The Role of Faith-based Organizations in the Treatment and Correction of Substance Abuse: Insights from previous research and future research direction

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Abstract

The approach of human development is concerned with increasing people's options, the most critical being longevity, education, and decent standards of living. Alcohol and other substance abuse are a hindrance to this process in contemporary times, affecting both young and old, across the gender and social status divide. Organizations founded on faith are important in addressing this problem. This review study was conducted with the main objective of finding out what these roles are, how they lead to prevention, correction and treatment of substance use disorders. Faith-based programs compared well with the traditional programs in their effectiveness in treatment and recovery process of those affected. Indeed, some primary caregivers and psychiatry physicians would not shy away from recommending them as a means of treatment. Religion and spirituality were found to work through the means of desirable religious coping (PRM). DRM is mediated by sex though used by both men and women but men are more prone to negative religious coping. Social support does not mediate the process. PRC is an effective measure of drug recovery initiatives and a significant explanatory variable of successful treatment program completion. Religious faith is a source of confidence to resist substance abuse. Decline in religiosity over an individual's life stages increase chance for substance abuse, remarkably, increase in the same relative to those without change had an increased chance for substance abuse too. A key theme emerged on the important role of religious leaders in this fight. Specific knowledge gaps and future directions in the context of the future of faith–based drug recovery programs in the SSA region, that if bridged would be source of reliable information to be used in substance use policies formulation were identified. Integration of faith-based organizations into substance use disorders prevention and treatment programs will then be possible.

Keywords: Faith-based organizations, Religion, Substance abuse, Programs, Treatment

1.0 Introduction and Background

Alcohol and other Drug Abuse (AODA) can be argued to be a contemporary issue working against the spirit of human development. Human development is the of expanding people's options, the most critical being long life and wellbeing, being learned, and access to requirements for leading decent living. The process of development should create a favorable condition for people, singly or collectively, to develop full abilities and to have a realistic probability of leading fruitful and creative lives based on their requirements (Bhanojirao, 1991). Human development is therefore concerned with the making of people's competencies for example, in their wellbeing and knowhow and skills, but most important is the use that people make of their attained competencies (Ul Haq, 1995).

AODA, have a negative effect on health, has been a source of fatal accidents and if not, that leave the victims incapacitated, interferes with the ability of their users to use the capabilities acquired in the forms of knowledge and skills as well as interfere with the acquisition of knowledge through education especially for the young who are still in the process of acquiring education (National Institute on Alcohol Abuse and Alcoholism, 2021). Gil and Molina (2011) reported findings that indicated early alcohol use by adolescents in Spain as affecting the health of the students with the passage of time and repetition of academic years more often. As an example of substance abuse, alcohol has been shown to lead to reduced efficiency in the workplace, impairment of judgement, and errors in the workplace as well as a source of distress (Kaithuru & Stephen, 2015) all of which are capable of reducing the performance and productivity of those that use it. Thavorncharoensap et al. (2010), estimated the monetary cost of alcohol consumption at 1.99% of the gross domestic product of Thailand. Elsewhere, a similar study by Sacks et al. (2015) that looked at the cost of excessive alcohol consumption, estimated cost of unwarranted liquor consumption in America in 2010 at $249.0 billion, and the cost continues to grow at 2.7% annually. In Kenya, drinking heavily at one go has been reported to be 12.7 % majority being men, and most prevalent in those between 18 and 29 years (Kendagor et al., 2018).

These are just a few pointers to the negative effect that AODA has on development. On one hand, the person who is supposed to be the end to development, as well as the means to development, is quite negatively affected. AODA robs the user the opportunity and the capacity to be developed - ends to development. This may happen when one is at their prime age for instance as showed above that in Kenya the mostly affected by heavy episodic drinking to be 18-29 years of age, which is the age at which professional training (higher learning) takes place in one's life. On the other hand, the nation is denied the opportunity to develop by having human capital, which is a means of development, impaired or rendered semi or completely ineffective. As a result, both the nation and individuals lose the opportunity to develop. There is therefore need to address this menace.

Faith-based organizations that depend on religion and faith have been demonstrated to play a critical role in helping those with substance dependence disorder to recover or better still as a mode of treatment to the patients of substance abuse disorder. The same has the capability of preventing those that are not into substance abuse from becoming users.

