

## DISSERTATION ABSTRACT

Doctor in Ministry

Adventist University of Africa

Theological Seminary

Title: A STRATEGY FOR THE REHABILITATION OF PEOPLE  
WITH ALCOHOL DEPENDENCY IN THE BENFICA  
DISTRICT OF HUAMBO, ANGOLA

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The use of alcoholic drinks in the Benfica district of Huambo, Angola, has been identified as the primary cause of many car accidents. As will be seen in this study, road accidents arise from driver-related issues, including impatience, lack of rest, pride, greed, ego, alcohol use, and lack of driving skills. It is evident from records that alcohol is one of the top causes of accidents worldwide. Alcohol not only leads to antisocial behavior, school dropout, domestic violence, and numerous health problems but has also resulted in the breakdown of many families.

Considering this, the study focused on the prevalence of alcohol abuse in the district by developing a program that could effectively reach out to alcoholics, provide training to churches and the community on how to support those who have

abstained from alcohol, and select some churches to be rehabilitation centers for alcoholics.

The research design employed questionnaires administered to collect information on issues concerning alcoholism and the rate of alcohol consumption in the Benfica district of Huambo, Angola. The data were analyzed descriptively and presented in charts using percentile scores.

The data analysis results revealed that the primary factor contributing to the higher rate of alcoholic beverage consumption in the Benfica district of Huambo is social connections, accounting for 33%. This emphasizes the influence of one's social circle on alcohol-related behavior. Furthermore, when examining the frequency of drinking, men exhibited a higher percentage (46%) of consuming alcoholic beverages at very frequent intervals compared to women (23%).

The study yielded significant conclusions, highlighting the severe consequences associated with alcohol consumption, including death, injuries, disabilities, and divorce. It emphasized that individuals struggling with alcoholism require not only medical treatment but also spiritual healing. The conclusions and recommendations derived from the study are considered pertinent and reliable, as they are based on concrete findings and insights from carefully selected participants.

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A STRATEGY FOR THE REHABILITATION OF PEOPLE  
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A dissertation

presented in partial fulfillment

of the requirements for the degree

Doctor of Ministry

by

Jose Pereira Lemos

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I dedicate this work to my Late Father who inspired me to this important ministry. This work is also dedicated to, my wife Maria, who supported me morally and financially, “to you I say, be blessed”. All my children are deeply appreciated in this work. “To you I say be blessed. “Secondly, the Administration of the Adventist University of Angola (ISPAB) for approving the request for me to engage in this arduous task on this dissertation project

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## LIST OF ABBREVIATIONS

AUA	Adventist University of Africa
EUD	Euro-Africa Division
ISPAB	<i>Instituto Superior Politecnico do Bongo</i> (Bongo Adventist Polytechnic Institute)
NEAU	Northeast Angola Union
NORDESTE	Northwest Angola Union
NT	New Testament
OT	Old Testament
SDA	Seventh-day Adventist
SID	Southern Africa Indian-Ocean Division
SOP	Spirit of Prophecy
SUDESTE	Southwest Angola Union
SWAU	Southern West Angola Union
VOP	Voice of Prophecy
WHO	World Health Organization

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## CHAPTER 1

### INTRODUCTION

#### **Background**

Alcohol is a drug with addictive properties in it. It has been utilized across various cultures for centuries. According to the World Health Organization, the expression “harmful use of alcohol” is defined as “drinking that leads to health and social effects to the individual as well, the people around the sphere of influence.”<sup>1</sup> Alcohol contributes to 3 million deaths annually, representing 5.3% of all fatalities. Additionally, 5.1% of global diseases and injuries, measured in disability-adjusted life years (DALYs), is linked to alcohol intake.<sup>2</sup> A large number of the diseases linked to alcohol use that leads to injuries both unintentional and intentional, those resulting from road accidents, suicide and violence included. It is evidential that the serious alcohol-related injuries are more prevalent among younger age groups.

Moreover, the negative health implications, from alcohol lead to socio-economic effects for individuals and societies. The use of alcohol leads to untimely deaths and disabilities, especially affecting individuals aged between 20-39 years, where almost 13.5% of total deaths are related to consumption of alcohol. There is a

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<sup>1</sup> World Health Organization, *Political Declaration of the Third High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases* (Geneva, Switzerland: World Health Organization, 2022), 20.

<sup>2</sup> World Health Organization, “Alcohol,” accessed 12 June 2020, 2018, <https://www.who.int/news-room/fact-sheets/detail/alcohol>.

clear link in the harmful intake of alcohol and various mental and behavioral disorders.

Irresponsible consumption of alcohol amounts for 5.1% of the deaths in African.<sup>3</sup> In the African Region, drug use and drug use disorders are on the increase.<sup>4</sup> According to the Alcohol Rehab Guide, Uganda is leading in African as the country with the highest alcohol intake an average yearly per-capita alcohol consumption, men tend to drink consume more alcohol than women.<sup>5</sup>

According to Statistic Market Insights, the alcoholic Drinks market in Angola is having a surge which recently has been projected to grow by 4.62% resulting in a market volume of US\$4666.00k by 2029.<sup>6</sup> With the development of commerce in general, both urban and rural population centers, have become widespread in the usage of alcohol. In this respect even in Benfica district of Huambo is not excluded.

### **Statement of the Problem**

The rate of alcohol consumption and factors influencing problematic drinking within Angolan communities has experienced enormous resurgence.<sup>7</sup> According to the Angolan National Police statistics, a total of 2999 deaths and 15,693 injuries resulting from 13,360 road accidents were reported and attributed to alcohol.

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<sup>3</sup> World Health Organization, "Alcohol."

<sup>4</sup> United Nations Office on Drugs and Crime, *World Drug Report 2023* (Vienna, Austria: United Nations Office on Drugs and Crime, 2023).

<sup>5</sup> Zachary Pottle, "Top 15 Countries with the Highest Alcohol Consumption," Alcohol Rehab Guide, 2024, accessed 14 July 2019, <https://www.alcoholrehabguide.org/blog/countries-highest-drinking-rates/>.

<sup>6</sup> Statista Market Forecast, "Alcoholic Drinks - Angola," Statista, 2024, accessed 14 July 2019, <https://www.statista.com/outlook/cmo/alcoholic-drinks/angola>.

<sup>7</sup> Carina Ferreira-Borges, Charles D. H. Parry, and Thomas F. Babor, "Harmful Use of Alcohol: A Shadow over Sub-Saharan Africa in Need of Workable Solutions," *International Journal of Environmental Research and Public Health* 14, no. 4 (2017): 346, accessed 14 July 2019, <https://doi.org/10.3390/ijerph14040346>.

consumption, i.e., “alcohol-related” translating to an average of eight deaths and 43 injuries per day.

One time, according to News Agency of Angola (ANGOP) reports that alcohol consumption is prevalent during social gatherings, celebrations, weddings, and other common occasions. These examples highlight the widespread issue of substance abuse among the residents of Benfica district in the Huambo province, posing significant challenges for both the church and the government.

### **Purpose of the Study**

The study intends to develop a strategy that will aid the church in Angola, especially in the district of Benfica, to deal with alcohol addicted people.

### **Research Questions**

The following are the research questions:

1. What is the scope and severity of alcoholism in the city of Huambo?
2. How can local churches and the community rehabilitate individuals who have recently abstained from alcohol consumption?
3. Which churches in Huambo could serve as dedicated centers for rehabilitating alcoholics?

### **Expectations of the Study**

The pastors, the local churches and the community are expected to benefit from the study because it is done within the community they live and serve in. With the findings from this study, there will now be a tool to identify, to reach out to, also to reach in to, and to rehabilitate alcoholics. In the process of the study, a pioneer program was designed and developed leading to relevant training of selected individuals, or an opening of a rehabilitation center or centers. A center or centers will

eventually be established in each of the churches in Huambo, so that each church will have at least a counselling center, with qualified personnel. The findings of this study will be made available for incorporation into outreach programs, and evangelism outreach in general. The program is expected to spread to other unions and the Adventist seminary in Huambo where pastors are trained.

### **Delimitations of the Study**

The study is delimited to three of the five selected churches in Benfica, Huambo. The respondents were a selected number of pastors, and selected church members whose spouses, family or friends are alcoholics. Other additional information would be obtained from hospitals and the traffic police center in Huambo.

The study, therefore, was confined to alcoholic groups, or affected relatives of this group for whom questionnaires would be designed and administered in Benfica. The sample was also designed represent the population of Huambo aged 18 above, of both genders and without excluding any part of the city including rural areas.

It is further confined to one geographical area (Huambo city). The focus is on the areas of: (a) church strengths and weaknesses in intervention programs; (b) rehabilitation. The study is confined to the years 2017 – 2024 when the researcher completes his studies with AUA.

### **Methodology**

The study has used a quantitative approach, a method that is dependent on questionnaires to get information. Data was collected and analyzed, generating results that were measured, i.e., that were going to be objectively analyzed.

Therefore, relevant questionnaires were prepared for respondents in the following categories: pastors, elders, family members, friends, police, etc. to give

information on the subject. Three to five churches would be selected for the study, the following churches were selected, (Philadelphia, Bringada and Smirna). With this, a group of professionals in those churches were also selected to help in the process which would lead to an attempt to open an alcoholic-free centre for treatment and counselling. This group would assist in establishing a pioneer project, which is expected to eventually spread to other churches, and the ultimate goal is to make disciples (Matthew 28: 19-20) through baptisms.

### **Definition of Key Terms**

“*Alcoholic*” is taken to mean, any person who has a problem of alcohol intake in any form.

*Alcoholics Anonymous* is a community of people with mutual conviction to solve a common problem which is alcoholism.

*Church* is defined as a set of believers with good moral and civic conduct.

*Detoxification* means to eliminate or to remove the effects of alcohol on oneself.

*Rehabilitate*: is a way of helping and mentoring one who is addicted to alcohol and help him to break the habit. This includes empowering the person to overcome the habit and also creating a support system for him or her.

### **Summary**

This project is up to six chapters. Chapter 1 provides an overview of the study. It explains what motivated the researcher to embark on the study and gives details of the context. In addition, the chapter presents the statement of the problem and the purpose of the study, significance, delimitation of the study, methodology and also definitions of key terms. Chapter 2 is the biblical foundation for ministry to

alcoholics. Chapter 3 literature review, chapter 4 explains the Ministry context in Angola, and Chapter 5 presents the intervention program to reduce the tendency to drink alcohol. The study ends with chapter 6 which summarizes the findings and gives a way forward.

## CHAPTER 2

### BIBLICAL FOUNDATION FOR MINISTRY TO ALCOHOLICS

This chapter identifies and discusses Ellen G. White's writings and the bible, if anything, about alcohol, and alcohol abuse by any member or groups of a given community. As already mentioned in Chapter 1 of this study, there are many road accidents, marriage break-ups, cases of HIV and Aids, and neglect of family support in this community which are blamed on excessive use of alcohol by members of the Benfica community. The study, therefore, is done to make awareness to the community, and also, the study is expected to result in a program or programs that are intended to create an awareness on the dangers of alcohol intake, and the negative effects this can have to the well-being of people in the any community. Reference to the Bible, and what it says about this subject is a way of showing how God Himself views alcohol intake by individuals, or a community, and what message God has for both the church, and those involved in the intake.

This study also shows why and how the church (all denominations and sects) should be among the most active agents in creating awareness on the dangers of alcohol intake. It is a possible thing that some individuals in the church may be living within the affected community. Some of these, if identified, could give first-hand information on what this study is attempting to expose. With this first-hand information, the church community can produce role models who can be the Daniels, and the Shadracks of today. This study should lead to a creation of centers of

awareness in a loud and unapologetic manner. By other sources, the study intends to explore and find out what other contemporary writers, including Ellen G. White have said, or have to say about the dangers of alcohol intake. If this is properly done, the role the church and the community would play in creating awareness would be effective in rehabilitating those who have been affected by the use of this drug abuse.

### **Biblical Foundation on War against Alcoholism**

The concepts of alcoholism and addiction are modern, but the phenomenon is undoubtedly ancient. Therefore, we cannot find the terms alcoholism or addiction in ancient texts or in church traditions. However, we can find insights into human behavior that can illuminate our understanding of alcoholism and addiction.

So, this study is done with the view that the biblical foundation for ministry to alcoholics needs to be understood by people in its biblical context. In this, as will be seen later, many theological explanations have been presented, each in a differentiated viewpoint on the use of alcoholic beverages. This chapter, therefore, intends to identify those differing viewpoints, and the various ways scholars understand what the Bible and other sources say on alcohol and ministry to alcoholics.

### **Wine and Drunkenness**

#### **Wine in the Old Testament**

The Old Testament employs “*yayin*” usually translated “wine, the juice of the grape” and “*šēkār*” usually translated “strong drink.”<sup>1</sup> The term *yayin* (wine) is a

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<sup>1</sup> I. H. Marshall et al., eds., *New Bible Dictionary*, 3rd ed. (Leicester, UK: IVP Academic, 1996), 1242.

generic term used 141 times in the Old Testament<sup>2</sup> to indicate various types of fermented or unfermented wine (Nehemiah 5: 18), which refers to “all wine” or “all types”. On the one hand, *yayin* applies to all types of fermented grape juice (Gen 9: 20-21; Gen 19: 32-33; 1 Sam 25: 36-37; Prov 23: 30-31). In most, if not all instances the Scripture context *yayin* indicates a fermented and therefore intoxicating drink.<sup>3</sup>

### **Wine in New Testament**

The New Testament writers used three Greek words, which can be translated into our language as wine: *oînos*; *sikera*; *gleukos*. Of these three, the most used is the Greek word “*oînos*”, which appears 36 times and having the same meaning as *yayin* in Hebrew, and which in the Septuagint also translates into the Hebrew *tirôsh*. The word “*oînos*”, can refer to both unfermented grape juice (John 2: 9-10) and fermented wine (Rev 14: 8).<sup>4</sup> “*Oînos*” (wine) as a Greek word also comes from a Hebrew word *Melos*, of uncertain origin, whose literal meaning is member, of the Hebrew respectively.<sup>5</sup>

*Oînos* literally or figuratively means wine. For example, when referring to “the wine of the anger of God, the wine of the anger of her fornication” (Rev 14:10, 16:19, 19:15, 17:2 and others. In these texts the *Oînos* (Wine) has a figurative

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<sup>2</sup> Willem A. VanGemeren, ed., *New International Dictionary of Old Testament Theology and Exegesis* (Grand Rapids, MI: Zondervan, 1997), 439.

<sup>3</sup> “Wine” [Gen 9:21,]” *Seventh - day Adventist Bible Commentary (SDABC)*, rev. ed. ed. Francis D. Nichol (Hagerstown, MD: Review and Herald, 1978), 1:266.

<sup>4</sup> Horst Balz and Gerhard M. Schneider, *Exegetisches Wörterbuch Zum Neuen Testament*, vol. 2 (Stuttgart, Germany: Verlag W. Kohlhammer, 1992), 1234.

<sup>5</sup> BibleWorks, “1 Timothy 5:23,” 2009.

meaning. Also, metaphorically the word wine is again used in both a good and bad sense based on context.<sup>6</sup>

Besides the word “*oînos*” the New Testament uses other distinct words to express the various types of wine. For example, “*gleukos*” means literally “sweet wine, fresh juice”, but used to designate fermented wine (Acts 2:13)<sup>7</sup> and *Sikera* a Greek word of Hebrew origin meaning “intensely fermented drink, strong drink, fermented wine (Luke 1:15).”<sup>8</sup>

To sum this up, it may therefore, be concluded that the Bible in employing the term wine in two contexts. These are either unfermented or fermented. As one reads between the lines, the context is never hidden. Another thing to note is that God prohibited priests from using alcohol. As reflected in some texts, God considered the violation of this commandment severe, and bad enough to lead to a death penalty for the priest who committed it (Lev 10: 9-11).

As Christopher C. H. Cook said that in the New Testament, drunkenness finds a place in so-called "catalogues" of vices and virtues. These catalogues, or lists, provide a particularly useful key to understanding the historical, cultural, and theological context of the Christian ethic of alcohol abuse. First, they provide an assessment of the relative severity of the problem of drunkenness in comparison with a variety of other vices as understood by New Testament authors and communities. Second, they allow us to consider how the problem of drunkenness relates to these other addictions. Third, they allow us to assess the way in which early Christian ethics in this area drew on or responded to other philosophical and religious systems of

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<sup>6</sup> Marshall et al., *New Bible Dictionary*, 1243.

<sup>7</sup> Marshall et al., 1243.

<sup>8</sup> Marshall et al., 1243.

thought, since the practice of compiling such catalogues was adopted from the classical world at large.<sup>9</sup>

That's why when we analyze the scriptures, they give us a clear explanation of why the Bible prohibits drunkenness and alcohol. Drunkenness can lead people into committing wrongs they would never commit when sober because "they lose inhibitions (internal rules of conscience that preserve decorum and morality)."<sup>10</sup>

### **The Early Church and Alcohol**

The Old and New Testament authors were not unaware of the problems associated with alcohol abuse. Drunkenness was identified as an issue that led to a variety of other vices, including 'sins of speech', sexual immorality, violence, contention, and jealousy. As such, it exemplified the type of behavior that early Christian leaders were admonished to avoid and that was not thought to set a good example for others.

As a result, the early Church, as the mother church of Christendom, serves as an example for Christians and Christian churches in general.<sup>11</sup> It is clear that no wine or other fermented substance was used in Holy Communion. However, differing customs involving the cup later led to disagreements about the nature and use of communion wine. This viewpoint is still held with zeal today. However, the apostolic counsels on temperance advocate for moderate consumption of all good things and complete abstinence from all that is bad.

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<sup>9</sup> Christopher C. H. Cook, *Alcohol, Addiction and Christian Ethics*, (New York: Cambridge University Press, 2006), 36-51

<sup>10</sup> Samuel Waje Kunhiyop, *African Christian Ethics*, (Grand Rapids, MI: Zondervan, 2008), 289

<sup>11</sup> Samuele Bacchiocchi, *Wine in the Bible: A Biblical Study on the Use of Alcoholic Beverages*, Abridged (Washington, DC: Signal Press & Biblical Perspectives, 1989), 178.

## Noah's Drunkenness (Genesis 9: 20-29)

The very first incident on drunkenness is seen in Genesis 9:20-29 at the beginning of human history. After the flood, Noah lived 350 years and he began plowing the earth, planting a vineyard. The result of his work was the fruit of the vine, wine. Many people are bothered by the deplorable situation of Noah, the man who before the flood was described as "righteous and perfect in his generation" (Gen. 6:9) became drunk. Therefore, success is no guarantee against personal failures and downfalls.<sup>12</sup> This can be interpreted to suggest that no matter how long a person has been converted to Christianity or how faithful they have been to God, they must remain attentive. According to Jesus, even the best man can fall if he does not watch and pray (Matt 6:13). Jude supports this in verse 24, stating that "only God is able to keep us from stumbling."

According to Matthew Henry's Bible Commentary "Noah's drunkenness is recorded in the Bible, with that fairness that is found only in the Scripture, as a case and proof of human weakness and imperfection, even though he may have been surprised into the sin; and to show that the best of men cannot stand upright, unless they depend on Divine grace and are upheld thereby."<sup>13</sup>

Ellen G. White has recorded the same conclusions as follows: "Those who work in the cause of God also go into decline, that is, they also fall when they think that what they did was enough to keep them firm."<sup>14</sup> No matter what we have done for

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<sup>12</sup> Russell Norman Champlin, *Antigo Testamento Interpretado: Versículo por Versículo*, Portugues edição (Lisbon, Portugal: Hagnos, 2001), 81.

<sup>13</sup> "Genesis 9 Bible Commentary," accessed 14 July 2019, <https://www.christianity.com/bible/commentary.php?com=mhc&b=1&c=9>.

<sup>14</sup> Ellen G. White, *Testemunho Para Igreja*, vol. 4 (Tatui, Brazil: Casa Publicadora Brasileira, 1985), 58.

God, we are still susceptible to falling, it matters that we continue to stand firm. Therefore, Noah's drunkenness must not be used as an excuse to follow his bad behavior. God is interested in our health.<sup>15</sup>

### **Noah's Drunkenness vice versa Adam and Eve's fall**

The story of Noah's drunkenness is essential, one would argue that it has a relationship with the fall of Adam and Eve. A relationship that is critical not only to the genealogy but to the entire Torah narrative, the story of Shem's descendants and their fight with the Ham children.

