

# Evaluation of Challenges Facing Implementation of Alcohol and Drug Abuse Mitigation Programmes with Reference to the Presbyterian Churches of Kenya

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## Abstract

Alcohol and drug abuse among the youth continues to persist as shown by global statistics. Religious organizations have come up with Programmes aimed at mitigating alcohol and drug abuse. However, the problem of alcohol and drug abuse continues despite the significant role religions play in the society. This study assessed challenges facing implementation of alcohol and drug abuse mitigation Programmes among the youth in the Presbyterian Churches with an aim of establishing ways of addressing the issue. The findings show that inadequate funding and resources was the main challenge affecting the implementation of the PCEA alcohol and drug mitigation Programmes as reported by majority 158(35%) of the clergy and Church elders. 25% of the respondents indicated lack of commitment by affected persons, 15% pointed at lack of adequate training for those handling the youth and youth ministry or Programmes, and 14% cited poor management of youth Programmes. Moreover, 6% cited inadequate psychosocial support, 2% said lack of follow-up of youth was the problem, 2% reported that youth addicts who did not fully attend the Programmes feared losing friends while 1% indicated that lack of conviction by the addicts that they can fully recover and completely avoid alcohol and drugs were part of the challenges faced in the implementation of the Programmes. In order to enhance effectiveness, the study established that youth involvement in management of the Programmes, training of pastors in alcohol and drug abuse could be employed as part of the intervention.

**Keywords:** evaluation, challenges, implementation, alcohol and drug abuse, mitigation programmes, church

## 1. Introduction

Globally there has been rapid increase in production and consumption of alcohol and illicit drugs in the last two decades. According to the United Nations Office on Drugs and Crime (2015), there has been an increase in the overall global situation regarding the production, use and health consequences of illicit drugs. According to the United Nations office for Drug Control and Crime Prevention (2002), alcohol and drugs destroy lives and communities, undermine sustainable human development and generate crime. Alcohol problems, including at-risk drinking, drug abuse and dependence are highly prevalent in many countries in Africa. In Africa, an average of 1 in 18 people suffers from drug-use disorders or drug dependence with the youth being the most affected (United Nations (UN), 2014). The vulnerability of Africa to drugs and crime remains a grave concern, with increasing seizures of heroin indicating the region's role as a key transit area for global drug trafficking routes (UN, 2014).

Kenya has also been experiencing rapid increase in production, distribution and consumption of multiple drugs of dependence. At the greatest peril are the youth who are deliberately and tactically recruited into alcohol and drug culture through uncontrolled media influences, curiosity, and peer pressure (National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA), 2014). The government of Kenya enacted a legal and institutional framework to address the problem of alcohol and drug abuse. In 2007, Parliament ratified the formation of the National Campaign against Drug Abuse Authority (NACADA) with a mandate to coordinate a multi-sectoral effort aimed at preventing, controlling and mitigating the menace of alcohol and drug abuse in Kenya. Among the major objectives of the agency in executing its mandate is to research on various aspects of alcohol and drug abuse and chemical dependence. According to a study by NACADA (2012), 8 % of 10-14 year-olds have used some alcohol at least once in their life and about 13 % of them have ever used other drugs such as cigarettes.

A report of PCEA 21<sup>st</sup> General Assembly (2012) showed that there was an increase in alcohol and drug abuse among the youth in the Church from 8 to 12 percent (PCEA General Assembly Report, 2012). During the PCEA annual youth conference, it was noted that alcohol and drug abuse is one of the greatest challenges facing the youth in the Church. It was agreed that every effort must be made to educate the youth on the dangers of alcohol and drug abuse (Annual Youth Conference Report, 2016). In response to the challenge of alcohol and drug abuse among the youth, the PCEA has initiated mitigation Programmes. These include youth conferences, seminars, workshops, guidance and counseling, retreats, education on the dangers of alcohol and drug abuse, youth camps, revival weeks and weekend challenges and Bible study among others.

