



FREE FROM ADDICTIONS

In the face of drugs, AIDS
and other enemies of society

Rafael Escandón and César Gálvez



DVD included



Free from any addiction

Free from Addictions presents a positive and practical approach not just to face up to drugs, other addictive objects and their after-effects (including AIDS); but also to promote and facilitate (self-)control over addictive human tendencies. To that end, it is advisable to use all our spirit's resources.

GENERAL LAYOUT

Human beings long for satisfaction... Today's society, with its constant hedonistic, consumer, productivity-centred stimuli, is increasingly addictive: it promises satisfaction, but causes the opposite. Fortunately, there is a solution.

Not just drugs, both legal and illegal, but many other objects, behaviours and situations can be addictive: gambling and games, sex, work, television, violence... That is why it is important to focus on addiction itself (that is what all dependences, as such, have in common) and, from there, to learn how to overcome it.

Bundled with this book there is a DVD, *Free from Tobacco*, with a practical method to stop smoking—one of the most widespread and harmful drug dependences. It demonstrates how, in just a few days, exercising our willpower and following natural methods, victory is possible over this habit.



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of the work

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DVD: Free from Tobacco

Bundled with the book



As a complement of this book, and particularly of chapter 2, a practical DVD has been bundled together where the reader/spectator will find:

- An audiovisual summary of the information presented in that chapter.

- A natural approach in the treatment for tobacco addiction.
- The worldwide-renowned 'Five-day Plan to Quit Smoking.'

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Chapter Summary

- History of drugs
- Drugs and their classification
- Monster of a thousand faces
- The phenomenon of drug dependence
- Worldwide scope of the problem
- Cannabis (marijuana and hashish)
- Cocaine
- Heroin
- Other drugs
- The most widely used drug
- Drugs and sport
- Why do people take drugs?
- Drugs and youth
- Preventing or conquering consumption
- Success is possible
- Free from drugs

Drugs

The addictive cycle of anxiety



It can be confirmed that, underlying drug dependence, and as one of its causes, there is always a problem of anxiety. It is precisely the desire to quench this feeling that usually fosters the quest for dangerous paths, among them, psychoactive substances.

However, this is a short-lived and misleading solution: this type of calm does not last; in addition, that very calm and the addictive nature of the drug promote dependence, so anxiety will return as long as consumption is not resumed. Here we have a vicious cycle that condemns the individual to addiction.

The most widely used drug



TREATMENT FOR CANNABIS ADDICTION

Escaping the addiction to any drug, including cannabis, requires that one pass through several stages: detoxification, rehabilitation and social integration. This is because psychological dependence is harder to overcome than physical dependence, which is why the process (that lasts months, or even up to one or two years) continues beyond detoxification. (See also pages 37, 41 and 56ff).

Cannabis does not usually generate such intense withdrawal and the detoxification process is less complicated.

quitting cannabis requires professional help during the first and the second week, the consumption of cannabis causes biochemical changes in the brain, which modify the thought, the emotions and the behavior. A cause of this, the addict becomes conditioned by the drug, so that when they stop using it, they experience withdrawal symptoms.

We should recap at this juncture the accomplishments achieved so far: the patient is now free from the direct effects of cannabis and withdrawal syndrome, but he/she still experiences significant emotional instability. The aim now is to prevent this instability from causing a relapse. If a relapse should occur, however, it should not be overdramatised: the main strategy is to prevent it.

To have a strategy for stressful situations.

Free from drugs

They may look attractive, amusing, even colourful in some cases... but they all lead to slow suicide for those who become addicted to them. We present here, in a schematic fashion, the face of several of the most socially relevant drugs as well as their basic characteristics.

MARIJUANA



Classification: Hallucinogen
Origin: Cannabis (flowers, leaves, dried stalks)
Active principle: THC
Mode of use: Smoked or ingested
Immediate effects: Relaxation, hilarity, drowsiness, hallucinations, intellectual difficulties, tachycardia, motor incoordination...
After effects: Conjunctivitis, intellectual and motor disorders, panic, anxiety, psychiatric, respiratory and hormonal disorders...

