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## **Fake Joy: Substance Abuse and Young People's Search for Wholeness**

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“You cause the grass to grow for the cattle, and plants for people to use, to bring forth food from the earth, and wine to gladden the human heart.”—Psalm 104: 14-15

“Wine is a mocker, strong drink a brawler, and whoever is led astray by it is not wise.”—Proverbs 20: 1

So, which is it? Is wine desirable, a fruit of God's good creation and a thing that gladdens the human heart, as the psalmist sings, or it is something to run away from because of its ability to lead people astray, as the writer of Proverbs contends? Christian churches, both historically and now, are all over the map in their varied responses to the relationship between Christian faith practices and the use of mood-altering substances such as alcohol. Some Christian traditions throw their anchor in with the “Proverbs camp,” placing their emphasis on avoiding the harms that alcohol and other substances can create by establishing norms that view these substances as entirely off-limits for Christians. Other streams of Christianity treat such matters as “*adiaphora*,” the Apostle Paul's term for something you can take or leave either way, like meat offered to idols, as inconsequential in defining the boundaries Christian practice unless it causes another to stumble.

Youth ministers know that while theological traditions may differ about whether to treat the use of substances such as alcohol as essential and normative matters of faith practice or as matters around which Christians may exercise liberty of conscience, substance abuse is a factor the actual lives of young people today. We also know that the primary ways our society has for dealing with substance abuse seem to be punitive, based on criminalization, rather than preventative, educational, and restorative, based on care for youth. Here's a quick snapshot of the reality of youth substance abuse in the U.S.:

- In 2016 alone, 4,110 young people between the ages of 0 and 24 in the US died as a result of opioid overdoses.<sup>1</sup>
- Motor vehicle accidents are the leading cause of death among youth, and alcohol has a role in about half of these deaths (In 2007, alcohol involvement in fatal crashes was reported for 23% of drivers aged 16 to 20 and 41% of drivers aged 21 to 24).<sup>2</sup>
- Of the 2.4 million young people 17 and under involved with the juvenile justice system, a full 78.4% or 1.9 million have a connection with substance use/abuse.<sup>3</sup>
- The best predictor of substance abuse disorders—addictions—in adulthood is drug use that begins during adolescence.<sup>4</sup>

If this sounds like a real “downer,” well, it is. Youth are in trouble. They are locked up. Some are dying. Many come from contexts in which they and their communities are “socially acceptable scapegoats” for a racist society that would rather give them up to the numbing power of drugs (and then arrest them for it) than do the hard work of systemic social transformation. Among far too many substance-abusing and addicted young people, genuine joy has been replaced by despair.

Doesn't it seem weird, then, that there is so little attention given to substance abuse in youth ministry literature and resources, and in the education of people doing ministry with youth? This substance abuse issue is a big deal in the lives of youth! And yet the field of youth ministry vacillates between a wishful-thinking approach that variously treats substance abuse as something “good Christian kids” would never do, as something that can be handled by “just saying no,” or as something youth ministers may as well ignore because it's too far above our pay grades (and knowledge and skills) to address. In this chapter, we want to explore youth substance abuse through the lens of a theology of joy. Substance abuse is a theological problem because it stands in the way of joy. In addition to the barriers to joy that substance abuse erects in the lives of youth, the sneaky way substance abuse mirrors the experience of joy *all the way down to the cellular level of human existence* in effect sets up substance abusing young people to seek false sources of fulfilment for their desires for joy. Substance abuse creates fake joy. In so doing, it ushers young people into inauthentic identities, relationships, and life-projects.

### **Says Who? Who We Are and Why We Care About This Topic**

Remember the Peanuts cartoon in which the teacher is talking to Charlie Brown, but all he hears is “blah blah blah”? It is so easy for conversations about youth substance abuse to be like that, if the people talking about it are detached from the realities of substance abuse in their lives. We who write this chapter—Joyce and Charles—think you deserve to know that youth substance abuse is not something we learned about by sitting in a library or listening to a lecture in health class.

I (Joyce) have close immediate family members who struggle with substance abuse, their everyday lives ravaged by the effects of their addictions on their abilities to flourish. Other extended family members have died from diseases resulting from addictions, while still others are living full and amazing lives in recovery. My ministry background includes chaplaincy service in an adolescent drug treatment center where I served as a chaplain with addicted youth, some as young as twelve. I have worked as a clinical social worker in a teen medical clinic where many of the youth seeking medical services also struggled with substance abuse, addictions, and eating disorders. I have a friend whose teen son died from an opioid overdose—a shocking, unnecessary death that has left a mother devastated and a sister who can't seem to get her bearings now that her brother is gone. As a parish pastor, I had occasion to witness the toll taken on the lives of teens with substance abusing parents or siblings. And now I teach, research, and write<sup>5</sup> about substance abuse, among other topics in practical theology, here at Yale Divinity School in the hopes of strengthening the capacities of church leaders to respond to the reality of people and communities affected by these problems.