In this first point of similarity both stories (Adam and Eve and Noah) tell of the first act of violation God's commandments. In addition, Adam is created from the earth (Gen 2:7), to work the earth (Gen 2:5) and Noah is described as a "man of the Soil" (Gen 9:20). Each story begins with planting.

Immediately after God created Adam, He planted a Garden, as the Bible says: "Now the Lord God had planted a garden in the east, in Eden; and there he put man he had formed" (Gen 2:8). Also, immediately after Noah became a "man of the Soil" he planted a vineyard (Gen 9:20). Both the tree of knowledge and Noah's vine set the stage for the fall to happen.

In both of the stories, the Fall and the story of drunkenness of Noah, the trouble began when they ate the fruit of the ground. In both stories, theme of knowledge plays a major role. In each of the violations a curse is pronounced.

When Adam and Eve ate from the Tree of Good and Evil, their eyes were opened, and they realized they were naked (Gen 3:7). They quickly attempted to conceal themselves. When they heard God approaching, they hid among the trees of

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<sup>15</sup> "Wine" [Gen 9:21], *SDABC*, 1:266.

the Garden (Gen 3:8). When Noah drank his wine, however, he lost his senses. He was unable to conceal his nakedness, and he revealed it while within his tent (Gen. 9:21). He wasn't even aware when Ham noticed his nudity. In a strange reversal of the Fall, the "forbidden fruit" deprived him of his nakedness rather than revealing it.

Ham's function in this chapter is similar to that of the serpent in Eden. When Ham saw his father naked, he went to tell his brothers about it (Gen. 9:22). When Adam and Eve told God they had hidden because they were nude, God inquired, "Who told you you were naked?" (Gen. 3:11). The serpent eventually revealed itself as the source of this information.

Furthermore, when Ham informed his brothers of their father's nudity, he was clearly luring them with forbidden knowledge (the opportunity to see their father naked).

Finally, because his role in the Fall, the serpent got cursed more than any other creature (Gen 3:14). His children were destined to be subordinate to the woman's children (Gen 3:15). Ham's offspring were also cursed, doomed to be subjugated to his brothers' offspring (Gen 9:25). However, the effective result of this curse is often similar to the effects of Adam and Eve's sin: his descendants were forced to abandon their homes, just as Adam and Eve had done with Eden.

There is one last parallel between the stories of the Fall and Noah's drunkenness, which is worthy of mention. In both stories, their nakedness was covered by others. God himself made coats of skin to cover Adam and Eve (Gen 3:21), while Noah was covered by Shem and Japhet (Gen 9:23).

In conclusion, the current comparative analogy of Adam and Eve and Noah demonstrates that when God says "you shall not," mankind must comply. Such obedience recognizes God's right to rule over us, the living, as well as our obligation

to be ruled by Him. In other words, no one should allow their own will to contradict or compete with God's pure will.

### **Theological Reflection on Genesis 9:20-29**

Genesis 9 is very rich in lessons. The Bible was written by inspiration of God (2 Tim 3:16). In its complete integrity, the holly book exposes the mistakes of even the best men. Books created by men tend to conceal the misdeeds and shortcomings of individuals who are admired. Therefore:

1. Nobody is safe, we need to depend on God (Matt 6:13). Only God can keep us from stumbling (Judas 24).
2. The use of fermented wine is a sin (Prov 20: 1; 23: 29-35).
3. Fermented Wine leads to other sins (Hab 2: 15).
4. Lack of diligence can cause even the great men of faith to fall (1 Cor 10:12).

### **Lot's Drunkenness (Genesis 19: 30-38)**

The second passage the researcher wants to explain is based on Genesis 19: 30-38 about the story of Lot and his two daughters. Lot was Abraham's nephew and dwelt in the region southeast of the Dead Sea in the city of Sodom. God decided to destroy Sodom and Gomorrah because of her moral corruption but decided to spare Lot and his family because he had remained whole. Two angels were then sent to Sodom with this destructive mission and warned Lot, his wife and two single daughters to leave the city immediately and not look back.

During the escape, the wife of Lot disobeyed the instruction by looking back and was transformed into statue of salt. The people who survived the destruction of Sodom and Gomorrah were Lot and his daughters. The firstborn conceived and

shared the idea with her younger sister to get their father drunk to preserve the family line (Gen 19:31-32). This incident made Lot to commit incest with his two daughters. This shows how fermented wine can have far reaching negative consequences.

### **Lot as a Righteous Man**

As Noah was a righteous man (Gen. 6: 9); Lot also is referred to as being "righteous" (2 Peter 2: 8). The question that many Bible scholars often raise is: What is the righteousness of Lot if he had become drunk and committed incest with his own daughters? In the Bible, we do not find any record indicating that Lot was a habitual drinker, or that he was habitually involved in acts of incest. His general reputation was that of a "righteous" man, and he maintained this reputation before God, who examines the heart. Lot lamented the 'deeds against the law' of the people of Sodom. And, of course, God, who examines the hearts, regarded him righteous. God is not a man. "The Lord does not look at the things man looks at. Man looks at the outward appearance, but the Lord looks at the heart" (1 Sam 16:7).

Interestingly, Lot must have mourned the wrongdoings in which he was involved. As a result, the presence of information concerning Lot and his daughters in the Bible record should assist us recognize that the Bible is a genuine text. Even when persons known as God's servants engaged in inappropriate behavior, the Bible did not conceal it. However, these things are always narrated, not to amuse or to stimulate a desire to indulge in immoral conduct, but to provide the historical background for understanding other events.

### **Incest and its Consequences**

Genesis 19 offers historical facts without commenting on God's approval or condemnation of Lot's double incest in his inebriated state. However, in subsequent

chapters of the biblical record, God expressly condemns drinking on numerous occasions. Similarly, in his Law given to Israel, God further emphasized his prohibition on incest by saying: "You must not come, none of you, any carnal relative, who comes to him to discover nakedness... "You must not discover the nakedness of your father or your mother" (Lev 18:6, 7). In fact, the Lord declared, "Cursed be he that lieth with his sister, the daughter of his father, or the daughter of his mother" (Deut. 27:22). The penalty for violating the law of incest was death (Lev 18.29). Although Lot and his daughters were not under the Law, they were nevertheless aware of the impropriety of having intercourse with their own father, as they have shown him drunk according to Norman Geisler & Thomas Howe

There is no doubt that Lot sinned in various ways, to say nothing as to the violation of the laws of incest that Moses later gave as commandments to Israel. Lot became drunk and sinned with his two daughters. His righteous soul had been troubled with the many sins by his long sojourn with the people of Sodom. But none of these sins is approved in this passage. In fact, the episode's dry narrative, without any positive comment from the writer, indicates that it was not intended to hide the horror of these sins. Here is a good example of the principle that not everything the Bible tells it approves.<sup>16</sup>

### **Theological Reflection on Genesis 19:30-38**

Because of the following and other Bible texts, it is clear that intoxication is a serious sin that leads to even larger transgressions. Even scientific facts show that alcohol interferes with the brain's communication channels and can alter how the brain appears and functions. These disruptions might alter mood and behavior,

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<sup>16</sup> Norman Geisler and Thomas Howe, ed. *Enciclopédia- Manual Popular de Duvidas Enigmas e Contradição, da Bíblia*, (São Paulo, Brazil: Editora Mundo Crista, 1992), 32

making it difficult to think properly and move in coordination.<sup>17</sup> Therefore, the biblical view is clearly that:

1. The wine and strong drink make the priest and the prophet err and mislead (Isa 28:7-8).
2. There is a curse for those who follow the drunkenness (Isa 5:11).
3. Alcoholic beverages are mocking and uproarious (Prov 20:1).
4. The ideal is neither to look at wine as it is treacherous, the more you use it! (Prov 23:31-32).
5. Do not be drunk with wine, but be filled with the Spirit (Eph 5:18). The alcoholic beverage is incompatible with the Holy Spirit, as the adversary conjunction "mas" makes clear.
6. It is not good to drink wine because of the scandal it may provoke in others. Rom 14:21. The drink is related to the works of the flesh (Gal 5:21).
7. Usually those who are drunk today did not start with the intention of being drunk. Watch out! Drunkards will not enter the kingdom of God (I Cor. 6:10).
8. Micah warns that a wicked people would have false prophets and liars who would defend wine and strong drink (Mic 2:11).
9. People who are addicted to wine are unfaithful, fantastic, and uncontrollable. Those who seek to accomplish God's will must abstain from even moderate consumption of alcoholic beverages for the following reasons: the light we have, the ideal of God, and the harms and dangers of

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<sup>17</sup> National Institute on Alcohol Abuse and Alcoholism, "Alcohol's Effects on Health: Research-based Information on Drinking and its Impact," accessed 15 November 2023, <https://www.niaaa.nih.gov/publications/alcohol-and-brain-overview>.

this practice. Those who are paving the way for the Lord's return, like John the Baptist, should practice total abstinence (Luke 1:15).

As a result, Lot's life demonstrates how much an alcoholic drink can seduce people into making poor judgments and becoming embarrassed. He ended up losing the most important person in his family, his wife. While Lot's example serves as a warning for humanity today, we must remember that he was a righteous man (2 Peter 2:7). This makes it an even more powerful warning to God's children (Proverbs 20:1). Even those who know Christ might make blunders and cause significant harm to themselves if they fail to monitor and pray.

Understanding Genesis 19:30-38 leads us to one of the most frightening and odd stories in Scripture. As a result, Lot's story is strikingly similar to Noah's. After being spared massive judgment rained down from Heaven, Noah and Lot get intoxicated, get naked, and pass out. People look to wine to drastically improve their lives. However, the Christian understands that there is a better method to accomplish this, and that is through Christ. He provides his followers the most profound joy, the sole and unrivaled joy not just in this life but also in the next.

So, Lot's tragic sin should teach us that simply being a believer is insufficient. Christians can commit sins as serious as unbelievers. Despite being a believer, Lot failed badly both with God and as a father.

The Bible, in turn, contains multiple stories involving drinking. For example, in the account of Nadab and Abihu, sons of the high priest Aaron (Lev. 10), who acted in such an irreverent and profane manner in the context of the biblical narrative, it is possible to assume that both were drunk (Lev. 10:8-9). They blatantly desecrated the celestial glory. Despite being conscious of their responsibilities, they did not hesitate to enter the holy sanctuary and give unusual fire to the Lord. Because of this,

God struck them dead right in front of the incense altar. Absalom is another story. He decided to kill Amnon while he was drinking, possibly because he thought he would be less able to defend himself if he was inebriated: "Absalom commanded his young men, saying, make sense; when Amnon's heart is glad with wine, and I say to you, Smite Amnon, then you will kill him. Do not be scared; am I not the one commanding you? "Be strong and courageous" (2 Sam 13:28). One of Belshazzar's sins, on the night he saw the hand on the wall and his kingdom was taken, was the fact that he was drinking: "They drank the wine and gave praise to the gods of gold, of silver, of bronze, of iron of wood and stone" (Dan 5:4).

Scriptural stories involving the use of alcoholic beverages may give the impression that God approved their use. However, Scripture also indicates that God's people participated in such social practices as divorce, polygamy, and slavery—practices that God certainly did not condone. In interpreting such Scriptural passages, it is helpful to keep in mind that God does not necessarily endorse all that He permits.<sup>18</sup>

So, the Bible constantly encourages us to be sober (1 Thess 5:6; 2 Tim 4:5; 1 Pet 4:7; 5:8), because the people who drink alcohol will not inherit the kingdom of God (Rom 13:13; Eph 5:18; Gal 5:21; 1 Cor 6:10).

### **Spirit of Prophecy and the Use of Alcohol**

Ellen G. White has strong counsel which supports total abstinence from alcohol. This was to assist humanity avoid the harm that arises from indulgence in alcohol and strong drinks.<sup>19</sup> The emphasis here is on wine and strong drink. This suggests that church members should not be involving themselves in alcoholic drinks.

According to her, crimes of all kinds are committed by drunk people. Ellen G. White also observes the nature of crimes committed under alcohol by saying that "the

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<sup>18</sup> *Seventh-day Adventists Believe* (Hagerstown, MD: Review and Herald, 1988), 283.

<sup>19</sup> Ellen G. White, *Temperança* (Tatui, Brazil: Casa Publicadora Brasileira, 1985), 42.

consumption of alcoholic beverages results in the various crimes and murders that occur.”<sup>20</sup> This counsel can be taken to mean, we have been blessed with the knowledge of how the use of alcoholic beverages harms not only health, but also brings death with it.

Finally, as observed by other sources, Ellen G. White deeply believed that complete resistance for alcohol is a principle taught in the Bible by warnings and examples. In sum, the various types of literature that have been reviewed and cited in this chapter our God desires us to achieve perfection.

God desires us to reach the standard of perfection made possible for us by the gift of Christ. He calls upon us to make our choice on the right side, to connect with heavenly agencies, to adopt principles that will restore in us the divine image. In His written word and in the great book of nature He has revealed the principles of life. It is our work to obtain a knowledge of these principles, and by obedience to cooperate with Him in restoring health to the body as well as to the soul”<sup>21</sup>

Now after considering all the information presented in the Bible and the Spirit of Prophecy about the use of wine and other alcoholic beverages, as well as the biblical exhortations about what life should be like for those who give themselves to Jesus and become part of the community of believers our choice must be correct, so that humanity can connect with Him.

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<sup>20</sup> White, *Temperança*, 24.

<sup>21</sup> Ellen G. White, *Ministry of Healing* (Grand Rapids, MI: Eerdmans, 2006), 114-115.

## CHAPTER 3

### LITERATURE REVIEW

#### **Contemporary Theologians**

This section unveils how several theologians and writers have agreed in their observations that alcohol use affects sense of reality, hinders ability to make responsible judgments, and diminishes moral sensitivity and inhibitions. It also causes bodily disease and disqualifies someone from both civil and religious service. This is supported by Samuele Bacchiocchi, who says that when Christians accept that drinking alcohol is both physically harmful and morally wrong, then they will stop desist from using it.<sup>1</sup> This preservation is the biblical doctrine when it comes to Christian responsibility abstinence from alcohol is necessary to maintain a relationship with God. Since God communicates with us only through our minds, it is well to remember that alcohol adversely affects their every function.”<sup>2</sup>

Besides that, one author, Mark S. Gold, and Christine Adamec pointed out that the term alcohol does not describe a single, self-evident object, but it’s an analytical category that lumps together an astonishing variety of disparate substances on the sole basis of the common presence of a chemical named ethanol (C<sub>2</sub>H<sub>5</sub>OH) that produces

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<sup>1</sup> Bacchiocchi, *Wine in the Bible*, 266.

<sup>2</sup> General Conference of Seventh-day Adventists. *Seventh-day Adventists Believe: A Biblical Exposition of Fundamental Doctrines*, 2<sup>nd</sup> ed. (Silver Spring, MD: General Conference of Seventh-day Adventists, 2005), 283.

psychoactive effects.<sup>3</sup> Throughout human history, man in general has shown us his constant desire for alcoholic beverages.

Another source by Maria L. Mello, J. Barrias and J. Breda states that the pathological effects of fermented beverages have been known since ancient times. Through archaeological and bibliographical studies, it has been possible to state that alcoholic beverages were used and their effects known for tens of thousands of years, even before the Christian era, with the Egyptians, Greeks and Romans standing out for the development of the arts of making alcoholic beverages.<sup>4</sup>

The above quotations show that the human practice of consuming substances that cause changes in perception, mood and feelings has been going on for thousands of years.

According to Lacerda and Rojas the consumption of such chemical substances involves cultural, religious, economic and political factors, among others. Furthermore, it is likely that, although being part of societal rituals for transcendence and self-knowledge, excessive consumption of psychoactive substances, when combined with other elements in people's lives, might lead to dependence.<sup>5</sup> In this respect, pleasant usage may lose its ability to bring satisfaction and develop into the individual's physical and psychological dependence on the substance.

According to Maria L. Mello, although the effects of alcohol were known since ancient times, the phenomena of chronic alcoholism were more or less ignored,

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<sup>3</sup> Mark S. Gold and Christine Adamec, *The Encyclopedia of Alcoholism and Alcohol Abuse*, (New York: Library of Congress Cataloging-in-Publication Data, 2010), 19

<sup>4</sup> Maria Lucília Mercês de Mello, José Carvalho Barrias and João Joaquim Breda, *Álcool e Problemas Ligados ao Álcool em Portugal* (Lisboa, Portugal: Direcção Geral de Saúde, 2001), 4

<sup>5</sup> Clarissa de Barros Lacerda and Marta Fuentes Rojas, "Significados e Sentidos Atribuídos ao Centro de Atenção Psicossocial Álcool e outras Drogas "CAPSAD": Um Estudo de Caso," *Interface* 21, no. 61 (2017): 364.

with the state of drunkenness being the only disorder linked to the use of alcoholic beverages mentioned.<sup>6</sup>

Therefore, despite humanity having a long history of coexisting with the use of alcoholic beverages, we cannot fail to consider this fact as a public health problem, which triggers a large number of illnesses. This is confirmed by Rodrigo O. M. Pires when he states that, in our days, the abusive use of alcohol has become a global public health problem, which has drawn the attention of medical and health authorities, since this excessive consumption brings several negative consequences for society, directly and indirectly.<sup>7</sup>

Furthermore Alexandra Diehl; Daniel Cruz Cordeiro and Ronaldo Laranjeira, state that alcohol dependence, formally known as alcohol dependence syndrome (ADS), is a severe public health problem and one of the most common mental diseases in society.<sup>8</sup>

On the other hand, Seventh-day Adventists confirm in their 28 fundamental beliefs that alcohol is one of the most often consumed drugs on Earth. It has devastated untold millions. Not only does it harm those who use it, but it exacts its toll on society as a whole—through shattered homes, accidental fatalities, and poverty.<sup>9</sup>

Making reference to balance in walking Keith Jones states that due to the effects of alcohol, alcoholism people are more likely to fall than those without the

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<sup>6</sup> Maria Lucilia Mello, *Manual de Alcoologia para o clínico geral*, (Coimbra, Portugal: Delagrance, 1988), 84.

<sup>7</sup> Rodrigo Otávio Moretti-Pires, “Implementação de intervenções breves para uso problemático de álcool na atenção primária, em um contexto amazônico,” *Revista Latino Americana de Enfermagem* 19 (2011): 28.

<sup>8</sup> Alessandra Diehl, Daniel Cruz Cordeiro and Ronaldo Laranjeira, *Dependência Química: Prevenção, Tratamento e Políticas Públicas* (Porto Alegre, Portugal: Artmed, 2011), 129.

<sup>9</sup> *Seventh-day Adventists Believe* (Hagerstown, MD: Review and Herald, 1988), 283.

illness. Heavy alcohol intake has been related to an increased risk of fractures, including the most dangerous type—hip fractures. Those who abuse alcohol are also more likely to get vertebral fractures.<sup>10</sup>

Also, Alvaro Carvalho states that the assumed consumption of substances with psychotropic action has evolved in accordance with the paths of civilization and, although in a first phase it acts on mental functioning (euphoric, stimulating, anaesthetizing, inebriating, exculpatory), in a second phase, it induces dependence and tolerance, presenting high immediate and/or mediate bio-psycho-social risks.<sup>11</sup>

In the West, according to Marc Schuckit, alcohol, nicotine and caffeine are the most consumed substances, but alcohol is the most destructive.<sup>12</sup> This shows that our contemporary society apparently values the beneficial aspects of drinking alcoholic beverages more than it fears the harmful consequences of unlimited access.

Defining what a drug is, Isabel Hapetian claims that a drug is any substance that can modify the functioning of the body and the senses.<sup>13</sup> There are other numerous other hazardous medications and poisons that Satan uses to destroy human lives.<sup>14</sup> Based on this statement, alcohol can be considered like any other drug, as it causes dependence, triggering addiction, altering the mental and physiological state of each person. It acts on the central nervous system, causing a change in the behavior of

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<sup>10</sup> Keith Jones, ed., *Health Reference Series- Alcoholism Sourcebook*, 4<sup>th</sup> ed. (Detroit, MI: Omnigraphics, 2015), 117.

