

A METHODIST STATEMENT ON

THE NON-MEDICAL USE OF DRUGS

Adopted by the Methodist Conference of 1974

1. Basic Facts in the Drug Situation

A drug is any substance which by its chemical nature alters structure or function in the living organism. In this Declaration the substances which concern us are those that act on the central nervous system and produce changes in sensations, moods and perception. Drugs may be taken into the body in a variety of ways, principally by swallowing, inhaling or injecting.

Drugs properly used have been a great blessing to mankind. Some can kill or inhibit the growth of germs. Others can speed up or slow down the body's biochemical processes as a necessary part of the treatment of illness; yet others can reduce or block painful stimuli in intractable diseases or surgical manipulation. They have significantly reduced the pain experienced in terminal cases. The middle years of the 20th century have seen phenomenal progress in chemotherapy. Many people are today living full and active lives who would, but for this progress, be incapacitated or dead.

Drugs are used medically when professionally prescribed. A large number of drugs are available from retail chemists without a medical prescription. It is proper to use these responsibly over a short period in an attempt to treat simple ailments. It is imprudent to use them over an extended period without seeking competent medical advice, and it is, of course, irresponsible to use them in ways other than those recommended by the manufacturers. The manufacturing and pharmaceutical industries should avoid unnecessary stimulation of the propensity for self-medication.

A wide range of drugs are available through channels, some of which are legal (as in the case of tobacco and alcohol). The fact that the law does not forbid a commodity does not necessarily mean that it is safe or wise to use it. On the other hand, where the law forbids a substance because of its known dangers it would be extremely unwise (as well as being an indictable offence) to use such a substance.

Two terms relating to the results of drug misuse should be clearly distinguished: they are **tolerance** and **dependence**.

Tolerance means the development of resistance to the effects of a drug as use continues and the body adapts to it. The same dose produces less effect and a large dose (or more potent drug) is needed to maintain the effect.

Dependence is a state, psychological and / or physical, characterised by behavioural and other responses. These always include a compulsion to take the drug on a

continuous basis in order to experience its psychic and / or physical effects, and sometimes to avoid the discomfort of its absence. Tolerance need not be present. A person may be dependent on more than one drug.

The practice of using two or more drugs simultaneously is often extremely dangerous, except under strict medical control. Drugs have different effects and their multiple use can produce a conflict of effects in the body. A drug taken non-medically can seriously modify the effects of another drug taken on medical advice. Multiple drug use includes the taking of any other drug (frequently a barbiturate) when alcohol is still present in the body.

2. The Main Types of Drugs in Non-Medical Use

Some drugs are used both medically and non-medically; others have little or no medical use (for example, alcohol and tobacco). The following summary of drugs in non-medical use does not distinguish those drugs which have no medical use from those which have.

a) The Opiates

In addition to morphine itself drugs of this type include heroin, codeine, pethidine, methadone, levorphanol, phenazocine and pentazocine. These drugs are narcotics and (with the possible exception of pentazocine) invariably create tolerance and dependence. Heroin has the greatest potential for producing these effects which increase rapidly with its use. The physical and psychological consequences are extremely serious. Cocaine, a stimulant, is often taken simultaneously with drugs of the morphine type to offset their depressant effect. It does not produce physical dependence, but creates an intense craving and severe psychological dependence. It causes great physical damage – irreparable in the case of the brain cells.

b) The Amphetamines

These stimulant drugs which include benzedrine, dexedrine, durophet (Black Bombers) and Drinamyl (French Blues) are popularly known as 'pep pills'. They create tolerance and psychological, though not physical, dependence. Most authorities now accept that there is little use for these in medical practice.

c) The Depressants

(i) **Barbiturates** are sedative drugs, of which phenobarbitone, and amytal are examples, popularly known as 'sleeping pills'. They are depressants, and even a small dose can be dangerous (e.g. to car drivers) causing drowsiness, mental confusion and a mild state of intoxication.

Taking more than the therapeutic dose can create acute physical and psychological dependence. Barbiturates are commonly taken in conjunction with amphetamines and the overall effect is therefore potentiated.