I (Charles) also come from a situation where alcohol abuse has affected my family. When I was seven years old, one of my uncles was involved with a group of friends who abused alcohol. He was eventually killed by one of his associates in this group, leaving behind his wife, my aunt. Also, his two sons, my younger cousins, lost their father. Over the years I observed them start to live lives very similar to many men who do not have fathers in their lives—lives of fear, anger and

disappointment. After doing prison ministry with young adult men for over 20 years with the New Jersey Department of Corrections, I know that if my uncle was more present and more involved in the lives of his sons, there would have been a high probability that they would have seen more options in life and had a greater capacity to imagine different paths for their lives. The subject of alcohol abuse is very important to me personally because of the ripple effects that I know it can have on the loved ones who surround the alcohol abuser. As a pastor of church, I have also seen this dynamic at work in the life of a church member who asked me to help her find a way to get treatment for her brother whose alcohol abuse was breaking her heart and causing her to fear that he would be hurt or even killed by someone in his social circle of drinking “buddies.” My personal experience of my uncle’s death helps me to understand deeply her concerns.

We care about youth substance abuse because it’s personal for us. We also care about it because as Christians called to lives of love, justice, and joy, we recognize adolescent substance abuse as a force working against joy and human flourishing.

### **Speaking of People We Know...**

What does adolescent substance abuse as a barrier to joy look like up close? Let us introduce you to some young people we know.

Anthony (as I will call him here), is an African American who grew up in an area in Southern Jersey that may not be considered a poor urban environment. Still, the area has more than its share of impoverished families. Anthony was a promising football running back who, like most teens sought friends, especially since his parents split up when he was a toddler and his step father became as distant as was his biological father. He gained popularity by using and supplying marijuana and mixtapes to children at school. At the age of 16, one night, he and his core group of friends were joined by another teenager that Anthony did not know—a friend of a friend. After passing the evening getting high they got hungry. With little to no money someone suggests that they order Chinese food for delivery, then steal the food and the delivery man’s money. Since the new associate had a gun they figured it would be easy. They ordered the food, and the delivery man arrived in the parking lot of the apartment complex where the boys were hiding in ambush. They surprised him, took the money and ran back to their apartment in neighboring apartment complex. The friend of a friend, however, stayed behind and for whatever reason shot and killed the delivery man.

Anthony and his core friends were oblivious to this until, while eating the food, the police did a sweep of the apartment complex on a tip and found him and his friends. As his mind, cloudy from drugs, began to clear, he was arrested and placed in a police car. As the car drove away he saw the body of the delivery man being put into an ambulance with a woman crying over him. At that point Anthony realized that his situation was much more serious than he imagined.

The prosecutor lumped Anthony and his friends together with the shooter and charged them all with robbery and murder. Anthony’s family was unable to hire a lawyer, so he had an overworked public defender who suggested that he plea bargain. [footnote] The plea gave him 17 years. And Anthony, with no prior convictions, was sent to grow into an adult under the custody of the Department of Corrections.

Anthony and his friends were teens who reinforced their friendships with substance abuse. Their clouded judgment led them into a criminal justice system that systematically sweeps away African American males who have limited education, little financial resources and minimal legal knowledge. I cannot say that Anthony would not have been arrested if he did not use marijuana with his friends. The social forces that led him to his long sentence are much more complex as many researchers have noted. [footnote: See Michelle Alexander, “The New Jim Crow”.] Nevertheless, drug use played an important role in his life that fateful night. And the data show that drugs play an important role in many crimes that occur on many nights in America. [footnote: See “Drugs and Crime in America” data; NJ statistics on percentages of inmates with drug related crimes.]

Zach, a Euro-American male, was a junior in high school and a star on the school’s wrestling team. In regional trials leading up to the state match, Zach suffered a severe and painful injury to his right knee. The road to recovery was slow, involving surgery, lots of physical therapy, and a period of impaired mobility. The time after the injury also was emotionally and socially painful, as Zach could not be among his team mates participating in the state wrestling finals. After surgery Zach’s doctor prescribed a strong pain medication, oxycontin. Even when the physical pain diminished, the pills helped Zach to deal with other forms of pain in his life, especially the emotional pain of constant worry about his future. While he didn’t think about it explicitly, taking a pill now and then also made Zach feel less agitated about all that he was missing out on because of his injury: the special sense of belonging from being part of the team, and the status that came from his role as a winning athlete. Before long, though, Zach began to experience craving for the pills when he had not taken one for a while. He started cutting back on other activities and relationships he used to enjoy like just hanging out with friends, playing soccer, or listening to music. Instead, Zach began to spend more time with others who had access to the pills he wanted and could get them for him. While Zach gave convincing explanations for the changes in his behaviors and actions, his parents, siblings, and friends had the sense that something was “off”—but they could not quite identify what was different. “All teenagers are moody and keep to themselves at home,” reasoned Zach’s mother and father. After a while, Zach found it easier and cheaper to obtain street drugs than pills, so he began to buy other forms of opiates such as heroin to answer the cravings he experienced. Everyone was shocked when the news came that Zach died from an overdose of heroin laced with fentanyl on the eve of his seventeenth birthday.