<sup>11</sup> Álvaro A. Carvalho, *Bebidas alcoólicas – Problema de Saúde Pública* (Coimbra, Brazil: Editora Quarteto, 2003), 4.

<sup>12</sup> Marc Schuckit, *Abuso de Álcool e Drogas: Uma Orientação Clínica do Diagnóstico e Tratamento* (Porto Alegre, Portugal: Editora Artes Médica, 1991), 6.

<sup>13</sup> Isabel Hapetian, *Famílias: Entender a Toxicodependência* (Lisboa, Portugal: Editorial Verbo, 1997), 9.

<sup>14</sup> General Conference of Seventh-day Adventists, *Seventh-day Adventists Believe: A Biblical Exposition of Fundamental Doctrines*, 2<sup>nd</sup> ed. (Silver Spring, MD: General Conference of Seventh-day Adventists, 2005), 283.

the person who consumes it, in addition to having the potential to develop dependence.

Irving Maltzman reports that alcoholism is a noninfectious chronic disease, and must be recognized and treated as such. It is a disease of the whole person as well as the parts, systems, circuits, and cells.<sup>15</sup> That's why, the treatment of an alcohol-dependent person must be comprehensive and not just the characteristics of the disease.

Oswald R. Michel is of the opinion that alcohol is an underestimated drug, as our culture sees it as an integral part of a "normal" life. Thus, it is part of practically all environments and situations: it appears on weekends, as a moment of leisure, and is associated with sports, travel, and work.<sup>16</sup>

On the other hand, Maria da Paz Trefaut in her letter "Return to the Surface" states that alcoholism is the main mental health problem; and this data can be related to the severity of the consequences caused by severe alcohol dependence.<sup>17</sup> Besides that, alcohol usage is associated with several mental health issues, including thought disorders, depression, anxiety, post-traumatic stress disorders, and addiction to tobacco products and other mood-altering drugs.<sup>18</sup>

Therefore, Alcohol is not limited to underlying psychological disorders; it also destroys a number of organs. Alcohol affects many organ systems and is often associated with accidents and injuries. Common organ systems affected include the

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<sup>15</sup> Irving Maltzman, *Alcoholism-Its Treatments and Mistreatments* (Hackensack, NJ: World Scientific Publishing Company, 2008), 23.

<sup>16</sup> Oswaldo R. Michel, *Álcool, Drogas e Alucinações: Como Tratar* (Rio de Janeiro, Brazil: Editora Revinter, 2002), 10.

<sup>17</sup> Maria da Paz Trefaut, "Dura Volta à Superfície," *Carta Capital*, April 1997, 74.

<sup>18</sup> Gerald Zernig, ed., *Handbook of Alcoholism* (Washington DC: CRC Press, 2000), 283.

brain, cardiovascular system, liver, pancreas, upper and lower gastrointestinal tract, and immune system.<sup>19</sup>

That's why we cannot forget the relationship between alcohol abuse and a wide range of problems and consequences for the community, such as the large increase in the number of traffic accidents and deaths, unsafe sex lives, an increase in cases of suicide, an increase in domestic violence, an increase in the number of divorces, and some types of crime and homicide.

Globally, alcohol consumption has increased in recent decades, with the majority of growth occurring in emerging countries and, more frequently, in countries with limited tradition of social policies to control alcohol use, as well as prevention and treatment strategies. Understanding some of the personal and social difficulties related with alcohol will affect people's concerns about the implications of their own alcohol usage, ultimately changing their drinking behavior. The majority of public education efforts against alcohol abuse have been based on this approach. However, this necessitates knowledge of not only some of the difficulties connected with alcohol misuse, but also how people might change their alcohol-related behaviors.

Over the years, several studies on the consumption and extent of the alcohol problem have been carried out, with one of the major international references being the WHO, which in turn considers alcoholism to be a disease. As a disease, alcoholics can experience problems related to alcohol use in all areas of their lives (physical, mental, moral, family, professional, social, among others) and lose the ability to control the amount of alcohol they consume.

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<sup>19</sup> Ibid., 281.

According to the WHO, an alcoholic is an excessive drinker whose dependence on alcohol is accompanied by mental disorders, physical health, relationships with others and social and economic behavior.<sup>20</sup> In other words, the person who is alcohol addicted has made drinking the center of his or her life. It is not just an addiction, but it is also a habit that is associated with the places where the individual drinks (bars, parties, clubs), as well as the people with whom he or she has mingled, often including others who are heavy drinkers or alcoholics.<sup>21</sup>

Furthermore, George E. Vaillant stated that alcoholism depends on social, economic and cultural variables. It involves a multi-determined continuum of behaviors related to drinking.<sup>22</sup> Based on this, alcohol-related problems do not result only from excessive amounts consumed, but from a lack of control over the way in which alcohol is consumed (when, where and how much). Alcohol abuse leads to dependence, depression and personality instability, i.e. man seeks alcohol, develops a taste for it, and then loses control. As Vaillant observes “first the man takes a drink, then the drink leads to another drink, and then the drink leads to the man.”<sup>23</sup>

Furthermore, Joseph Njuguna observes that people who drink regularly end up having many problems with their studies, sports, sex- to mention but a few. Drinking also leads to exposure to sexually transmitted diseases, crime, injuries, drowning deaths, suicides, car accidents among others.<sup>24</sup> In other words, alcoholism is a mind

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<sup>20</sup> Organização Mundial da Saúde, *Relatório Global sobre Álcool e Saúde* (São Paulo, Brazil: Centro de Informações sobre Saúde e Álcool, 2014), 162.

<sup>21</sup> Gold and Adamec, *The Encyclopedia of Alcoholism and Alcohol Abuse*, 1.

<sup>22</sup> George E. Vaillant, *A História Natural do Alcoolismo Revistada* (Porto Alegre, Portugal: Editora Artes Medicas, 1999), 17.

<sup>23</sup> *Ibid.*, 100.

<sup>24</sup> Joseph Njuguna, *The Hidden Traps in Drugs* (Nairobi, Kenya: Springfield Books, 2009), 120.

disease that needs to be treated just like other illnesses and those who drink cannot get help unless they admit that they need help, and surrender.

On the other hand, “a person who leads a disorderly life (irregularity in sleep and meal schedules...), who neglects his or her health, who loves binging and debauchery, and/ or who goes around with people of such likings and habits is an almost certain candidate for drinking, or even for becoming alcohol dependent.”<sup>25</sup>

Ekkehardt Müller observes to “those who drink moderately are in danger because they mislead others. The influence of an alcoholic is less stimulating than that of a moderate drinker. Moderate drinkers are a danger to alcoholics who are in withdrawal, as they are also tempted to drink again. The smallest dose of alcohol can lead them to collapse into alcoholism.”<sup>26</sup>

It has also been suggested by Oakley Ray that there are three types of heart diseases, which are associated with alcohol use: (1) *Myocardial infarction*, which is the usual heart attack; (2) *Angina pectoris* is due to a collection of lipids (fat) in the coronary arteries; (3) *cardiomyopathy* a disease of the heart muscle, not of the blood vessels.<sup>27</sup>

In addition to that, the Spanish Federation of Rehabilitated Alcoholics, states that there are two types of alcohol dependent people: (1) those who habitually get drunk and (2) those who drink every day, never or rarely getting drunk.<sup>28</sup> People who

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<sup>25</sup> Rafael Escandón and César Gálvez, *Free from Addictions* (Madrid, Spain: Editorial Safeliz, 2006), 107.

<sup>26</sup> Ekkehardt Mueller, *Revista o Cristão e o Álcool* (Berrien Springs, MI: Biblical Research Institute, 2019), 1.

<sup>27</sup> Oakley Ray, *Drugs, Society, and Human Behavior* (St. Louis, MO: C.V. Mosby, 1978), 151.

<sup>28</sup> Escandón and Gálvez, *Free from Addictions*, 102.

drink heavily over a short period of time may develop alcohol poisoning, also called acute alcohol intoxication.<sup>29</sup>

Gold and Adamec pointed out that alcohol frequently enhances an individual's level of aggression, as well as the frequency and severity of aggressive actions displayed by the drunken person. These activities are significantly more disruptive and violent than how these same people would behave if they were not under the influence of alcohol.<sup>30</sup>

In addition, some research has shown that some individuals behave more aggressively when they consume alcohol, in part because they assume that alcohol increases aggressive impulses. It is also true that the rate of victimization increases significantly with excessive alcohol consumption by the victim. Individuals who drink excessively are more likely to be assaulted and victimized in other ways than others.<sup>31</sup>

Finally, although alcohol is a widely used drug, many people choose not to drink. Not because they have biblical knowledge, but because of the damage it brings.

### **Consequences of Alcoholism**

According to the sources that are cited below, the consumption of alcoholic beverages causes several health problems. It also creates the adverse consequences in the area of behavior and human relationships. These also that alcoholism not only affects the person who drinks, but also society and their family, who feels violated by the drinker's behavior.

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<sup>29</sup> Dale Hahn, Wayne Payne, and Ellen Lucas, *Focus on Health* (New York: McGraw-Hill Education, 2009), 186.

<sup>30</sup> Mark S. Gold, and Christine Adamec, *The Encyclopedia of Alcoholism and Alcohol Abuse*, (New York: Infobase Publishing, 2010), 16.

<sup>31</sup> *Ibid.*, 17.

## **Pathophysiological Consequences**

According to the World Health Organization, close to 20 diseases directly relate to excessive consumption of alcohol and approximately 60 diseases indirectly.<sup>32</sup>

The organ most affected by alcoholism is the liver, however problems can be observed throughout the body such as: brain, heart, digestive tract, blood and glands. Diseases resulting from alcoholism are very serious and can be chronic and even lead to death.

The most common diseases resulting from alcoholism are:

1. **Hepatic Steatosis** (accumulation of fat in the liver)
2. **Alcoholic Hepatitis**: This is a serious disease, which is characterized by weakness, fever, weight loss, nausea, vomiting and pain over the liver area
3. **Liver Cirrhosis**: This is the final stage of alcohol-related liver disease.

In all treatments for diseases caused by excessive alcohol consumption, it is essential to stop drinking alcoholic beverages. Sometimes the liver makes a small recovery, enough to maintain its vital functions and allow a normal life. When cirrhosis progresses to its final stage, the only solution is liver transplantation.<sup>33</sup>

## **Social Consequences**

Highlighting in this area the increase in accidents of all types derived from its use (traffic, work, etc.), as well as the numerous problems of coexistence in the form of altercations, disputes or attacks. The social consequences of problematic alcohol use can be as harmful as the direct medical consequences. Almost 20% of drinkers

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<sup>32</sup> Organização Mundial da Saúde, *Relatório do Status Global Sobre o Alcool* (Genebra, Portugal: Organização Mundial da Saúde, 2001), 14.

<sup>33</sup> Conselho Nacional de Secretários de Saúde, “Violência: Uma Epidemia Silenciosa,” accessed 21 November 2024, [http://www.conass.org.br/conassdocumenta/cd\\_15.pdf](http://www.conass.org.br/conassdocumenta/cd_15.pdf).

admit to having regular problems with friends, family, work or the police due to their alcohol habit. Those who abuse alcohol have a greater risk of divorce, depression, domestic violence, unemployment, and poverty.

In addition, alcohol consumption is related to traffic accidents. Although the causes of traffic accidents are varied, i.e., they include issues related to the poor condition of the vehicle, the driver himself, such as: impatience, lack of rest, pride, greed, ego or lack of driving skills. However, records show that alcohol is the main cause of most all accidents.

According to research carried out by the National Traffic Department in partnership with the National Police, around 70% of accidents that occur in Huambo are related to the consumption of alcoholic beverages.<sup>34</sup> Alcoholic drinks, even if consumed in small quantities, affect drivers' driving skills: It reduces motor coordination and reflexes, which causes a lack of awareness regarding the speed of their own car and other vehicles, which can be the cause of fatal accidents.

Therefore, alcohol is a depressant of the nervous system, it results in a decrease in its activity and slows down its functions. Reflections decrease and vision is modified since the visual field is narrowed, which makes it impossible to see elements that approach from the sides transversely.

### **Family Consequences**

In the family context, alcohol is implicated in relationship breakdown, i.e., causing disagreements between couples, often leading to verbal and physical aggression, domestic violence and poor parenting, including child neglect and abuse. It is estimated that over 1 million children are affected by parental alcohol misuse.

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<sup>34</sup> “Acidente Mata Nove Pessoas no Huambo,” accessed 10 April 2019  
<http://www.redeangola.info/acidente-mata-nove-pessoas-no-huambo/>.

Children are generally victims of alcoholic parents suffering from domestic violence, which harms their academic and social performance.<sup>35</sup>

Therefore, alcoholism not only affects the person, but also their family, who feel violated by the behavior of the drinker, with which the home becomes a sick environment, causing serious crises that is destructive to family dynamics. It is described that the greatest amount of physical abuse of women or children occurs under the influence of alcohol; therefore, family violence and the dysfunction of all family components are related to alcoholism problems.

### **Risk Factors Associated with Alcoholism**

A risk factor is something that increases one's chance of contracting a disease or condition. It is possible to develop alcoholism with or without risk factors, however, the more risk factors there are, the greater the probability of developing alcoholic tendencies and among these there are: social factors, biological factors, psychological factors, and family factors which are expanded on below.

#### **Social Factors**

Observations have shown that contemporary society is permissive with alcohol and in this sense, from the moment one is born until their death, some social events are intermixed with alcohol intake. In other words, the availability of alcoholic beverages plays an important role in the initiation of the consumption of illegal substances. Certain environments favor alcohol consumption more than others, among these we have; The social acceptance of alcohol and the environmental availability (low price, advertising and easy access to alcohol, etc.) and considering alcohol as a

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<sup>35</sup> B. F. Grant, "Estimates of US Children Exposed to Alcohol Abuse and Dependence in the Family," *American Journal of Public Health* 90, no. 1 (2000): 112-115.

legal drug, it becomes an easily accessible product, due to the multiple establishments where it can be acquire, the long sales hours, the affordable price of the drinks and the poor control of sales to minors, together with the increase in purchasing power, constitutes a determining fact in the normal and pathological consumption of the substance.

Collective pressure is associated with the search for fun and new sensations, group cohesion, an additional aspect to consider, is the link with unhealthy friendships with antisocial tendencies where group pressure, whether in social, work or academic contexts, is often which precipitates the development of excessive consumption and finally dependency. Wanting to be part of a group often incites adolescents to try these vices and then the fear of being excluded from it is the reason why they drink alcohol until without realizing it they become social drinkers and then alcoholics. The peer group enables a risk factor depending on the choice of friends, and the group to which one belongs, the degree of dependence one has on it, group pressure and their influence can incite and/or reinforce consumption, depending on the habits and attitudes of this group, which are closely related to the absence of autonomy of people in decision-making, in evaluating the pros and cons of their actions and in the limitation to assume the consequences of their behaviors. The desire of adolescents to identify with the world of adults or with older peers.

Poverty and social exclusion are also strongly correlated with negative outcomes from alcohol consumption. The family environment influences the development of a person's consumption patterns over time, the lack of parental warmth, perceived rejection by parents, family conflicts, being part of a dysfunctional

family has been related to increased alcohol consumption.<sup>36</sup> Stress-related causes are also attributed to alcohol habituation, which cause alterations in the social, family and economic relationships of subjects exposed to this risk.

An analysis of the above-mentioned factors, reveals an accumulation of factors related to culture, sex, social class and religion that contribute to the tendency to develop alcoholism. For example, men are more predisposed than women to developing alcoholism. People who live in urban contexts are more predisposed than people in interior regions. Men living in the capital city (Luanda) are at greater risk than those living in Huambo. There are professions that have greater trends than others. For example, farmers and people who work in the post office are less likely to develop alcoholism than people who work in the media and police officers. In short, men who live in urban contexts where alcohol is cheap, easily accessible and socially accepted and who work in certain jobs are statistically more likely to develop alcoholism than other groups.

### **Biological Factors**

Today genetic participation in the development of alcoholism and drug addiction is a finding that has no doubt, demonstrated through animal, twin and adoption studies that have confirmed such associations. Some types of alcoholism are due to a genetic predisposition, it is known that children of alcoholics constitute a high-risk group (25% probability if one of the parents is an alcoholic, 50% if they are both parents).<sup>37</sup>

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<sup>36</sup> Madalena Alarcão, *(Des) Equilíbrios Familiares* (Porto, Portugal: Quarteto Editora, 2000), 4.

<sup>37</sup> Ortuño F. Sánchez, *Lecciones de Psiquiatría* (Madrid, Spain: Editorial Safeliz, 2010), 317.

On the basis of the above observations, numerous scientific investigations, especially those conducted on twins and children of alcoholics, have demonstrated that hereditary factors influence alcoholism. These data indicate that offspring of alcoholics are approximately four times more likely than the general population to have alcohol issues. Children of alcoholics are also more likely to develop a variety of behavioral and emotional issues.

Whatever the true heritability, these studies indicate that genetic factors may explain only part of the aetiology of alcohol dependence. The remaining variation is accounted for by environmental factors and their interaction with genetic factors.

### **Psychological Factors**

There is strong evidence that a variety of psychological factors increase the chance of developing alcohol use disorders. Various learning theories have demonstrated that learning plays a crucial role in alcohol dependence. Conditioning theories explain how alcohol dependence develops. Alcohol, being a psychoactive agent, has reinforcing qualities, such as its euphoric effects and propensity to alleviate negative emotional states like anxiety. Conditioning can also explain why people become particularly sensitive to stimuli or cues associated with alcohol consumption, such as the sight and smell of a favorite drink, so that these cues can trigger craving for and continued use of alcohol, including relapse after a period of abstinence.

On the other hand, we can speak of a certain psychological vulnerability, that is, a more predisposed personality. Negative emotions such as anxiety, loneliness, low self-esteem or anger are often found at the origin and maintenance of this disease. Not knowing how to face some realities such as pregnancies, bad grades, breakups or

romantic rejections, etc. motivate alcohol consumption. As stated by Lejoyeux M. Ades, the environment shapes the modalities of alcohol consumption.<sup>38</sup>

### **Family Factors**

The attitudes, values and behavior of parents undoubtedly influence the development of their children; consumption in the family is always a reference for adolescents and affects especially early consumption. Since education is always given by example. If they grow up in an environment where alcohol is celebrated as something that is related to partying, well-being and euphoria, the risk of alcoholism is greater.

In general, there is permissiveness within the family, since the male sex has less control from their parents when it comes to going out to meetings, parties, bars, discos, etc., while female daughters are limited in their outings. since they believe they are more vulnerable; communication problems (lack or dysfunctional communication, example: abuse, insults, dominance), poor disciplinary styles, parental rejection, physical and sexual abuse; disintegrated homes (divorce, separations), as well as the lack of adequate family supervision.<sup>39</sup>

Furthermore, research has revealed that some parents' attitudes regarding alcohol influence their children. Furthermore, their parents' attitudes toward underage drinking have an impact on children; if parents observe their own underage children drinking at home and do nothing to stop them (and, worse, sometimes even encourage this behavior), adolescents and children receive a clear message that it is acceptable to

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<sup>38</sup> Lejoyeux M. Ades, *Comportamentos Alcólicos e Seu Tratamento* (Lisboa, Portugal: Climepsi Editores, 1997), 35.

<sup>39</sup> Ralph E. Tarter and Michael Vanyukov, "Alcoholism: A Developmental Disorder," *Journal of Consulting and Clinical Psychology* 62, no. 6 (1994): 1096–1107, accessed 10 April 2019, <https://doi.org/10.1037/0022-006X.62.6.1096>.

drink, and they frequently do. However, underage drinking is unlawful, and children who drink, as well as their parents, can be arrested for providing them with alcohol or allowing the use of alcohol in the home.<sup>40</sup>

In summary, there are numerous other environmental elements that contribute to the development of alcohol-use disorders. These include alcohol's cost and availability, high overall consumption rates, occupational risk factors (such as working in the alcohol or hospitality industries), social pressure to drink, and religious and cultural views toward alcohol. In general, it can be said that the family relationships of an individual who is dependent on alcohol are unbalanced, driven by aggression, insecurity and shame.

### **Myths and Facts Regarding Alcohol**

Alcohol is surrounded by many myths and facts that influence people's perception and behavior regarding its consumption. It is important to demystify common beliefs, such as the idea that alcohol is not a drug or that mixing different types of drinks does not affect drunkenness, to promote a healthier understanding of its effects.