HASHISH



Classification: Hallucinogen
Origin: Cannabis (resin)
Active principle: THC (proportionately higher than in marijuana)
Mode of use: Smoked or ingested
Immediate effects: See Marijuana
After effects: See Marijuana

AMPHETAMINES



Classification: Stimulant
Origin: Laboratory synthesis
Active principle: Amphetamine, dextroamphetamine
Mode of use: Ingested as pills
Immediate effects: Mental sharpness, energy, verbosity, aggressiveness, tachycardia, insomnia, lack of appetite, increased blood pressure...
After effects: Delirium, paranoid ideas, depression, strong psychological dependence, lack of appetite, hallucinations, arrhythmia, high blood pressure, digestive disorders...

ECSTASY



Classification: Stimulant (and hallucinogen)
Origin: Laboratory synthesis ('designer drug')
Active principle: MDMA
Mode of use: Ingested as pills
Immediate effects: Euphoria, empathy, tachycardia, hallucinations, tremors, dehydration...
After effects: Depression, panic, anxiety crisis, arrhythmia, convulsions, liver failure, vascular risks...

COCAINE



Classification: Stimulant
Origin: Coca (leaves)
Active principle: Benzoylmethylcgonine
Mode of use: Sniffed, injected or ingested
Immediate effects: Euphoria, talkativeness, reduced tiredness, excitement, sexual desire, reduced sleep and appetite...
After effects: Strong psychological dependence, depression, paranoid ideas, convulsions, insomnia, nasal septum perforation, respiratory disorders, vascular risks...

HEROIN



Classification: Depressant
Origin: Synthesis of morphine (extracted from opium)
Active principle: Diacetylmorphine
Mode of use: Injected, smoked or sniffed
Immediate effects: Euphoria, pleasure, analgesia, nausea and vomiting, lack of appetite...
After effects: Strong physical addiction, acute withdrawal syndrome, weight loss, anaemia, dental cavities, constipation, personality changes, memory loss, depression, insomnia, paranoia, propensity to infections...

LSD



Classification: Hallucinogen
Origin: Research on the ergot of rye
Active principle: Lysergic acid diethylamide
Mode of use: Ingested in various forms
Immediate effects: Mental sharpness, perception alterations, delirium, mental confusion, verbosity, mysticism, euphoria, tachycardia, motor incoordination...
After effects: Panic reactions, suicide attempts, flashbacks...

PSYCHOCHEMICALS



Classification: Depressants
Origin: Pharmaceutical laboratories
Active principle: Phenobarbital, benzodiazepine...
Mode of use: Ingested as pills and the like
Immediate effects: Reduced anxiety, lack of inhibitions, drowsiness...
After effects: Dependence, insomnia, irritability, panic attacks, convulsive crises, risk of poisoning, coma...

FAMILY SUPPORT



When he was 14, James felt that when he drank alcohol people loved him more... 'I always had a different, introverted personality, with low self-esteem...' He then started to take marijuana, a drug that ravaged his life. Then he found cocaine: 'I felt good, the master of the world, but tranquility, depression, fears and problems of social relationship set in. Every day life was a nightmare, with paranoia and suicidal ideas. He made up his mind to his mother...
 She got him into a rehabilitation centre. Although they did not tell him about God in there, James says that it 'was a detoxification of his lifestyle, fighting the withdrawal syndrome, along with changing his lifestyle, fighting the pleasure of the drug...
 Now that he is 25, he is studying to become an expert in drug prevention. 'With drugs I lost my social skills, but now I got them back.' Source (adapted): www.conacead.com.

THE SPIRITUAL FACTOR

Larry Jarvis grew up in a home impregnated with alcohol: his father was a drunkard. He decided he would never be one... That is why when he turned 18 he opted for LSD. Then he tried marijuana, speed and cocaine. 'I would also drink alcohol, of course, but I never got drunk.'

VALUES FOREVER

For a healthful sport

Doping in sports results from extreme competitiveness and the supreme desire to win. Under such circumstances, oddly enough, the practice of physical exercise, which is perfect for health, becomes a health risk.