These two young people hail from different life contexts and bring different “back stories” to their substance use and abuse. While their distinctiveness matters, what they have in common is also important: none of them started out using drugs with a plan to develop a substance abuse problem. Then why did they use drugs? Why do other teens use drugs?

- They used drugs because they acted on impulse, and because the parts of their brains in charge of putting the brakes on actions that are too risky were not fully developed, they acted on impulse with no thought to the possible consequences.
- They used drugs because it felt good (because drug use activated the dopamine reward systems of their brains which we’ll talk about some more in a minute).
- They started using drugs as a social lubricant, a way to be with other people—and heaven only knows that sometimes it can be hard to feel connected to other people in a world where rejection for being too fat/thin/smart/not smart/poor/awkward/freckled/gay/--whatever!!-- is always possible.

- In some cases, experimenting with substance use scratches an itch these youth didn't even know they had, put into their lives by adolescent developmentally-based hungers for novelty and intensity.
- For more than one of them, substance use provided a means of self-medication from emotional and other problems.
- They used drugs because for these young people, *desire*-- that crucial pulse of human being that invigorates life and fuels the yearning for connection with the Holy—became distorted, seeking satiation in something less than a fully flourishing life grounded in joy.

### **The Human Hunger for Joy**

What is joy, anyway? When we talk about joy in this chapter, we mean a life-orientation, a way of being in the world, an “in-touch-ness” with a source of life and with the deep satisfaction that comes from the knowledge of being beloved, of being fully and unreservedly welcomed by God. It is an inner disposition that orients a way of being in the world. Joy is akin to grace: it is a mysterious inner river of knowledge that God has “made right” all that is not right about us and therefore we can flow through our lives living out of that knowledge. The presence of joy, like grace, tends to show up in certain concrete actions and attitudes in everyday life, although it can never be reduced to these alone--and thus should not be confused with the appearance of perpetual happiness as performed in some religious circles that confuse the presence of joy with the absence of (or numbness to) hardship.

We aren't saying that the quality of a person's life situation or the presence of pain are irrelevant to joy. A person's awareness of joy can be covered over by life conditions of deprivation, pain, struggle, oppression, or suffering. While circumstances of life may affect a person's ability to experience “markers of joy,” or the various ways joy may come to expression in a person's everyday life, joy nevertheless can exist even where difficulties or suffering obscure its expression. Joy is an existential state encompassing elements of delight, peace, and contentment emanating from a profound awareness of being beloved, of belonging and being recognized (known) and accepted, of being “made whole,” sometimes in spite of apparent evidence to the contrary!

Genuine joy links people to one another and to God. In the words of pastoral theologian Mary Clark Moschella,<sup>6</sup> joy constitutes both an emotional experience and a spiritual path. As an emotional experience, Moschella writes, joy “involves an elevated, open feeling” that opens us up to others. It is an “emotion of warmth...leading to a sense of wellbeing or wholeness,” and also to gratitude and generosity. “Joy is a good and holy gift in its own right. We need joy in order to be more fully alive, awake, and free, attentive to the project of our own existence.”<sup>7</sup> As a “spiritual path or way of perceiving,” joy keeps us engaged with and attuned to the suffering and injustice in our world, allowing us to “address these realities with strength, wit, and compassion.”<sup>8</sup> Joy, then, is an important tie in the God-human experience, and in our capacities to care with and for one another. Interestingly, the desire for the features Moschella names--“fully alive, awake, and free, attentive to the project of our own existence”—are precisely the kinds of existential longings experienced by adolescents. Teens long for joy, yet they probably call their desires by many other names.

### **The Downside of Joy**

Paradoxically, joy as an existential state in which we are fully awake and attuned to life and can rest in the knowledge of God's welcome of us, also brings with it a certain restlessness. That is because the existence of joy as a human possibility issues in the built-in desire to find joy. And desire is

inherently uncomfortable! Desire wells up like a fire that needs to be extinguished or a longing that must be answered.