In addition, the PCEA has established a drug education desk which in consultation with Theological Education by Extension (TEE) department and the Presbyterian University of East Africa (PUEA) develops alcohol and drug education materials (PCEA Records, 2015). The Parish ministers with assistance of church elders are directly involved in coordinating the Programmes on alcohol and drug abuse among the youth in the various congregations. Despite the existence of these Programmes the problem of alcohol and drug abuse continues

to persist. This study sought to assess challenges facing implementation of alcohol and drug abuse mitigation Programmes among the youth in the Presbyterian Church of East Africa with an aim of establishing ways of addressing the challenges.

### *1.1 Objectives*

The study was guided by the following objectives:

- i) To assess challenges facing implementation of alcohol and drug abuse mitigation Programmes in the Presbyterian Churches.
- ii) To establish ways of addressing challenges facing implementation of alcohol and drug abuse mitigation Programmes in the Presbyterian Churches.

## **2. Methodology**

The study adopted a descriptive survey research design where qualitative data was collected in order to assess alcohol and drug abuse mitigation Programmes among the youth in the Presbyterian Church of East Africa. According to Mugenda and Mugenda (2003), a descriptive survey research design is used when examining social issues that exist in communities. This design was therefore deemed appropriate for this study since alcohol and drug abuse is a social problem which has permeated the society and all youth are at a potential risk.

The study was conducted in three regions (Eastern, Nairobi and Mount Kenya) out of the five regions of the Presbyterian Church of East Africa. The choice of the three regions is justified by the fact that the PCEA regions were administratively designed to take care of social, economic and cultural diversity. The five regions of the PCEA include; Eastern Region, Mount Kenya Region, Central Region, Nairobi Region and Rift Valley Region (PCEA Records, 2015). The five geographical regions have 53 Presbyteries and 400 Parishes. The PCEA 20<sup>th</sup> General Assembly report (2012) shows an increase in alcohol and drug abuse among the youth in the Church from 8 to 12 per cent. Studies to establish why alcohol and drug abuse continues to persist despite there being mitigation Programmes established by PCEA are inadequate. This advised the choice of the study locale.

The Presbyterian Church of East Africa where the study was conducted has five regions which include; Eastern Region, Mount Kenya Region, Central Region, Nairobi Region and Rift Valley Region. The total population of PCEA is about 2,835,000 (Nkonge, 2012). The PCEA has a total of 53 Presbyteries each under a Presbytery Moderator and 400 Parishes each under a Parish Minister. The target population for this study was 2,835,000 PCEA members. The accessible population included the Church elders, Parish ministers, Presbytery moderators, the youth director and the youth members who included the youth abusing alcohol and drugs.

Multistage Cluster Sampling technique was used to select three PCEA regions from the five regions. According to Bordens and Abbot (2008), multistage sampling involves identification of large clusters and randomly selecting from among them (first stage), then randomly selecting individual elements from the selected clusters. The three selected regions included

Eastern region, Mt. Kenya region, and Nairobi region. Each of the three regions represented a cluster. The choice of the three regions is justified by the fact that the PCEA regions were administratively designed to take care of social, economic and cultural diversity. The researchers used a table developed by Kathuri and Pals (1993) to select a sample for the youth members, Church elders and Parish ministers in the three regions. Eastern region has 10500 youth, Nairobi region has 14400 youth and Mount Kenya region has 10400 youth. This gives a total of 35300 youth in the three regions. The sample that corresponds with a target population of 35300 is 379 for youth members. However, the sample frame used was 400 to counter non-response rate. Eastern region has 70 Parish ministers, Nairobi region has 72 Parish ministers and Mount Kenya region has 80 Parish ministers. This gives a total of 222 Parish ministers in the 3 regions. The sample that corresponds with a target population of 222 is 144 for Parish ministers. However, the sample frame used was 150 to take care of attrition. Eastern region has 1050 Church elders, Nairobi region has 1152 Church elders and Mount Kenya region has 1360 Church elders. This gives a total of 3562 Church elders in the three regions. The sample that corresponds with a target population of 3562 is 353 for Church elders. However, the sample frame used was 360 to counter non-response rate.