- (ii) **Alcohol** is a depressant of the same type, capable of producing tolerance and physical dependence, the final stage of which (alcoholism) is responsible for the largest number of addicts in this country. Its depressant action results in deterioration of capability shown by blunting of self-criticism, loss of self-control in the social context, interference with performance of skilled movements and the dulling of the senses. It reduces capacity for work and lowers resistance to disease. In amounts smaller than those required to produce drunkenness it is the cause of serious and fatal accidents, especially – but not exclusively – in road traffic. Because it has been so long and so widely accepted by society its effects on personality and its dangers in terms of safety, public health and efficiency are almost invariably disregarded. Thus alcohol has a special position among the other drugs, and paragraphs in Sections 3 and 4 reflect this. According to the World Health Organisation alcoholism is twenty times more prevalent than all other addictions combined, and is the world's third major health problem after heart disease and cancer.
- d) **Cannabis**
Cannabis in various forms, known as pot, weed and grass, is a potent drug, though it is less dangerous than the opiates and probably than the amphetamines and barbiturates. It produces a psychological effect described as 'cheerful drunkenness'. Research is still needed into its relation to such matters as tolerance, dependence potential, abuse liability, specific acute and chronic toxicity, and deleterious genetic effects.
- e) **The Hallucinogens**
The general effect of the hallucinogens, of which LSD is the best known, is perceptual disturbance and loss of contact with reality. Despite claims comparing the drug's effect to the mystical experience, its users merely perceive a distortion of what is already in their minds. Experiences vary according to the personality of the experimenter and can be so terrifying as to create acute psychological derangements. The effective amount is so minute that a seriously dangerous overdose can easily be taken.
- f) **Volatile Solvents**
There is a range of substances in domestic, medical and industrial use which emit volatile fumes. These substances include anaesthetics, certain petroleum products, glue and industrial solvents. There is a danger in inhaling even small quantities of some of these substances – irreversible damage to the liver, for example, can be caused by inhaling carbon tetrachloride (used for dry cleaning). Experiments in 'sniffing' can be very serious, and warnings are needed (especially to children) to discourage the habit.
- g) **Tobacco**
Tobacco is properly included in surveys of drug-taking. Certainly many who are aware of the hazards of cigarette smoking find it extremely difficult to break the habit. There is a firmly established correlation between cigarette smoking and lung cancer (which is assuming epidemic proportions) and other

respiratory and cardio-vascular diseases. A smoke-laden atmosphere can affect all who breathe it.

h) **Caffeine**

This alkaloid drug occurs in small quantities in coffee, tea, and the 'coke' drinks. It is water-soluble and is a mild stimulant. Its possible contribution to diseases of the heart is a matter of some speculation in the medical profession.

3. Factors in the situation

a) **Reasons for drug abuse**

Ironically, the misuse of drugs is both a product of modern society and a reaction against it. There are many middle-aged dependants on barbiturates who are seeking alleviation of physical or psychological pain. This is recognised as a proper use of drugs, though possible side effects should not be disregarded. In a culture which gives high priority to experiment and self-expression the intellectual experimenter with hallucinogens seeks an enhancement of the inner experiences. The young reefer-smoking rebels are reacting with deliberate disdain against the type of society created by their elders. Sometimes misuse is the intended result of pressure through the advertising of legal drugs or the 'pushing' of illegal drugs; at other times it is stimulated by the pattern of the social group (in this respect the cannabis party, the cocktail party and the public house produce similar pressures to conform).

Drug-taking, especially among the young, may be rather more than an act of defiance of orthodox society. There are those who find that the inequalities, injustices, triviality and materialism of modern society place upon them an intolerable strain from which they seek release in drugs. Yet, paradoxically, while some look to drugs to off-set the stresses of life, others turn to quite different drugs to provide chemical stimulation to counter the boredom and monotony of life.