The issue is still more transcendent because the world of sport is overestimated, particularly by the youth. At the present time, leading role models tend to be sports idols. It is easy then to grasp what type of models children and teenagers have to look up to as sports competition becomes more outrageous and corrupt. The matter is even more delicate because sport is generally recommended, not without good reason, as an alternative and preventive activity against drug consumption.

Therefore, an education in higher values seems essential. Such higher values include:

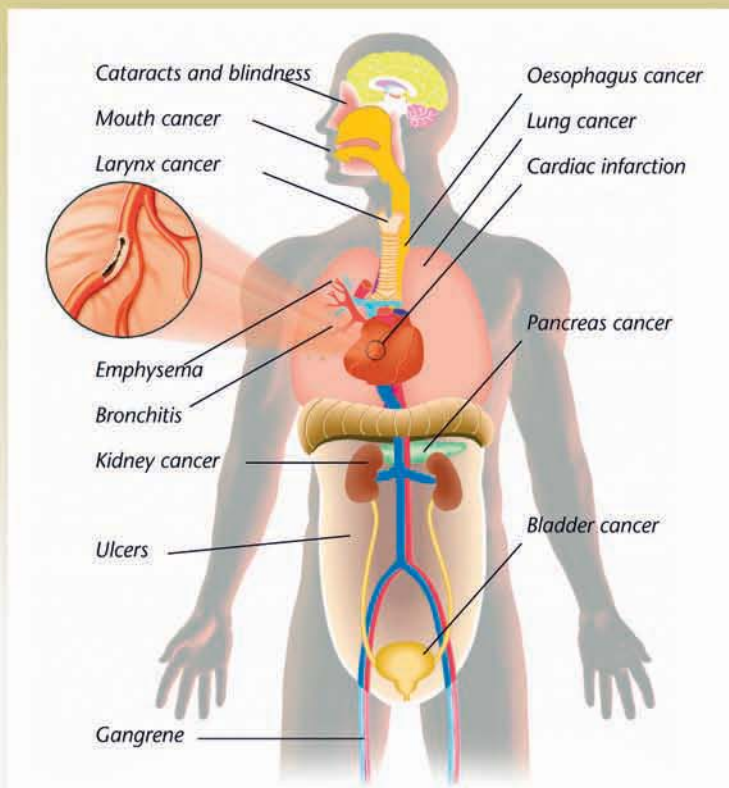
- Remembering once more that the important thing should not be winning, but practising some healthful exercise. Being healthy is more important than getting rich, holding a trophy or wearing a medal.
- At all educational levels, particularly in the early years, fostering conduct based on cooperation and mutual interaction, not competition.
- Recovering the emphasis on fair play, pointing out how foul it is to adulterate the practice of a sport by dope and the desire to win at any cost.
- Striving to disassociate the world of sport from any type of drugs, whether in the framework of publicity and sponsorship, in the competition itself or in its immediate setting (e.g., Formula 1 victories are celebrated uncorking a bottle of champagne...).
- Presenting other types of models to children and youth, like Jesus of Nazareth, who was characterised by his humility. 'Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves' (Letter to the Philippians 2:3).



Chapter Summary

- Brief history of tobacco
- A deadly enemy
- Global dimension of the phenomenon
- The negative impact on the individual
- A tyrant that puts on airs, bad airs
- Why do so many people smoke?
- Overcoming the smoking habit
- Freedom in the face of tobacco

The tobacco



Is smoking addictive?

Most definitely. It is confirmed by the 1995 data provided by the US Food and Drug Administration (FDA):

- Some 87% of people who smoke do it on a daily basis.
- Nearly two thirds of them have their first cigarette in the first half hour after waking up.
- About 84.3% of the people who smoke 20 or more cigarettes a day have tried unsuccessfully to cut down on the amount.
- A smoker who seriously tries to give up the habit has less than a 5% chance of staying off of tobacco one year later.
- Some 70% of smokers state they would like to quit completely.
- Between 83 and 87% of smokers who have more than 26 cigarettes per day believe they are addicts.
- Nearly half the smokers who have undergone lung cancer surgery go back to smoking.
- Even after having their larynx surgically removed, 40% of smokers smoke again.
- Even among adults who declare a strong desire to quit smoking and receive the best possible medical attention, only half of the patients reviewed were able to quit for more than one week, and the failure rate in the long run was higher than 80% after ending the nicotine substitution treatment.
- Key studies concluded that at least 75% and nearly 90% of regular smokers fulfil the criteria for addiction established by major public health organisations.
- Many other health-related organisations and authorities throughout the world have published similar results, and the conclusion is clear-cut: smoking is addictive.

