

INTRODUCTION

My rude awakening – Andy

I had a sheltered upbringing. Born into a stable and loving Christian home, drugs and alcohol were not something that I really came across. There were a few people in secondary school who smoked marijuana and my brother struggled with party drugs in his teens, but that world was alien to me. I was a sensible young man who was scared witless of being addicted to any substance. I did get drunk once but spewed everywhere and never did it again. And I took one puff of a spliff at a party but decided it really wasn't for me. I had other things to focus on like school, football, friends and computer games. Drugs and alcohol didn't really appeal.

I became a Christian at the age of eighteen. After years of hearing the gospel at both home and church, the Holy Spirit opened my blind eyes to see that I was a great sinner and that I needed a great Saviour. A new minister had been appointed at my parents' church and he preached a convicting sermon from Isaiah 1 that cut me to the heart. On that Sunday evening, I realised that I was a proud, jealous, lustful, envious, disrespectful sinner and that my only hope of salvation was found in the Lord Jesus Christ. I vividly remember sitting on the end of my bed, feeling the guilt of

my sin, confessing it with tears – and yet simultaneously feeling the weight of my burden lifted by the Lord. I was forgiven. I was free. I had become a new creation. And now all I wanted to do was tell others about the good news of Jesus Christ.

My excitement for the gospel was fuelled by the books that I read early on in my faith. John Piper's *Don't Waste Your Life* drummed into me that life was short and so I must spend my days wisely. And, as the old poem goes, I was aware that, 'Only one life, 'twill soon be past, Only what's done for Christ will last.'¹ I read also missionary biographies about people like Hudson Taylor, C. T. Studd and Jackie Pullinger. These books inspired me to take risks for the gospel and to serve the least, the last and the lost.

Cape Town

So, after graduating from Edinburgh University, I headed to Cape Town with a good friend, with a vision to reach gangs, drug addicts, prostitutes and prisoners on the Cape Flats and to see them changed and transformed by the gospel.² I had fallen in love with Cape Town and the Cape Flats while on several short-term missionary trips during the long university summer holidays. I had seen the need. I was inspired by the books I had read. I was young. I was unexperienced. I was naive. But I had a passion for the gospel and a yearning for the lost to be saved. What could go wrong?

Manenberg is a community that is blighted by gangs and drugs. Of course, that's not all that Manenberg is. There are

1 C. T. Studd, *The Chocolate Soldier* (Deeper Christian Press, 2020), 33.

2 The Cape Flats is an area on the outskirts of Cape Town where Black people were segregated during apartheid.

many beautiful people who work hard and call Manenberg home. However, it is a brutal place to live. Different gangs patrol each corner of the community and it often spills into gun warfare. Prostitution is commonplace. Drugs are so pervasive that they are handed out like sweets. Poverty levels are high. The reaction whenever someone heard that I was working in Manenberg was always one of disbelief: 'You're not working in that community, are you?'

So, this white, naive, middle-class, privately-educated boy, with his other white, naive, middle-class, privately-educated friend, prayer-walked the streets with a local guy seeking to get alongside young men and share the gospel. Despite the reputation of the community, people were very friendly. We were able to get alongside four young men. We shared the gospel with them. We spent time with them. We took them away for a spiritual retreat. We even baptised them. Each day we met with them to disciple and build community.

However, the problem was that we had no idea what they were getting up to in the evening. One of the young men we befriended was addicted to a variety of street drugs and was a shooter for a notorious American gang. It shouldn't have come as a shock to me when he admitted one day that he had been using drugs (despite claiming not to) and that he hadn't taken a step back from his gang activity. But the news rocked me to the core. How could I have trusted him? Why did I not see this coming? How could I have been so naive? I had spent hours, days, weeks, months investing in this man, and it had all been lies. The experience woke me up to the reality that there is more going on beneath the surface in an addict's life than meets the eye. Addicts, like the rest of humanity, lie. It truly was a rude awakening. I had crash landed into a world I didn't know or understand.

Niddrie

After a year in Cape Town, I decided to return to Edinburgh. I was dating a beautiful girl whom I was ready to marry and I was offered an internship at Niddrie Community Church (NCC) – a church that was seeking to reach a deprived community on the outskirts of Edinburgh. After my year in Cape Town, I felt that I could do with some further training and the internship offered that. And I was excited that they were reaching the broken, the addicted and the poor in the community. So, in 2010 I started to serve as an intern at NCC.