Augustine, a bishop of the church and one of early “church fathers” of the 4<sup>th</sup> century, recognized the spiritual function of desire in his autobiographical work, *The Confessions*. Augustine saw desire as that which continually pushes us to search for God: “You have made us for yourself, O Lord, and our hearts are restless until they find their rest in you.”<sup>9</sup> Similarly, in the Hebrew Bible the psalmist offered this poetic image of desire as a longing, a thirst, which ever draws us toward God: “As a deer longs for a stream of cool water, so I long for you, O God. I thirst for you, the living God” (Psalm 42:1-2). In these spiritual expressions of desire’s yearning, desire functions as a kind of “homing device” to ensure that we continually seek to make our way back to the Source of love and joy. Theologian Wendy Farley describes desire as that which “emanates from the divine image deep within us,” and therefore “nothing, not even ourselves, can break this thread that leads us home.”<sup>10</sup> “Desire testifies to the divine image in us and to the great and precious beauty that is in us cannot be blotted out. . . . This desire is a burning light in us. It is the image of God in us. It is that part of us that cannot be destroyed or tarnished, although it can be hidden.”<sup>11</sup>

And that is precisely where substance abuse and addictions come into the picture. The restless desire that joy engenders makes people—especially young people--vulnerable to attempts to fulfill it by various other available means. When human beings try to satisfy the inherent longing for joy with something less than joy, over time the very ability to recognize and experience authentic joy becomes distorted. The internal homing device of our desires, malformed to seek only that which can put an end the yearning regardless of the object to which this desire is attached, can begin to direct us to experiences of false joy.

Substance use and abuse complicates the picture by (1) intensifying desires into compulsions, and (2) masquerading as both objects and sources of real joy in some rather convincing ways. When humans seek to quench desire and induce joy by abusing substances, over time real joy becomes unrecognizable, indistinguishable from these lesser, false mimics. Substance abusing youth end up putting their efforts and energy into something that cannot ultimately fulfill the hunger within them.

A large part of the faith-related, *theological* problem with the abuse of alcohol and other drugs by young people is that such actions stand in the way of a *genuine* encounter with the excessive, outrageously abundant, fully-awake and alive experience of human flourishing that we mark lives in touch with joy. Substance abuse can even cause young people to stop searching for genuine joy altogether, convinced on some level however superficial that they have already found it. In this way, youth substance use/abuse diverts young people from fully engaged living. Substance abuse inhibits joy.

### **Taking the Time to Define**

Before we go on, let’s get clear about some of the language we use to talk about youth and substance abuse. In relation to alcohol and other drug use, a “*substance*” is something that a person can use to alter their mood and/or state of consciousness. Caffeine creates higher alertness. Marijuana produces a state of relaxation among users.

“Substance *abuse*” technically refers to the use of a substance for purposes other than that for which that substance is intended. For example, a medication such as Adderall® may be prescribed for the purpose of helping a person who lives with attention deficit/hyperactivity disorder with their capacity to focus. Using the medication in this way does *not* constitute substance abuse. Using the

same prescription medication for a different purpose than that for which it was prescribed, however, such as to induce a euphoric “high,” or to create an extreme state of alertness in one who does not suffer from ADHD, constitutes substance abuse.

What is *addiction*? The most straightforward definition of addiction is the compulsive continuing use of a substance even though doing so creates harmful consequences for the user. Addictions, also called substance abuse disorders in clinical terminology, involve changes in a person’s underlying brain pathways as a result of repetitious substance abuse. These changes orient the user’s desires toward acquisition and use of the substance, initially to bring about the experience of euphoria/“getting high.” As brain circuitry changes in relation to the repetition of substance use, such desires become even more intense and more narrowly focused. The substance abusing person requires more of the drug to achieve the same high or just to feel their normal baseline level of arousal. As this *tolerance* develops in which the drug abusing person requires more of the substance, more potent varieties of the substance, used with greater frequency to get the same effects, they also undergo cravings to use the substance.

*Cravings* are extremely intense, concentrated desires, experienced as a need that must be satisfied. Unfulfilled cravings produce suffering in the person experiencing them, creating a sense of compulsion (use of the substance feels like a “need” rather than a “want”). Such cravings, as we will explore more deeply below, result from changes in the underlying brain circuitry. Eventually, *withdrawal* symptoms such as nausea, headaches, anxiety, or tremors, occur in the absence of the drug, creating a compulsion to use the drug to stave off these undesirable conditions.

The triad of increased tolerance, cravings, and withdrawal experienced by people suffering from substance abuse disorders take place under the direction of their brain chemistry. They are not under the person’s conscious desire and direction. In other words, people cannot will themselves to not have a craving, nor can they “just say no” and have the craving disappear: it is a matter of brain cells and chemicals that create this response.

### How to Distinguish Ordinary Adolescence from Substance Abuse

A lot of years ago, when I (Joyce) first began to teach in churches about youth substance abuse, I would offer a list of commonly observed signs and signals that a young person might be getting into trouble with drug use. Inevitably, at least one parent would voice some version of this question: “A lot of those behaviors on the list seem like they just describe ordinary teenagers! Aren’t they all moody, wanting to be left alone in their rooms or have more privacy, and changing their interests from day to day? What’s the difference between ordinary adolescence and teenagers who have a substance abuse problem?”