Ninety per cent of studies based on empirical evidence in a systemic review found faith playing a vital role in reducing the risk linked with alcohol misuse, while only one point four (1.4) per cent reported faith as having a negative effect. The same study found that faith decreased the risk of drug abuse in eighty-four per cent of the reviewed studies while only one per cent reported otherwise (Grim & Grim, 2019). A study by Najjar et al. (2016) demonstrated that those not religious favoured alcohol use than the religious individuals. Additionally, for the religious individuals, the favourable attitude to alcohol use differed with religion and denominations within a religion. In another study by Lucchetti et al. (2014), Religiousness was overall linked with more negative feelings towards alcohol, such as restrictive hours of sale, unavailability of alcohol in corner shops, barring alcohol commercials on TV, increasing the lawful drinking age, and raising levies on alcohol. In addition, more religious attendance was connected to less alcohol problems and self-reported devoutness was associated with less injurious effects of drinking. These studies demonstrate the ability and the role that religion can play to prevent alcohol and substance abuse. Nevertheless, religion's prevention and perceived misuse of alcohol has been found to differ with religious affiliation and (Cochran et al., 1988) has categorized them into three different categories: high, medium, and low levels of usage. Jews, Catholics, Episcopalians, Lutherans, and Presbyterians are classified as high user, whereas Methodists are medium, but Baptists and other protestant groups are low users. The ways of alcohol consumption and usage are in line with the standards of the respective denominations. Those with high use tend to be nonproscriptive while the ones with low use have proscriptive norms. From these results, it can be hypothesized that the impact of religiosity on alcohol drinking would be great in Christians from the sects taking a strong stand while the reverse would be true.

Grim and Grim (2019), explained the Voluntary alcohol dependence recovery support groups meeting in churches around America made a huge contribution benefit to the American economy totaling $316.6 billion annually at no expense to the people. This is representative of a fraction of the faith-based work addressing the dependence crisis. Faith-based organizations, therefore, play a critical part in the treatment of AODA and enhance human development.

Consequently, this study was undertaken with the aim of analyzing the focus of faith-based organizations in prevention, correction and treatment of substance abuse and disorders, and analyzing how faith-based approaches work in preventing, correcting and treating substance abuse and disorders.

2.0 Literature Review

Authors	**Empirical literature**
Lawrence et al. (2012); Neff et al. (2006),	Physicians' views and the comparison of faith-based and the traditional methods of treating substance use disorders: Determining the effectiveness of faith-based treatment programs
Turner, et al. (1999); Parenteau, (2017); Menagi, et al. (2008); Medlock et al. (2017)	Significance of religion as a tool for positive coping and treatment
Brown et al. (2013); Moscati and Mezuk, (2014), Al-Omari, et. al.	Role of religion in prohibition and treatment of substance use

(2015)	

3.0 Methodology

A comprehensive electronic search of studies in substance abuse conducted in Kenya and in the world between 1995 and 2021 was conducted. The data was then categorized into various themes. The primary outcome was the role of religion in inhibition, correction and treatment of substance misuse. Keywords namely: faith-based organizations, faith-based programs, religion, religiousness, religiosity, spirituality, substance abuse, drug abuse, and alcoholism; were used to search studies conducted globally that were published between 1995 and 2021 in English and in PDF format using the google scholar. Hand-searching of the reference list from the journals was employed to enhance search comprehensiveness. A total of 23 journals were identified, nine (9) met the selection criterion because they were in English, PDF format and accessible, were within the search criterion time, bore a methodology, data collection methods, findings, recommendation for further work and conclusion. The 14 were eliminated because they didn't meet the search criteria. These included: time (1), non-PDF format (1), systematic review (1) and were either exclusively on alcoholism and didn't bare the theme of prevention, treatment and recovery (11). The journals were then systematically analyzed using a well-designed template to capture the tested hypotheses in the case of quantitative studies and their significance and the key themes in the case of qualitative studies all of which generated the results, discussion, knowledge gaps and recommended further studies. There were limitations in; scarcity of information addressing both substance use and alcoholism with most of the journals addressing alcoholism, many journals baring the key words could not be accessed, and, though majority of the journals bore the key search words religion, religiousness and religiosity they were found to diverge from the key objective of the study. To mitigate this, journals that bore either substance use and /or alcohol but were within the key objectives and those with open access were used.