There is no stereotype of a drug-user. The misusers of drugs form a cross-section of society. However, the less mature, less stable, less adequate person will be more likely to turn to drugs, not least under the pressure of an unsatisfactory social setting. Particularly to the young, drugs have the haunting element of magic. To all age-groups they offer an anaesthetising escape into the inner self. More fundamentally, they offer a means of destroying something within the self which the user finds himself unable to come to terms. This is despair of suicidal proportions. As signs of social protest drugs debilitate and dissipate the energies of constructive discontent. In the context of personal stresses drugs offer an illusory escape when the real need is to find a fundamental solution.

b) **The alcohol problem**

In common with the general trend of the advertising industry the advertisers of alcohol equate their product with gracious living and high status. It is not

surprising, therefore, that such a commodity, sold and supplied legally, is regarded as wholesome and desirable. This explains why **all** non-medical **use** of drugs other than alcohol (and tobacco) is widely regarded as deviant behaviour whereas, in the alcohol scene, **moderate use** is popularly accepted, and deviance means **abuse** (excess) or **non-use** (abstinence). Life abounds with opportunities for the use of alcohol. The range of its acceptance is prodigious – from a very rare, occasional use, through its regular provision in simple or sophisticated hospitality, to the extreme of competitive ‘boozing’. Alcohol has the capacity to blur the edges of sensibility so that nervousness is forgotten and reticence unfettered. Some modern advertisements, and a mass of novels, plays and films, suggest that the best way to relieve stress is by recourse to the bottle. Both social and personal pressures to drink can lead from an initial experimental use of alcohol to a physical or psychological dependence on the drug.

c) **Patterns of alcohol use**

Because the facts about the nature of alcohol and its personal effects are overlaid with emotional factors, rational discussion of personal and social attitudes to drinking intoxicants is rarely possible. It is unfortunately true that both drinkers and abstainers uncritically accept traditional attitudes to alcohol.

There is no justification for thoughtlessness on the part of those who abstain or of those who drink. Both must take account of the plight of the victims of excessive drinking and of the undisputed evidence that alcohol is a drug which affects the central nervous system even before a drinking pattern is established.

The term ‘total abstinence’ denotes a precise attitude towards alcohol. The total abstainer is one who in no circumstances drinks alcohol as a beverage. There are no criteria for determining absolutely what is ‘heavy’, ‘moderate’ or ‘infrequent’ drinking. In fact, many people set very strict limits to their consumption. Among such persons are some members of the Methodist Church who could not say they were total abstainers, but who take alcohol only on very infrequent occasions. It is recognised that the taking of a toast at a wedding, or the use of a little wine at an occasional meal-type celebration presents quite a different situation from that of a life-style which is a constant round of cocktail parties and bars.

4. The Theological Basis

The Christian’s attitude to drugs must be determined by theological considerations. The particular doctrines relating to this issue are those of Creation, Redemption and Christian Perfection.

Drugs are part of Creation. Some are manufactured by chemical processes; others, such as cannabis, nicotine and alcohol, are produced by natural means. Alcohol is also produced chemically for a wide variety of industrial uses. The human mind which has discovered and developed the production and use of drugs is also part of

Creation: but God, who offers Man these creation-gifts, expects him to exercise responsibility and stewardship in their use. They must, therefore, be employed in ways which promote health and healing. The misuse of drugs to the impairment of physical or mental well-being is a deviation from the Divine law.

Misuse, therefore, is also related to the doctrine of Redemption. The redemptive purpose of God is to restore to perfection that which has been corrupted or damaged. The Church has tended to concentrate on the restoration of the individual, but it has never forgotten the social implication or the cosmic dimension. Men and women have to be redeemed from the personal bondage of drug dependence, but the physical and social environment that drives them to such dependence must be transformed. Thus, the Church must take a comprehensive view of redemption that regards both the individual and the environment.

The doctrine of Christian Perfection, as expounded by John Wesley, is particularly relevant when it is seen in both its personal and social dimensions. The Church must strive 'to present every man perfect in Christ Jesus'; and it must offer society the prospect of 'a new creation'. In personal terms the Methodist emphasis has not been concerned with a frail, individualistic piety, but with a robust holiness of life. The misuse of drugs is a threat to the quest for personal health and wholeness.

The results of personal misuse of these substances extend widely, and the traffic in drugs and the manufacture and sale of intoxicating drinks create problems of serious magnitude. Possibly the witness to Christian Perfection alone offers an effective alternative to a drug-taking society.

