# Women Caring for Women: Addiction
# CBC Sunday School
# February 8, 2026

*Discussion question: When you hear the word addiction, whose face comes to mind?*

## Is addiction a disease?

**An addict would likely say "yes."** "Disease" describes the lived experience of addiction. *"Addicts feel as if they are trapped and out of control. They feel like abject worshipers, devoted to something that can be very dangerous. They feel desperate hunger and thirst for something.* ***They feel like they can't let go, clinging even when the addictive behavior yields very few pleasures and a great deal of pain.*** *They feel like they're in bondage. Addicts feel out of control, enslaved, stuck, and without hope for freedom or escape. Something or someone other than the living God controls them, and the controlling object tells them how to live, think, and feel."* Ed Welch

**Our culture largely says "yes."** This idea gained traction in part through Alcoholics Anonymous, where alcoholism is described as being *"like a disease."* Over time, that analogy hardened into a diagnosis. Today, the American Medical Association classifies addiction as a chronic, relapsing brain disease.

**Scripture, however, says "no."** The Bible consistently treats what we would now call addiction under the category of *drunkenness*—not as an illness, but as a destructive sin with moral weight and spiritual consequences. Scripture repeatedly warns against it and places it alongside sins such as hatred, jealousy, and sexual immorality. Biblically, drunkenness is never morally neutral or medically unavoidable. God's people are commanded to resist, repent, and put it away.

> *"Let us behave decently, as in the daytime, not in carousing and drunkenness, not in sexual immorality and debauchery, not in dissension and jealousy."* (Romans 13:13)

(See also: Eph. 5:18; 1 Pet 4:3; Prov 23:20–21, 31:4–5; Gal 5:19–21; 1 Cor 5:11; Isa 5:11; Titus 1:7; Hosea 4:11.)

**Science also challenges the disease-only model.** Diseases such as diabetes, cancer, or heart disease are treated primarily through medical intervention—medication, surgery, or ongoing clinical care. Addiction, however, is not cured by medicine alone. While the body and brain are certainly affected, recovery ultimately requires a moral decision: saying "no" to what is destroying you and "yes" to a different way of living. Medical treatment may support recovery, but it cannot replace repentance, responsibility, and self-control. The cure for disease is medical. The cure for addiction is moral and spiritual.

**A better word than "disease" might be "voluntary bondage"**
It's enslaving, but it's entered into by choice. The choice starts the same as it started for Eve: believing that God is withholding something good from us. *"Deep in our hearts, we question God's goodness. We think he is holding out on us… One of the deepest deceptions is the lie that there's something good out there and it is better than what God gives."* Ed Welch

Gregg Allison calls it self-inflicted suffering: *"The contemporary tendency to consider addiction as a disease, while perhaps helpful in some sense, fails to acknowledge the self-imposed suffering at the start of the out-of-control cycle of increased suffering. By definition, we are responsible for self-inflicted suffering."*

**At its core, addiction is a not a medical disorder, it is a worship disorder—it is idolatry.** Addiction isn't just about behavior; it's about what or whom we worship.

1. An alcoholic doesn't simply consume alcohol—**she worships alcohol** for the relief, peace, or power it brings her.
2. A pornography addict worships **selfish sexual pleasure**.
3. A social media addict worships the **dopamine rush of anticipatory scrolling** or the affirmation that comes from online attention.
4. A woman struggling with an eating disorder worships **thinness, control, or the approval of others**.
5. A shopping addict worships the **thrill of something new**, the **promise of "better"** once the package arrives.
6. And the list goes on. The gods of cannabis, opioids, cutting, exercise, gambling or sports betting, work, sugar or chocolate, video games, sports, people's approval, sleep, television, vaping or nicotine, shoplifting, anger, success or winning—each offers a promise of relief or pleasure.
7. But these gods are cruel. What they promise is temporary; what they deliver is lasting harm—**physical, psychological, relational, and spiritual destruction**.
8. Addiction always begins with worshiping a created thing.
    a. *"Did you ever notice how many biblical stories can be summarized with these questions? 'Whom will you worship? The creator or the created thing, God or man, the divine king or worthless idols?' The basic storyline of the Old Testament is about people who find idolatry irresistible." Ed Welch*

## What about genetics?

It is true that a vulnerability to addiction can appear to "run in families." Genetics can influence temperament, impulse control, stress response, and how strongly someone experiences pleasure from certain substances or behaviors.