Proportional sampling method was used to access the youth members, Parish ministers and Church elders in proportion to the way they occur in the population. Eastern region generated  $10500/35300 \times 400 = 119$  youth members. Mt. Kenya region generated  $10400/35300 \times 400 = 118$  youth members while Nairobi region generated  $14400/35300 \times 400 = 163$  youth members. This gave a total population of 400 youth members in the 3 regions. For Parish ministers, Eastern region generated  $70/222 \times 150 = 47$  Parish ministers. Mt. Kenya region generated  $80/222 \times 150 = 54$  Parish ministers while Nairobi region generated  $72/222 \times 150 = 49$  Parish ministers. This gave a total of 150 Parish ministers in the three regions. For the Church elders, Eastern region generated  $1050/3562 \times 360 = 106$  Church elders. Mt. Kenya region generated  $1360/3562 \times 360 = 137$  while Nairobi region generated  $1152/3562 \times 360 = 116$  Church elders. This gave a total of 360 Church elders in the three regions.

All the PCEA Presbytery moderators in the three clusters were included in the sample. According to Kathuri and Pals (1993) a population of ten and below cannot be sampled. Eastern region has nine Presbytery moderators; Mt. Kenya region has ten Presbytery moderators while Nairobi region has eight Presbytery moderators. Snowball sampling technique was used to select the youth abusing alcohol and drugs with the help of Parish ministers. Simple random sampling method was used to select one Parish from among the parishes in each of the three clusters. Each of the Parish ministers in the selected Parishes was asked to identify a youth member abusing alcohol and drugs who in turn identified others to form three Focus Groups of seven youth members in each cluster. This is in line with Kombo and Tromp (2006) recommendation that a focus group should have six to eight members.

Purposive sampling was used to select the youth director as a key informant due to his direct knowledge on alcohol and drug abuse prevention activities in the PCEA. This is in line with Creswell's (2008) recommendation that the researcher needs to choose respondents based on certain criteria that will help arrive at the respondents who are knowledgeable on the aspects that the study variables seek to investigate. The sample for the study was 928 respondents as

shown in Table 1.

Table 1. The sampling matrix

| Category of participants | Population   | Sample     |
|--------------------------|--------------|------------|
| Youth Director           | 1            | 1          |
| Presbytery Moderators    | 27           | 27         |
| Parish Ministers         | 222          | 150        |
| Youth Members            | 35300        | 400        |
| Church Elders            | 3562         | 350        |
| <b>Total</b>             | <b>39112</b> | <b>928</b> |

Data was collected using four sets of instruments. The instruments were; structured interview schedule, questionnaires, focus group discussions and document review. Saldana (2011) says that using multiple data gathering methods guarantees a wider spectrum of diverse perspectives for analysis and representation. Harris (2010) argues that limitation of one data collection method can be addressed by an additional method and that multiple data collection methods enhance credibility and trustworthiness. Structured interview guide was used for the PCEA youth Director, Presbytery Moderators, Parish ministers and Church elders. Questionnaires were administered to the youth members. Focus Group Discussions were used for the youth abusing alcohol and drugs. The researchers reviewed documents available in the Church to find out how alcohol and drug abuse Programmes are being implemented.