1. Myth: Alcohol is a stimulant

Fact: Alcohol may seem stimulating because it reduces inhibitions.

Alcohol is depressing.

1. Myth: A few drinks improve fitness.

Fact: Alcohol does not normally increase mental or physical capacity. It can increase confidence because it decreases discernment, self-criticism

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<sup>40</sup> Gold and Adamec, *The Encyclopedia of Alcoholism and Alcohol Abuse*, xxxvii.

and self-control. Drinkers may feel that their performance has improved when it may actually have decreased.

2. Myth: Alcohol increases body heat.

Fact: Alcohol can make the drinker feel hotter because it causes red blood cells to rush to the surface of the skin. This decreases body temperature because surface heat is lost.

4. Myth beer does not make a person an alcoholic

Fact: Beer contains the potentially alcohol-additive ingredient: ethyl alcohol. Because its alcohol content is low, it simply means that a beer drinker needs to drink more beer to get drunk compared to a wine or whiskey drinker.

5. Myth: Alcoholics drink alcohol every day.

Fact: Some alcoholics only drink on the weekends. Alcoholism simply means that the person cannot control their desire to drink.

6. Myth: Alcoholic beverages cure colds.

Fact: Alcohol may temporarily relieve some cold symptoms, but it does not cure it.

7. Myth: Drink a cup of coffee, take a cold shower, breathe fresh air, etc. The effects of alcohol quickly diminish.

Fact: These methods can stimulate the person and they simply become a wide-awake drunk. This can be more dangerous as you may feel more capable and capable of performing tasks such as driving a vehicle with drastic results. It takes time for alcohol to be eliminated from the body.

8. Myth: Alcoholics are among the class of people who come from the slums.

Fact: The problems caused by alcohol are found in all layers of society.

Only 3% of alcoholics come from the slums

9. Myth: Alcoholics are morally responsible.

Fact: This is not necessarily true, since alcohol affects the centers of the brain that control judgment, reason and willpower.

10. Myth: Women do not become alcoholics.

Fact: Women also become alcoholics, but they are not as easily recognized as such, since their drinking problems are often hidden in their own homes.

11. Myth: Pregnant women can drink in small amounts

Fact: Alcohol can cause serious harm to the fetus, especially in the first trimester of pregnancy.

12. Myth: Only large amounts of alcohol cause a hangover.

Fact: A hangover can occur even with small amounts, due to dehydration and stomach irritation.

13. Myth: Mixing drinks does not affect drunkenness

Fact: What really matters is the total amount of alcohol consumed, not the type of drink.

14. Myth: Alcohol does not affect every organ in the body.

Fact: Excessive consumption can cause damage to the liver, heart, pancreas and brain, among others.

15. Myth: Alcoholism is not a disease

Fact: Alcoholism is a chronic condition that involves physical and psychological dependence, and it is not just a matter of a lack of willpower.

16. Myth: Recovery from alcoholism is not possible.

Fact: With proper treatment and support, many people can overcome addiction and lead healthy lives.

In sum, debunking the myths and understanding the realities about alcohol is crucial to promoting abstinence. Education about the effects of alcohol can help prevent health and addiction problems, as well as promote a safer and more conscious environment regarding its use.

### **Christianity and Alcohol Consumption**

From the discussion or debate has come out two opinions which are: (1) for those who advise Christian to drink in moderation way and (2) for those who do not encourage a Christian to consume alcohol but to practice total abstinence from it.<sup>41</sup> According to Bacchiocchi, Those who teach that moderate drinking is a Christian liberty sanctioned by Scripture fail to recognize that moderation is the precursor to immoderation. First, alcohol is a habit-forming drug, and second, even moderate drinking impairs our ability to judge and self-control.<sup>42</sup>

Therefore, for the Christians, total abstinence is the safe position. Christians need for both mental vigilance and physical abstinence from intoxicating substances such as alcoholic beverages. We should heed the Scriptures' advice not to "get drunk on wine, which leads to debauchery. Instead, be filled with the Spirit" (Eph 5:18).

### **Another Christian Commandment of Abstinence**

When the alcohol issue is viewed in light of the Bible, there are other factors to consider. The Holy Scriptures condemn not only the consumption of intoxicating

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<sup>41</sup> Doug Batchelor, "The Christian and Alcohol," accessed 10 April 2019, <https://www.amazingfacts.org/media-library/book/e/63/t/the-christian-and-alcohol>.

<sup>42</sup> Bacchiocchi, *Wine in the Bible*, 39.

drinks, but also all excess and wastefulness in the use of God's gifts. This is clear from several texts some of them are as follows: (Prov. 20:1; 23:29-32; Eccles. 10:17; Isa. 5: 11,22) etc.

In what He called the, first greatest commandment, Jesus said is to "love the Lord your God with all your heart, with all your soul and with all your mind." (Matt 22:37, 38). Unfortunately, alcohol directly affects the mind, and drinking to excess interferes with one's obedience to this greatest of all commandments. It can seriously interfere with the use of good judgment, the ability to solve problems, the exercise of self-control and other important functions of the mind. The Scriptures admonish us: "My son, preserve sound judgment and discernment, do not let them out of your sight; they will be life for you, an ornament to grace your neck" (Prov 3:21).

Jesus also uses the antediluvians to give warning shots in Matthew 24: 8,9. Jesus does not rebuke that they ate and drank, but that eating and drinking made up the whole content of their lives. This is also how the admonition in Luke 21:34 is to be understood: "Be careful, or your hearts will be weighed down with carousing, drunkenness and the anxieties of life, and that day will close on you suddenly like a trap."

Jesus condemns overloading the body with food and drink. This reminder also applies when it comes to harmless things. Gluttony and drunkenness are detrimental to health and make us unable to carry out our daily duties, but they even more than prevent the vigilance and readiness for his coming that Christ demands. It is even worse when the making and consumption of alcoholic beverages turns the glorious gifts of God into a curse. Not only are such scary amounts of nutrients lost, but the dire consequences of alcohol consumption also come along.

On the other hand, the apostle Paul exhorts Christians “to offer your bodies as living sacrifice, holy and pleasing to God, this is your spiritual act of worship” (Rom 12: 1). Therefore, the Christian would not be “acceptable before God” if they drank alcoholic drinks to the point of losing their “reasoning power.” Drinkers create a tolerance for alcohol. However, they may be developing an unhealthy alcohol addiction. Therefore, any number of alcoholic beverages that weakens “practical wisdom and reasoning” as a Christian is to be avoided.

### **Alcohol Abuse in Modern Society**

Like other drugs, alcohol has immediate intoxication effects that can be dangerous both to the user and to other people. When taken in big quantities, it becomes a poisonous substance. On the other hand, some studies have shown that certain types of alcohol, when used sparingly, may help prevent heart disease, however research has challenged these results.

For example, in some parts of the city of Huambo, it is customary for men to gather to drink large quantities of homemade fermented drinks. These sessions can last for hours and are held frequently, and many men indulge in this daily. Some think it is just part of their culture. There are times when beer and other alcoholic drinks are consumed instead of or in addition to the local, home-made drink. This often results in drunkenness.

To many people, the moderate consumption of alcoholic beverages is almost unknown. As a rule, when they drink, they drink to get drunk. Typically, on payday, that is, when they receive their wages/salaries, they gather in groups and buy several cases of beer, each with 24 bottles. They only stop drinking when the beer runs out. Therefore, drunkenness in public is quite common.

According to Samuel W. Kunhiyop

Alcohol has been in use since ancient time of Egypt, Greeks and Romans. They were heavy drinkers. The Arab chemists invented distillation, which led to drink whisky, brandy, gin, rum and vodka (which has an alcohol content of between 50% and 60%).<sup>43</sup>

This quotation shows that alcohol has been part of society for millennia. It is used not only in celebrations and ceremonies, but also as a way of dealing with life's stresses. Alcohol is seen as a way of getting out of trouble, relaxing at the end of the day and partying on weekends to release stress. It would seem many people turned to alcohol due to difficult working and living conditions (mass poverty, hunger crises, rural exodus and slums in cities). Other factors which should be taken into account: anxiety, anguish and insecurity also make people more vulnerable to drinking. In addition, cultural conditions, ease of access to alcohol and the values surrounding its consumption also influence dependence. But these problems are still there after the person is sober again, and these problems are often aggravated by alcohol consumption.

### **The Mass Media Influence of the Advertisement of Drugs**

Print and electronic media openly advertises alcohol consumption and cigarette smoking without due consideration of how it affects the welfare and behavior of the people. There seems to be no discrimination about who should actually consume the drugs being advertised. If anything, some of the youth feel particularly targeted, seeing that most of the advertisements feature young people and youth idols. This encourages the youth to taste and confirm for themselves the good feelings evoked by advertisements.

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<sup>43</sup> Samuel Waje Kunhiyop, *African Christian Ethics* (Grand Rapids, MI: Zondervan, 2008), 336.

Studies have shown that alcohol spending on advertisements increased on cable television networks from \$156.8 million spent for 51,109 ads in 2001 to \$391.6 million for 168,318 ads by 2007. Spending for ads on beer and ale dominated. The number of ads for beer and ale on cable networks increased from 36,834 in 2001 to 90,630 ads in 2007. The number of ads for distilled spirits on cable TV increased hugely from 1,973 ads in 2001 to 62,776 ads in 2007. Wine ads were relatively flat on cable TV: there were 9,166 ads in 2001 and that number increased to 10,577 ads by 2007<sup>44</sup>.

Many beer advertisements are aired during weekend athletic events that are popular with young people. Furthermore, when it comes to alcohol, underage drinkers tend to choose beer. In addition to television commercials, teenage drinkers see advertisements on billboards and the Internet.

As a result, it is apparent that alcohol promotion plays an important role, and the problems are becoming more severe year after year. That is why many who are worried about the impact of advertising on alcohol use, particularly the marketing of alcohol drank while underage, want to enact stronger rules to ban alcohol advertising that appears to target teenagers and young adults. For example, some groups are concerned about special "energy drinks" that combine alcohol with caffeine and other chemicals and appear to be marketed at young adults or other underage individuals, because once consumed, the person becomes a prisoner of his own decisions.

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<sup>44</sup> Gold and Adamec, *The Encyclopedia of Alcoholism and Alcohol Abuse*, 5.

## **Restriction Policies for Alcohol Beverages Consumption**

Alcohol consumption varies significantly both between different districts of the city and for different subgroups within the same location. In terms of gender, alcohol use is more frequent among men, while abstinence is more common among women. The same is true for heavy alcohol use (ingestion of large amounts of alcohol for drunkenness), with a greater predominance among men.

The World Health Organization suggests that the following public health measures be implemented to restrict the consumption of alcoholic beverages that have caused various damages<sup>45</sup>:

**Taxation of alcoholic beverages: the higher the price, the lower the consumption.** The low costs charged for alcoholic beverages, particularly beer, create an incentive to use alcohol. Depending on the locality, beer is sold at the same or lower price than soft drinks or mineral water. Alcoholism, utilized as a sanctuary in the face of terrible living situations, keeps citizens isolated from their own reality and limits the development of thinking and, most importantly, questioning. As a result, the scientific literature provides clear evidence that the price of alcoholic beverages influences their use. As a result, the lower the price, the more alcohol is consumed; conversely, the higher the price, the less is consumed.

**Regulation of physical availability of alcohol: decreased access to drinking.** According to studies, the lower the access to alcoholic beverages, the lower the consumption and difficulties associated with their use. As a result, legislation should be enacted that restrict both customers and suppliers. However, it should be remembered that these restrictions on access to alcoholic beverages may have

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<sup>45</sup> Organização Pan-Americana da Saúde, “Álcool,” 2024, accessed 10 April 2024, <https://www.paho.org/pt/topicos/alcool>.

unintended consequences, such as increased domestic alcohol production and smuggling.

**Changing the context of alcohol consumption.** There are interventions that aim to alter the setting of establishments where alcoholic beverages are offered. Such measures include the co-responsibility of establishments that sell alcohol and the staff that provide it in an abusive manner. Responsible alcoholic beverage sales involve changing establishment attitudes and training employees to prevent alcohol abuse. The responsible sale of beverages is one step that can assist reduce abusive alcohol usage and prevent problems that arise as a result of it.

**Measures to combat drinking and driving.** Traditionally, regulations aimed at addressing drinking and driving seek to penalize offenders, with the hope that these punishments may deter the individual from engaging in the linked behavior of drinking and driving. However, the literature contains little evidence to support the laws. The suspension of driver's licenses appears to be an exception to this rule, as it is an effective approach in preventing both drinking and driving as well as car violations that are not linked with alcohol use. Another technique for combating drunk driving is to make alcohol consumption assessment measures more visible, such as the constant and random presence of breathalyzers on streets and avenues. In addition to these measures, the reduction in permitted blood alcohol limits also seems to be an effective measure in combating drinking and driving.

**Regulation of alcoholic beverage promotions.** Alcohol marketing is a global industry. Alcoholic beverage brands are advertised on television, radio, the internet, and other forms of communication. These commercials predispose minors to consume alcohol before the legal drinking age, hence limiting these advertisements has become a hotly debated issue in a number of nations throughout the world.

The regulation on advertisements for alcoholic beverages, as a rule, is usually done using both government mechanisms (such as the ban on the display of advertisements after a certain time) and industry self-regulation. It is also known that the greater the commitment of society as a whole, and the advertising and alcohol industries, the greater the chances of exercising more effective control over these advertisements.

**Elaboration of alcohol education and persuasion strategies.** The development of preventive and educative strategies in schools has been shown to be effective in changing attitudes and disseminating information about alcohol use without, however, changing the current consumption pattern. Measures such as improving students' self-esteem and encouraging sports practices are examples of these strategies. Thus, it is noted that the impact of education and persuasion programs tends to be small and inconsistent.

**Availability of treatment for problems related to alcohol use.** The treatment of problems related to alcohol use, in addition to its importance in reducing the suffering and pain of patients and family members, is also a way of preventing alcohol consumption.

### **Huambo City and Alcohol Consumption during the Civil War**

The armed conflict, the liberation war in Angola that lasted for more than a decade in Angola caused many people in Huambo to become dependent on alcohol. These people who became dependent on alcoholic beverages, their consumption cannot obviously be disconnected from some pre-war conditions that the country had.

In Angola, the civil war was at various levels in which many things were experienced for the first time, including the use of psychoactive substances. Although

alcohol was not exactly a product that people were unaware of, according to some oral sources, during the war drinking alcoholic beverages took on new meanings and acquired greater dimension. Alcohol consumption has become more prevalent and more frequent, with many adopting new consumption patterns – for example, drinking a couple of beers with breakfast or 2 or 3 before falling asleep, which, according to the perspective clinically, may indicate a “harmful” level of consumption.<sup>46</sup> However, both these consumption patterns and drunkenness were behaviors seen as “normal” and were difficult to view from a clinical perspective and the concept of alcoholism.

Therefore, in that war context, the excessive use of alcoholic beverages was not understood as a health or societal problem, meaning that only in extreme cases did it lead to disciplinary proceedings and, ultimately, to clinical treatment and evacuation. As a rule, even when it was recognized that alcohol contributed to behavior considered incorrect, it tended to devalue its problematic side, with “excessive” consumption being seen as something that was the result of the context, circumstances, the mentality of the time and even the own youth.

So, in a war scenario, for the conditions described above, alcohol was seen as something that had a positive effect on the emotional state and, in this sense, an essential good for people's good health, along with other things that helped to improve health. passing time, giving meaning to existence and resisting discouragement, such as, for example, socializing with comrades or corresponding with family members and war godmothers. Therefore, in the context of war, drinking alcohol was a way of

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<sup>46</sup>Tara Haelle, “Por que ingerir bebida alcoólica antes de dormir não faz bem para saúde?” accessed 3 July 2023, <https://www.nationalgeographicbrasil.com/ciencia/2023/06/por-que-ingerir-bebida-alcoolica-antes-de-dormir-nao-faz-bem-para-saude>.

«escape», of «calm down», «refresh», «recover», «forget», «rebalance» or «relieve», acting as a «tranquilizer» or «anesthesia ».<sup>47</sup>

In short, one can conclude that in that wartime context, drinking alcohol was a way of dealing with a reality marked by everyday violence, isolation and suffering and, thus, managing to maintain control. For the same reason, alcoholic beverages were an instrument of social control.

Today, due to cultural heritage, alcohol is a substance frequently used by many people and the district of Benfica, Huambo is no exception to this rule.<sup>48</sup>

### **Huambo City and Alcohol Consumption during COVID-19**

The corona virus led to serious health implications, there has been concerns on the part of government officials that some people may be consuming more alcohol due to the increased psychological distress triggered by the interplay of financial difficulties, social isolation and uncertainty about the future, during and after crises like the COVID-19 pandemic. On the other hand, due to the restrictions on the availability of alcoholic beverages in the pandemic, there was a reduction in alcohol consumption and attributable problems.

Restrictions linked to measures such as the closure of places of consumption have led to reductions in the level of alcohol use and attributable damage. In some parts of the city of Huambo, not only on-site consumption has been restricted, but also a temporary total stoppage on the sale of alcoholic drinks has been implemented as part of the local government's Strategy. The local government has announced a series

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<sup>47</sup> Ivo Figueiredo, *Revista Cidades e Municípios: Huambo o lugar da Esperança*, 92ª ed. (Luanda, Angola: C & M Editora, 2007), 40.

<sup>48</sup> *Ibid.*, 41.

of limitations on the sale, distribution and transportation of alcoholic beverages. Alcohol was not included in the list of essential goods and services that could be purchased during the lockdown period. The prohibition on the purchase of alcohol noted a decline in accidents and assaults.

On the other hand, data from other countries also indicated a decrease in alcohol consumption during the pandemic. According to an online survey conducted in nine European countries, there was a decrease in alcohol consumption and harmful consumption due to the ban and sales restrictions, especially among young women. Among regular drinkers in France, alcohol consumption fell during the lockdown.<sup>49</sup> Therefore, the experience of COVID-19 has shown that avoiding alcohol-related environments was one of the viable options for reducing alcohol consumption.

With regard to social consequences, in the short term, changing the location of drinking from bars and restaurants to the homes has reduced alcohol-related traffic accidents due to fewer trips to and from beverage sales locations. On the other hand, domestic violence has increased due to the stronger relationship between off-site consumption and violent incidents.

### **Traditional Alcoholic Drinks in Huambo**

Huambo, one of Angola's most iconic provinces, is known not only for its stunning landscapes and rich history, but also for its traditional drinks, meaning Huambo has a rich variety of traditional drinks that reflect local culture and traditions.

These drinks are not just refreshments; they carry with them deep meanings, symbolizing unity, serving as a link between generations and a symbol of the region's

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<sup>49</sup> Pratima Murthy and Venkata Lakshmi Narasimha, "Effects of the COVID-19 Pandemic and Lockdown on Alcohol Use Disorders and Complications," *Current Opinion in Psychiatry* 34, no. 4 (2021): 376-385.

identity, the celebration and identity of different communities. Among the most emblematic drinks, Kissangua, Mahine, Capuca and Marufo stand out.<sup>50</sup>

It should be noted that some of these drinks are sold at taxi ranks and are consumed daily by students, workers and others.

**Kissangua** is a fermented drink produced from corn, this drink is a type of homemade beer that goes through a fermentation process, very popular in different regions of the country, but especially in Huambo. Its production process is artisanal and involves the fermentation of cooked corn, resulting in a drink with a characteristic and slightly alcoholic flavor. Kissangua is often consumed at parties, family gatherings and community celebrations, symbolizing unity and joy among people. It is common to see groups of friends and family gathered around a container of Kissangua, sharing laughs and stories.<sup>51</sup>

**Mahine**, is another traditional drink, which is made from sour cow's milk. This drink is especially popular in some communities and is known for its refreshing taste. Mahine is refreshing and often served at social events and is an important part of Angolan gastronomy, reflecting the richness of local products.

**Capuca** is another traditional drink from the region, in turn, it is an artisanal alcoholic drink, which can be made from the fermentation of fruits or grains, i.e. distilled from sugar, ripe bananas or corn. Therefore, the preparation of capuca varies from region to region, depending on the customs of the people.