4.0 Results and Discussion

4.1 Physicians' views and the comparison of faith-based and the traditional methods of treating substance use disorders: Determining the effectiveness of faith-based treatment programs

Literature search for empirical evidence and especially on the various motivations that have driven studies in the broad area of AODA has demonstrated the significant role of faith in treating, preventing and correcting substance abuse and disorders. It was important, therefore, to find out from physicians what their beliefs are on the effectiveness of the faith-based programs as studied by (Lawrence et al., 2012). Interestingly, the primary care physicians' beliefs about programs that are based on faith in alcohol treatments didn't differ with religious association or the importance of religion while psychiatrists' beliefs varied with religious beliefs. On comparing the effectiveness of the traditional pharmacological therapy more psychiatrists than primary caregivers believed pharmacological therapy is more effective. Regarding the effectiveness of participation in Alcoholics Anonymous (A.A) a spiritual but not religious program for alcohol addiction treatment, more psychiatrists than primary caregivers said it would be very effective. A greater number of psychiatrists than primary caregivers thought it is very

important for someone to finish a residential correction program for a successful treatment to take place. When it comes to knowledge in local faith-based programs, more psychiatrists were aware than primary care doctors.

Though there were no significant differences in willingness to refer a person suffering from alcoholism to faith-based organization programs, fewer psychiatrists (29%) than primary caregivers (40%) were very likely to do so. Religion played a key role too. Primary caregivers who considered religion important were more likely than those who don't consider it important to make referrals. In general physicians (both primary caregivers and psychiatrists) who knew of a local faith-based program were more likely to make referrals than those that didn't. On spirituality as being critical to 12 step programs of the A.A, most respondents agreed it was important. Informed by these results, the authors concluded that psychiatrists were hopeful in comparison to primary care doctors, which could be due to their training in addiction medicine. Secondly, psychiatrists and primary caregiver physicians may have a difference in what is acceptable as successful treatment. Overall, many doctors of both types as studied, were of the idea that the spiritual dimension is crucial to the success of twelve steps program. The results of this study are a positive indicator of the effectiveness of faith-based programs in treating alcoholism.

On contrasting faith-based and the traditional programs on various dimensions that would influence the success of either the programs in substance abuse treatment by Neff et al. (2006), some similarities and differences were noted. The key effects of program type were detected on spiritual engagements and beliefs, and on structure and discipline. Faith-based programs reported spiritual engagements, beliefs, and ceremonies as highly important in achieving satisfactory results in the treatment as compared to the traditional programs. Very foundational comparisons existed between ordinary and faith-based programs in terms of group engagements and togetherness, positive modelling and mentoring, as well as a safe, friendly surroundings and traditional treatment modalities. Measures for example role modelling/mentoring and a safe, supportive environment were more central than spiritual activities, beliefs, and rituals. However, it is worth noting that though a safe and supportive environment may not openly be spiritual, it entails warmth and acceptability which are of essence to the Christian principle of unconditional love, which could explain the centrality in the concept maps used in the study. Role modelling and mentoring were central, agreeing with the importance of social influence and learning patterns in substance abuse correction. Group engagements and togetherness included elements such as emphasis on the team as a family, team meetings, team rituals for instance singing and prayer, in addition to counselling and evaluation, all oriented toward promoting social togetherness. Both ordinary and faith-based programs do share these common dimensions of the social processes that are key to achieving successful treatment.

These findings are a good indication that faith-based programs compared quite well with the traditional programs and can therefore be recommended as an effective means of treating substance use disorders. They can be used by physicians as a basis for treatment referrals for those with substance use disorders to faith-based programs. Nevertheless, during such referrals, caution should be given to the fundamental difference existing mainly the length of stay (2-9 months for the faith-based versus the maximum or 28 days for the traditional).

Moreover, spiritually focused programs may be operative only for those who are spiritual. A safe supportive environment is also key for treating substance abuse and structure and discipline are significant and very important in the success of a program and thus more restrictive faith-based organizations may be more effective in enticing members than the under restrictive organizations. The restriction and discipline of the participants in such a program would be expected to borrow from both prescriptive and proscriptive norms of the religious program.