Sometimes it is hard to distinguish: eyes can be red from breaking up with a boyfriend or from smoking marijuana. But when several signs begin to appear, it’s a good idea to question whether it might be a substance abuse problem. Here’s a list of some signs and indicators that a young person might have a problem with substance abuse.

### **Some Common Warning Signs of Drug Use and Abuse Among Youth**

When people of any age are abusing drugs, their actions and behaviors change across the different areas of their lives. Some common signs include: neglecting responsibilities at work or school; relationship problems such as increased irritability and fighting with family or others; legal problems from illegal activities such as stealing, or driving while intoxicated; increased risk taking, such as having unprotected sex, or engaging in dangerous activities while high. When a person of any age

losses the ability to control their drinking or use of a drug, that is a very strong indicator that a problem exists. If they seem to need more of a substance to get the same effect (relaxation, feeling high), they are developing tolerance to the substance, a sign that using it is a problem. So is the experience of cravings (a painful desire for the substance) and of withdrawal symptoms in the absence of the drug (headaches, shaking, irritability, hallucinations). The presence of tolerance, cravings, and withdrawal point to a serious substance abuse problem, addiction.

The Hazelden/Betty Ford Center identifies these **common warning signs of alcohol and drug abuse among young people:**

- heightened secrecy
- fishy-sounding excuses or outright lying
- difficulty thinking or keeping focus
- withdrawing from classroom participation
- resistance to discipline or feedback
- increased tardiness or absence
- paranoia, irritability, anxiety, fidgeting
- changes in mood or attitude
- significant weight loss or gain
- loss of interest in hobbies or activities
- decline in school performance
- abandonment of long-time peer group.

Other behaviors that may indicate that a young person is using drugs include:

- an increased need for money, or not being able to account for money spent.
- an abrupt change of friends or a reluctance to introduce new friends to parents.

As use progresses into abuse and addiction, warning signs usually become more obvious, and it is increasingly difficult for a person abusing alcohol or other drugs to function in their daily life. Increasing interpersonal conflict, accidents, injuries and stealing can be indications of a serious problem.<sup>12</sup>

### Substance Abuse, Race, and Mass Incarceration

I (Charles) would be remiss if I didn't share the perspective on substance use and abuse developed through 20 years of service as a prison chaplain where I have seen the consequences of substance use and abuse exacerbated by the American dimensions of poverty, race and mass incarceration. Remember Anthony, the young man I introduced earlier? He will soon be released after a long sentence with a bachelor's degree that he earned from a major university while incarcerated. An obviously intelligent young man, he could not invest in himself with a clear mind until he got serious about his faith and his education while incarcerated. This young man's life



experiences reflect the larger societal connection between controlled substances and the American system of incarceration. Things might have been very different for him, even with the risky impulsive behavior he engaged in as a teen caught up in drug use with peers, had he not been from a minoritized racial group; from a certain economic class that limited his options for legal representation; had he known more support and presence from a positive community of peer support and adult mentors earlier in his life. The consequences of substance abuse are not equally distributed in the lives of young people in the U.S. Whatever young people you work with in your context, an important part of youth ministry needs to be advocacy and connection with young people in the wider societal context in which substance abuse impacts the lives of young people.

### The Influence of Popular Culture on Substance Abuse

It would be helpful for us to acknowledge the argument that the use of controlled substances among adolescents is being pushed toward normalization by popular culture. *Drugs and Popular Culture* is an important work edited by Paul Manning that seeks to address the question of whether the expression of controlled substances in popular culture has reached a point of influencing common perceptions of drugs held by teenagers. Andrew Blake, one of the contributors to the book, states: “Drugs in pop music...matters. During the twentieth century, and so far in this, popular music has been key to the production and circulation of the symbolic frameworks, which describe and ‘explain’ drugs and their use. ... These [symbolic frameworks] include narratives: of the romantic artist, and his/ her creativity and/ or decline; of the association between pleasure and rebellion; and of the continuing symbolic importance of choice and alterity within a society which continues to grapple with the problems of recognizing and valuing social and cultural difference.”<sup>13</sup> Have these representations of drug (and alcohol) use, which have been present arguably throughout the 20th century, become so commonly accepted today that we can call them “normalized” and not marginalized among American adolescents? *Drugs and Popular Culture* does a good job of laying out the arguments for and against drug use reaching a level of normalization in American or British teen cultures. Manning acknowledges five areas in which popular culture shows evidence of normalizing drug use in the attitudes of teenagers: 1) increased drug availability; 2) more teens who are willing to try a drug; 3) increased regular drug use by teens; 4) more teens who are “drug wise” or who are knowledgeable about the availability and potency of drugs; and 5) increasing numbers of adolescents who demonstrate intentions of future drug use or life journeys toward drug use in post-adolescence.<sup>14</sup> While it is beyond the scope of this article to add evidence to either side of the debate, our (Joyce and Charles) experiences of confronting the problem of teen substance abuse confirm what Manning and other authors offer: in the 21<sup>st</sup> century there has been an increase in evidence that shows that drug and alcohol use is being increasingly normalized in popular culture.