Capuca, with a strong and striking flavor, is a popular choice in festivities and celebrations, and is often associated with local rituals and traditions. Its production is

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<sup>50</sup> Ivo Figueiredo, *Revista: Huambo Cidade de Vida*, 51ª ed. (Luanda, Angola: C & M Editora, 2009), 13.

<sup>51</sup> *Ibid.*, 15.

a true testament to the ancestral knowledge that communities have about fermentation and the use of natural ingredients and it is common for each family to have their own recipe, passed down from generation to generation.

**Marufo**, a drink made from the sap of the palm tree (palmito, bordão or matebeira), that is, through a cut in the trunk, where a cannula is inserted. Marufo is also made from the raw material fermentation process.

Therefore, Marufo is another tradition that deserves to be highlighted. Collected during the germination season. Initially sweet and non-alcoholic. It ferments over time, becoming an alcoholic beverage. It is generally consumed in a state of full fermentation (which can last up to 5 days) and the longer it ferments, the more its alcohol percentage increases.

It is a drink that symbolizes the connection with nature and the wisdom of the ancestors, being consumed in various celebrations and rituals. It is a much-appreciated drink in the North of Angola where it has specific social functions, such as the dowry ceremony, the end of a problem or gratitude for community volunteering in rural areas.

These traditional drinks not only enrich Angolan culture, but also play an important role in the social life of communities. They are often consumed in moments of celebration, such as weddings, parties and rituals, promoting unity and coexistence between people. Furthermore, the production and consumption of these drinks helps to preserve local traditions and knowledge, transmitting knowledge from generation to generation, but for the most part it is destroying current and future generations.

Hence, the Angolan government presented a proposed law to regulate the consumption of alcoholic beverages, aiming to reduce abuse. The new legislation provides for significant fines for those who break the rules, although there are

concerns about the effectiveness of enforcement. It is essential to promote education on the responsible use of alcohol and raise awareness of the associated risks.

### **Alcohol Consumption in the World Today**

There are a wide variety of alcoholic beverages around the world, making alcohol the most popular psychoactive substance on the planet. Obtained by fermentation or distillation of glucose present in cereals, roots and fruits, ethanol (or ethyl alcohol) is consumed exclusively orally.<sup>52</sup>

Today alcohol consumption issues are of concern for everyone. Governments spend significant resources in health sector to treat those who are affected or dependents with the alcohol consumption. For instance, has been reported that Cape Verdeans spend more on alcohol than on education and the same as on health.<sup>53</sup> According to the National Institute of Alcohol Abuse, 1,700 college students die each year from alcohol-related injuries, including automobile accidents, and 599,000 suffer from unintentional injuries while under the influence of alcohol.<sup>54</sup>

So, alcoholism is one of the greatest curses in the world, affecting around twenty percent of humanity. Its effects are much worse than those of other drugs, because alcohol is just a drug.<sup>55</sup> Faced with this situation, the World Health Organization insists that urgent measures be taken to reduce the excessive and harmful consumption of alcoholic beverages.

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<sup>52</sup> International Agency for Research on Cancer, *Alcohol Drinking*, IARC Monographs on the Evaluation of Carcinogenic Risks to Humans 44, IARC Working Group on the Evaluation of Carcinogenic Risks to Humans (Lyon, France: International Agency for Research on Cancer, 1988).

<sup>53</sup> Lusa, “Cabo-verdianos gastam mais em álcool do que em educação e o mesmo que em saúde,” accessed 3 July 2023, <https://www.dn.pt/mundo/interior/cabo-verdianos-gastam-mais-em-alcool-do-que-em-educacao-e-o-mesmo-que-em-saude-5261052.html/>.

<sup>54</sup> Judith A. Boss, *Analyzing Moral Issues* (New York: McGraw Hill, 2008), 313.

<sup>55</sup> Champlin, *Antigo Testamento Interpretado*, 82.

According to their annual report of gathering data on the use of alcohol in several countries and its consequences for health, which allows deducing that excessive consumption is the direct cause of about 4% of all deaths and the main source of 60 types of diseases and trauma, being a secondary cause for another 200.<sup>56</sup> The document also reveals that alcohol is one of the main risk factors of death for men between 15 and 59 years old and in addition to being at the origin of chaos of violence and cardiovascular diseases.

### **Men versus Women and Alcohol Consumption**

Even though alcoholism spreads throughout the population of the district of Benfica in Huambo, some differences regarding gender deserve to be highlighted. Studies indicate that fewer women than men drink. This is because men are expected to be strong, aggressive, tough, resilient, confident and intelligent; women are expected to be gentle, sentimental and obedient to their parents and husbands. Therefore, men who are dependent on alcohol no longer play the role of breadwinners. Women take on the role of breadwinners that was previously denied to them, and the characteristics that were initially required of men – responsibility, strength, decision-making ability, etc. – must now be part of their personality. In short, women become the head of the family, responsible for providing for and organizing the home.<sup>57</sup>

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<sup>56</sup> Elcio Ramalho, “Evolução Inovação - Relatório da OMS alerta sobre consumo excessivo de álcool,” accessed 3 July 2023, <https://www.rfi.fr/br/ciencias/20110217-relatorio-da-oms-alerta-sobre-consumo-excessivo-de-alcool>.

<sup>57</sup> Margaret Ely, Rebecca Hardy, Nicholas T. Longford, and Michael E. J. Wadsworth, “Gender Differences in the Relationship between Alcohol Consumption and Drink Problems are Largely Accounted for by Body Water,” *Alcohol and Alcoholism* 34, no. 6 (1999): 894–902.

Many women interpret their problems differently than men, with a stronger predisposition not to identify as a 'alcoholic'. They are more prone than men to face shame associated with their drinking, and they are concerned about their children being taken into care. Furthermore, women believe the services are less matched to their needs than men do.

Women's drinking patterns are different from men's—especially when it comes to the type of beverage, amounts, and frequency. However, although women drink less than men, they suffer more quickly from the effects of alcohol on the body. Women's bodies also react differently to alcohol than men's bodies. As a result, women face particular health risks and realities.

Research shows also, that women start to drink due to some factors such as: Family or marriage imbalances, i.e., divorce and marital problems, increased income, unemployment or precarious employment, isolation, i.e., feelings of loneliness, history of sexual abuse in childhood, children leaving home, and cases of depression. Many still have to worry about cleaning, tidying, feeding and educating their children, etc. Hence, they start to look to alcohol and its effects as an antidote to get rid of suffering, anguish and frustrations.<sup>58</sup>

Another research has indicated that a bigger percentage of men than women respond to increased stress with heavy drinking; for example, in a study by Deborah A. Dawson, Bridget F. Grant, and W. June Ruan, reported in *Alcohol & Alcoholism* in 2005, the researchers found that drinking five or more drinks for men increased by 24 percent with each added stressor. In contrast, heavy drinking among women (four or more drinks) increased by 13 percent with each additional stressor.<sup>59</sup>

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<sup>58</sup> Gerald Zernig, ed., *Handbook of Alcoholism*, 151.

<sup>59</sup> Gold and Adamec, 43.

Researchers have discovered that women who are alcoholics are at a higher risk for certain health problems than men, such as breast cancer and a faster development of liver, heart, and other ailments. Alcoholic women, on the other hand, have a higher risk of gastrointestinal hemorrhage, malnutrition, obesity, anemia, hypertension, ulcers, and cardiovascular disease.

To summarize, the preceding sections highlight the key differences between men and women in the development and maintenance of alcoholism, as well as the importance of specifically addressing the unique needs of alcoholic women in treatment, because the findings indicate that women metabolize alcohol differently, so drinking less for fewer years than men can often have worsened health consequences for women.

Therefore, regardless of the differences that may exist in relation to the consumption of alcoholic beverages by men and women, Angolan culture has never legitimized the consumption of alcoholic beverages.

### **The Therapeutic Strategy of Alcoholics Anonymous**

The therapeutic strategy of Anonymous Alcoholics is linked to the twelve steps that presuppose: Powerlessness in the face of alcoholism; the decision and surrender to something greater, to a higher power; a spiritual awakening, prayer; a true communion with humility, courage, conscience, discernment of thought.

Individuals who abuse alcohol or are alcoholics frequently fail to acknowledge their condition. Family members may complain about their behavior, and they may lose their employment as a result of excessive absences due to hangovers or other alcohol-related disorders. Despite this, individuals may continue to deny that alcohol has any hold over them. This is why groups like Alcoholics Anonymous (AA) are so

beneficial; it is a fellowship of men and women who share their experiences, strength, and hope in order to solve their common problem and assist others in recovering from alcoholism.<sup>60</sup> They not only assist the client accept the truth that alcohol is a problem in his or her life, but they also provide strategies for overcoming its consequences. It can be tough to persuade someone to attend an Alcoholics Anonymous meeting.

Therefore, Alcoholics Anonymous does not follow any religious movement, but the recovery program is a spiritual program with the twelve steps suggested.<sup>61</sup>

1. First step: Willingness to change. We admitted we were powerless over alcohol and that our lives had become unmanageable. The alcoholic must accept his weakness and his defeat in the face of alcohol, only then can he move forward in a state of serene sobriety.
2. Second step: Believe we can. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Third step: Decision to change. Made a decision to turn our will and our lives to the care of God as we understood Him. It is the step of decision, of total surrender to the Superior Power.
4. Fourth step: Inventory to change. Made a searching and fearless moral inventory of ourselves. This step is a balance of our lives and everything we practiced during our life with alcoholism.
5. Fifth step: Actions to change. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

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<sup>60</sup> Jones, ed. *Health Reference Series- Alcoholism Sourcebook*, 141.

<sup>61</sup> Alcoholics Anonymous World Services, ed., *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism/B-1*, 3rd ed. (New York: Alcoholics Anonymous World Services, 1976), 59–60.

6. Sixth step: Actions to change. Were entirely ready to have God remove all these defects of character. This step is what makes them ready and prepared for God to remove their defects, so they must be ready and let God enter their lives so that they can live in communion with themselves and their fellows.
7. Seventh step: Actions to change. Humbly asked Him to remove our shortcomings.
8. Eighth step: Actions to change. Made a list of all people we had harmed, and became willing to make amends to them all. Making a list of people that the alcoholic has harmed requires a lot of courage and humility, only by doing this can they have freedom of conscience and thoughts.
9. Ninth step: Actions to change. Made direct amends to such people wherever possible, except when to do so would injure them or others. Many times, we harm people who no longer exist in our midst, people who have passed away, people who have moved away, anyway, even so, if we adopt an attitude of humility and help other people, everything will be fine with God and with us.
10. Tenth step: Actions to change. Continued to take personal inventory and when we were wrong promptly admitted it. This daily personal inventory is an exercise. When we go to bed, we take stock of what happened during the day, if we offended someone, if we argued with another, it is good and healthy that the next day we make up for our mistakes.
11. Eleventh step: Actions to change. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out. This

step is for alcoholics' anonymous members the step of deepest spirituality, because they try to improve their contact with God in relation to them.

They ask for strength to carry out God's will, not theirs.

12. Twelfth step: Changed. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and practice these principles in all our affairs.

Without a doubt, the form of the Twelve-Step program originally developed by Alcoholics Anonymous is the most popular paradigm for treating substance dependence. Alcoholics Anonymous is based on the premise that alcoholism is a disease and that alcoholics must confront their addiction to alcohol and its destructive power over them. Group sessions provide valuable social support. Given that individuals attend sessions anonymously and only when they feel the need, conducting a systematic research of their effectiveness has proven extremely challenging.

Although there is no data in this dissertation showing what percentage of people abstained from alcohol in Benfica District of Huambo as a result of participating in Alcoholics Anonymous, it (Alcoholics Anonymous) is clearly an effective treatment for some people with alcohol addiction. Its strategy consists of venting without judgment, respecting personality rights, due to the stigma to which these people may be subject.

### **Modern Methods of Dealing with Alcohol Addiction**

In view of the growing cases of alcoholism in society, it is necessary effective approaches to assist in treatment, because alcohol dependence is a complex condition that affects millions of people around the world, harming the physical and mental

health of the person with this condition, as well as their interpersonal relationships. However, despite the harmful effects of alcoholism, recovery is possible when the process is carried out through appropriate treatment. Fortunately, there are a variety of effective methods that can help individuals overcome alcoholism, as are listed below.

### **Behavioral Therapy and Psychotherapy**

Psychotherapy not only promotes self-control and relapse prevention strategies, but also challenges the idea that alcohol is a solution to emotional problems such as depression and anxiety, proving to be a fundamental tool for facing such issues in a healthy way. Changing the culture regarding alcohol consumption is crucial, requiring a collective effort to discourage excessive use and encourage healthier entertainment alternatives.<sup>62</sup>

Therefore, it is necessary to recognize the importance of psychological support in the treatment of alcoholism, integrating it with other therapies and encouraging the patient's active participation in the recovery process. Support from family and friends plays a fundamental role, providing an emotionally supportive environment and encouraging the search for professional help. Therefore, behavioral therapy is one of the pillars of treatment for alcoholism.

### **Cognitive-behavioral Therapy (CBT)**

Among the various treatment approaches and techniques available, Cognitive-Behavioral Therapy stands out in the treatment of alcoholism. It is an effective alternative in the treatment of alcoholism. It is a directive, short-term therapy and the thoughts that must be changed are called dysfunctional thoughts.

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<sup>62</sup> Gold and Adamec, *The Encyclopedia of Alcoholism and Alcohol Abuse*, 245.

The Cognitive-Behavioral Therapy method also considers the specific beliefs and behavior patterns of each patient, as well as all areas of the individual's life, not just reducing them to a dependent, but recognizing their subjectivity and uniqueness.

This method (Cognitive-Behavioral Therapy) helps the patient to recognize the triggers of alcohol consumption and develop strategies to deal with them.

Therefore, Cognitive Behavioral Therapy is a psychotherapy that seeks to learn how to deal with the presence of dysfunctional thoughts developed by the patient, considering that the catalyst for thoughts is not a situation or context, but rather the particular way in which each patient interprets events, which can cause feelings such as sadness, anxiety, stress, among others in the individual.

This psychotherapy was developed by psychoanalyst Aaron Beck in the 1960s, who carried out experiments with the aim of validating psychoanalysis within the scientific community. However, his studies led him to notice a relationship between depression and the presence of negative thoughts in patients. From this, he realized that this relationship could be a consequence of the way the patient processed information.<sup>63</sup>

Regarding the use of Cognitive Behavioral Therapy in the treatment of alcoholism, the cognitive model is considered, a model that suggests that the specific interpretation of a situation influences the individual's emotions, behaviors and reactions. In this way, the real situation depends on the conclusion that the patient draws from it.

Several researchers have already studied the effectiveness of Cognitive Behavioral Therapy in treatment of chemical dependencies, such as alcoholism. When

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<sup>63</sup>J. Beck, *Terapia Cognitivo-comportamental: Teoria e Prática*, 2nd ed. (Porto Alegre, Portugal: Artmed, 2013), 414.

reviewing the articles available in the literature, one can observe studies that highlight the importance of Cognitive-Behavioral Therapy, especially in preventing relapses, being pointed out by many authors as a viable and effective approach in the treatment of dependence on alcohol and other drugs.

### **Family Therapy**

To understand what family therapy is, you first need to understand what family is. For Castilho, family is a “system, an organism whose characteristics are not reducible to an isolated element. It has specific rules, valid only for that system. It experiences interactions whose circular causality defines relationships that are fed back in a constant exchange with other systems”<sup>64</sup> Considering this definition, family therapy aims to improve communication between each of the family members and address the ambivalence of feelings. It seeks to positively reinforce the role of drug addicts in the family, leading them to better adaptation in their social functioning.

According to Elkaim “human families are emotional units. Its members are linked to each other in such a way that the functioning of each of them automatically affects that of the others”<sup>65</sup>

Therefore, contact with family members brings new data that can be of fundamental importance in clarifying the diagnosis and treating the patient. When it is realized that family conflict directly interferes with treatment, family therapy is usually indicated. It is very common for family members to be present who, even unconsciously, encourage the use of alcohol, whether through financial provision or

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<sup>64</sup> Tai Castilho, *Temas Em Terapia Familiar* (São Paulo, Brazil: Editora Plexos, 1994), 118.

<sup>65</sup> Mony Elkaim, *Panorama das Terapias Familiares* (São Paulo, Brazil: Editora Summus, 1998), 72

even by bringing drinks into the house. In systemic language, these individuals are often called codependents.

Thus, considering that family is a system of human beings in mutual interaction, it can be said, therefore, that family therapy is the correlation between individuals and the system, between the system that cares and the system that is cared for.

## **12 Step Programs**

According to the official website of Alcoholics Anonymous (AA), the Twelve Steps consist of a set of principles, spiritual in nature, that if practiced as a way of life, can expel the compulsion to destructive drinking and enable the individual to have a full, happy and useful life.<sup>66</sup>

Research has found evidence of the effectiveness of AA in curbing alcoholism. Alcoholics Anonymous groups are free and widely available. These programs serve as support for alcoholics, as they are guided by the experience of other participants and identification with them. Often, Alcoholics Anonymous encourages a healthy network of social contact and support. In addition, the 12-step philosophy disseminates some psychological and spiritual ideas that help deal with the pressures of daily life and help addicts establish and maintain a sober and healthy biopsychosocial lifestyle.

Therefore, many people find it helpful to follow a structured program like Alcoholics Anonymous (AA), which uses a 12-step approach to recovery.

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<sup>66</sup> Alcoholics Anonymous Ireland, “The Twelve Steps,” accessed 28 July 2024, <https://www.alcoholicsanonymous.ie/new-to-aa/the-twelve-steps/#:~:text=AA's%20Twelve%20Steps%20are%20a,become%20happily%20and%20usefully%20whole.&text=We%20admitted%20we%20were%20powerless,our%20lives%20had%20become%20unmanageable.>

## **Group Therapy**

Group therapy is a therapeutic process in which several people participate, generally with a similar problem. It contributes to the efficiency of the individual's recovery and rehabilitation. Group therapy seeks to provide more support to the patient, so that he or she becomes stronger, creates more social bonds, overcomes difficulties and achieves a better quality of life, that is, it allows individuals to share experiences and build a support network, which can be especially helpful during rehabilitation.

In short, group therapy provides an exchange of experiences, promotes interpersonal relationships, offers the chance to be heard, and optimizes the results of the therapeutic process.

## **Physical Activity**

Physical activity has shown benefits for physical and mental health in people who have problems with alcohol use. When physical activity is used to treat alcoholism, the sensation of pleasure and relaxation that once came from the drug now has a healthy source.

A study shows an increase in the level of substances associated with pleasure and well-being, reducing the harmful effects of alcohol use.

According to research, practicing physical activity can reduce the risk of mortality and reduce imbalances caused by alcohol, such as changes in sleep, muscle weakness, irritability and low self-esteem. Furthermore, practicing sports provides more interaction and contact with other people, which can help prevent relapses.

## **Pharmacotherapy**

Drug treatment can be a valuable addition to other forms of therapy. Therefore, in addition to psychotherapeutic interventions, there are medications that can help with treatment, reducing the desire to drink, anxiety and relieving withdrawal symptoms when the person stops or reduces alcohol intake.

According to the Food and Drug Administration (FDA), three drugs are approved that are used as the basis of treatments, that is: disulfiram, naltrexone and acamprosate.

Disulfiram is an enzyme inhibitor that causes adverse effects such as nausea, vomiting and even seizures if used in conjunction with alcohol consumption. Thus, it causes the addict to create an aversion to alcoholic beverages due to these effects.

Naltrexone acts as an antagonist at opioid receptors, reducing the pleasurable effects of alcohol, cravings and feelings of euphoria caused by the substance.

Acamprosate acts by reducing calcium uptake induced by glutamate, suppressing conditioned responses to alcohol and attenuating withdrawal symptoms.

In sum, alcoholism is a complex condition that requires multifaceted treatment. A combination of behavioral therapy, pharmacotherapy, alternative approaches, and relapse prevention may offer the best path to recovery. The most important thing is that each individual finds the method or combination of methods that works best for them, always under the guidance of qualified healthcare professionals.

## **Conclusion**

Given the general picture presented in this chapter, how should an individual or the church personally relate to alcohol? When one considers the overall picture and

all of the facts, the most reasonable conclusion is that complete abstinence from all forms of alcohol is the only safe course.