Data from the field was cleaned, coded and recorded. Data collected by use of the questionnaires, was coded and analyzed using Statistical Package for Social Sciences (SPSS) version 21 for windows. The researchers interviewed the PCEA youth director, Presbytery moderators, Parish ministers and the Church elders and made a complete and accurate record of the respondents' answers. The respondents exact words were recorded verbatim. This recording was facilitated by use of tape recorder to ensure that all the details of the interview were captured. The researchers recorded the information solicited from focus group discussions in a notebook for further analysis. Data was analyzed qualitatively whereby the main themes in the responses were identified. Data was analyzed using descriptive statistics including frequency counts, percentages and means. Data was presented in summary form using the frequency distribution tables. We then calculated the percentages of responses which were used to make statements about the results, identify findings and make conclusions.

### 3. Research Findings

#### *3.1 Introduction*

Substance abuse prevention, also known as drug abuse prevention, is a process that attempts to prevent the onset of substance use or limit the development of problems associated with using psychoactive substances. Prevention efforts may focus on the individual or their surroundings. The PCEA has been greatly concerned over the harm that alcohol and drug abuse causes the youth, the entire labour force and the economy in general. As part of the effort to protect the youth from the harmful effects of alcohol and drug abuse, the PCEA has over the years put in place measures to address this problem. As a result of this, the PCEA initiated several alcohol and drug abuse mitigation which include seminars, workshops, conferences, youth camps rallies and crusades, guidance and counseling, pastoral visitation, alcoholic forum and drug education desk (PCEA, Records, 2015).

#### *3.2 Challenges Facing Implementation of Alcohol and Drug Abuse Mitigation Programmes in the Presbyterian Church of East Africa*

This research assessed the challenges faced in the implementation of alcohol and drug abuse mitigation Programmes in the Presbyterian Church of East Africa. Presented in this section through a thematic discussion are the findings related to respondents' opinions on the challenges faced in the implementation of PCEA alcohol and drug abuse mitigation Programmes.

A summary of the challenges given by the youth director, presbytery moderators, parish ministers and Church elders is presented in Table 2.

Table 2. Challenges faced in mitigating alcohol and drug abuse in PCEA

| Challenge                                                                             | Frequency  | Percentage    |
|---------------------------------------------------------------------------------------|------------|---------------|
| Lack of Commitment by Affected Persons                                                | 110        | 25.0          |
| Inadequate Funding and Resources                                                      | 158        | 35.0          |
| Fear of Losing Friends                                                                | 9          | 2.0           |
| Lack of Conviction                                                                    | 5          | 1.0           |
| Inadequate Psychosocial Support                                                       | 25         | 6.0           |
| Poor Management of Youth Programmes                                                   | 65         | 14.0          |
| Lack of Follow-Up of Youth Involved in the Programmes                                 | 10         | 2.0           |
| Lack of Adequate Training for those Handling the Youth and Youth Ministry/ Programmes | 70         | 15.0          |
| <b>Total</b>                                                                          | <b>452</b> | <b>100.00</b> |

The results in Table 2 show that there are several issues of concern that affect the implementation of PCEA youth alcohol mitigation Programmes. Thirty-five percent of the respondents except the youth reported that inadequate funding and resources affected the implementation of the PCEA alcohol and drug mitigation Programmes, 25% indicated lack of commitment by affected persons, 15% pointed at lack of adequate training for those handling the youth and youth ministry or Programmes, and 14% cited poor management of youth Programmes. The results further show that 6% cited inadequate psychosocial support, 2% said lack of follow-up of youth involved in the Programmes was the problem, 2% reported that youth addicts who did not fully attend the Programmes feared losing friends while 1% indicated that lack of conviction by the addicts that they can fully recover and completely avoid alcohol and drugs were part of the challenges faced in the implementation of the Programmes.

Inadequate funding and resources was the main challenge affecting the implementation of the PCEA alcohol and drug mitigation Programmes as reported by majority 158(35%) of the clergy and Church elders. In a study of challenges of ministering to the youth, a case study of PCEA Lang'ata Parish, Nairobi County Mwangi (2015) established that substance abuse can be especially hard to combat in rural communities due to limited resources for prevention,

treatment, and recovery. Financial constraints are a problem in most Churches. This has had the effect of undermining Church efforts towards organizing for outreach Programmes among others.