However, genetics are **not destiny**. There is no clear biological marker that separates a heavy drinker from a non-drinker apart from the physical damage caused by drinking itself. Studies of identical twins—who share the same genetic makeup—show that it is possible for one twin to struggle with addiction while the other does not.

*"People can be physiologically predisposed to enjoying a particular drug, food, activity, or physical experience, but there is a categorical difference between being influenced by genetics and being determined by it." Ed Welch*

## What has an addict lost?

1. Every addict has a story of pain. That story often includes the pain that led her to turn to a substance or behavior for relief in the first place. No one wakes up one morning happy and decides to start snorting cocaine. An addict loves her substance because it does something for her—it temporarily fills a hole, numbs pain, quiets fear, or offers escape.
    a. Research consistently shows this connection between addiction and suffering. Studies have found that 60–80% of women in substance abuse treatment have a history of physical or sexual abuse. Addiction often begins as an attempt to survive pain before it becomes a source of deeper harm.
2. Relationships: Addiction always involves choosing something over people.
    a. Students of alcohol abuse estimate that each heavy drinker leaves a wake of pain for at least ten people. Addiction is not a bullet—it's a bomb. Its impact spreads far beyond the addict

herself, damaging marriages, families, friendships, and communities. Loved ones often respond with bitterness, anger, exhaustion, and grief.

3. Life Skills, Wisdom, and Healthy Coping
    a. Addiction erodes the ability to live wisely.
    b. *"Addictive behavior shields abusers from learning how to live. Instead of learning how to deal with conflicts in relationships or work, abusers look to their idol to offer temporary fixes. And with each use of their substance, they lose skills in living. They bypass opportunities to grow in wisdom." Ed Welch*
    c. Over time, the addict loses healthy ways of coping, problem-solving, emotional regulation, and growth.
4. Truth and Trust: Addiction thrives in lies, secrecy, and denial.
    a. Addiction and deception go hand in hand. An addict has lied and manipulated those around her and it may be difficult to trust her.
    b. Denial**:** "I don't have a problem. I'm in control."
    c. Blame**-**shifting**:** Responsibility is displaced onto circumstances, relationships, or people. Our culture calls it a medical problem, removing all moral responsibility.
    d. Lies: "God is withholding good from me." "This idol will not really hurt me."

*Discussion question: What emotions come up for you when you think about walking alongside someone in addiction?*

## Where is God in the pain?

1. God sees, God delivers, God personally enters the struggle with sin's temptations.
    a. God sees his enslaved people.
        i. In Exodus, their oppressors are the Egyptians.
        ii. In the NT, the enemy is even more relentless—sin itself.
        iii. When God's people cried out, **He heard them.** He **remembered His covenant.** He **saw their suffering.** He **knew their affliction.** (Ex 2:24–25)
    b. God does more than see the pain of bondage—**He sends deliverance.**
        i. In Exodus, He sends Moses.
        ii. In the New Testament, He sends Jesus—the ultimate Deliverer—who proclaims freedom to the captives and release from darkness (Isaiah 61).
        iii. God's deliverance is often not immediate.
            1. He allowed **400 years of slavery** before sending Moses.
            2. He allowed **thousands of years** before sending Christ.
            3. This tells us something important: God's purposes are not primarily our ease or comfort. His purpose is that **His name would be made great** and that **He would be truly known**—even through suffering.
    c. God enters into our struggle.
        i. *"Jesus is quite sympathetic to the testings and external temptations we face daily. He knows precisely what it is like to be surrounded by them."* Ed Welch
        ii. Jesus is not a detached Savior. He is a compassionate High Priest who understands temptation and weakness, and He is eager to give mercy and grace in moments of special need (Hebrews 4:15).
        iii. *"This grace and mercy will most likely not come in the form of an easy battle… Instead, the grace comes in the form of a way out (1 Corinthians 10:13). God's word could not be more clear: there is no temptation that can irresistibly lead us into sin."* Ed Welch

