritual and other uses. (6) Education, awareness, counseling and referral. (7) Availability for counseling actively endeavoring to instill values which do not require stimulation of drugs- to find relief from the difficulties and espairs of life. (8) Counseling- support to those who use them. (9) same. (10) community action and cooperation (11) as able give counsel as above- refer when necessary, work with community groups- to give positive direction to youth seeking help. (12) Seeking to get at the root causes of the growing drug use rather than dealing with movements that are only involved in treating the symptoms. Ministering to family situations which are less than wholesome in their interpersonal relationships. Seeking to influence the educational

system to be more responsive to the need for change. Seeking to understand a person's temptation to drugs without coming on as too judgemental. (13) Education, counseling, support of community drug-abuse programs. (14) No answer. (15) Careful knowledge of drug effects-a re-image of who one is in relationship to God and Jesus Christ-Minister should be someone who can be trusted not to condemn but to save. (16) Available for counseling when needed. (17) To show that Christ is the only lasting and real help to the problem. (18) Same as all other areas of rejection of God as seen in comparison of our Lord. They need help physically, emotionally, intellectually and mentally, but most of all spiritually. The Devil has been involved somewhere. (19) The same as it is in other problem, to help people back (or forward) into a meaningful living relationship with God thru Christ and with themselves and others. (20) Emphasis on strengthening the family-forgiveness and power in the blood of Christ-be informal personally and of the resources available. (21) I feel the minister's role should be the same in every social and personal problem. He should be a shepherd, offering religious counsel, friendship and stability. I think that role is violated when he starts twisting political arms, or openly demonstrates and applies political pressure to accomplish some social engineering of his own. By personal counsel (even with legislators, etc.) in which he doesn't assume to know everything about everything is the proper and only lastingly effective role. (22) Preach holiness of life-offer loving help to any caught in it-know where good professional help is to be had. (23) As in any situation redemptive [sic] (24) Involvement. (25) Work with it in every possible area. (26) A clean message in his preaching-teaching in classes-love in counseling-working with an organization of his choice-ability to see the root of problem of the heart and not just the surface problem of drugs. (27) The minister should not get tied up with symptoms but look to causes. He should offer a meaning for life based on Christian calling and mission. (28) Be as active as possible. Not as a crusader but as an evangelist who cares about the total man. It takes hours and hours, of time, caring, love. Christ is the answer but one short altar service is just the beginning of a tedious, demanding mini try. It is not fun, it is not easy, it is the most heartbreaking ministry one has-but it has to be done. (29) Be informed and available to those having the problem. To recognize it to be a symptom of deeper spiritual problem and not be caught putting bandaids on a cancer by treating only the symptom. (30) It should not be his main theme, but he should be abreast of its ramifications so that he can deal properly with the problem. (31) no answer. (32) He should be faithful in the preachments of the faith of the Gospel of Christ that remedies the ills of the whole man in the answer-He should teach of the dangers, pitfalls, and lasting effects of mis-use of drubs-he should keep aware of professional help available and serve as one who can refer to such agencies. (33) Working thru his own

church, youth group and individual counseling. Being sure the whole community knows he is interested and able to help. Creating an image of being available, non-judgemental and that God is the answer. (34) I believe a pastor should be aware of the problem, the signs surrounding the problems, and of the agencies who can really help solve the problems and meet the needs. Very few pastors have the ability or opportunity to prepare to meet this great need. (35) Not use scare tactics-give real information-show the "crutch" nature of drug abuse. (36) I think many of us have not yet established our role. Preventive action should have top priority. Sorry some of these are not more in depth-it is difficult to give more thoughtful answers in the few moments I have taken. (37) The greatest answer to the drug problem is the spiritual answer. This is our role, primarily! (38) One of education on evils of drugs.

APPENDIX C

Copies of Letters to the Pastors

4200 S.E. Jennings Ave.
Portland, Oregon 97222

December 6, 1971

Dear Pastor:

Christian greetings!

I am a senior at Western Evangelical Seminary and currently involved in graduate research. The extent of the drug problem in this country is of concern to every Christian. This concern has prompted me to do graduate research on the topic, "The Minister's Role With The Drug Problem."

Knowing you have a busy schedule, I have designed this questionnaire to take a minimum of your time. I would appreciate it if you would take time right now to answer it. Enclosed is the questionnaire and a self-addressed stamped envelope.

Thank you very much for your time and cooperation.