4.2 Significance of religion as a tool for positive coping and treatment

Numerous studies have pointed out the role that religion plays especially in helping in endure issues like illness, sorrow, pain, sentiments, hostility and fury, and in providing fostering and supportive webs (Grim & Grim, 2019). However, before delving into the specifics of how religion and spirituality achieve this, it is important to have a look at the role of the affected person in believing and seeking this means of help. Turner, et al. (1999) found out that most of the participants who were suffering from AODA never sought assistance or obtain help from a religious organization in commencing and remaining in recovery, while one third reported that a religious organization had a role in their starting recovery. Reasons given for not looking for assistance to start recovery included: the participants unawareness of their dependence status, not thinking the church would be helpful, being worried that the church would assume them and recognizing that the church was aware of their dependence on substance. Similarly, reasons were given for not asking for help to retain recovery and they included: spiritual requirements being met by others, religious persons not being unable to comprehend addiction and religious individuals being condemnatory. According to the authors all these reasons could be attributed to the locality of the study, where churches take substance dependence as a moral frailty and a choice that individuals make, taking it to be sin and judging the dependents as sinners as well as ministers' lack of understanding the nature and compulsiveness of substance dependence.

Nonetheless, almost all participants who were in the recovery program recognized that a religious faith or spiritual involvement were crucial early in their recovering from AODA. The most important spiritual wants when they commenced recovery were; need for own forgiveness, need to be forgiven by others and the need for unrestricted love. Churches' help giving in commencing and remaining in recovery was meaningfully related to whether a participant was married or not, treatment regularity, and acknowledgement of recovery, while participants' seeking for assistance from faith-based organizations to start and continue in recovery was associated with marital status, regularity of treatment, regularity of going to church, and acknowledgement of recovery. Age, ethnicity, individual's income, and their level of education weren't associated to the churches' help or with participants' help seeking in starting or in retaining recovery.

Regarding the role of religion in coping and the moderating role of sex as studied by Parenteau, (2017), positive religious engagement was significantly linked to both gender and substance use, with females having a high probability of employing positive religious engagement than males. The relation between undesirable religious coping and gender was significantly linked to substance use and was predominant in men. According to this work desirable religious coping is linked to substance use and the interrelation between desirable religious coping and gender isn't associated with substance abuse.

These findings point to the fact that desirable religious coping avail a sense of hope in all people regardless of their gender, and this can be important in helping individuals from using substance to overcome a difficult situation. However, undesirable religious coping reflective of spiritual detachment and a state of separation from God is more in males. This is an indication that males could be less tolerant of a disconnect with God and may turn to undesirable coping mechanisms unlike females.

The contradiction with other studies that have found desirable religious coping controlling the correlation between undesirable psychological issues and substance use only in women, may have arisen from the failure to mention the specific religious standing of the male students and how strong or committed they were to the religious norms. On men having a negative religious coping, it could mean that they may be poor in endurance when faced with difficulties than women are, which could predispose them to turn to non-religious coping mechanisms like substance use. Additionally, the study only used men that had a religious affiliation and her argument that negative religious coping occurs when one falls out with their religious beliefs may not have occurred in either of the men that were participants.

A study by Menagi, et al. (2008) posited that seriousness in religious engagement is negatively linked to alcohol use measure namely regularity of drinking, over drinking and issues that are related to alcohol use. The same have a positive relationship with coping support based on social support. Their study reckoned that emotive social support coping though important is negatively correlated to the regularity of consuming alcohol. On testing intervention, being serious on religious matters is an important forecast of alcohol use regularity and emotional social backing. Lastly, emotional social support is importantly related to the alcohol use regularity. Being serious in religious matters is the only important foreteller of the regularity of alcohol consumption, pointing to the fact that emotional social support doesn't support the relation between being religious and consuming liquor. Overcoming difficulties based on religiousness is an important predictor of alcohol use regularity and a teller of emotional social support, while emotional social support foretells alcohol use regularity. religious seriousness is the only important predictor of the regularity of alcohol uptake. This report is an evident that social support has no control on the relationship between coping based on religion and the how regular an individual takes alcohol. it is therefore not social support that intervenes between religion and alcohol use regularity but a personal acceptance of a sense of religious identity. In matters coping, religious coping is credited to the positive foretelling of how regular one would take alcohol. This involves personal response to for instance a traumatic life event with a sense of accountability to a higher authority like God.