Alcohol

There are some who require no theological justification for their drinking habits. For others the doctrine of creation means that all creation gifts have been provided for men to enjoy. They set against the ascetic renunciation of certain creation gifts their legitimate use in the pursuit of joy – especially in the context of social fellowship. This category includes alcohol. Some hold as their normal practice the principle of total abstinence, but believe that in certain situations the ethic of love directs them to share in the use of beverage alcohol. Others believe that to exercise moderation in the use of alcohol requires a degree of discipline, as does total abstinence, and that in any case the exceedingly modest use of alcohol does not constitute a breach of Biblical principle of moderation. Far from rejecting the claims of Christian Perfection the non-abstainer believes he is in quest of it.

Total abstainers find grounds for their conviction in the doctrines of Creation, Redemption and Christian Perfection. While recognising that, rightly used, alcohol is a useful and legitimate product, total abstainers believe that because it is a depressant its use as a beverage is not to be countenanced. Although it may be used medicinally under proper supervision, its value in this respect is now recognised as negligible. The personal and social effects of drinking intoxicants raise serious issues for Methodists who believe in the possibility of the redemption of the whole life. The use of intoxicants presents one of the most evident hindrances to the personal quest for Christian Perfection, the evangelical mission of the Church and the pursuit of social righteousness. Total abstinence (often practised in

circumstances requiring courageous witness) is consistent with these objectives to the achievement of which Methodists are committed.

The answer to the question whether drinking intoxicants is consistent with Methodism's central doctrine of the redemption of the whole of life has always produced two views among Methodists, even when the various branches of Methodism existed separately. Initially it was the total abstainers who were reckoned to be unscriptural and out of harmony with the views of John Wesley. However, the sentiment for total abstinence largely prevailed and for several generations the Methodist people have been urged to abstain from all intoxicants.

The judgement of the Methodist Church has always been that to transform the practice of total abstinence into a legal precept would be a false step: that total abstinence should not be a condition of membership. Decision is a matter for individual choice. 'All those who confess Jesus Christ as Lord and Saviour and accept the obligation to serve him in the life of the Church and the world are welcome as full members of the Methodist Church' (Deed of Union, Section 3,8a). The sincerity and integrity of those who take differing views on whether they should drink or abstain is fully recognised.

Clearly, genuine differences of opinion on these matters make it impossible for the Conference to lay down mandatory conditions of membership. What it can do is to urge Methodists to consider (1) the scientific evidence as to the nature and effects of drugs including alcohol and (2) the moral obligation to refrain from all drug practices which are an affront to Christ, a hindrance to holiness and a cause of personal and social decline.

5. Programme for Church and Community

a) Medical Practice

Very great responsibilities rest on the pharmaceutical and medical services to ensure that the drugs which can be so beneficial in properly directed use do not become a serious danger when irresponsibly used. The pharmaceutical industry must ensure that all drugs brought into use have been thoroughly tested. All side effects must be evaluated and eliminated where dangerous. Wherever possible drugs which are capable of misuse for non-medical purposes should be replaced by others which achieve the same medical effect without offering the same possibility of abuse. Strict control and effective security are vital throughout all stages of the distribution of pharmaceutical products – from the manufacturer's factory to the retail chemist's shelves and the doctor's surgery. The dangers of prolonged or over-prescribing are well recognised. They lead to dependence on the part of the patient and to the availability of drug supplies for non-medical use. Continuing vigilance on the part of the medical profession is necessary. Similarly, in prescribing and in pressures on the pharmaceutical industry, doctors should seek to phase out the medical drugs most likely to find their way into the hands of those who will use them for other purposes. It is realised that the medical profession is often under pressure to prescribe drugs as a palliative when counselling and pastoral support is the real need.

b) **Legislation**

A sensitive response to the drug problem is needed in legislation and in the involvement of the statutory services. In legislation concerning the possession of cannabis, the amphetamines and the barbiturates, there should be an awareness that the possessor of a drug is not necessarily an addict.

All users of these drugs do not inevitably proceed to heroin, cocaine or LSD, though some do. It is important to distinguish the experimenter from the confirmed user. In dealing with offenders against drug laws it is increasingly recognised that custodial sentences are unlikely to have a beneficial effect. Other forms of sentencing must be employed and account taken of factors other than mere possession. This has already been recognised in regard to the treatment of alcoholics.