I still remember the first few weeks serving in the church. Every day, the church has a drop-in café where people from the community come to get some cheap fried food and a cup of tea. Many – but by no means all – who came to the café lived in the community, were unemployed and struggled with a variety of addictions. The café had workers from the community – young ladies who worked in catering, some Travellers and a group of people who wore tracksuits, had pale skin and sweated profusely. To begin I couldn't work it out. Why were they sweating so much even though it was winter? Why were some of them half asleep and slurring their words? The penny didn't drop until Mez (who was senior pastor at the time) sat down with me and explained that they were heroin users. I had suspicions that they were using drugs but didn't know the side effects that came with heroin, methadone or Valium use. My knowledge extended to the addicted of the Cape Flats who mainly used crystal meth, marijuana and Mandrax.

Once again, I was entering a world that was very different to the one I'd been brought up in. I'd been to private school. I had two hard-working parents. I had been to university

where people dressed in chinos and drank filter coffee. This new world – where many lived off the state, lounged around the café all day long and used drugs – was completely alien to me. I didn't know the difference between someone being high on life and high on drugs. I didn't know that while having a 'fag break' outside, users were dealing drugs with one another. I didn't know that the goods that were being sold in the café had been stolen from the local shops. I didn't know that when someone said, 'I don't take street drugs, it's just my medication,' that they were lying. I didn't know the difference between heroin, crack, weed, Valium, cocaine and methadone. I didn't know that there were four drug dealers within walking distance of the church. I hadn't grown up with the stuff and therefore I had no clue what was going on.

I was out of my depths.

A well-travelled road – Mez

My story is as far removed from Andy's as you could possibly imagine. My testimony is well documented in other books – and so, for the purposes of this book, I'll just give a short summary.³

I was born in Ireland in the 1970s and, for reasons still unknown to me, my father and mother split when I was very young. In our very early years, my sister and I were brought up by our grandmother and a large Catholic children's home. When I was about seven, we were shipped to England and we moved onto an estate in Yorkshire to live with my dad and his new girlfriend.

3 *Is There Anybody Out There?* 2nd edition (Christian Focus, 2015) and *The Creaking on The Stairs* (Christian Focus, 2019), both by Mez McConnell.

My dad was pretty much absent during those early years. He was a builder who was out working all hours. When he wasn't working, he was in the betting shop or the pub. And then there were the trips to Germany with his building pals during the *Auf Wiedersehen, Pet* era of the early 1980s.⁴ He was gone for long periods, and my sister and I were left in the 'care' of our stepmother. She was a particularly cruel and wicked individual who made our lives a misery over a ten-year period.

Growing up, I didn't really see any drugs around. In our home (if I can call it that), there were just a lot of women sitting around drinking – morning, noon and night. There was maybe the odd spliff (or cannabis), but nothing like the industrial scale usage of today. I certainly didn't see heroin use until my mid-teens. I'd heard about the drug, of course, but heroin addicts were like mythical unicorns – people swore they'd seen one, but nobody could prove it!

Having said all this, I was about eleven years old when I first started experimenting with drugs. Somebody gave me a spliff to smoke and it was horrific. I absolutely hated it. I hated the sensation. It made me anxious. It made me paranoid. I could not understand why anybody would enjoy smoking it.

Unfortunately, this led to me trying other drugs, and by the late 80s 'acid house' hit our estate full force.⁵ Everybody I knew, including adults, was getting high on LSD. By the time we hit the 1990s, acid house gave way to the 'rave' scene. This movement was synonymous with ecstasy – a drug

4 *Auf Wiedersehen, Pet* was a hugely popular TV show in the UK in the 1980s about a group of unemployed builders from the UK, forced to travel to Germany to find work.

5 A hypnotic form of music which led to the widespread use of LSD.

that, quite literally, gave its users an ecstatic high, and was intensified by the pulsating sounds of rave music.

This opened the door to all kinds of pills and drugs, which now became as easy to acquire as a pint of milk. Almost every single person I knew in this period was either dealing or taking all kinds of drugs, and often mixing them all together.