Though theses authors concluded that social support was not a mediator between substance use and religion, their sample involved a significantly high number of white students (80.5%) as well as more females (65%) and this could have had a negative effect on the outcome, for example, were race, ethnicity and sex to have an effect in religiousness, drinking and positive coping. Moreover, race and ethnicity may affect how sociable one is, which would affect emotional social coping as a protective mechanism. The religion sampling was also skewed with Christians being 73% of which Catholics were the most 45.7%. Different religions and denominations have varying levels of tolerance to alcohol use, spirituality (connectedness to God) and socialness (togetherness) all of which may stem from the group reference theory by Merton (Cochran et al.,

1988).These three reasons could have especially affected the testing of social coping as a protective mechanism.

In a separate study by Medlock et al. (2017), their findings were ambivalent. These mixed results may be explained by the fact that their study dug deeper into the components of religiousness and spirituality. The sample that formed the study reported that being spiritual was averagely important while on treatment whereas the level of trust in God was slightly beyond average in others. According to the study respondents, importance of religion in one's life based on self-reports was only average as well as religious engagements for example going to church, which is overall a measure of religiousness. On testing the role of both desirable and undesirable coping, on one hand, the significance of faith in a person's life was highly correlated with the use of desirable religious coping. Greater desirable religious coping was importantly related to lower excessive desire of substance during the treatment involving cleansing substance from one's system, less days of using substance in the past month, and more utilization of assistance meetings. This bit agrees with other findings such as Menagi, et al. (2008) and Parenteau (2017). On the other hand, neither desirable nor undesirable religious coping was importantly connected with the count of substances utilized during the past month. This study went further to reveal that desirable and undesirable coping are not dependent on the type of substance. Despite the mixed results, use of more desirable religious coping led to more 12-steps one another help participation, although undesirable religious coping wasn't either importantly associated with participation in helping one another.

In their discussion, Medlock et al. (2017), explained that it is desirable religious coping, that is significant in forth telling of an involvement in a program like the 12-step but not religious affiliation, and by implication active involvement in the application and use of religion may be a stronger forth teller of a recovery program involvement. On undesirable religious coping, the propensity to get involved in undesirable religious coping could be linked to the sense of desperation about the coming days or a person's inability to change.

The outcome of this study is quite in agreement with other on the significance of positive religious coping in the treatment and prohibition of substance use disorder. However, the 12 steps program has been categorized by Grim and Grim (2019) as spiritual and not religious meaning no association with any religious organization like a church but patients believing in a higher power, which could be anything else and not God who is the source of higher power to the church. Therefore, studying positive religious coping in a 12 steps program where questions for example, on church attendance, were used may give somehow compromised outcome by adding the component of religion which doesn't exist in the 12 steps program, thus leading to the testing of an important variable that is not a part of the program and which the participants may not identify with. Due to this reason, the outcome on engagement in religious activities like church attendance would be expected to be low like it was and especially if the participants in the program tended not to be religious. Ultimately, this would lead to the modest even though significant relation between lower craving during detoxification treatment and positive religious coping.

4.3 Role of religion in prohibition and treatment of substance use

Brown et al. (2013) have reported on the significance of being religious and spiritual and the ability to fight substance use. Such is independent of factors like the location of where the treatment is taking place, how old or young one is, sex, earnings, ethnicity, level of education, marital status, the type of substance, the length of time taken in the treatment, and for how long one has remained sober. Empirically, they reported that a chance of nine in a hundred of one being above average in resisting substance use when their spirituality level grew by a unit. This implies that even a small change in a person's level of faith can go a long way in contributing towards successful recovery from misuse of substance.