2. So where is God in the pain? He is **hearing.** He is **seeing.** He is **remembering His promises.** He is **present in Christ.** And He is **faithfully leading His people out of bondage**, even when the road is long.

*Discussion question: What do you think it feels like for someone in addiction to hear, "God sees you," when their suffering continues? How do we help someone hold on to hope in God when deliverance feels delayed, confusing, or incomplete?*

## What does healing look like?

1. **Confess your worship of created things – Admit fully your worship disorder**
    a. Confess sin honestly before God—without excuses, minimizing, or blame-shifting. Call it what it is. What are you worshiping?
    b. Confess your sin to other believers. This is a big step toward healing. (James 5:16) There is great relief when you come out of darkness and confess your sin to another believer. When they show you grace (mimicking God's posture toward them) it begins to lift your shame and break the power of sin. Sin is strengthened by isolation, shame and secrecy.
    c. Honestly name the ways sin has harmed **you** and **others**.
    *d.* Receive forgiveness from God. Confession of sin to God is always met with forgiveness. God delights to show mercy and is eager to forgive. (Micah 7:18, Ps 86:5)
2. **Fear the Lord – Reordered worship**
    a. Recovery is not merely about stopping a behavior—it's about changing what you love and fear most.
    b. Is Christ more lovely to you than alcohol, drugs, sex, food, or control? If not, lasting change will be fragile. You may achieve sobriety, but the heart cannot truly turn away from what it loves unless something more beautiful captures it.
    c. Is God big enough to satisfy your emptiness? Powerful enough to heal you? Attentive enough to see every injustice and every response? Holy enough to judge sin rightly? If God feels small, you will continue to fear what feels bigger in your life. When pressure comes, what you love and fear most will always be revealed.
    d. Healing involves learning to fear God more than you fear pain, cravings, or loss.
3. **FIGHT — Because Christ fought for you**
    a. Scripture never gives commands without grounding them in grace. The Bible's moral imperatives are always supported by gospel indicatives:
        i. Love—because you have been loved.
        ii. Forgive—because you have been forgiven.
        iii. Pursue purity—because Christ died to make you His pure bride.
        iv. Reject false gods—because Jesus is the all-satisfying Bread of Life, the thirst-quenching Living Water, the faithful, loving, validating Bridegroom.
    b. Ed Welch describes this ongoing resistance as "staying violent"—a sustained, intentional fight against the pull to return to slavery.
    c. This means doing the hard things. *"What is a good and wise thing that you nevertheless have a hard time doing? Going to meetings? Attending a good church regularly? If you don't want to do it, then you should do it. This is the battleground. This is what temptations feel like." Ed Welch*
    d. Healing also requires a **clear, public strategy**. Make a plan. Share it with trusted people who love you enough to be honest. Invite them to ask hard questions and check in on you. A willingness to be known is often a strong indicator that someone truly desires growth in self-control.