God has communicated with humanity through our minds, and it is well to remember that alcohol adversely affects all mental functions. Regular use of alcoholic beverages will eventually lead to loss of memory, judgment and learning ability. As God's creature, human beings are called to stop doing things that are harmful and wrong and that even enslave them.

God tells humanity to dedicate their lives to doing what is good and right as the apostle Paul said: "Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things" (Philip 4:8). He tells us to stay away from things (like drink) that can "reign" i.e. have control over us (Rom 6:11-21). We should strive to be in the best shape, physically and mentally, that we may enjoy His fellowship and glorify His name.

Although the various churches and denominations have different opinions on alcohol, some believe that anything short of total abstinence is a sin. Others admit to, and support moderate drinking. Others use wine at supper; others, grape juice. However, "for vibrant living, Seventh-day Adventists urge everyone to follow a lifestyle that avoids tobacco products, alcoholic beverages, and the misuse of drugs".<sup>67</sup>

In Ephesians 5:18 we are instructed not to get drunk, but to "be filled with the Spirit". When you are drunk, you are "under the influence" of alcohol; when he is filled with the Spirit, "under the influence" of God.

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<sup>67</sup> General Conference of Seventh-day Adventists, *Statements, Guidelines & Other Documents* (Tatui, Brazil: Casa Publicadora Brasileira, 2012), 69.

In 1 Thessalonians 5:5-8 drunkenness is spoken of as a work of “darkness”. We are called not to hide in the dark, but to live our faith in the open. This passage talks also about being “mindful and sober” something a drunk is not and cannot.

However, it can be noticed in this sad account, that the danger of intoxication is not only a sin in itself, but also leads to numerous transgressions, which inflict enduring wounds and disgrace. Many men do things while they are intoxicated that they would never consider doing sober because they would be horrified.

The Bible says that God knows even when a sparrow, which seems so insignificant, falls to the ground. And that’s the important part, He values everyone far more than a sky full of sparrows (Matthew 10:31). Because each one is created in God’s image, you are very special and valuable.

## CHAPTER 4

### RESEARCH SETTING, METHODOLOGY AND INTERVENTIONS

The objective of this chapter was to design and develop an intervention strategy which can be used to assist the alcoholic people. To achieve this, the researcher would first describe the background of Angola with its socio-economic, political and religious status and secondly the methodology used to carry out this research. The type of research, the study population, the sample, the variable to be investigated, the instrument used, and the data collection are presented, which is subdivided, in turn, into five parts: measurement instrument, validity, reliability, application of the instrument and data analysis. At the end research findings would be compiled and presented which would form the basis of the intervention.

#### **The Ministry Context**

In this section, the researcher investigated and presented the current situation in Angola. This includes the country's location on the African continent, its population, size, number of provinces, terrain, and what makes it economically viable. Other elements include how the Seventh-day Adventist Church in Angola began and evolved, the congregations, and the reasons that contributed to the current growth.

## **Angola's Demographics**

The population of Angola is 33,934,000 inhabitants, according to the United Nations, the 12th largest population on the African continent.<sup>1</sup> Although it is a populous territory, Angola is not densely populated, as the population distribution is around 27.2 inhabit/km<sup>2</sup>. The west of the country is the region that concentrates the largest number of inhabitants, especially in urbanized areas. Altogether, 68.1% of the Angolan population lives in cities.

Luanda, the Angolan capital, is the largest and main city in the country. There are 8,044,700 people living there, making Luanda the fourth most populous city in Africa and the 40th in the world. N'dalatando, located 215 km east of Luanda, is the second most populous city in the country, with a population of 383 thousand inhabitants.

Angola has the second highest birth rate in the world, which is currently 41.8 births per thousand inhabitants, while its mortality rate is five times lower, which provides a rapid population growth of 3.36% per year. With high fertility, this trend should continue in the coming years. The Angolan population is still one of the youngest populations in the world, with a median age of 16 years. Life expectancy in the country, on the other hand, is low: 62.1 years.

### **Micro Context: Huambo City**

Huambo is a province of Angola, located in the central plateau with the geographic coordinates of: Latitude: 12° 26' 33 S and Longitude: 15° 44' 21 E. The provincial capital is the City of Huambo, which is 600 km away from Luanda. It is bordered by the provinces of Kwanza-Sul (North), Bié (East), Huíla (South) and

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<sup>1</sup> General Conference of Seventh-day Adventists, *Statements, Guidelines & Other Documents*, 69.

Benguela (West). The province of Huambo has an area of 35,771.15 km<sup>2</sup> corresponding to 2.87% of the surface of Angola. According to the preliminary results of the 2014 Census, its population is 1,896,147 inhabitants, of predominantly Umbundu ethnicity. Huambo Province is located between 1400 and 1700 meters above sea level, and hundreds of kilometers can be covered without the altitude changing considerably. Also, this region is made up of a series of mountainous elevations that generally reach altitudes greater than 2000 m, as is the case of Morro do Moco, which measures 2,620 meters located in the municipality of Ecuinha.

### **Population by Sex and Age Groups**

In terms of gender, the province's population is mostly female, contributing to 53% of the province's total population. This corresponds to a difference of 6 percentage points between men and women. The 2014 Census indicates that the number of women is higher in all 11 municipalities in Huambo. The masculinity index at provincial level is 90, that is, there are 90 men for every 100 women.

## **Methodology**

### **Research Design**

To achieve the desired objectives of this investigation, the researcher sought to understand the reasons behind why some people of the district of Benfica become drunks or alcoholics. He therefore described the type of research used, the justification for its selection and appropriateness to the study, population and sample, criteria for sampling and selection procedures and the research instrument. Data were collected and results were discussed in order to develop an intervention program.

## **Type of Research**

This study is considered from the perspective of the scope of the study as descriptive relatively with regard to the purposes of investigation and quantitative as it uses data collection, numerical measurement and statistical analysis.<sup>2</sup> In the same way, it is of a non-experimental design, as it is carried out without deliberate management of the variable, in which only the manifestations are observed in their natural environment and then examined.<sup>3</sup> It is transversal, as the data are collected at an exact moment and have as the objective is to describe the variable and analyze its influence at a given moment.<sup>4</sup>

## **Target Population**

The target population for which the study was intended was the residents of the district of Benfica in Huambo. But the study population was identified through the church, i.e., these are spouses, children, relatives, neighbors, or friends of some members of the church. Those that were identified were alcoholics in Benfica district, Huambo. The selected target population were men and women. In terms of gender, the province's population is mostly female, contributing to 53% of the province's total population. This corresponds to a difference of 6 percentage points between men and women. The 2014 Census indicates that the number of women is higher in all 11 municipalities in Huambo. The masculinity index at provincial level is 75, that is, there are 75 men for every 100 women.

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<sup>2</sup> Roberto Hernández Sampieri, Carlos Fernández Collado, and Pilar Baptista Lucio, *Metodología de La Investigación*, 5th ed. (Mexico City, Mexico: McGraw-Hill, 2010), 5.

<sup>3</sup> Sampieri, Collado, and Lucio, *Metodología de La Investigación*, 205.

<sup>4</sup> Sampieri, Collado, and Lucio, *Metodología de La Investigación*, 208.

The researcher gave out 120 consent forms. This is a number of the distributed consent forms but it does not mean that it is a population size. The questionnaires were given to the church members to be distributed to their families who are alcoholic. The responses from these groups revealed what needs to be done to bring them back the alcoholic to the abstinence.

Therefore, all other ethical considerations such as informant confidentiality, power to terminate the interview at any time without fear or intimidation, and freedom to decline to answer some or all of the questions, governed data collection at all times.

### **The Study Location**

The research was done in the city of Huambo at Benfica District. What led to the study was the large number of males and females who were seen to be drunk with alcohol multiple times.

### **Data Sample**

Sampieri defines the sample for the quantitative process as a subgroup of the population of interest on which data would be collected, which would be defined and delimited in advance with precision, and must also be representative of the population.<sup>5</sup>

Therefore, the population of this study was considered to be all inhabitants of the district of Benfica do Huambo, in a total of 11,357 peoples. Aiming to fragment a sample that was representative of this universe, Barbetta's formula was used,<sup>6</sup> considering a sampling error of 10%, as represented below:

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<sup>5</sup> Sampieri, Collado, and Lucio, *Metodología de La Investigación*, 173.

<sup>6</sup> Pedro Alberto Barbetta, *Estatística Aplicada às Ciências Sociais*, 6th ed. (Florianópolis, Brazil: Editora da UFSC, 2006), 45.

$$n = n_0 = \frac{1}{E_0^2}$$

n= Sample size

N= Population size

$n_0$  = First approximation for the sample size

$E_0$ = Level of error willing to make

$$n_0 = \frac{1}{(0,10)^2} = \frac{1}{0,01} = 100$$

$$n = \frac{11.357 \times 100}{11.357 + 100} = \frac{113.570}{11.457} = 99$$

Taking into account the calculation of the Barbetta proposed formula for calculating the sampling according to the size of a finite population of 11,357 peoples, the sample totaled 99 elements, with a sampling error of 10%. Only adults over 18 years of age as previously asked and chosen at random were included in the sample.

### **Validity and Reliability of the Instrument**

**Expert validation.** To test the reliability of a data collection instrument there are some tests that can be used. In the case of the instrument used in this research, the test called Cronbach's Alpha ( $\alpha$ ) was used. The objective of the Cronbach's Alpha ( $\alpha$ ) test is to check whether there is adherence to the questions in the questionnaire, whether the items are clear and whether there is a connection between the blocks of questions and also between all of them.

Maroco and Garcia-Marques highlight that the closer the Cronbach's Alpha ( $\alpha$ ) test scale is to 1, the more reliable and trustworthy the questionnaire will be.<sup>7</sup> For the data collection instrument to be reliable, it must obtain at least 0.70 in the test, but the

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<sup>7</sup> João Maroco and Teresa Garcia-Marques, “Qual a fiabilidade do Alfa de Cronbach? Questões antigas e soluções modernas?” *Laboratório de Psicologia: Instituto Superior de Psicologia Aplicada* 4, no. 1 (2006): 65-90.

authors emphasize that in social research the number 0.60 is accepted, due to the specificities carried out in research in these areas.

Therefore, the results obtained with the scales of the instrument used in this study were greater than 0.80, both for each scale and for the consistency between all questions. Therefore, the result indicates that the data collection instrument is reliable and its questions are reliable, which will imply reliable data analysis after the research is applied to the entire population.

The results were as follows:

1. Rating proportion coefficient = 0.98
2. Error ( $\alpha = 0.05$ ) = 0.04
3. Corrected classification ratio coefficient = 0.94

**Pilot Test.** The pilot study is a phase of research in which the researcher applies the data collection instrument to a considerable sample of the population in order to test it previously. For Herivelto Moreira and Luis Gonzaga Caleffe the objective of the pilot study “is to simulate the real situation as faithfully as possible and use a similar population, selecting the sample in the same way, but with a smaller size, and establishing the same conditions for administration and responses.”<sup>8</sup> The population for this study is made up of 120 alcohol dependents. The pilot questionnaire was applied to a sample of the population, in this case, 13 alcohol dependents.

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<sup>8</sup> Herivelto Moreira and Luis Gonzaga Caleffe, *Metodologia da Pesquisa para o Professor Pesquisador* (Rio de Janeiro, Brazil: DP&A, 2006), 27.

For Antonio Carlos Gil applying the data collection instrument to 10 to 20 respondents is already a satisfactory number, as long as the respondents are part of the population from which the sample is taken.<sup>9</sup>

This pilot study application phase lasted around 3 months and began in March 2022 and ended in May 2022. Each participant took around 15 minutes to answer the questionnaire. The instrument contained blank lines at the end of each block of questions. These lines were left so that respondents could include alternatives that they considered relevant to the study, as well as opinions on filling out the instrument. However, despite this possibility being made available, no comments were made in the questionnaire. Following the application of the questionnaire to the sample, the data was collected and organized in the statistical software, version 13.3. At this point, the preliminary statistical analysis phase began with the intention of testing the reliability of the questionnaire.

After analyzing the results of the pilot study, some changes were made, but a second application of the instrument was not carried out as the changes were not considered relevant to the point of drastically altering the real study. Hence, the reliability of the instrument was calculated by the Cronbach's Alpha statistical method, using the SPSS statistical package for Windows, obtaining a value of 0.93. In the same way, it is concluded that the constructed instrument is reliable, as it reached a value of 0.93, which is why it is considered highly reliable. And once the reliability of the instrument was established, the final version was reached to be applied to a larger sample.

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<sup>9</sup>Antônio Carlos Gil, *Métodos e Técnicas de Pesquisa Social*, 5th ed. (São Paulo, Brazil: Atlas, 2008), 200.

**Application of the instrument.** The measurement instrument used is made up of 10 items and the information collection instrument was administered to family members of the church members in Benfica district of Huambo, Angola who are dependent alcoholic. The questionnaire was randomly distributed to dependent alcoholic to answer individually through their family who are members of the church members and answered individually. They were given instructions on how to respond correctly and in an orderly manner. The final instrument can be seen in the appendix D.

### **Data Collection**

Data collection was carried out over 45 days among men and women, that is, from the first day when the researcher began to distribute the surveys until its collection. They were 120 surveys distributed, i.e., 120 people who participated a representative of the entire Benfica district, Huambo.

In all cases where there were doubts in completing the surveys, the respondents came with their family members and the researcher clarified them. After clarifying the doubt, the researcher requested the survey to be completed and returned. Despite the insistence made by the researcher, only 100 were collected and 20 surveys were not returned to the researcher.

Therefore, data analysis only did not include surveys that were not received, so 20 surveys were annulled. The final sample of the study consists of 100 individuals, of which 39 are men and 61 are women, both living in the city of Huambo.

### **Field Work Problems**

Before starting the field activity, a pilot was carried out to identify possible problems and difficulties and prepare for them. Many difficulties were encountered throughout the work – some simpler, others more serious. For example, one of the problems that occurred sometimes was the difficulty or impossibility of carrying out the interviews.

### **Evaluation of Sample Results**

After completing the field work, an analysis of the sample results was carried out. Sampling results are understood to be those relating to the study of field occurrences, including mainly response, refusal and unavailability rates. This study is important to verify the quality of the data collected, since, in a way, validation of the representativeness of the sample is being carried out.

### **Response Rate**

As the field was prepared, there were no refusals and in the provision of data, it was impossible to know exactly a priori the total number of interviews that would be obtained. The expected number of interviews – applying this percentage to the total number of drawn households. With this method, there is an oscillation in the response rate due to sample variations. As a result, rates even greater than 100% occurred. Anyway, on average, the oscillation gave the idea of a good response rate. The response rate for the normal sample of 75% was considered adequate.

### **Responses from the Respondents**

This report intends to present the main descriptive results of the study, whenever possible analyzing the characteristics related to alcohol consumption according to demographic variables traditionally considered important.

Table 1 shows that the gender distribution tends to have a little more female than male. The distribution of marital status shows some interesting facts, in general, 55% of respondents are single, while 23% are married. This is not strange, as it is known that in Angola the number of women is greater than men according to the country's population census occurring in 2014. The proportion of widows is very high compared to married couples, which is also expected since women's life expectancy is higher than that of men, that is, in couples the first spouse to die tends to be the man.

*Table 1. Sociodemographic Characteristics of Respondents*

Characteristic	Category	Responses (100)
Gender	Male	40
	Female	60
Marital Status	Married	23
	Single	55
	Widowed	17
	Divorced/ Separated	5
Age Category	18- 25 yrs	41
	26- 33 yrs	30
	34- 40 yrs	19
	41- 50 yrs	10
Highest Education	Primary School	63
	Secondary School	16
	College	13
	University	8

The level of education in general is very low. About half of adults have at most the primary. A very small portion of only 8% has a higher education course. Therefore, no major differences were observed between the levels of education of men and women.

Table 2 shows that people drink alcohol at a very high number. The abstinence rate is lower compared to those who drink. It should be noted that abstinence in this

table includes both individuals who report never having drunk and those who did not drink in the last year, but have already drunk in their lives. Differences in drinking between men and women are also clear at higher frequencies (very frequent and frequent), where men present a higher percentage than women.

*Table 2. Consumption of Alcoholic Beverages*

	Male	Female	Total
Yes	46	23	69
No	5	7	12
Never	7	12	19

Drinking frequency also varies greatly with regard to age groups. The oldest, that is, the elderly tend to have a more conservative behavior than the young.

However, since the district of Benfica, that is, whole city of Huambo and whole country of Angola, has a large contingent of young people, this higher consumption among younger people may be associated with greater problems related to alcohol in the country as a whole.

Table 3 presents data on the frequency with which people drink. Higher are the numbers of alcohol consumptions per day. It is in the number of doses taken in a single day that leisurely drinking can turn into harmful alcohol use, with damage to health ranging from exposure to diseases to the risk of serious accidents.

*Table 3. Number of Alcoholic Beverages Consumed Daily*

Usual amount on a typical day	Number
0 to 0	–
1 to 2	25
3 to 4	20
5 to 6	11
7 to 9	14
10 or more	30

Table 4 shows the opinion of the respondents regarding the major factors contributing to drink alcohol. The responses show the highest reason given is due to friendship or friends with 33%. As the Bible says “do not be deceived: bad company corrupts good morals” 1. Cor 15:33. A second highest reason is the decrease thinking.

*Table 4. Reason for Drinking Alcohol*

Reason for Drinking Alcohol	Numbers
Pleasure	17
To lowers thinkings	20
Friendship	33
Inner Motivation	15
Stress	13
Other	2

The study sought to find out if they have tried to stop drinking. The results are shown in Table 5.

*Table 5. Tried to Stop Drinking*

	Male	Female	Total
Yes	16	23	39
No	24	37	61

The study examined to find out how often past year individuals needed to drink on an empty stomach to recover from heavy drinking the previous day. The results are shown in table 6.

*Table 6. Need to Drink on Empty Stomach to Recover from Heavy Drinking*

Usual amount on a typical day	Number
0 to 0	–
1 to 2	45
3 to 4	17
5 to 6	38

The scale here shows less the number of need to drink on an empty stomach. This situation has a reason because most of the respondents knew the dangers. The study examined to find out the average number of drinking partners and the results are shown in Table 7.

*Table 7. Average Number of Drinking Partners*

Range	Numbers
0 to 0	0
1 to 2	7
3 to 4	11
5 to 6	13
7 to 9	28
10 or more	41

Table 7 shows that many people don't drink alone. The reason for this is that every alcoholic always has friends by his side and when he has no money others pay for him too.

The study assessed to find out what happens when you stop drinking. The results are shown in table 8.

*Table 8. What Happens When You Stop Drinking*

Effect of Not Drinking	Numbers
I run out of motivation	21
I don't like to talk	69
I lose the desire to eat	10

Table 8 shows that many people when they stop drinking are quiet. They don't like to talk and few numbers who say, they run out of motivation. The study sought to find out the advice of the respondents for all those who drink. The responses are shown in Table 9.

*Table 9. The Advice You Have Advice for All Those Who Drink*

The advice do you have for all those who drink	Numbers
To Stop	11
Keep drinking a little	19
None	70

Table 9 shows that most respondents had no advice to give to people who drink because they also drink. It becomes difficult to advise others to stop at it while you are drunk. Only 11% out of 100 said they should stop. The study sought to find out the opinion on what should the church do to prevent the increase in alcohol consumption. The responses are shown in Table 10

*Table 10. Opinion of What Should the Church Do to Prevent the Increase in Alcohol Consumption*

Opinion on what should the church do to prevent the increase in alcohol consumption	Numbers
Giving more lectures on the subject	13
Pray more	33
Create rehabilitation centers	54

From the table above, there is hope for the church to do something. The analysis shows that out of 54 people, they decided to create rehabilitation centers where alcoholic people should be treated or rehabilitated. Also, 33% of respondents said more prayers in the church should be intensified to meet their needs. The study sought to find out if one has any family members, friends, doctors or health professionals who expressed concern about their alcohol consumption or suggested that they stop drinking. The responses are shown in Table 11.

*Table 11. Anyone Expressed Concern about Your Alcohol Consumption or Suggested that You Stop Drinking*

Any family members, friends, doctors or health professionals expressed concern about your alcohol consumption or suggested that you stop drinking	Numbers
No	63
Yes, but not over the past year	20
Yes, in the last year	17

Table 11 shows that 63% of respondents had no one expressed their concern about alcohol consumption or suggested to stop drinking. 17% said yes but in the last year.