Legislation's main service is to attack the sources of supply of the drugs of abuse. The illegal traffickers and the stimulation of self-medication by advertising are two of the many aspects with which the law can deal. In the treatment of addicts the statutory services must increasingly offer not merely prescribing and dispensing centres and the opportunity to escape from the physical effects of drug dependence but also provision for those other aspects of withdrawal and rehabilitation without which the addict has no hope of significant recovery.

A later section speaks of the need for a massive educational programme. One implication of this (when it is added to suggestions made above) is the need for close and regular co-operation between the Home Office, the Department for Health and Social Security and the Department of Education and Science).

The aim of liquor licensing law has been expressed as an attempt to strike a balance between necessary restraints to prevent abuse or social mischief, and the demand for freedom of choice and behaviour. An effective licensing system is necessary because the controls it embodies cannot be applied satisfactorily by any other means.

The effective presentation of the Christian social witness requires the voice of the Church to be heard at governmental level. The Methodist Church, through its Division of Social Responsibility, is associated with other Churches and bodies. Together they exert continuing pressure upon Parliament., This can be effectively reinforced in the constituencies where circuits, local churches and individuals should be encouraged to approach their Members of Parliament, inviting their support for measures calculated to reduce the incidence of drug problems and to alleviate the plight of addicts.

c) **Education**

There is an obvious need for education at all levels of society concerning the dangers of the non-medical use of drugs. Equally obviously the massive educational programme which is required should be factually based and free from over-dramatisation and judgemental attitudes, both of which would tend to be counter-productive.

To be ignorant of the predictable impairment of one's faculties and functions that follows drug-taking is to invite risks in every area of decision-making. Education on the properties and effects of alcohol and other drugs should not be limited to emphasising the dangers of intoxication or addiction, but should recognise inherent dangers in drug-use far short of these excesses. It is the right of every child to receive specific and systematic instruction as to the properties of alcohol and other drugs, as in all other matters which may affect future health. In schools the misuse of drugs should not be isolated as a special issue, but integrated into the overall scheme of health education. To this end the Government should bring together the appropriated resources of the Home Office, Department of Health and Social Security, and the Department of Education and Science.

The continuing task of the Division of Social Responsibility should be to promote opportunities for the spread of information on these matters and to encourage an intelligent Christian response. While a special responsibility rests on those who lead youth activities, it must be remembered that both directly and indirectly the drug question affects all age groups.

It is a matter of regret that in recent years insufficient attention has been given to the education of boys and girls, young people and the Church membership as a whole about the nature of alcohol and its effects, its threat to Christian experience and witness. Possibly one reason for this is uncertainty about how such education should be carried out. There have been few attempts to adopt modern methods in this area. The Divisions of Education and Youth, Ministries and Social Responsibility should collaborate to promote such education and produce methods and material for use throughout Methodism.

d) **Rehabilitation**

The Church has a responsibility to the victims of drug abuse, and must regard the rehabilitation of addicts as a major challenge to its compassion, generosity and action. So specialised is the work of rehabilitation, and so costly is the provision of facilities, that the Methodist Church should confine its involvement to the support of those agencies already active in this field. These should be supported as generously as possible from funds which may be used for this purpose. Compassionate help is needed as well as money, and it is important that the Church should encourage all who undertake as their Christian vocation this extremely demanding work. What is equally important is that the Methodist Church, in collaboration with other agencies, should study the underlying causes of alcoholism. Alcoholics often feel they must become engaged in the reform of the society which drove them to drink in the first place. They have no wish to return to the society from which they felt they had to escape. The primary task of the Church is still the redemption of the whole of life.

e) **Individual decision**

How should the Christian act upon his knowledge of the effects of the non-medical use of drugs, including those which are of wide social acceptance? He should determine his personal attitude to this issue by recalling his

obligation to use all things, including his money, responsibly. He should seek to meet the problems and stresses of life in ways which are compatible with his understanding of Christ's teaching and of the inner resources Christ offers him. He should remember his calling to a discipleship which offers the undiminished vigour of body and mind in the service of Christ. He should seek to love his neighbour by examining the probable effects of his behaviour, habits and example on that neighbour. He should play his part in the acceptance of the responsibilities of the Church in the work of education and rehabilitation. In short, he must consider his personal attitude to all drugs in relation to his Christian vocation.