Note of interest: A report similar to this one can be found, oddly enough, on the web site of Philip Morris, one of the largest tobacco companies in the world. [See <http://www.philipmorrisusa.com/en/home.asp>; once there, under 'Health Issues,' click on 'Addiction.']

Nicotine is a drug

Nicotine, which makes up 93% of all the alkaloids contained in the smoke of cigarettes, is a powerful drug that creates a very similar psychological and physical dependence to that produced by heroin. This fact helps to explain why so many smokers are unable to quit the habit.

Its effects...

- It begins acting on the **neurons** (brain cells) by first sedating them and then stimulating them. This way, nicotine causes addiction to settle in the brain.
- As a **vasoconstrictor** agent, nicotine narrows veins and arteries.
- As an **alkaloid**, it affects the health of the milk of **smoking mothers**.
- Such children are born with **low weight** or **prematurely**. They also display a tendency to suffer from bronchitis and pneumonia during their first year of life.
- Not only do smokers absorb nicotine, but tar, carbon monoxide, cadmium, nitrogen dioxide, ammonia, benzene, hydrogen sulphide, formaldehyde... as well. However, the addictive 'hook' is nicotine.
- The mortality rate among addicts to nicotine is as high as that of heroin.

Low nicotine cigarettes

What can be said about the cigarettes with low nicotine content? They are usually believed to be less dangerous... Research was carried out in Japan studying 458 smokers. The results showed that, despite having smoked low nicotine cigarettes—11 times less nicotine than regular cigarettes—the nicotine found in smokers of normal cigarettes... not eleven times as low. Consequently, **actual nicotine intake** had not been reduced to the expected extent, something particularly noticeable among smokers highly dependent on that drug (Nakazawa, Shigeta and Ozasa, 2004).

Addiction

Polls carried out in North America indicate that seven out of ten smokers wish to quit. Most do not succeed. Addiction is a powerful force.

Freedom in the face of tobacco

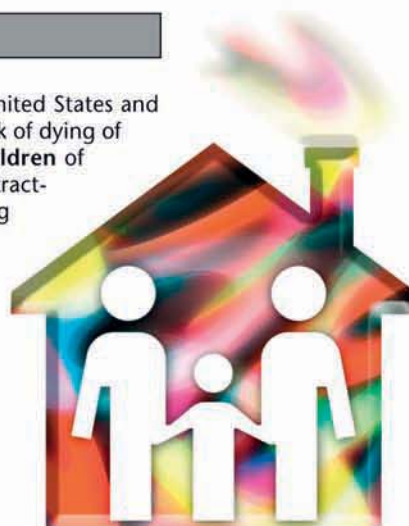
Smoke pollution at home

According to recent studies carried out in Japan, Germany, the United States and other countries, **spouses of smokers** are at three times as much risk of dying of lung cancer as **spouses of non-smokers**. On the other hand, **children** of smokers have more possibilities than those of non-smokers of contracting pneumonia, bronchitis, asthma, ear infections and, in the long run, lung injuries.

Smoke affects every family member, whether they be babies, children, teenagers or adults, turning them into **passive smokers**.

Smoking also causes serious health problems to **pregnant women** and their **babies**. Cigarettes are linked to low weight in newly-born babies, delayed growth, miscarriage, death of the baby and a higher risk of sudden death syndrome in the baby.

If she smokes five or more cigarettes a day during her pregnancy, the mother can cause all of the above (see also the box on page 76).



SOCIAL PRESSURE

...ial pressure is a **powerful factor** when it comes to becoming initiated into legal drugs (tobacco and alcohol). It takes advantage of the psychological weaknesses of its victims, or their lack of values and far-cut health principles.