*Discussion question: Most of us already know someone struggling with addiction. When you think about walking alongside someone in that struggle, what feels most intimidating or uncertain to you?*

## What can comforters do?

4. **Lean in to help confidently.** You *are* qualified to help an addict because you share something essential in common: **you have the heart of an addict too.**
    a. You may never have been controlled by alcohol, drugs, or another addictive substance, but you do know what it's like to be mastered by desires rather than by Christ.
        i. *"Good preparation for welcoming an addict would be to summarize your own ruling desires. What tends to compete with Jesus for your affections? What desires have a tendency to surreptitiously grow to idolatrous proportions?" Ed Welch*
    b. A helpful self-test: **"If only I had _____, then I could be happy."**
        i. Identifying the idols in your own life reminds you that you come to an addict **as a sister, not as an expert**—not as someone who has conquered all personal sin patterns, but as someone who still needs grace.
        ii. *"The only difference is that some people have addictions that are more noticeable and have more tragic consequences."* Ed Welch
    c. This truth should humble us—and encourage us. Addiction is not a sin too intimidating or too foreign for the church to minister to.
5. **Champion the church as the best place for an addict.**
    a. There will be times when medical care is necessary—particularly with substances such as opioids, cocaine, or marijuana. Medical intervention can be an important support. But no program can replace the church. She is uniquely qualified to help someone in bondage to sin.
    b. It can be tempting to outsource care entirely to programs like AA. These programs can be very helpful, especially in helping an addict achieve sobriety. But **our goal is more than sobriety.** Our goal is changed affection and reordered worship.
    c. Without the gospel and sustained help from gospel-shaped people, an addict will never fully address the heart of the problem.
    d. An addict needs the church because **the church changes her identity.**
        i. Notice the difference between saying, *"I'm Jane. I'm an alcoholic,"* and saying, *"I'm Jane. I am part of the body of Christ. I am part of a royal priesthood, a holy nation, a people belonging to God."*
        ii. The church reminds us who we truly are—not defined by our sin, but by our Savior.
    e. An addict needs the church because **the church helps her worship.**
        i. Addiction is ultimately a worship disorder—loving and serving created things more than the Creator who rules over them. Because of this, addicts don't just need restraint; they need worship. They need their hearts redirected again and again toward the glory and goodness of God.
    f. An addict needs the church because **the church has everything she needs.**
        i. The Holy Spirit has given the church gifts so that believers can care for one another and build one another up. We were never meant to fight sin alone. The church is filled with people—imperfect but Spirit-gifted—who are uniquely equipped to help one another walk in repentance, faith, and freedom.
6. **Do not "love" someone by enabling their sin** – It's not loving to allow her to remain in their sin.
    a. Refuse to enable sin out of fear
        i. When we suspect someone has a problem with alcohol, drugs, sex, or other addictive behaviors, it is tempting to say nothing. Silence feels easier. Anger might feel easier too.

ii. Enabling often begins with good intentions. It reflects a natural desire to make life feel more manageable. We accommodate the person. We avoid provoking them because we're afraid of pushing them over the edge. If you're a spouse with children, you may try to create as much normalcy as possible—focusing on the kids, planning nice meals, carrying the conversation so things don't fall apart. You're trying to counterbalance the chaos.
    1. Ed Welch warns: *"Be careful. This is where those familiar with a cycle of addictions talk about enablers. Enablers are the nicest people, but they are not trying to really deal with the problem. They're trying to smooth it over."*
iii. Enabling is fueled by fear.

**b. Confront sin as a kindness to a fellow sinner**

i. God designed loving confrontation (church discipline) as a mercy to those enslaved to sin. It is not cruel to tell a captive to leave her chains behind. It is kindness.
ii. *"Scripture indicates that confessing our own sin is the very thing that does authorize us to speak to another about his own sins. It is only then that we can speak in a way that is not judgmental."* Ed Welch
iii. Humility doesn't silence confrontation—it *qualifies* it.