Life took a more sinister turn as we headed into the mid-1990s. LSD and ecstasy became cheaper and less pure. Dealers were beginning to mix the drugs with horse tranquillisers and even bleach. Several of my friends died of overdoses and many more began to experience serious mental health problems. Raves became increasingly violent as dealers fought one another for control.

Heroin also became much cheaper and was soon the drug of choice for those wanting to ease their ‘come down’ from LSD, ecstasy and amphetamines (speed). Heroin could be smoked or injected and most of my friends smoked it, because they didn’t want to be considered a ‘junkie’.⁶ What they didn’t know then was that heroin was super addictive, whichever way it was consumed.

At this point, the drug scene was my whole life. When I wasn’t high, I was either buying drugs or selling them. It didn’t take long before I turned to crime to feed my habit. Soon, the crime rate on our estate rocketed. Soon, it wasn’t fun anymore. The raves had lost their appeal and now we took drugs just to stay mentally stable. My friends and I convinced ourselves that we didn’t have a problem as long as we weren’t injecting.

6 A derogatory name for those who injected drugs into their veins. The feeling among my peer group in the 1980s and 1990s was that as long as you didn’t inject, then you weren’t really an addict.

One day I was having a conversation about legalising drugs with a local youth and community worker. I don't remember all the details, but I remember saying to him that drug-taking wasn't that big a deal: 'After all, everybody does it.' 'No, Mez,' he said to me. 'Everybody you know in *your* world is taking drugs. That's not the same thing as everybody taking them.' I laughed it off, but left with his words ringing in my ears.

As I pondered it, I realised that drugs may well have opened my mind – and even that was debatable – but it had definitely shrunk my world. I didn't associate anymore with anybody who didn't have or sell drugs. Without realising it, drugs had become my whole world.

Even when I ended up in prison at the age of twenty-one in the early 1990s, drugs were as readily available there as they were on the streets. Prison culture divided people into sex offenders, burglars, murderers, junkies and drug dealers. I naturally slotted in with the dealers. I was so accustomed to the culture at this point that there was nothing shocking if somebody sat in my cell and started injecting. It was as normal as drinking a cup of tea.

It was only when I came to faith in Christ in 1994 and began associating with Christians that I began to realise just how dark my culture was and how serious my drug habit had been. I started to see the world clearly for the first time in a long time. Drugs had been a cruel slave master to whom I had willingly dedicated at least ten years of my life.

What was normal to me wasn't normal. What I had regarded as harmless fun wasn't funny. What I had seen as something over which I had control had actually controlled me.

Ironically, when I came to faith in Christ, church culture was as alien to me as drug culture was to Andy. So, over the years, we have helped one another navigate these two worlds.

Why this book?

Addictions are on the rise in poorer communities in the UK. In Scotland, where we minister, addiction is a prevalent issue. Public Health Scotland reports that: ‘Misuse of drugs is a significant issue in Scotland, and it leads to a variety of social and health problems.’⁷ The most recent statistics on drug use in Scotland (from 2015/16) estimate that there are 57,300 individuals with problem drug use – that’s approximately 1 in 60 people between 15 and 64.⁸ In 2018, there were 1,187 drug-related deaths – 253 (27%) more than in 2017. These drug-related deaths, particularly among those aged 35–55 years, is now a substantial contributor to the worsening life expectancy trends in Scotland.⁹ In particular, people who experience socio-economic disadvantage disproportionately experience problematic drug use. Council areas (housing schemes) with some of the most deprived communities in Scotland have higher rates of problematic drug use than the national estimate.¹⁰

Addiction is widespread and on the rise. It’s important, therefore, for us to understand what addiction is and how we can care for the addicted person. The problem is that addictions are often misunderstood in Christian circles. Like me (Andy), many Christians have no clue about the addict’s world. We’ve been brought up in places where drug

7 ‘Drug overview’, *Public Health Scotland*, last updated 24 December 2021, <http://www.healthscotland.scot/health-topics/drugs/drugs-overview>.

8 Scottish Government, ‘Section 5.3: Headline metrics’ in *National Mission on Drugs: annual monitoring report: 2022-2023*, 19 December 2023, section 5.3, <https://www.gov.scot/publications/national-mission-drugs-annual-monitoring-report-2022-2023>.