In modern times youth Programmes require huge amount of funds. Lack of enough funding to youth Programmes in PCEA featured prominently as a challenge to effective youth work. This concern was raised by youths themselves, Church members and Church elders. The youth director Rev. Githiora (2017) raised the following issues. This area of youth Ministry needs more financial investment. The person leading the youths must be fully supported to enable him/her champion the vision of the youths. Youth director Rev. Githiora in charge of the youth had the following to say,

My work needs a lot of network planning, creativity and I must be in constant touch with the youths. But without adequate resources it has become very difficult to be effective. I have experienced some financial challenges especially with the new programs. This is understandably so because there was no budgetary allocation of such programs. I have and will approach different church groups to sponsor different programs as we wait for budget allocation to such programmes in future.

One of the Church elders Kariuki (2017) commented that,

The church does not adequately support youth budget, because generally our cash flow is sometimes below our expenditure. So it is not only youth Programmes that are inadequately funded, even other Programmes, but the youths are given their week to raise more funds to support their activities.

These comments show that the youth Programmes were inadequately supported and this had created a sequence of effects like poor Programmes, lack of participation and exodus or attrition. So without enough funds youth Programmes such as alcohol and drug abuse mitigation may not meet the expected results. When youth Programmes are not adequately funded then costly but important activities are omitted. In some cases, the duration is reduced and this results to poor Programmes which are not interesting to the youth. Commenting on the same issue on financial support, the PCEA Chuka town parish committee on youth matters recommended supporting and investing in more youth activities by offering financial support where necessary.

Lack of commitment from youth attending PCEA alcohol and drug mitigation Programmes was identified as threat to the effectiveness of the Programmes by 110(25%) of the respondents. In a study carried out by Mwangi (2015) aimed at finding out the challenges of ministering to the youth, a case study of PCEA Lang'ata Parish, Nairobi County established that most of the youth enrolled in Church Programmes designed to mitigate substance abuse were not attending sessions as required. Commitment can be explained as a dedication or obligation that binds an individual to a particular person, cause, or course of action. Commitments may be made willingly or unwillingly.

While espousing on the reasons why most of the youth were not committed to the Church initiated alcohol and drug mitigation Programmes, one of the presbytery moderators Rev.



Ndoria (2017) had this to say: **Commitment** problems stem from a **lack** of conviction that the Programmes will really help them stop the habit or the feeling that they are being coerced to attend.

The statement is a clear indication that there is lack of commitment and passion by the youth to engage in the alcohol and drug mitigation Programmes initiated by the PCEA. This implies that when the persons attending the alcohol and drug mitigation Programmes feel as though they may not benefit from the Programmes or are being coerced to attend, they may totally fail to commit themselves willingly to the Programme. To say that somebody is willing implies that they will gladly perform an act without any reservations. It is something they are disposed or inclined to do. When people are willing to do something they are far more likely to put in sufficient effort or go the extra mile to make it happen. This is because they know that the outcome is going to please them. Those who feel coerced into doing something may only offer a half-hearted attempt, or they may decide to sabotage the project. In order for people to be able to escape something like an addiction it is vital that they are willing participants.

In order to have the highest chance of success it is best if people are willing participants from the beginning. When people are fully committed to something they are less likely to be plagued by negative thinking. Their motivation keeps them moving towards their goal and success.

The results of this study show that 9(2%) of the respondents reported that Programme effectiveness was hampered by youth attending the Programmes fearing to lose friends. Similar findings were established by Mwangi (2015) in his study of challenges of ministering to the youth in a case study of PCEA Lang'ata Parish, Nairobi County. A verbatim response gotten from one of the Church Ministers Rev. Kimathi (2017) concerning youth addicted to alcohol and drugs is congruent to these findings.