7. **Be wise and have a plan.**
    a. **Do not do this alone.** Have a partner. A partner can help ask hard questions, notice inconsistencies, and spot deception. She will have strengths you do not.
    b. **Expect dishonesty.** Lying is a pillar of addiction. It will be difficult for an addict to be fully honest at first. Be open about this reality. Work together to create a clear plan for honesty and follow-through.
    c. **Be available when temptation hits.** Ask if she can sound the alarm when temptation comes. Have Scripture ready. Speak truth to her. Pray with her. Remind her that she is not fighting alone.
    d. **Build intentional check-ins.**
        i. Invite her to let you check in at key times:
            1. A text on evenings when pornography is most tempting
            2. A conversation about weekend plans if loneliness fuels drinking, shopping, or other compulsions
            3. Grocery shopping together for a friend with an eating disorder
        ii. These are not control tactics—they are acts of love.
8. **Pray faithfully.** What she needs most is not willpower, but the power of God to change her affections.
    a. **Pray for courage.** Change is scary.
        i. *"Their idols helped them when they were depressed or lonely, when they wanted to distance themselves from others, when they felt like a failure, or even when they wanted to celebrate. To give up something so central is not easy."* Ed Welch
    b. **Pray for endurance.** Sanctification is a bumpy, winding road. Progress is rarely linear.
    c. **Pray for the fear of the Lord.** Not fear of consequences alone, but a deep, reverent love that makes sin less desirable and God more beautiful.
9. **Be Proactive**: Talk to kids about idolatry and addiction
    a. Make conversations about idolatry a normal part of family life. Invite everyone—**including yourself**—to honestly identify things that compete for their hearts. When parents model humility and self-awareness, it creates a culture of openness rather than fear or secrecy.
    b. **Be honest about the appeal.** Kids are not naïve, and pretending these things have no pull undermines credibility. Acknowledge that drinking or drugs can make people feel cool, powerful, alive, or temporarily free from their problems. Viewing pornography releases powerful brain chemicals that feel good. Being thin or receiving attention for your body can feel validating and exciting. Naming the attraction helps kids trust you.

c. **Be honest about the consequences.** Stories matter. If you—or someone in your family or past—has struggled with addiction, an eating disorder, or destructive habits, share appropriately and respectfully. Make it personal and real. These are not abstract dangers; they are real people who were harmed, harmed others, and sinned against God.
d. **Get factual**. Kids respond well when they are treated as intelligent and capable of understanding truth. Consider researching together and talking through what science and data actually show.
    i. Pornography rewires the brain, making it difficult for some people to become aroused by a real-life partner later on, contributing to sexual dysfunction.
    ii. Early alcohol use matters: a person who begins drinking at 14 has about seven times the risk of developing addiction compared to someone who starts at 21.
    iii. Eating disorders such as anorexia and bulimia can lead to infertility and long-term organ damage.
    iv. Accidental fentanyl overdose is now a leading cause of death among young adults.
    v. Excessive social media use can rewire brain reward systems, reducing the ability to enjoy ordinary, everyday pleasures.
e. The goal isn't to scare kids into obedience, but to ground them in truth, expose false promises, and open the door for ongoing, honest conversations that invite trust rather than silence.

***If the Holy Spirit is revealing an area of idolatry in your life, don't ignore it. We encourage you to confess it to someone and start down the path to freedom.***

## Recommended Resources:

-*Addictions: A Banquet in the Grave* by Ed Welch
-*Table for Two: Biblical Counsel for Eating Disorders* by David and Krista Dunham
-*Addictive Habits: Changing for Good* by David Dunham
-*Pornography: Fighting for Purity* by Deepak Reju

**For parents:**
-*Good Pictures Bad Pictures: Porn Proofing Today's Kids* by Kristen A Jensen

## Women Caring for Women: CBC Sunday School Syllabus

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| Oct 5: | Introduction to loss, grief, suffering and healing |
| Oct 12: | Infertility & Miscarriage |
| Oct 19: | Depression |
| Oct 26: | Chronic Illness & Terminal Illness |
| Nov 2: | Post Abortion Syndrome |
| Nov 9: | Divorce |
| Jan 18: | Domestic Abuse |
| Feb 1: | Sexual abuse |
| Feb 8: | Addiction |
| Feb 15: | Pornography & Infidelity |
| Feb 22: | Same Sex Attraction |

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