Discussing social pressure, an anonymous author stated:

Social pressure is **the worst enemy** of human beings. It pursues them with a hypnotic power; it urges them to do what they don't want to do, to hate what they love, and to say what they don't believe in.

'It's like a **magnet** that attracts with powerful strength, and which shapes people at its whim.

'It hinders man's liberty; it destroys his uniqueness and reduces him to mediocrity; it corners his spirituality.

'It smothers the individual into an **impersonal mass**; it controls the way he dresses, his vocabulary, his customs, his manners, his virtues and even his sins.

...from Aeschylus to Ayckbourn's, ...ings who



Chapter Summary

- A long-standing habit
- Alcohol and its effects
- Bottled enemies
- Widespread consumption
- The alcoholic
- Why do people drink?
- Home, school and children
- Shocking testimonies
- Therapies against alcoholism
- Free from alcohol

Alcohol

Is there anything good about alcohol consumption?

News is frequently broadcast and some medical reports are even presented about the alleged benefits of **moderate consumption** of alcohol. We will be critically tackling this issue here.

A recent report ascribes benefits to a moderate consumption of alcohol. According to researchers in the Fred Hutchinson Cancer Research Center in Seattle, males that regularly drink red wine in moderation diminish their risk of suffering **prostate cancer**. The **resveratrol** content in wine protects the prostate glands (Wagner, 2004). Other studies conclude that having **one alcoholic drink per day** (some 140 grams of wine, or about 340 grams of beer)—except for pregnant women—is healthy. They add that alcohol may reduce the risk of a heart attack, arterial clotting, diabetes, insulin resistance and some types of dementia (McVeigh, 2004).

A more thorough view

Actually, resveratrol, alluded to by the first study mentioned above, can be ingested directly by eating grapes, red in particular, or drinking unfermented red grape juice. This way, the harm done by alcohol is averted. It is not alcohol that



Inebriating drinks are sometimes said to quench thirst, to be nourishing and to help people be in good physical, psychological or spiritual shape. This is not true at all. The effects of alcohol (see previous page) have been known for decades, and significant studies published ever since have confirmed them, or, perhaps, emphasised their **seriousness**.

As for the alleged **nutritive value** of alcoholic beverages, there is **no such a thing**. Some provide calories, but they do not supply protein, minerals or vitamins.

The goal is abstinence

As early as 1994, Hans Emblad, the director of the WHO Programme on Substance Abuse at that time, stated that 'there is no minimum consumption below which you can drink alcohol without risks' (Adventus, 1995). He added that 'there are other ma...

Beer—A harmless drink?

Because of its **relatively low alcoholic content** (between 3.5 and 6.0% by volume) and the presence of **vitamins** and **minerals** (most of them coming from the beer yeast used in its manufacture), it is not strange that beer should be regarded as healthier than other alcoholic beverages.

However, it has **very negative aspects**. Apart from those it shares with other drinks, beer particularly fosters:

- **Gastritis**, because of the irritating effect of alcohol and of the carbonic gas as well.
- **Heart failure**, because of the noxious action of alcohol on the cardiac muscle and the large doses in which this drink is usually consumed.



- **Cancer**, or more specifically **rectal cancer**, because of the presence of carcinogenic substances (**nitrosamines**), which are possibly formed during fermentation.

- **Gout**, since alcoholic beverages increase uric acid in the blood.

- **Migraines**, believed to be provoked by the product itself.

Even with the addition of carbonic gas, alcohol is a good alternative to water since it lacks nutrients and maintains the body's temperature.

Effects of alcohol depending on the amount in the bloodstream

(Blood alcohol level, measured in grams per litre of blood)

- 0.5 g/l: euphoria, overestimation of one's own faculties and reflex reduction
- 1 g/l: lack of inhibitions and speech and motor coordination difficulties
- 1.5 g/l: drunkenness, with the loss of control of higher faculties
- 2 g/l: slurred speech and lack of motor coordination, double vision
- 3 g/l: state of apathy and drowsiness
- 4 g/l: coma
- 5 g/l: death as a result of paralysis of the respiratory centres and vasomotor system

Source: PND, 2003

Freedom in the face of alcohol

Therapies against alcoholism

To stop drinking through natural means

TO STOP DRINKING THROUGH NATURAL MEANS

The following treatments (see 'Adventus,' 1995) are premised on an indisputable prerequisite: alcoholics must recognise their problem, assuming they are sick people and desiring full recovery. In addition, these treatments are strictly **natural** therapies.