### **Conclusion**

In this chapter, was presented the methodology used in the research process. It defined the type of research to be carried out, as well as the process of developing the instrument and sample according to the defined population, its variable and its dimensions.

The reliability, validity and application process of the instrument are also described, as well as the results and their statistical analysis as verified with the SPSS program. The type of research gap was the methodological gap because the researcher found out that although much research has been conducted on the effects of alcoholism in Huambo, Angola; a few studies have addressed effective strategies for the prevention of alcohol abuse. Therefore, the new tool to identify, reach out to, also to reach into, and rehabilitate alcoholics, is intended to fill this gap.

Finally, after the researcher had considered the facts drawn from the interviews and the research surveys, he designed a strategy which helps one, or a group on how to permanently stop or at least reduce the consumption of alcoholic beverages. This is because, it was evident throughout the research that there are many

consequences some of which lead to death, injuries or disabilities for life, and all this due to the consumption of alcoholic beverages.

## CHAPTER 5

### REHABILITATION STRATEGY

A study of this kind would not be complete without a designed and tried rehabilitation strategy. For fruitful results, such a strategy should be deliberate such that the target group is identified and reached either through direct contact or through relatives or friends. So, this chapter focuses on designing a program to recover and rehabilitate alcoholics or alcohol dependents. It requires proper planning.

Because the rehabilitation programs are meant to help affected people after detoxification conducted by psychologists, psychiatrists, occupational therapists and social workers who are the main professionals, who can provide the necessary support during the body's detoxification to remain abstinent from alcohol. Such strategies include various counselling, psychological support, nursing care and medical care. Education about the disease of alcoholism and its effects is part of the needed therapy. According to Zimmermann “The treatment of alcoholism must begin by making the alcoholic understand and accept the reality of his illness. Once this is achieved; psychotherapy, aversion treatments, and timely medication can eradicate the problem.”<sup>1</sup>

Therefore, as already mentioned, names were obtained from relatives and family members who are members of the church. Because the success of the rehabilitation of alcoholics consists in the use of approach strategies that are

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<sup>1</sup> Max Zimmermann, *Sexualidad Programa Educativo-La Vida Sexual I* (Madrid, Spain: Editorial Safeliz, 1994), 78.

community oriented. Answering questions such as, “will society and the church be prepared to receive, integrate and rehabilitate them?” So, in this chapter, the researcher would describe the planning of the strategy, its implementation, and its evaluation.

### **Rehabilitation**

People with alcohol-use disorders they are often less to seek help for their alcohol problem. Thereby, rehabilitation consists of helping the alcoholic achieve and maintain a high level of motivation favorable to abstinence. To help the patient to readjust to life without alcohol and reestablish a functional lifestyle through personal counseling, vocational rehabilitation, and self-help groups such as Alcoholics Anonymous. Also, to prevent relapses, helping the person identify situations in which he or she is likely to drink liquor again. This should also include, establishing guidelines to control these risks and concentration strategies that increase the chances of returning to abstinence if a relapse occurs.

According to Klingemann persons who have changed their substance-use behavior need to strengthen self-confidence in their ability of self-control by increasing exposure to triggers, testing coping strategies, and staging self-tests.<sup>2</sup>

Therefore, treatment success depends on finding the right program and the right methods. The most effective thing is to address the use of the medications that work best for the patient and the most appropriate solutions for everything related to medical, social, psychological, vocational and legal problems that the alcoholic may be suffering from. On the other hand, treatment is received voluntarily and several factors need to be at play; for example, they need motivation to recover, as well as the

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<sup>2</sup> Zernig, ed, *Handbook of Alcoholism*, 22

ability to comply with treatment recommendations, because if an alcoholic does not have the motivation to change, then treatment will almost invariably fail. Some people argue that motivation to change is the most important tool needed for successful treatment, and it is also what is likely lacking among those addicted to alcohol.

In addition to what was said the success may depend on decreases in negative events after quitting. That is why some factors such as health changes, role of spouse, role of other family members, changes in friends, hobbies, leisure or recreational activities, social activities, religious involvement, and changes in will power or self-control are very important on resolution maintenance.

Therefore, as observed above, many people tend recover from alcohol use disorders without specialist treatment and many will reduce their alcohol consumption following a change in circumstances, such as parenthood, marriage or entering responsible employment.

Although some alcohol problems are overcome with the help of a mutual aid organization such as Alcoholics Anonymous (AA), many require access to specialized treatment because they have more serious alcohol problems or chronic, or a higher level of complications resulting from alcohol consumption (e.g., social isolation, psychiatric comorbidity and severe alcohol withdrawal).

### **Strategy Objectives**

A Project, no matter its size, always has the purpose of achieving supreme results. Therefore, this chapter intends to achieve the following results:

1. To help the community to abstain from alcohol and integrate alcoholics into a healthy lifestyle using the skills and gifts that God has given his church for edification.

2. To motivate church members in promoting healthy relationships that result in spiritual growth, bringing those who are immersed in drugs to return to a healthy family life and allow their resocialization.

For this strategic plan, the researcher considered the following entities and persons: the church board, the district pastor, church members, health professionals, and psychologists.

### **General Objectives**

1. To lead church members to feel motivated and responsible in fulfilling the mission of the eternal gospel.
2. To reach out to, and help the community to reduce and eradicate the number of people with excessive alcohol use.
3. To Help alcoholics people to control their addiction and regain self-esteem with medical support and family help.

### **Specific Objectives**

It will only be possible to achieve the general objectives by taking into account the following specific objectives:

1. Motivating church members to be consistent in preserving and transmitting Biblical truths to community members;
2. Awakening members to love, announce, hasten, and await the second coming of Christ by saving others from bad practices and drug use;
3. Equipping members to withstand the “seismic shocks” of the Christian life by helping others to break free from addictions;
4. Making members understand the importance of this project as the service of the Lord;

5. Identifying alcohol dependents in the community where the church is located;
6. Encouraging church members to be motivated in the study of the Word of God and on techniques to combat drugs;
7. Carry out campaigns to raise awareness of the harmful effects of alcoholic beverages on health in the community;
8. Clinical and psychological assessment of the individual to begin treatment;
9. Treatment with the help of health professionals and the help of the patient's family;
10. Reports made by the family on the patient's progress and monitoring form from the team's members;
11. Alert the population about the harm caused by alcoholic beverages with the help of lectures or seminars;

### **Preparation**

Rehabilitation was to include a big party where the alcoholic is valued, appreciated, and restored. His/ her decision to abstain if celebrated. For this to happen successfully, it was necessary to prepare and execute the following:

1. With the help of the district pastor and the district board, a meeting was convened on 4 June, 2022. This was a 21-member board which had representatives from each of the three churches selected for the study. The rehabilitation program for alcoholics in the district of Benfica was planned. At this point, the researcher requested church elders and all members present in this meeting to write a paragraph about the future of the church in five years. The researcher knew that the new program to be launched on the strategy of rehabilitating alcoholics in the district of

Benfica would culminate in a spiritual revival among members of the church.

2. In a joint meeting on June 18<sup>th</sup>, 2022, members of the district were made aware of the program and its execution. Members of the churches in the district were informed that this project to be carried out in their church, would succeed only, if the esteemed member gets involved fully in identifying friends and family who are under the control of alcohol, tobacco and other drugs.
3. After the joint meeting, there was a need to form working committees. Each committee was composed of 7 members. Each committee had its task as follows:
  - a. **Spiritual Matters Committee** – in charge of carrying out prayer programs before, during, and after the project, praying for all the committees involved. The spiritual committee was composed of all church elders and coordinated by their district Pastor.
  - b. **Technical Matters Committee**- Firstly, to watch over the publicizing of programs that would be carried out in the community and the church. Secondly, coordinating and supervising the organization of all activities. Thirdly, the progress of visitation programs, their dynamism, etc.
  - c. **Protocol Matters Committee** – in charge of securing and accommodating the guests, the delegates, and all activities that may eventually require the committee’s intervention. This commission includes people with knowledge of the matter, people with good performance, proactive, and with a good appearance.

- d. **Communication and Image Committee** – this committee would be responsible for publicizing the project, for public relations, and using innovative methods to encourage members to actively participate in this program..
  - e. **Health Matters Committee** – this committee would have the task of setting up a health post–emergency room – medical and medication assistance for all cases that may eventually arise during the project, in addition to this, a holding a health expo in the church and in the community. This committee includes health professionals and other activists.
  - f. **Organizing Committee** - this committee has the task of supervising and coordinating all activities, that is to:
    - i. Organize all church members to get involved;
    - ii. Identify the target audience in the communities
    - iii. Organize resocialization programs with the target audience
    - iv. Seek financial support for the project.
    - v. Integrate those interested into the bosom of the Church
    - vi. Create missionary pairs for visits to the target audience
4. On Sabbath, June 25, 2022, which coincided with the 13th sabbath, a special sabbath school program was held in each of the three churches, placing more emphasis on the rescue program, that is, rehabilitation, that is, bringing visitors, friends, and most alcoholic people from church to sabbath school. With this impact, the church took to the streets in search of people; inviting them to church. Therefore, there was a great sowing of the

word of God and a good harvest of men and women who once again gave their lives to Jesus.

### **The First Phase of Strategy Development**

The strategy began to be developed in the second half of July 2022 in the district of Benfica. The most salient points of the strategy are described hereinafter. Church members were encouraged to work with at least one alcoholic, that is, visit him in his home for spiritual purposes to show love and attention, help heal his emotional wounds, listen to him, and bring him closer to Jesus and the church. They were also advised to take with them a food basket (rice, pasta, oil, and soap), some church magazines, and missionary leaflets, and invite them to special services, such as a music festival and worship, etc.

The alcoholic's choice was based on affinity. Almost all church members have a relative, friend, or sibling who is an alcoholic. To rehabilitate them, this program was created to rescue and restore lost sheep.

On Sunday, July 24, 2022, training was given to members of the Benfica district. In this, 50 members of the three churches drawn from the Benfica district participated in the training program on how to make the first visit to an alcoholic in a friendly way, a way that is open and non-condemning.

During the training, members received guidance on rehabilitation work for alcoholics and the implementation of small groups in churches, interspersed with spiritual messages and information on the level of growth of the church in Angola in recent years. In addition, there were prayers and inspiration for more effective work in identifying and rehabilitating alcoholics.

Right at the opening of the meeting, the new vision that the researcher wanted to give as additional to evangelism methods was clearly articulated. In addition to

important data and information presented by the researcher, practical guidelines on the implications of this work were outlined as a focus to fulfilling the mission of the church. Although the event was specific to members, the presence of some elders and other officials was remarkable.

The meeting fully achieved its general and specific objectives. The content, the clarity in exposing the subjects, and the quality of the material used, slides, and handout, were of the highest level.

The researcher began to show the church members that they, as church members, were about to begin the most important task that could be undertaken on earth, which is to preach and live the last day messages (Matt. 24:14 Revelation 14:6-10.)

To fulfill this very important task, they needed a clear knowledge of what they were going to do, and how they were going to do it. When they went out to visit, they needed to try to memorize the person's name so they could always call them by name. The visit was to last a maximum of 15 or 20 minutes. They were assured by the presenter that if they respected this rule, doors would open for them next time they visit. If not, this would make it difficult when they were now making an appointment for the next visit. The person being visited would worry about time taken in the last visit. The trainees were also made aware that there may be cases of difficulty in finding the person. They were encouraged not to give up but to continue making attempts to secure the appointment.

The presenter continued by saying: "when you arrive at the person's home, greet them warmly, showing happiness and joy. Introduce your partner, and nicely clarify to them the reason for your visit. Confidently start a friendly conversation but don't delay getting to the point, because the sooner you get to the point, the shorter

the period of tension. Allow the bitterness to surface as he/she is overwhelmed with long-held grudges and hurts arising from their past life.” What the trainees were told during the training was that the tendency will almost be where the client will almost always blame someone else for the real or imagined injustices in their life. They were further made aware that some grievances are against family or society.

During the training session, the presenter continued by saying, ‘listen attentively, be kind, listen with a lot of interest, telling them that if, ‘I were in your shoes and treated like this, I would feel the way you feel’ So, when they realize that you’re on the same side with them, they will start to disarm. With this, do not criticize the person, try to make him or her feel at ease, and do not make comments about other religions, if any. Do not betray the alcoholic’s trust and do not publicize what he or she has told you. Better not to repeat certain things, because if he or she finds out that you leaked confidences, he or she will never trust you or the church again. Finally, when closing the visit, do not force the person to accept the edification. God is the one who will convince them. Let them know how much you enjoyed the visit and you would be happy to see them again. Always conclude your visit with a prayer and don’t ask if he or she wants a prayer. Tell them: Well, we need to go. But before we leave, let’s close our eyes for word of prayer. And after the visit continue to pray for the person on your own.

In this visit, trainees were provided with biblical texts, written messages, pamphlets, invitations, books, CDs, etc. The trainees were to meet once a week every Wednesday on the usual day of prayer meetings at 7 pm, with all the brothers and sisters who were engaged in the visitation program, that is, the group of 7 brothers of which two women and five men.

On a Sunday afternoon, which was the most convenient time for visiting, members were sent into the field to visit three homes of alcoholics. Always following Christ's model when he sent his disciples two by two (S. Luke 10:1), the members were also sent two by two. The researcher accompanied, evaluated, and helped to resolve the difficulties that the members encountered in the field as trainees were visiting.

In some cases, the researcher helped to bring the alcoholic to a decision. In the visits that were made to the homes of alcoholics, in addition to moments of Bible studies and prayers, there were moments of personal testimonies by a member of the group. In such personal testimonies, the person in the group told an experience of his past life, making a comparison of the distant past without Christ and the present with Christ. This gave the group an advantage and left the person (the alcoholic) to think and also to imagine a lot about what it would be like in his life with Christ.

Special dates on the church calendar of events were noted, such were designated as days of commitment in winning souls. Some of these special days were the day of the ministry of health, the day of religious liberty, the week of Christian home and marriage, women's day, youth week of prayer, Adventist education day, drug and sexual abuse prevention emphasis day, pathfinder day, sabbath school visitors' day, children's day, etc. These days became special occasions to bring the alcoholic into contact with the church. One example was the Christian home and marriage week in September 2022 where programs were addressed for all levels (upper, middle, lower) of the church as well as non-church members. Because the problem of alcoholism always accompanies domestic and family violence, this is because violence can be exacerbated by the use of alcohol, which can culminate in attacks on the wife and children. In the end, there were community weddings. Many

of the people who for marital reasons became alcoholics were an opportunity for reconciliation.

The church was oriented on, and taught how to prepare itself to receive those who are alcoholics with love and affection. Because a week before the special sabbath that the calendar of events and special days brought, seminars, reflections, and a round table were held to discuss the topic and train ushers for the work.

On the Sabbath when an alcoholic person visited the church, there was a verbal greeting and handshake from the church members. Members would say such words as,, “You are important to us, we are happy to see you here. God loves you and we love you too, so we want you here. You belong to us; we want you to feel welcome”. There was a warm welcome by the ushers by the door, and another welcome by the Pastor or by the Elder from the front. Therefore, the way people were received, welcomed, and treated was done in such a way that the visitor would wish to come back for another visit.

Special church programs were designed in such a way that they would reach out to alcoholics. For example, the Fishers of Men and rescue programs. In these programs, church members were encouraged to challenge each one of them in their commitment to winning souls for Christ, to reach their goal of winning or bringing back at least one soul to Christ during a year.

When the church received guest preachers, these were requested to remember the alcoholics too. They should pray for them and, if possible, visit some of them. At Wednesday’s worship, intercessory prayers are offered for the list of people who are alcoholics.

Personal fasts and prayers with the whole church were promoted. Vigils were also promoted with the same objective. During the vigils, special guests were given

chances to sing. The vigil was kept focused on the mission of the church, and there was time for witnessing and bible study. The vigil had an entirely spiritual purpose. This vigil had as its theme: “Live with health”. For ten hours, about 30 people were praising, witnessing, and worshiping the Lord. Thanks to God, the church has awakened with the realization of these prayer vigils and fasting programs, which are key points both for the arrival of people who are alcoholics as believers who are being transformed. Therefore, a personal target was established, by the church, group, and every district.

### **The Second Phase of Strategy Development**

In the second phase, which was initiated in November 2022, the researcher used Christ’s method, which is captured in the words, “Follow Me.”<sup>3</sup>

First, the researcher and the district members mingled with the alcoholic dependent people, that is, they stayed where they (alcoholic dependent people were, but this does not mean that they were in line with everything that happened there. The purpose was to reach everyone regardless of age or profession. Quality time was spent with people—big and small, rich and poor, male and female, sick and healthy—a lot of interaction time was made available and was utilized profitably. This was done to find ways to benefit people. Therefore, the researcher had to step out of his comfort zone and form relationships with people who would be won to Christ.

Then, after the researcher understood their needs, e.g., clothes, food, affection, etc. and showed compassion for them, listening to their lamentations about what they needed and craved for, the cause that led them to become alcoholics was listened to

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<sup>3</sup> White, *The Ministry of Healing*, 143.

and understood. Therefore, they are “straying like sheep without a shepherd” (Matt. 9:36)

The researcher also showed not only sympathy but also empathy for people, as he was talking with them. He ministered to people in all situations of their desperate need, identifying with them in their times of pain and sadness. Therefore, some of their needs were met by providing food for the hungry and other basic necessities. Together with members of the churches in the district, the researcher organized a community kitchen where soup was offered every Sunday, that is, once a week due to logistic difficulties.

The researcher ministered to their needs, the needs of peoples with alcohol dependence, because some of them due to a hangover from drinking, were feeling weak and it was necessary to eat something to recover their energy, or strength, because they spent more time drinking and not eating. It has been observed as one of the reasons for distributing the soup and at the end of each meal, the researcher would give a Bible study or a lecture on health. And this was done for four months.

### **Bible Study**

The following Bible study was held at the first meeting:

1. *What do the Scriptures, that is, the Bible say about alcohol, wine, and liquor?* The Bible says in Proverbs 20:1 “Wine is a mocker, strong drink is raging; whoever is defeated by them is not wise.”
2. *Why are alcoholic beverages dangerous?* “Lustiness, wine, and wine take away understanding.” (Hosea 4:11).
3. *Why shouldn't kings and rulers drink alcoholic beverages?* The Bible says in (Proverbs 31:4-5) “It is not for kings, O Lemuel, it is not for kings to drink wine, nor for princes to desire strong drink; lest they drink and forget

the law and pervert the rights of those who are distressed.” “Woe to those who get up in the morning and follow drunkenness and continue until late at night, until the wine warms them!” (Isaiah 5:11). “Woe unto them that are mighty to drink wine, and mighty men to mingle strong drink.” (Isaiah 5:22).

4. *With what other sins is drunkenness classified?* The Bible says in Galatians 5:19-21 “Now the works of the flesh are manifest, which are: fornication, uncleanness, idolatry, witchcraft, drunkenness, orgies, and things like these, of which I warn you, as I warned you before, that those who practice such things will not inherit the kingdom of God.”
5. *What are the results of those who indulge in excesses in eating and drinking?* The Bible says in Proverbs 23:20-21 “Do not be among those who drink wine, nor among those who eat meat. For a drunkard and a glutton fall into poverty, and drowsiness will cover a man with rags.”
6. *How do alcoholic beverages affect those who drink them?* The Bible says in Proverbs 23:29-35 “Who has woe? Who has sorrow? Who has strife? Who has complaints? Who has needless bruises? Who has bloodshot eyes? Those who linger over wine, who go to sample bowls of mixed wine. Proverbs 20:1 “Wine is a mocker; strong drink is raging; whosoever is overcome by them is not wise.” The wise Solomon shows that there is danger in wine and that it is deceitful.
7. *What advice does Solomon give about wine?* The Bible says in Proverbs 23:19-21, “Hear, my son, and be wise; guide your heart in the right way. poverty; and drowsiness shall clothe a man with rags.”