We would encourage all youth workers to find out what music, movies or streaming shows attract the attention of the young people within their youth groups in order to see how pervasive are the images of substance use in their entertainment. A rap song released by the artist Future called “Mask Off” was on the Billboard charts for 31 weeks peaking at number 5 in May 2017. Within its chorus are the words, “Percocet, Molly, Percocets...”<sup>15</sup> The song regularly refers to the opioid Percocet (usually prescribed for pain relief) and a form of the ecstasy drug called Molly. It is important to acknowledge that such songs are popular among young people and therefore youth ministers can increase their effectiveness in serving adolescents by offering them ways to think about the reasons for their interest in such symbolic representations of popular culture from theological as well as personal perspectives.<sup>16</sup>

## **It's (Almost) All In Your Head**

Whether you work with young people in contexts of privilege or of prison, youth ministers need to understand the dynamics of substance abuse and addictions in order to understand young people dealing with these realities. While numerous young people use and/or abuse substances such as alcohol, tobacco, caffeine, opioids, or marijuana, not all of them develop substance abuse problems. A variety of factors participate in any one individual's proneness to substance abuse problems—factors such as heredity; environmental features such as the normalization of substance abuse in a particular school, family, or peer group; societal conditions such as racism or able-ism that create unlivable conditions while only offer temporary modes of relief from oppressions; and a person's internal psychological resilience. But no matter what create the conditions for substance abuse in a young person's life, ultimately it's about the brain.

## **Brains, Drugs, and God**

Neither one of us, Joyce or Charles, is a neuroscientist! But given the many accessible accounts of recent developments in brain research that provide new clues about adolescent substance use and abuse, we think it's really important for youth ministers to gain some basic understanding of how addiction works.

Neurobiologists believe that our brains are wired to reward behaviors that sustain life and wellbeing, and that cement the social bonds between us that are necessary for human flourishing. That is why when we have nurturing social relationships and intimacy, enjoy good food, read a good book, listen to music, or participate in a sport we love, we experience enjoyment and a sense of wellbeing: the brain's reward systems become activated, releasing the neurochemical dopamine. It is this activation of the dopamine reward system that allows us to enjoy such experiences, thereby creating a biological source of encouragement to repeat them. At the cellular level, brains establish an association between the particular activity and the release of dopamine, effectively "rewarding" the person for that behavior and motivating its repetition. It is the brain's way of anchoring biological analogs of joy within our very cells. Put differently, the God who created the universe *and* your brain made you with a built-in device that would make sure you do the things that root you in joy: good relationships, enjoyment of intimacy and secure attachments, good food, care for self- and others, and all the other ways that caring for your well-being activates your brain's reward circuitry. We are indeed "fearfully and wonderfully made"! (Psalm 139:14).

Daniel Siegel is a psychiatrist who studies the workings of adolescent brains. He notes that even though natural dopamine release results in higher peak levels in adolescence, the baseline levels of dopamine in teen brains actually are lower than those in the brains of adults, accounting in part for the proneness toward boredom so many adolescents express: their default state is set at a lower level of arousal.<sup>17</sup> At the same time, though, Siegel says that during adolescence, when activated, the reward systems of adolescent brains undergo a naturally enhanced release of dopamine. "This enhanced natural dopamine release can give adolescents a powerful sense of being alive when they are engaged in life. It can also lead them to focus solely on the positive rewards they are sure are in store for them, while failing to notice or give value to the potential risks and downsides."<sup>18</sup> They amplify the positives and downplay the dangers.

The intense enjoyment of a dopamine surge tends to promote repetition of behaviors that activate the brain's reward system, potentially including substance use and abuse. What Siegel writes about the dopamine system's relationship to addiction during adolescence is important as he attributes "a

documented increase in susceptibility to addiction” during adolescence to the effects of increased dopamine release:

All behaviors and substances that are addictive involve the release of dopamine. As teens not only are we more likely to experiment with new experiences, we also are more prone to respond with a robust dopamine release that for some can become part of an addictive cycle. A drug, alcohol for example, can lead to release of dopamine...When the alcohol wears off, our dopamine plummets. We are then driven to use more of the substance that spiked our dopamine circuits... As with any addiction, we continue to engage in the behavior despite knowing its negative impacts... That’s the power of the dopamine reward system.<sup>19</sup>

Think about what this all means for substance abuse and adolescence. With substances of abuse, the built-in “joy encourager” of the brain’s reward system gets all screwed up. The desire to experience the good feelings that come with activation of the brain’s reward system becomes a powerful driver of behaviors and actions in adolescence and is also related to the heightened tendencies toward impulsivity so often associated with the teen years. The parts of the brain that assess danger and put the brakes on doing really dumb things are not all the way online yet. In other words, the collision between the adolescent developmental idiosyncrasies in the brain’s reward system, a still-maturing brake system in the brain, and the surge created by substance use, creates the perfect conditions for reinforcing the teen’s substance abusing behavior. When, furthermore, that teen’s cognitive processes under the influence of this over-active reward system amplifies the positive effects of use while overlooking the negative ones, it is easy to understand why adolescents are particularly vulnerable to substance use, abuse, and addiction.