1. Dietetic treatment

An adequate diet can help detoxify the body and even regenerate organs harmed by alcohol. To this end, an **ovo-lacto-vegetarian diet** is particularly advisable. This is, by the way, equally valid for the general population, not just for alcoholics (Pamplona, 2003 [b]), as it helps prevent alcohol-related ailments.

* *Adventus*

2. Physical treatment

We will also limit ourselves to natural methods of detoxification. Do regular **physical exercise**, as it facilitates the elimination of toxins from the body and strengthens the immune system. Cross-country walks and the contact with nature are ideal.

2. **Oxygen** vitalises the cells...

THE TWELVE STEPS

The renowned 'Twelve Steps' of the Alcoholics Anonymous association have been very helpful for many addicts (not just to alcohol). As can be seen, they bestow a noteworthy relevance to the spiritual factor, even though AA admits believers and non-believers alike into their groups.



1. We admitted we were powerless over alcohol, that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God or a Higher Power, as we understood Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were ready to have God remove all these defects of character.
7. We prayed for God to restore our character as He had created it.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory and when we were wrong, promptly admitted it.

Chapter Summary

- Las nuevas adicciones
- Compulsive gambling and gaming
- Sex addiction
- Workaholism
- Other addictive behaviours
- Free from any addiction

Other addictions

New addictions



- To games of chance and other compulsive gambling obsessions.
- To sex (including paraphylas such as voyeurism or frotteurism, apart from addiction to pornography and many others).
- To work.
- To the Internet.
- To shopping.
- To television.
- To food.
- To the mobile or cell phone.

The birth and / or growth of behavioral addiction is a sign of post-industrial society

Unit and behavioral addictions release

Sex addiction



fidelity HOW TO MAINTAIN FIDELITY

A society that fosters sexual incontinence favours infidelity. In any case, the root of infidelity goes well beyond social licence. The emphasis on **commitment** within the confines of the marriage, and on the necessity of maintaining a satisfactory relationship at all levels (including sex) helps safeguard fidelity. We offer some advice on this matter:

- **Honesty in every area of married life.** An open relationship, with no room for lies, is an unlikely setting for an affair.
- **Keep the couple's circle closed.** Infidelity sometimes creeps in when someone listens to complaints by one spouse against the other. Apart from extreme cases (violence, illness...), which require trusting in a third person, a couple's troubles must not get out.
- **Rekindle romanticism.** Having the incentive of the relationship as a couple is basic: going out together, sending each other notes of affection, giving presents to each other, kissing in unexpected situations and, above all, devoting time to each other.
- **Keep sexuality in good shape.** Although it is not the only reason for it, infidelity is very frequent, particularly among unsatisfied males. An effort should be made to guarantee mutual sexual satisfaction, exploring new forms of relationship, and knowing the spouse's needs.
- **Nurture self-esteem.** Praise and approving messages, if sincere and appropriate, favour self-esteem and mutual trust. The lack of this 'nutrient' is the reason why many men and women end up falling in the arms of another lover.



(See also the box on page 129.)

Source: Melgosa, 2005.

Workaholism



Free from any addiction



Chapter Summary

- How the plague began
- In the presence of HIV
- How the AIDS virus is transmitted
- Widespread pandemic
- Risk behaviours
- Testimonies of tragedy and victory
- HIV in women and children
- Behaviour towards an HIV/AIDS patient
- Therapy and prevention