8. *What is the effect of drinking on the mind?* Alcoholic beverage influences the person to do what they would never do if they were sober. See the following examples:
- a. Noah fell because of the wine: “Drinking of the wine, he became drunk and lay naked inside his tent.” (Genesis 9:21).
  - b. Lot: When his daughters desired to have children from their father, they made him drunk: “Lot went up from Zoar, and dwelt in the mountain, he and his two daughters, for they were afraid to remain in Zoar; and he dwelt in a cave, and finally the two daughters had incest with their father after giving him a fermented drink (Genesis 19:30-36).
  - c. Absalom decided to kill Amnon while in a drinking festival (2 Samuel 13:28).
  - d. Belshazzar while drunk saw the hand on the wall. It was on that day his kingdom fell and he died too (Daniel 5:4).

### **Bible Study Conclusion**

Drunkenness is a condemned sin in the Bible. Proverbs 23, quoted above, condemns the use of “red” wine that sparkles in the cup. The type of alcoholic beverage used in our society is the same type systematically condemned in the Bible. The Bible systematically demands that we be sober (1 Thessalonians 5:6; 2 Timothy 4:5; 1 Peter 4:7; 5:8).

Among the first consequences of drinking are the absence of inhibitions, the weakening of self-control, and the lack of judgment. These consequences occur well before the person begins to lose control of motor skills, slurred, etc. The devil is

always looking to tempt us; to meet these temptations, the child of God must be keenly alert and sober at all times.

Finally, through befriending the alcoholics, sympathizing, empathizing, healing, nurturing, and generally showing care; people concluded that they had found someone who loved them. With all that was said above, you managed to gain their trust. Certainly, some people who were ministered to accepted following Christ, some, because of the food that was offered to them, but most people came because their needs were met by showing sympathy for them and relating to them.

### **The Third Phase of Strategy Development: Health Expo**

In addition to Christ's method, (engaging with those we want to help; becoming familiar with their needs and showing genuine interest; looking for ways to help; maintaining their friendship and trust; inviting them to know God's word), the health expo had the role of helping people to adopt healthy life habits, preserving their physical and mental faculties. Because care for the body and obedience to the laws of health allow the development of spiritual faculties, removing the strongest power that Satan exercises over people and preparing them to receive the third angel's message.

Therefore, in January 2023 after the implementation of the second phase of the program, the researcher together with healthcare professionals began on Sunday 22nd January with the first free health expo for those who participated in it. It was a health expo open to the public of all ethnicities and beliefs, without cost or profit. It was a joint effort in partnership with the municipal health department of the district of Benfica- Huambo because the problem of alcohol does not only affect the church but society in general.

In total, more than 82 volunteers participated, including physicians, nurses, nursing technicians, psychologists, massage therapists, nutritionists, physiotherapists, dentists, physical educators, and special doulas to assist pregnant, breastfeeding, and trying women. More than 450 people were assisted in a circuit where they could take bioimpedance tests, measure blood pressure, measure the glycemic index, heart rate, and saturation, and obtain information about breathing, adequate water consumption, and sleep regulation, with a relaxing massage and words of encouragement at the end. Information was also given on oral hygiene, such as giving up smoking and drinking alcohol.

Therefore, the main objective of the health fair was to strengthen the community's level of information through health promotion, guiding the population about various diseases and nutritional aspects.

A month later, another health fair was held, that is, on Sunday, February 26, 2023. This health fair was promoted by the three churches in the district of Benfica and aimed to promote the health principles recommended by the Seventh-day Adventist Church and supported by scientific evidence. The health expo was characterized by the promotion of a good lifestyle and prevention of disease. Under the coordination of the director of health of the district Dr. Mariana Elias, about 30 health volunteers joined forces to provide the community of the district of Benfica with awareness about healthy habits and quality of life, in addition to monitoring the health of each participant. The health expo was organized in eight stands. These represented the eight natural and accessible remedies that treat the body holistically: healthy eating, regular water intake, breathing fresh air, exposure to sunlight, practicing physical exercise, rest, temperance, and trust in God. People started on the

first stand which was sunlight and ended on the last stand of trust in God. Table 12 illustrates this fact.

*Table 12. The Eight Stands Health Expo*

Order	Station	Tests and activities
1	Sunlight	Blood Pressure Measurement
2	Water	Hydrotherapy Demonstration
3	Nutrition	Nutrition Lecture and Blood Glucose Test
4	Quality of life	Weight/Height / Body Fat Percentage
5	Air	Expiratory flow meter
6	Exercise	Harvard Physical Fitness Test
7	Rest	Anti-stress back massage
8	Confidence	Health Habits Questionnaire, Confidence Test Biological Age, and Individual Counseling

According to the table above, in the last stand, the researcher shared the message of hope and distributed Bible study leaflets. The researcher encouraged the person to adopt healthy habits such as physical exercise (Prov 6:6; I Tm 4:8), rest (Ex 20:8-11), ingestion of plenty of water, clean air, adequate exposure to sunlight, and relationship with God (Prov. 3:1, 3, 7, 8; 4:20-22) as well as the twelve steps of the strategy of the Alcohol Anonymous which the researcher has mentioned on the literature review. The Alcoholic Anonymous strategy has positive effects around the world. Often, other institutions such as the family, school, church and even the Police alone cannot solve their problems. Their strategy several pieces of evidence which attribute to this distinctive and peculiar lifestyle greater life expectancy and lower rates of non-communicable diseases.

With this experience of health expo, the research can summarize the following results:

1. Changing how the church is perceived in the community.
2. Changing how the church views non-Christian society

3. Encouragement to live the message, contributing to the revival and reformation process.
4. Receptivity of the authorities to initiatives like this.
5. Involvement of the whole church.
6. Identification of community needs.
7. Many enrollments for Bible courses.

Therefore, in this time when human beings tend to turn their attention to themselves, the health expo is a positive way of responding to human needs and suffering.

Finally, in continuation of the activities carried out, the church was responsible for ensuring the well-being of every alcoholic person; cultivate friendships with them. In the paragraph above, consideration has already been given to the social and lifestyle adjustments that alcoholics must make when quitting. It is necessary to be their friend. Help them to know the bible; encourage them in the study of the word of God, visit them regularly, to be encouraged in their growth. Pray together and try to help them in any material or spiritual need.

### **Assessment**

After the evaluation of the outlined program monthly, half a year and yearly that began in the second half of July 2022 in the district of Benfica- Huambo, with a duration of 1 year. The results were satisfactory. Activities were carried out in an orderly manner, such as house-to-house visit, intimate personal contact and healthy living. The researcher managed to recover and bring back to the church 8 people who were already Adventist members and who because of the lust of the flesh fell into the world of drunkenness and 5 more people who for the first-time left drunkenness and joined Christ. So, in total, there were 13 souls rescued from the ranks of the devil and

others still to be decided. On Sabbath, June 24, 2023, which coincided with the thirteenth Saturday, the first festival of baptisms was held, where the 13 souls were baptized and reintegrated into the bosom of the church.

A fact worth mentioning is that the district of Benfica-Huambo has become a model district for other districts in the city of Huambo, which are also following the same program of identifying and rehabilitating alcoholics.

Here is the testimony of José Mateus, one of the members of the church and recently baptized who was an alcoholic: “Now I feel the happiest moments of my church life, that is, beautiful songs, hymns, and beautiful harmonious messages. I continue to receive the affection and warmth of the brothers like never before.”

### **Advantages of Investing in Alcoholic People**

There were several advantages to working in the rehabilitation of alcoholic people. Some notable advantages were:

1. It was less expensive evangelism that did not require a series of Bible studies, as these were people who needed affection.
2. There was always someone in the district who was willing to go along with the people.
3. There was relationship and restoration work, working towards the decision.

The result was short-term; because when an alcoholic person comes to church, he comes eager to make up for lost time; and this brings great joy to the brother who has worked on his recovery, rehabilitation, and reintegration into society and not just the church as well.

Finally, after these approaches, a resolution is expected, and a final opinion. Therefore, the following chapter will address the conclusions to the subject raised in

the previous chapter. It should be noted that the researcher's research was for analysis and reflection on the problem, so that as a church we can think and work on stagnating or reducing the problem.

## CHAPTER 6

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter condenses the chapters 1-5 in the study. In these chapters a strategy for the rehabilitation of alcoholics in the Benfica district of Huambo, Angola has been made. The general aim was to help the Benfica district in reducing the consumption rate of alcoholic beverages, which is currently being experienced by the people in the Benfica district of Huambo, Angola.

#### **Summary**

Chapter 1 provides the background to the study, states the problem, and describes the purpose of this research, which is to develop and implement a strategy for the rehabilitation of alcoholics in the Benfica district of Huambo, Angola. The prevailing situation was a major problem that this dissertation aimed to address. Therefore, the researcher's intention was to find a way to meet the needs of those affected where they are and bring them the message of God's forgiveness, righteousness, and plan for a better life.

Chapter 2 presents the biblical foundation for ministry to alcoholics, as well as the spirit of prophecy. The study selected biblical passages from the Old Testament on wine and drunkenness, which provided the biblical and theological basis of the study. The stories of Noah's drunkenness (Genesis 9:20-29) and Lot's drunkenness (Genesis 19:30-38) are rich in lessons. They illustrate the effects of drunkenness and show how the Bible "is God-breathed and is useful for teaching, rebuking, correcting, and

training in righteousness, so that the servant of God may be thoroughly equipped for every good work” (II Timothy 3:16-17). This demonstrates not only how the Bible views drunkenness but also how the Bible, as the word of God, responds to it. Finally, according to the spirit of prophecy, God desires us to reach the standard of perfection made possible for us by the gift of Christ.

Chapter 3 is the literature review, an interaction with various Christian and secular authors on the related subject. Theologians have concluded that the use of alcoholic beverages distorts the perception of reality, impairs the capacity to make responsible decisions, weakens moral sensitivity and inhibitions, causes physical sickness, and disqualifies one for both civil and religious service.

Chapter 4 focuses on the description of the ministry context, addressing both macro and micro aspects. The macro approach provides a historical background of Angola, which has experienced long-term colonialism, racial segregation, and civil wars. The chapter also describes how the project was conducted and its progression until the end, presenting the methodology of the study. The design of an intervention program was implemented to address the issues raised from the collected data. After analyzing and interpreting the data obtained through the questionnaires, the researcher considered and achieved the objectives of the study. This was confirmed by the evaluation, which demonstrated the program's effectiveness in addressing the high rate of alcohol consumption in the Benfica district of Huambo.

Chapter 5 describes the program to recover and rehabilitate alcoholics, including the planning of the strategy, its implementation, and its evaluation. The aim was to address the issues raised in Chapter 4, emphasizing God's purpose in the lives of alcoholics and identifying Satan as the author of all evil. According to scripture, God, out of His mercy, sent His son Jesus to unmask Satan and guarantee our

liberation, regardless of past actions. As long as one recognizes and decides to abandon sinful ways, God is always willing to forgive them. The topics covered in the program included Bible studies, Christ's method of evangelism, and health expos.

Finally, the researcher evaluated the program, and many people expressed a desire for it to be extended to other districts of the city of Huambo.

### **Lessons Learned**

After relating to those living with alcoholics, and making an analysis of the responses to the questionnaires, training the selected members of the church on how to reach out to the alcoholics and working with an alcoholic rehabilitation center I learnt several lessons why some people become alcoholic:

1. Some drink because they have problems. In this case, alcoholic drinks do not solve anything, but rather worsen the situation.
2. Some people resort to drink as a stimulus for their spirit; other to escape reality.
3. To do as others do. Some people say, "If everyone does it, why shouldn't I? That is the strength of peer pressure.
4. To overcome shyness especially for those who have particular problems with social relationship.
5. To avoid the demands of life. Alcohol is where problems and the anguish they generate are often drowned.
6. To celebrate good news.
7. As an appetizer. There are people who take in wine or other liquors before eating to stimulate the appetite.
8. To quench thirst.
9. Genetic propensity

10. The example at home. Some started to drink because their parents drunk too and because they had easy access to alcoholic beverages at home.
11. Psycho-sociological motives, relating to ethnic peculiarities and/ or social circumstances in certain communities.
12. Emigration
13. Low self-esteem, abuse, loneliness, the lack of protection, the lack of values, a hostile environment, are some other factors that precipitate the problem and assist alcoholism to develop faster.
14. The pastors, leaders and members must have effective ways to help those who want to stop drinking.
15. In short, the true solution to the alcoholic's problem is found in Jesus. It is the best solution to problems, including alcoholism. It is the solution to the problems and pressures that lead a person to drink. Christ does not threaten anyone. He does not distance Himself from those who despise him (Matt. 11:28). He listens to them patiently and promises help (Isa. 59:1). He keeps his many promises. He loves those who drink as sinners and wants their rehabilitation (Joh. 3:16).

Therefore, even the drunk who finds himself defeated, by force of will, without hope and a future, can find salvation in Jesus (Luke 1:37). He is the only doctor who can guarantee the cure of the alcoholic. He hasn't lost a case yet. He never abandoned those who came to him for help. Nor did he leave the alcoholic who turned to him to fight alone.

### **Conclusions**

As became evident throughout this research, alcoholic beverages have been part of man's life over time. In the Bible, for example, it is plausible to see Noah

getting drunk after the flood, just as Lot's daughters got him drunk after escaping the fire of Sodom and Gomorrah. In civilizations such as the Egyptians, Babylonians, Greeks and Romans, history alludes to the existence of even parties and gods dedicated to the excessive consumption of alcoholic beverages (Jer. 51:7).

Although these facts remind us of the remote existence of alcohol consumption, it does not mean that it is a positive and healthy attitude. It has become clear throughout this work that there are many consequences, many of which can lead to death, injuries or lifelong disabilities, divorce and all of this due to the consumption of alcoholic beverages. As stated by Ellen G. White: "Theft, incendiarism, murder, are committed under the influence of liquor."<sup>1</sup>

Therefore, an alcoholic person, in addition to medical therapy, i.e., detoxification of drugs, needs divine healing, that is: a) if they admit their own inability to abandon or reject the addiction (Rom. 3:23); b) and recognize a power greater than oneself and finally (Zech. 4:6) c) and trust in God, which only God can help you transform through his word "for the word of God is alive and active. Sharper than any double-edged sword, it penetrates even to dividing soul and spirit, joints and marrow; it judges the thoughts and attitudes of the heart". Heb. 4:12

### **Recommendations**

Below are the recommendations from the study:

1. The church should provide guidance and counseling services to everyone, but especially to people who use alcohol and drugs, to enable them to change; this was suggested by the respondents that the church should establish more rehabilitation centers.

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<sup>1</sup> White, *Temperança*, 6.

2. Church members should present lectures and seminars to communities so that people know the dangers that alcohol brings in destroying and harming their families and society as a whole;<sup>2</sup>
3. Church members should make people aware that alcohol is destructive, disruptive and unprofitable; This fulfills the mission of the church is to make disciples (Matt.28:19-20)
4. Church members should raise awareness of the public health problems caused by the harmful use of alcohol and ensure support for effective policies;
5. Church members should distribute posters and pamphlets on issues related to abandoning alcohol and other drugs;
6. Should be a joint rehabilitation involvement, i.e., all church members;
7. Peoples with alcohol dependence should believe that God, through Jesus Christ, can save them from this dark addiction;
8. Christians who are tempted to use or abuse alcohol should pause to think about them from a spiritual perspective. Because these substances have a direct spiritual effect on our bodies, which are the spiritual home of the Holy Spirit and therefore bodies should be treated as holy (1 Cor 3:16-17).

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<sup>2</sup> See Josh McDowell and Bob Hostetler, *Handbook on Counseling Youth: A Comprehensive Guide for Equipping Youth Workers, Pastors, Teachers, Parents* (Nashville, TN: Thomas Nelson, 1996), 297.

## APPENDICES

APPENDIX A  
MAP OF ANGOLA



APPENDIX B  
OUTLINE PROGRAM AND STRATEGY

**Dates:** 01/06/2022 a 30/06/2023

**City:** Huambo

**Project Location:** Benfica District, Huambo- Angola

**Participants:** All members of the selected churches

**Target population:** People with excessive use of alcohol beverages

**Objective:** To investigate the factors that lead to alcoholism and its associated consequences.

**Specific objectives:**

- To analyze the adverse effects that alcohol consumption produces on people.
- To identify which social factors are related to alcohol consumption.
- To determine the sex that consumes alcohol the most.

**Methodology**

- Ensuring total member involvement
- Make each member discover their gift and use it to build the church
- Christ's Method: Ministering to peoples
- Use Prayer as a weapon against Satan

**Implementation**

The program will be implemented in three phases:

*The first phase will be:*

1. Meeting with the church board members
2. Presentation of the program to church members
3. Training of members
4. Identification of the target group
5. Intimate personal contact
6. House-to-house visits

*Second phase:*

1. Community penetration with attractive programs such as:
  - a) Christ's Method
  - b) Bible study

*Third phase:*

- a) Health expo
- b) Healthy lifestyle programs

**Program evaluation**

1. Monthly
2. Half a year
3. Annual
4. Continuously

APPENDIX C

INFORMED CONSENT FOR THE STUDY

Project title: A STRATEGY FOR THE REABILITATION OF PEOPLES WITH ALCOHOL DEPENDENCE IN BENFICA DISTRICT OF HUAMBO, ANGOLA

I, \_\_\_\_\_ in full decision-making capacity, freely and under personal responsibility accept to participate in the study whose topic is: A STRATEGY FOR THE REABILITATION OF PEOPLES WITH ALCOHOL DEPENDENCE IN BENFICA DISTRICT OF HUAMBO, ANGOLA.

I declare that:

- My survey can be used to collect necessary information.
- I have read the information sheet provided to me.
- I was able to ask the questions I considered necessary about the study.
- I have received adequate and sufficient information from the researcher indicated below regarding:

- The objectives of the study and its procedures.
- The advantages and disadvantages of the process.
- That my participation is voluntary and altruistic.
- The procedure and purpose for which my personal data will be used and the guarantees of compliance with current legislation.
- That I can revoke my consent at any time (without having to explain the reason) and request the deletion of my personal data.
- That I have the right to access and rectify my personal data.

To record all this, I sign below:

Date.....

Signature.....

## APPENDIX D

### SURVEY AND INTERVIEW QUESTIONNAIRES

#### A Demographics

1. Sex: Male\_\_\_\_ Female \_\_\_\_
2. Marital Status: Married\_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_\_ Divorcee \_\_\_\_  
Separated\_\_\_\_
3. Age Group: 18-25\_\_\_\_; 26-33\_\_\_\_; 34-40 \_\_\_\_; 41-50\_\_\_\_; 51 and over\_\_
4. Educational Achievement:  
Primary School\_\_\_\_; Secondary School\_\_\_\_; College Education\_\_\_\_;  
University Education \_\_\_\_

B In the scale of 1 to 5, where 1 indicates “cold” and 5 indicates “very warm”,

state:

1. Do you consume alcoholic beverages?

- Yes
- No
- Never

2. How many bottles of alcoholic beverages do you drink per day?

- 0 to 0
- 1 to 2
- 3 to 4
- 5 to 6
- 7 to 9
- 10 or more

3. What is the main reason for drinking alcohol?

- Pleasure
- Decrease thinking
- Friendship
- Motivation
- Stress
- Other

4. Have you ever tried to stop drinking?

- Yes
- No

5. How often over the past year have you needed to drink on an empty stomach to recover from heavy drinking the previous day?

- 0 to 0
- 1 to 2
- 3 to 4
- 5 to 6

6. Can you give me an estimate of how many people drink with you?

- 0 to 0
- 1 to 2
- 3 to 4
- 5 to 6

7 to 9

10 or more

7. What happens when you stop drinking?

I run out of motivation

I don't like to talk

I don't like to eat

8. What advice do you have for all those who drink?

Stop at

keep drinking a little

None

9. In your opinion, what should the church do to prevent the increase in alcohol consumption?

Giving more lectures on the subject

Pray more

Create rehabilitation centers

10. Have any family members, friends, doctors or health professionals expressed concern about your alcohol consumption or suggested that you stop drinking?

No

Yes, but not over the past year

Yes, in the last year

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## VITA

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1991-1996            BA in Theology at Adventist University of Friedensau-  
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### Duties and Responsibilities

2021- 2024    Lecturer at Bongo Adventist University  
2010 - 2020    Executive Secretary of the Southern West Angola Union of the  
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2001- 2009    Executive Secretary of the Angola Union Mission of the Seventh-day  
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2000    Frontline Pastor, South Field- Lubango, Angola  
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