Drug use comes to take on an enormous significance in a young person’s life compared to other activities that formerly gave them enjoyment/pleasure. In the process, the “pause” button gets pushed on emotional and spiritual development. A young person’s problem-solving capacities, social skills, and the development of a repertoire of healthy ways to deal with anxiety, disappointment, boredom, and self-criticism become atrophied with the use of drugs because youth stop making use of and developing these areas of their lives. We know, of course, that drug abuse brings significant risks to physical health. And spiritually, when one’s way of life narrows in on the pursuit of the “high” —or more accurately, in the case of addiction, pursuit of satisfaction of cravings—there is little room for a focus on anything else, much less one’s calling to live in the light and love of God, to live in real joy. And the real kicker is this: because the brain’s pathways have been re-routed by substance abuse, the God-given, built in phenomenon of human desire no longer works like a “homing beacon” to draw this young person Godward; instead, it has become malformed, orienting them toward fake joy that is ultimately destructive.

The response of the brain to substance abuse also helps to explain how a behavior such as internet use can become an addictive disorder.<sup>20</sup> A young person engages the internet by posting, commenting, playing a game, or using social media. They receive responses in the form of “likes,” “pings,” sharing, comments, or game success that activate the brain’s reward system. The resulting dopamine high motivates the internet user to repeat their engagement through another posting or more time gaming. As more repetition takes place, brain circuits change in response. More intense activity (e.g., a higher level in a game) is required to achieve the same dopamine level. Over time, the appearance of a new notification, comment, or “like” itself triggers the activation of the reward system and the release of dopamine. The use of the internet then becomes compulsive as cravings develop in response to dopamine’s rise and fall in the brain. Cravings are the brain’s attempt to keep the good feelings coming, and stave off the bad ones. Over time, even the thoughts and behaviors

involved in planning, anticipating, and imagining a substance's use or a rewarding behavior that activates the become enough to create a surge of dopamine in the brain's reward system.

### **So What?**

How does any of this brain information matter for youth ministry? By understanding the ways that the false joy of drug use can approximate experiences of genuine joy by engendering the same brain-based activity associated with joy, youth ministers can: (1) recognize signs and be alert to the potential for substance abuse to develop among youth; (2) evidence greater compassion and understanding of how substance abuse problems develop in young people, and why dealing with them is so difficult; and (3) create ministry opportunities—forms of religious education and pastoral care with youth—that attend to the complex convergence of adolescent development, human yearnings for joy, and a way of life that practices genuine joy. Here are a few suggestions and resources:

1. Create workshops that teach youth good listening skills. Build “listening practice” into youth gatherings. Listening to others is a foundation for empathy and compassion. Being listened to, not superficially but in a fully-present way, promotes well-being and a sense of being recognized and valued.
2. Invite and strengthen resilience by teaching tools for self-compassion. A major issue in substance abuse as self-medication concerns the difficulty young people have in dealing with their own “inner critics.” And there is research showing that self-compassion may be more important for fostering well-being than self-esteem.<sup>21</sup> Self-compassion is the ability to be kind to one's self, to see one's negative experiences as a normal part of the human condition, and to engage in self-acceptance instead of over-engagement with painful thoughts and feelings. Learning how to deal with pain, difficulty, and mistakes without drugs is a crucial skill set for young people. Good resources are available from Dr. Kristen Neff (University of Texas, Austin) at [www.self-compassion.org](http://www.self-compassion.org).
3. Offer ways for youth to identify their own core values, hopes for their lives, and gifts to use in the world. Such capacities have a preventative role. Addiction specialists in adolescent treatment settings say that young people with more clearly articulated values have a better time finding a sense of an inner compass to compare with how they live when using drugs directs their lives, which then supports recovery.<sup>22</sup>
4. Teach prayer practices that incorporate “mindfulness.” Mindfulness refers to focused awareness and attention on the present moment that acknowledges and accepts one's own feelings, thoughts, and body sensations. Christians throughout the centuries have practiced contemplative forms of prayer that foster embodied awareness, remaining in the present moment, opening the heart and mind to God's Spirit, and quiet listening for the voice of God. These include silent contemplation/meditation, Centering Prayer, breath prayer, labyrinth walking, and praying through art or movement, to name just a few. Contemplative spiritual practices promote inner resources for self-calming/soothing. There are many good resources on contemporary forms of mindfulness practice that can be adapted for use in Christian youth ministries.<sup>23</sup>
5. “Love justice, do kindness, walk humbly with God,” aka, get out there and connect with something bigger than yourself that is for someone else. Research by neuroscientist James Rilling and colleagues shows that helping someone else actually

activates the brain's reward pathways.<sup>24</sup> If young people get natural brain candy (dopamine surges) from engagement in service, there is less internal motivation to seek it from substance abuse.