AIDS

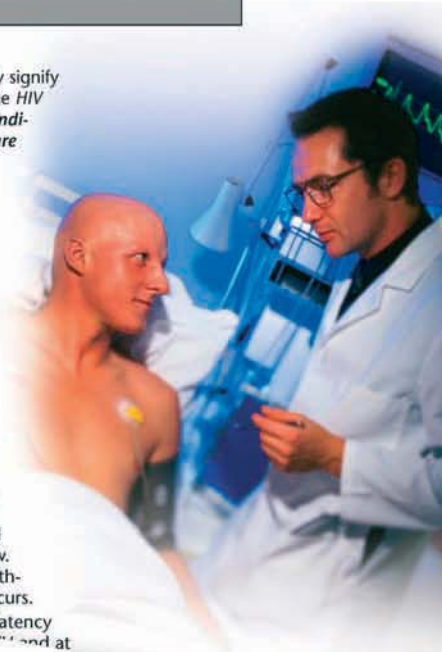
Symptoms of the HIV/AIDS disease

The presence of HIV (HIV-positive person) does not necessarily signify AIDS. But the absence of symptoms does not indicate that the HIV disease does not exist either; consequently, **an HIV-positive individual should not wait for the symptoms to appear to procure medical attention.**

The symptomatic evolution can be summed up like this:

- **Primary syndrome.** Set of mild, unspecific symptoms that appear once the immune system has been damaged: fever, muscular and joint pains, and then rash, fatigue, weight loss, night sweating and swelling of the lymphatic nodes. Other more serious symptoms often occur: strong diarrhoea, hepatitis, tuberculosis...
- **Advanced phase.** With the progressive loss of cells, so-called 'opportunistic infections' set in. These include herpes, aphtha and other ulcerations, and the dreadful Kaposi's sarcoma. Besides, without preventive medication the patient can contract *Pneumocystis carinii* (a type of pneumonia) cryptococcal meningitis, toxoplasmosis and other serious opportunistic conditions. This is AIDS by now.

These symptoms may resolve by themselves and even disappear for several years (**clinical latency period**), even though the HIV infection persists and the virus keeps on reproducing.



HOW THE AIDS VIRUS IS TRANSMITTED

AIDS is spread through HIV transmission. Once the infection has begun, it causes the destruction of the immune system (only then can we properly speak of AIDS). For the infection to take place, several basic conditions must be met: the virus must be present (i.e., there must be a prior infection), it must be found in a sufficient amount, and it must enter the bloodstream.

WHAT DOES TRANSMIT AIDS

1. **Sexual transmission, whether it be vaginal, anal, oral or artificial insemination.** The virus can be found in semen and genital secretions (including vaginal fluids) of infected individuals, both men and women.



2. **Infected blood.** Several modalities:
- Through blood transfusions that have not been analysed (most unusual today).
 - Through infected needles and syringes.
 - Through organ transplants (this is very rare: transplants are not usually carried out without an exacting previous screening of donors).
 - In sanitary accidents (these affect primarily hospital personnel).
 - Through the exchange of razors or shaving blades.
 - Through tattoos, piercings, acupuncture, electric depilation... without prior sterilisation.

3. **Perinatal transmission.** Passage of the virus from the mother to her child, the most significant pathway for infection among children. Several modalities:

- During pregnancy, via the placenta ('vertical' pathway).
- During childbirth (contact with the mother's blood and vaginal fluids).
- During lactation, because the HIV-positive mother's milk contains HIV; also as a result of possible lesions to the nipple the baby suckles. (See also the box on page 161.)



WHAT DOES NOT TRANSMIT AIDS



1. **Insects.** They do not transmit the virus. If a mosquito sucks blood from an infected individual, the virus dies when the insect digests the blood.

2. **Sweat, tears, urine, faeces, saliva.** None of these secretions or excretions transmits the AIDS virus.

3. **Crockery, cutlery, food...** Since the virus is not transmitted through saliva, sharing a plate of food, a fork, a glass, et cetera, does not involve risks.



4. **Blood donation, vaccine administration...** Infection is prevented by sterilising needles.



5. **Swimming pools.** Chlorine and other chemicals used kill the AIDS virus.



6. **Pets.** Only humans can be HIV carriers. Animals can carry other similar viruses, but they are not transmitted to humans.

7. **Public places.** AIDS is not transmitted in toilets, showers, lavatories... or any other public places; or through water, or through air, of course.



8. **Kisses, handshakes, hugs...** These customary signs of greeting and affection between persons do not entail the risk of infection.