Sometimes people choose not to seek treatment for multiple reasons. For example, they may be afraid to lose friends that they associate with, some develop the misconception that they need to lose everything before they will be able to quit their addiction while others fear negative opinion from neighbors or the community.

It is therefore evident that addicts fear losing their friends which curtails the progress made by PCEA to implement alcohol and drug abuse mitigation Programmes. This is probably because they have become dependent on this social network and may find it almost impossible to imagine life without these people. If they give up alcohol or drugs, then this will mean leaving the group. Substance abuse may be the only thing that binds them together. This brings to the fore that effective alcohol and drug mitigation Programmes should target to overcome barriers that discourage the youth from getting help, such as fear of losing friends.

The results show that 1% of the respondents cited lack of youth conviction that the PCEA alcohol and drug mitigation Programmes would help them avoid substance abuse impeded effectiveness of these Programmes. From the study conducted by Elliot (2013) on effectiveness of NGOs in rehabilitation of street children for reasons ranging from substance

abuse and neglect, most NGOs leaders reported that they faced several constraints ranging from lack of conviction by the children that they will benefit making them to escape from rehabilitation centres. This resonates well with the findings of this study. Wachira (2017) a youth who took part in the survey had this to say: I don't think that I am likely to benefit from these Programmes.

The results of this study show that 25 (6%) of the respondents indicated that inadequate psychosocial support of the youth hinders them from participating in the alcohol and drug mitigation Programmes initiated by the PCEA. Strehl (2010) observed that community-based Programmes dealing with mitigating alcohol and drug abuse which do not promote physical and mental health and buffers psychological stresses of the youth may not be effective in attracting youth participation. To achieve meaningful success, the implementers of the PCEA alcohol and drug mitigation Programmes need to offer psychosocial support to the youth engaged in these Programmes.

The results of this study show that poor management of youth Programmes was cited by 14% of the respondents as one of the challenges affecting implementation of PCEA alcohol and drug abuse mitigation Programmes. The findings of Mwangi (2015) resonate with the findings of this study. In his study of challenges of ministering to the youth, a case study of PCEA Lang'ata Parish, Nairobi County, Mwangi (2015) established that most of the Church Programmes were being managed by elders who do not have adequate managerial skills. The parish ministers only come in to help ones in a while. The following verbatim response from one of the Church Ministers Rev. Kirima (2017) confirms this: Elders manage and provide leadership. They engage persons in the Church that may help them achieve Programme objectives. Though a positive adult role model is essential in offering new perspectives to youths living in situations rife with substance abuse, it is also important to involve them in management of the Programmes affecting them to enhance effectiveness.

Lack of follow-up of youth involved in the Programmes emerged as one of the challenges affecting the implementation of alcohol and drug mitigation Programmes initiated by PCEA as indicated by 10(2%) of the respondents that took part in the study. This concurs with Merton (2008) findings that rarely are Church Programmes followed by follow-up activities. A qualitative response from one of the clergy Rev. Kithinji (2017) supports this finding. We have not done it well. We have rarely followed them up after disseminating the Programmes. It has not been possible due to logistical problems. Follow-up should be an essential part of a Church's mission to be "salt and light" to those around them. Follow-up creates the crucial platform for a Church's evangelistic efforts. There are various reasons why follow up is crucial in the implementation of youth alcohol and drug mitigation Programmes. First and foremost, it signals care. The participants know that you share in their desire to succeed. In addition, it signals the Church's realism. It also signals an opportunity. By following up the Church will be creating an opportunity for the youth to get motivated to attend the Programmes.

The results show that 70(15%) of the clergy, Church ministers and presbytery moderators indicated the PCEA alcohol and drug abuse mitigation Programmes were not realizing

tangible deliverables because of inadequate training of those handling the youth ministry and/or Programmes. Mukundi (2013) found that lack of training of the clergy affected their effectiveness in handling alcohol and drug addicts. When asked if they had undergone training to counsel and help alcohol and drug addicts, one Church Minister Rev. Ndanyu (2017) had this to say: I have never undergone any training to handle alcohol and drug addicts. I use my personal experience and some concept learnt in theology to help people affected by the problem. I feel inadequate in this capacity. This confirmed earlier findings that most of the church leaders acknowledged they lacked the expertise needed to handle alcohol and drug addicts.