Substance abuse draws youth into experiences of fake joy. Youth ministry can create spaces and communities for young people to engage in practices that connect them to God and to one another while strengthening their resilience. Youth ministry can provide spiritual resources for dealing with the complexities of adolescent lives, and become a vehicle for their encounter with genuine joy in the welcoming love of the living God.

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<sup>4</sup> McCabe, S.E.; West, B.T.; Morales, M.; Cranford, J.A.; and Boyd, C.J. “Does early onset of non-medical use of prescription drugs predict subsequent prescription drug abuse and dependence? Results from a national study.” *Addiction* 102, no. 12 (December 2007): 1920–1930, <https://doi.org/10.1111/j.1360-0443.2007.02015.x>

<sup>5</sup> For some of my writings specifically addressing addiction and related topics, see:

Joyce Ann Mercer, “Pornography and Abuse of Social Media.” In *Professional Sexual Ethics: A Holistic Ministry Approach*, eds. Darryl W. Stephens and Patricia Jung (Minneapolis: Fortress Press, 2013), 193-204.

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<sup>6</sup> Mary Clark Moschella, *Caring for Joy: Narrative, Theology, and Practice*. Leiden: Brill, 2016.

<sup>7</sup> Moschella, *Caring for Joy*, 4-5.

<sup>8</sup> Moschella, *Caring for Joy*, 6.

<sup>9</sup> Augustine, *Confessions*, trans. Rex Warner (New York: Signet Classic, 2009), 1.

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<sup>10</sup> Wendy Farley, *The Wounding and Healing of Desire: Weaving Heaven and Earth* (Louisville, KY: Westminster John Knox Press, 2007), xviii.

<sup>11</sup> Farley, *The Wounding and Healing of Desire*, 19.

<sup>12</sup> Adapted from “Early Warning Signs of Teen Substance Use.” Hazelden Betty Ford Foundation, Last modified October 5, 2016.  
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<sup>13</sup> Andrew Blake, “Drugs and Popular Music in the Modern Age,” *Drugs and Popular Culture*, Ed. Paul Manning. New York: Routledge, 2013. 105.

<sup>14</sup> Paul Manning, ed., *Drugs and Popular Culture: Drugs, Media and Identity in Contemporary Society*, New York: Routledge, 2013. 41-46

<sup>15</sup> See online, <https://genius.com/Future-mask-off-lyrics>

<sup>16</sup> See this argument developed for youth ministers in Kenda Creasy Dean, ed., *OMG: A Youth Ministry Handbook*, Nashville: Abingdon Press, 2010. 12.

<sup>17</sup> Daniel Siegel, *Brainstorm: The Power and Purpose of the Teenage Brain* (Vancouver, B.C.: Langara College, 2017), 263.

<sup>18</sup> Siegel, *Brainstorm*, 67.

<sup>19</sup> Siegel, *Brainstorm*, 68-69.

<sup>20</sup> Note that in the most recent update of clinical diagnostic categories and criteria for use by mental health professionals, gambling currently is the only behavioral or process addiction identified with diagnostic criteria as a mental illness. Internet use disorder is identified as a “condition needing more study,” not yet classified as a diagnosable disorder, but of sufficient clinical concern to be listed as such in the manual. See American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5* (Arlington, VA: American Psychiatric Association, 2013).

<sup>21</sup> Leary, Mark R., Eleanor B. Tate, Claire E. Adams, Ashley Batts Allen, and Jessica Hancock. “Self-Compassion and Reactions to Unpleasant Self-Relevant Events: The Implications of Treating Oneself Kindly,” *Journal of Personality and Social Psychology* 92, no. 5 (May 2007): 887–904. doi:10.1037/0022-3514.92.5.887.

<sup>22</sup> See Charles Atkins, Jr.’s “The New Name Project,” (unpublished; forthcoming), a curriculum for youth focusing on just these concerns.

<sup>23</sup> For an older but tried and true resource on contemplative youth ministry, see Mark Yaconelli, *Contemplative Youth Ministry: Practicing the Presence of Jesus with Young People* (London: SPCK, 2014).



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<sup>24</sup> James K. Rilling, David A. Gutman, Thorsten R. Zeh, Guiseppe Pagnoni, Gregory S. Berns, Clinton D. Kilts, "A Neural Basis for Social Cooperation," *Neuron*, Vol. 35, no. 2 (July 2002), 395-405, [https://doi.org/10.1016/S0896-6273\(02\)00755-9](https://doi.org/10.1016/S0896-6273(02)00755-9).