AIDS threat and liberalization

TOWARDS A POSITIVE ATTITUDE IN THE PATIENT AND IN EVERYONE ELSE

HIV carriers, particularly in their advanced phase (AIDS patients), are terminally ill people. This implies certain specific demands as far as rapport is concerned. Their affective needs involve a generally greater sensibility than normal. Helping them to cover those needs through understanding, support and affection will make their experience of the problem less traumatic.



Risk behaviours

We have already seen how the AIDS virus is transmitted and how it is not transmitted (see page 150). Here we tackle certain *specific relationships* that especially favour infection.

Homosexual practices

It is well known that AIDS was initially nicknamed 'the gay disease.' Nowadays, that tag is far from correctly describing reality. According to UNAIDS data (2004), only 5-10% of all HIV registered cases in the world originated from sexual relations between males.

In any case, it is still true that homosexual relations, in terms relative to their *specific population*, cause a larger index of infections than heterosexual infections relative to theirs. This is particularly noticeable in Western countries (not to forget that in them, as well as in others, bisexuality also includes homosexuality).

Actually, there are solid reasons that explain this high incidence among gay and lesbian

population. The anus and the rectum are not prepared to take in a penis. The anal canal



VALUES FOREVER

Facing AIDS in the long run...

We have already underscored the practical importance of *faithfulness* in the context of the couple (see also the box on page 131), and of abstinence outside of it, for the prevention of AIDS. There are other equally effective strategies to prevent this plague, based on *community type values*. One of them seeks to avoid the initiation of an early sexuality. Research has identified certain highly positive characteristics in the staff and pupils of academic centres that constitute true communities, as compared to those who do not. Feeling sheltered, acknowledged and socially stimulated from childhood prevents frustrations, favours good performance and prevents resorting to other types of intrinsically noxious satisfactions, or satisfactions for which adequate maturity is necessary. According to G. Hopkins, 'the most effective strategy for prevention is *filling up the time of teenagers*.' Most girls who get pregnant do so at home between three and six in the afternoon, after school (and in the absence of their parents). The best preventive measure is neither the giving out of condoms nor the circulation of correct information (even though they may both be necessary), but rather the promotion of a *climate of healthy, positive and permanent relationships* among children and teenagers, and between them and the adults closest to them. In short, a setting of practical and cordial love.

Sources: Hopkins, 2003; Roberts, Hom and Battistich, 1995.



Good habits and proper
scale of values up
barriers against
AIDS

Chapter Summary

- Addiction is reversible
- Scientific evidence of the value of spirituality
- Scientific evidence of the power of prayer
- Heaven's line
- The power of Christianity
- The power of service



An effective remedy



Addiction is reversible

Associations such as Alcoholics Anonymous do a praiseworthy job in every corner of the earth; besides, there are rehabilitation units in nearly every hospital; there is group therapy; there is medication that helps drug addicts and treatments to fight AIDS, attenuating its dreadful effects; there are practical methods and there are practical methods and crash courses, some of them free, such as the Five-day Plan to Quit Smoking (sponsored by the Adventist Church)...



Towards full freedom

Scientific evidence of the power of prayer

As a research variable, spirituality or religion is defined in terms of **membership** in a religious group, **active participation** and **high regard** for spiritual aspects by the individual. This inverse relationship between religious practice and resorting to drugs has been detected in various population groups of different ages and religious denominations.

One of the most significant studies is that of researchers **Adlaf and Smart** (1985). These social scientists conducted a survey among 2,066 Canadian teenagers and they found that not only religiosity, but church attendance as well, has a negative correlation with alcohol and drug consumption (see the tables on the adjoining page).



The power of service



One of the best strategies to prevent relapse into any habit or addiction we have overcome or are in the process of overcoming consists in **being interested in others** and serving them to the best of our ability.

Those who behave like this, receive at least this double benefit:

- They tend to **forget about themselves** which helps them to put their own problems into perspective.
- They find usefulness, and even **personal satisfaction**, in providing support and sympathy to others.

So, someone who has succeeded in quitting tobacco, alcohol or some other drug will be benefited by trying to help those who want but cannot quit the same habits that used.



Relationship problems in this book

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**DVD
attached**