### *3.3 Ways of Addressing Challenges Facing Implementation of Alcohol and Drug Abuse Mitigation Programmes among the Youth in the Presbyterian Church of East Africa*

This study also sought to establish ways of addressing challenges facing implementation of alcohol and drug abuse mitigation Programmes among the youth in the Presbyterian Church of East Africa.

The study findings show that seminars/workshops/conferences/youth camps and forums (mean=2.067) were not effective, Bible Study (mean=1.548) was not effective, Rallies/Crusades/Retreats and Fellowship (mean=2.098) was not effective. Other Programmes included referral to rehabs (mean = 3.627) was effective, guidance and counseling (mean = 2.393) was not effective, youth engagement in Church (mean = 2.710) was effective, Door-to-door evangelism/outreach Programmes (mean = 1.893) not effective, alcoholic forum (mean = 2.903) was effective and having an alcohol drug education desk (mean =1.295) was not effective.

A discussion of ways of addressing challenges facing implementation of alcohol and drug abuse Programmes is given below.

### *3.4 Seminars/Workshops/Conferences/Youth Camps/Forums*

It is evident from the results that the majority 469(56%) of the respondents reported that seminars/workshops/conferences/youth camps or forums were fairly effective as compared with 188(21%) who indicated non-effectiveness of these Programmes. The results show that the overall mean of effectiveness was 2.067. Education through seminars/workshops/conferences/youth camps or forums is one of the most commonly used intervention approaches to tackle youth drinking (Anderson & Baumberg, 2006). Previous empirical studies on the effectiveness of seminars and workshops in curbing alcohol and drug abuse by Jones *et al.*, (2007); Foxcroft *et al.*, (2002) established that such education forums have at best a small positive effect. The findings of this study therefore are in tandem with Jones *et al.*, (2007) and Foxcroft *et al.*, (2002) results. Furthermore, most of the alcoholic youth rarely attend such forums which mean that they rarely get to benefit from such Programmes.

Seminars/workshops/conferences/youth camps or forums should be initiated to inform the community of the dangers that ADA is likely to cause in the community. Since alcohol is the most consumed substance in the society according to research, education focusing on the

same is important. Seminars/workshops/conferences/youth camps or forums are popular and much used approach to educating the youth on the potential for harm from alcohol and drug consumption. Providing basic, accurate information about the risks of teen alcohol and drug abuse and teaching skills represents a crucial component of an integrated approach to promoting responsible alcohol and drug consumption. This enables individuals to make informed choices about their drinking. Since seminars/workshops/conferences/youth camps or forums on their own cannot achieve all the results that are desirable for an effective mitigation of alcohol and drug abuse among the youth, an integrated balanced approach that combines other initiatives may be more successful.

### *3.5 Rallies/Crusades/Retreats/Fellowship*

Holding rallies, crusades, retreats and youth fellowships were identified by the respondents' as part of the PCEA Programmes aimed at provision of spiritual support for alcohol and drug addicts. Despite all of the Church leaders viewing rallies, crusades, retreats and youth fellowships as protective measures against substance abuse by offering emotional and spiritual support, positive social interactions, and ongoing commitment/follow-up, which includes long-term accountability, the study established that only 365(43%) indicated that rallies, crusades, retreats and youth fellowships were fairly effective in mitigating youth alcohol and drug abuse while 235(28%) were unsure of the effectiveness of the Programmes to do so. Most presbyteries and congregations have initiated these Programmes for young people and older adults.