9 Key facts, ‘Drug overview’.

10 Drug use and health inequalities, ‘Drug overview’.

and alcohol addictions are either hidden behind a veil of respectability or considered to be the problem of the poor, with whom we'd never engage. We stay in our safe middle-class neighbourhoods where our kids go to comfortable schools, where we have nice houses, and we drive past the rough areas to get to our respectable, middle-class churches. For many of us, the addicted person is someone to be avoided at all costs because they are just so different to us. As a result, many Christians neither reach the addicted nor know how to care for them.

That's why we have written this book. We have worked together in Niddrie for seventeen years. It's been a roller-coaster ride. There have been many highs and many lows. We've seen dozens of people from addicted backgrounds reach for the gospel: some have been truly saved and their lives have never been the same again; others have run back to their vomit and proven not to be one of Jesus' true disciples. This book is the fruit of our labour over decades of ministry among the addicted. We hope it will help readers think through what addiction is from a biblical standpoint and understand how to care with compassion and wisdom for those who struggle with addictions.

Some readers may already work with those who struggle with addictions – we hope you will be encouraged to keep going. Others want to start working in this area but don't know how to go about it – we hope this book will equip you to do so. Overall, we hope you will see that the addicted person is not someone to ignore or walk past, but someone to engage with. The gospel is the power of salvation for *everyone* who believes – whether they struggle with drugs or alcohol, or are addicted to comfort or envy. At the end of

the day, we are all sick people in need of the great physician, the Lord Jesus Christ.

How to understand addiction and care for the addict

This book is split into two parts. Part 1 will think through what addiction is and what causes it. Society has tended to view addiction in terms of a choice or as a disease. Scientists and psychologists (and most liberal Christians) now tend to frame it in terms of emotional suffering and turmoil. However, we will argue that a biblical perspective must take into consideration the fact that humans have been created with bodies, minds and souls. As a consequence, addictions are best understood as an interplay between these spheres. Addictions are driven by sinful desires (soul), engrained by sinful habits (mind) and often perpetuated by pain and stress (body). From the outside, addictions seem to be insane – but, to the addict, they promise to bring order to a person's life. The complex nature of addiction is best understood as an interaction of sin and suffering.

In Part 2, we will think through how to care for the addicted person. In our church, we have seen a variety of people who have battled with substances find freedom in the gospel of the Lord Jesus Christ. The big struggle, however, is not evangelism but discipleship and caregiving. The addicted people who come into our building know instinctively that they need help. They readily acknowledge that they are sick and in need of a doctor – they'll listen and accept the good news of Jesus Christ with little persuasion. But giving up an addiction is often slow and painful. The addicted person has formed an attachment with their chosen substance – and that is not easily surrendered. They live in communities where street drugs are easily obtained.

A war for their soul ensues. They need well-thought-out care, support and discipleship. As we think through how we care pastorally for a believer who has abused substances, we will consider whether there are particular things we need to counsel and specific methods of care we need to employ.

We have written the book together – drawing on the particular experiences and skills that the Lord has chosen to give each of us. Andy provides the theological framework for understanding addiction. We then apply it to various pastoral issues – Mez looks at ‘Reaching the addict’ and ‘Training the addict’ in chapters 4 and 6, and Andy addresses ‘Keeping the addict’ and ‘Persevering with the addict’ in chapters 5 and 7.

We hope it will encourage and equip you as you minister to those trapped in the slavery of addiction. We also hope that it will minister to every believer – whether you work specifically with addicts or not. At the end of the day, every believer is a struggler who must walk a path with others who are strugglers too. The Bible doesn’t split people into addicts and non-addicts – it identifies us all as sinners, all of whom need the grace of the Lord Jesus Christ. As believers we all must learn how to serve and minister to fellow strugglers – whether that’s the person battling with addictions or the person grieving the loss of a child. The problem that we need to correct is our view of the addict, so that we can minister to them as the Lord Jesus would have us to. We must see the addict as the Lord Jesus sees the addict – as a soul made in the image of God, broken by sin and in need of the word of life. We can all take part in this mission to care for the addict in our midst.