Gratefully yours,

Roger D. Wolff

Encl. (2)

4200 S.E. Jennings Ave.,
Portland, Oregon 97222

December 15, 1971

Dear Pastor:

Christian greetings!

Just a brief reminder to you concerning the questionnaire I previously sent out on "The Minister's Role With The Drug Addict". It is still not too late to return the questionnaire, without apology. It does mean a great deal to the success or failure of my research project.

Thank you again so graciously for giving me your cooperation in this matter.

Sincerely yours,

Roger D. Wolff

APPENDIX D

EXPRESSIONS ASSOCIATED WITH DRUGS

EXPRESSIONS ASSOCIATED WITH DRUGS

ACAPULCO GOLD - High grade of marijuana that comes from Mexico.

ACID - LSD

ACID HEAD - A regular LSD user.

BACKTRACK - Withdrew the plunger of a syringe before injecting drugs to make sure needle is in proper place.

BALLOON - Rubber toy balloon used for storing or delivering heroin.

BEANS - Benzedrine.

BINDLE - A small paper packet of heroin, morphine, or cocaine.

BLACK - Opium.

BLAST - To smoke marijuana.

BLOW - Same as above.

BLUE HEAVEN - Amytal.

BREAD - Money.

BRICK - Kilo of marijuana in compressed brick form.

BUMMER (Bum trip) - A bad LSD experience.

BURN - To accept money and give no narcotic in return, or to give a substance in lieu of.

BURNED OUT VIEW - Collapsed vein.

BUSTED - To be arrested.

CAN - One ounce of marijuana. Term derived from tobacco can in which marijuana was commonly sold in the past. Now more frequently observed in small paper bags.

CAP - A capsule of heroin, commonly a number 5 capsule.

CARTWHEELS - Amphetamine sulphate tablets beanie.

CHIPPY - An occasional user of heroin.

CLEAN - An addict who is free from narcotic injection marks, or is not in possession of narcotics.

COASTING - Under the influence of drugs.

COCKTAIL - Attaching a marijuana butt to a regular tobacco cigarette.

COKE - Cocaine.

COLD TURKEY - Trying to break the habit. "Kicking it cold turkey" is breaking the habit of drug use without the aid of medication or medical care.

COOK - Underground chemist who manufactures illegal speed, LSD and heroin.

COP OUT - Confess.

CONNECTION - A peddler who know an addict and will sell him drugs.

COMING DOWN - Coming off the effects of drugs.

COTTONS - Bits of cotton saturated with narcotic solution, used to strain foreign matter when drawing solution up into hypodermic syringe or eyedropper. These cottons often are saved by addicts for an emergency, as they contain a residual amount of the drug.

CRANK - Methedrine (or speed).
 CRASH - Stupor produced by overdose of drugs.
 CRUTCH - Device used to hold marijuana cigarette when it has
 burned to the point where it will burn the fingers.
 Also, a container for a hypodermic needle.
 CRYSTALS - Methedrine.
 CUT - To adulterate narcotics.
 DECK - A small packet of morphine, cocaine, or heroin.
 DEPRESSANT - Any agent that will depress (decrease) a body
 function or nerve activity. Depressants may be
 classified according to the organ or system
 upon which they act.
 DEXIES - Dexedrine, Dexamyl.
 DMT - Dimethyltryptamine - A short-acting psychedelic drug
 that is injected or smoked.
 DOWNER - A Barbiturate.
 DROP A CAP - Swallow an LSD capsule.
 FINE STUFF - Drugs of high purity and quality.
 FINK - Informer
 FIX, FIX-UP - A drug which is about to be injected, or has
 just been injected.
 FLASH - To throw up after fixing, or the feeling you get
 just after fixing.
 FRANTIC - Nervous, Jittery drug user.
 FUZZ - The Law.
 GEEZE - Injection of narcotic.
 GOOF BALL - Any barbiturate tablet or capsule, combined
 with an amphetamine.
 GOOFER - One who drops pills.
 GOOFED UP - Under the influence of barbiturates.
 GRAM - Gram of heroin (approximately ten capsules).
 GRASS - Marijuana.
 GUIDE - A person who does not use LSD while sitting with a
 user during a session.
 H - Heroin.
 HABIT - Addiction to drugs.
 HARD STUFF - Morphine, cocaine, heroin.
 HAY - Marijuana
 HEAD - Marijuana user.
 HOG - An addict who uses all he can get his hands on.
 HOOKED - Addicted.
 HORNING - Sniffing narcotics up nose.
 HYPE - An addict.
 HORSE - Heroin.
 ICE CREAM HABIT - Small irregular habit.
 JAMMING - Losing one's cool, at a loss for words.
 JIVE - Marijuana.
 JOINT - A Marijuana cigarette, also prison
 JOLT - An injection of narcotics.
 JOY POP - Inject small amounts of drugs irregularly.
 JUNK - Heroin, or narcotics in general.
 KEE - Kile (2.2 pounds)
 KHIB - Marijuana
 LID - (See can).