Moscati and Mezuk (2014), had different and contradicting findings from those of Brown et al. (2013); on the role of religiosity on substance use and misuse when studying the changes in faith over the life stages. They discovered that over half of those studied, maintained their religiosity while slightly over a quarter had an improvement in their religiousness measure while a smaller number recorded a decline in religiousness. They further went to show that religiosity is not affected by factors like ethnicity and level of education but was affected by the denomination and gender where women are more religious. Interestingly, they aver that religiousness and stage of life can predict the probability of one being a smoker, using drugs and even consuming alcohol with those that were religious at childhood standing a chance to use these substances in adulthood. Further, an increase in religiosity in adulthood on those who were less on the same in childhood increased their chances of drinking liquor. They attributed these findings to some factors. One, that a young person may have been practicing the faith of their parents and once they attain adulthood, they may choose which way to go which may include use of substance. Another reason cited by these authors is that the young adult may have gotten to the age of moving out from their parents dwelling which comes with freedoms for instance consumption of alcohol. Nonetheless, one striking explanation was their association of an increase in religion with difficulties in life which may result in maladaptive religious engagements and thus engaging in drugs and alcohol.

Observation regarding these results and the explanation by the authors seem not to be satisfying. Other empirical studies for instance, by Grim and Grim (2019) and Brown et al. (2013) have demonstrated the positive coping ability brought about by religiousness to both sexes though mostly in females. Indeed, the researchers mention increased religiousness as being associated with difficult life situations that would lead to seeking substance abuse as a coping mechanism which is a total contradiction from the studies by the former. Grim and Grim (2019), have only cited this to have happened in very low magnitude when there is abuse by the clergy on the side of the flock or through horrendous acts, which are not a part of this study whatsoever. Their explanation of the changes in life stages contributing to the increased likelihood of substance use is contrary to intrinsic religiosity, that is, the importance of religion to many people shouldn't significantly change with life. However, it may be agreed that being religious is not the same as being religious and spiritual which may explain these results. Some denominations e.g., Catholic does tolerate the taking of alcohol (Cochran et al., 1988) whose uptake then may increase even with both increase in religiousness as well as the freedom that comes with adulthood and thus the results.

Despite religion and organizations that are faith-based having been shown to occupy the center stage on the matter of substance abuse, the role played by the religious men is critical. In the study by Al-Omari, et. al. (2015) the participants felt the Sheikh (religious men) would treat them as Kafir (infidel); that the sheikh would judge them as sinners rather than listen and understand they are suffering and most participants viewed Sheikhs' approach as harsh, superficial, and unfriendly. This study is a good example of the attitude and perceptions by both substance users, religion, and the clergy. Though the substance users can be said to have fallen out with the proscribed norms of the Islam religion in this study, the Sheikhs can be observed as being harsh and hostile which would not create a conducive climate for success in any recovery program. It can only be sensible for the religion and the clergy to give support to those with substance use disorders if the recovery and treatment programs are to work.

5.0 Conclusion and Recommendation

Information on region, country or continent was not one of the keywords used for the search of journals. Nonetheless, 88% of the reviewed journals reported findings of research conducted in the United States of America with the remainder conducted in Jordan. Additionally, despite using the keywords faith-based organizations, faith-based programs, religion, religiousness, religiosity, and spirituality, 88% of the journals' reports were based on Christianity and the church, 12% strictly focusing on Islam while Judaism was involved in one journal only by including Jews in the sample selection. Therefore, the results of this review are largely American and of the Christianity religion.

Again, though the focus of the study was on substance abuse in general, most of the reported work was predominantly on alcohol with very little on other substances. Hence, like with both region and religion, the findings of this review would explicitly apply to alcohol though can vaguely apply to other substance use. Lastly, the review has demonstrated that religion and spirituality practised through faith-based organizations and other programs like the alcoholic and narcotics anonymous have a key role in prohibition, correction, and treatment of substance use disorders. The evidence is persuasive that faith-based organizations have an integral role to play in the whole issue of substance use and disorder and in so doing rehabilitate the lost or diminished capabilities and productivity of the patients, restore their health, and enhance knowledge acquisition, all of which affect human development. This role needs to be integrated into existing treatment programs, be supported by development agencies like the government and provided with necessary resources for them to succeed.

This review work has unequivocally proven that faith-based organizations through religion and spirituality have a vital part in solution finding to the problem of alcohol and other substance abuse. It is therefore commendable to venture into studies of this nature in our country and the sub-Saharan Africa region. Secondly, this review exposed the paucity of work conducted in other parts of the world beyond the United States of America, which leads to geographical knowledge gaps and therefore replication of the same where possible is creditable. If this is accomplished, planning and formulation of additional feasible and viable, substance use policies in Sub-Sahara Africa and Kenya will be possible.

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