LOADED - Under the influence of narcotics or drugs.
 LSD - Lysergic acid diethylamide tartrate.
 MAIN-LINER - One who injects narcotics directly into the veins, intravenously.
 MAKE A BUY - Purchase drugs.
 MAKE IT - To buy narcotics. Also to leave.
 MAN - The law or connection.
 MANICURE - Prepare marijuana for use in cigarettes.
 MARY MANE - Marijuana.
 METH. - Methedine.
 MONKEY - Drug habit, dependency.
 NARCOTIC (MEDICAL) - A class of drugs which induce sleep and stupor and relieve pain; includes opiates, anesthetics, and others. Some pharmacologists include barbiturates although they do not relieve pain.
 NARC - Narcotics officer or undercover agent.
 NICKEL BAG - Five dollar purchase of narcotics.
 O.D. - Overdose of narcotics - usually heroin.
 ON A TRIP - Under the influence of LSD or other hallucinogens.
 OPIATE - A class of drugs which have the properties and actions of opium; includes opium itself and derivatives of opium as well as synthetic opiate-like drugs not derived from opium.
 OUTFIT - Equipment for injection by the hypodermic route; a "hype" outfit. Eyedropper, needle, spoon, small piece of cotton, and handkerchief.
 PANIC - A scarcity of drugs, usually caused by the arrest of a big peddler.
 PIECE - One ounce of heroin or methedrine.
 PIG - (See Hog) Also derogatory term for police officer.
 PILL HEAD - Amphetamine or barbiturate user.
 POP - A subcutaneous injection, usually referred to as "Skin Poppin."
 POT - Marijuana.
 PSYCHEDELIC - A term invented to describe some of the effects of LSD and similar drugs.
 PUSHER - Drug peddler to users.
 RAINBOR - Tuinal.
 RED DEVIL - Tuinal.
 RED BIRD - Seconal.
 RED OR REDS - Seconal.
 REEFER - Marijuana cigarette.
 ROACH - A partially consumed marijuana cigarette.
 SCORING - Making a purchase of narcotics.
 SHOOTING GALLERY - A place where heroin addicts congregate to inject their narcotics.
 SHOT - An injection of narcotics.
 SMACK - Heroin.
 SNIFFING - Using narcotics by sniffing up the nose, usually cocaine (Snorting).
 SNIPE - Marijuana cigarette butt.
 SNOW - Cocaine.
 SNOWBIRD - Cocaine user.
 SPACED - Very heavily under the influence of drugs.

SPEED - Methedrine
SPEEDBALL - A powerful shot of drug, usually heroin or morphine and cocaine combined.
SPIKE - A hypodermic needle.
SPOON - A quantity of heroin theoretically measured in a teaspoon (usually between one and two grams).
SQUARE - A person who does not know what's happening.
STASH - Place where narcotics or "outfit" is hidden; also place where a drug peddler will secrete various quantities of narcotics.
STICK - Marijuana cigarette.
STONED- Under the influence of narcotics or drugs.
STRAIGHT PERSON - A person who is associated with users but does not take drugs.
STRUNG OUT - Addicted (heavily).
STUFF - Heroin.
TASTE - A small sample of narcotics.
TEA - Marijuana.
TEENIE BOPPER - Youth from upper or middle class who seeks intensified experience from drugs.
TOKE UP - To light a marijuana cigarette.
TRACKS - A series of puncture wounds in the veins caused by
TRIP - A psychedelic experience.
TURN ON - To use narcotics or to introduce another person to the use of narcotics. To alter awareness (LSD).
UPPER - An amphetamine.
WEED - Marijuana.
WEED HEAD - Marijuana smoker.
WHITES - Amphetamine.
WHITE STUFF - Morphine.
YELLOW - Nembutal.
YELLOW JACKET - Nembutal.
ZIG ZIG - Paper used to roll marijuana cigarettes.