Interviewed Church leaders believed that building a sense of community and positive peer relationships through rallies, crusades, retreats and youth fellowships helped prevent substance abuse among its congregants. One moderator Rev. Kirima (2017) stated,

Part of our mission as a church is to model that love of Christ, not only to one another within the church but to the community at large. So we try very hard to meet this through reaching people in crusades, evangelical rallies and fellowships among others. This has helped a lot in mitigating alcohol and drug abuse.

In addition, Rev. Ngere (2017) indicated that,

We believe prayer is an extremely powerful and comforting act. We engage the youth in open prayer through planned contacts in Church missions that include crusades, rallies, retreats and fellowships and Keshas. We believe that God's word influences every area of our lives. There is a measure of protection against substance abuse in the word.

In summary, the clergy said that a strong relationship with Christ helps individuals to heal in the face of alcohol and drug abuse. The widely held belief among Church leaders that prayer has the potential to heal victims and reform abusers is indeed a strength on the part of the Church. Benefits of practices such as prayer crusades are supported by Timmons (2012). Prayer intervention in crusades has been linked to improved quality of life among patients. Additionally, family therapists Sabloff (2002); Carothers, et al., (2005); Webb and Whitmer (2001) have confirmed that praying for patients in religious crusades serves as an effective

healing tool and improves clients' level of change responsibility.

### *3.6 Rehabilitation*

One of the most recognized and extensively used approaches to alcohol abuse intervention is the rehabilitation of those affected. Rehabilitation refers to the process by which a person presenting with a substance related problem achieves an optimal state of health psychological functioning and social well-being devoid of substance abuse. The process of rehabilitation depends on the client's needs. This process typically follows detoxification and, if required, other medical and psychiatric treatment occurs. It encompasses a variety of approaches which may include psycho education, group therapy, family therapy, specific behavior therapies to prevent relapse, involvement with a self-help group, residence in a therapeutic community or halfway house, vocational and survival skills training.

The results of this study show that majority 315(37%) indicated that rehabilitation Programme was effective. In addition, 237(28%) concurred by indicating that the Programme was a very effective means to help addicts (mean=3.627). Even though this response was elicited, it was noted that PCEA does not have a rehabilitation centre and therefore they make referrals. Therefore, it was recommended that PCEA should have a rehabilitation centre instead of making referrals.

### *3.7 Guidance and Counseling*

The majority 379(45%) of the respondents reported that guidance and counseling Programme was fairly effective while 240(29%) were unsure of the effectiveness of this Programme. In a study of strategies of regulating alcoholism and drug abuse in Kenya's life Ministries, Oketch (2014) found that prevention programs like guidance and counseling can be helpful for the individual who experiences problematic alcohol and drug use. Typically, the counselor offers assessment, brief counseling, and referral to more extensive care. Unfortunately, research data on the impact of guidance and counseling Programmes in reducing alcohol and drug abuse among the youth is scarce with few studies examining substance use problems (Merrick, 2007). This study filled this gap by establishing that the Programme of guidance and counseling was fairly effective (mean=2.393).

The church should develop a curriculum which provides clients with education about the health risks of consuming alcohol and issues behavioural guidelines to lower risk. Other components include the encouragement of reflection and analysis of personal situations to strengthen perceptions of risk, and the development of personal and social skills to resist pressures to drink alcohol. Guidance and counseling under the Church framework entails increasing clients' awareness of the risks of harmful drinking behaviours and encouraging positive attitudes towards responsible alcohol consumption (White et al., 2012). Self - reports on a range of alcohol behaviours, including age of initiation into alcohol consumption, frequency of consumption, frequency of episodic excessive alcohol consumption, overall consumption levels, nature and strength of alcoholic drinks consumed as well as socio-economic and health problems faced by the addicts helps the counselor to help the addict to chart their destiny. Guidance and counseling should be implemented by PCEA to

reducing illicit alcohol and drug use among the youth.

### *3.8 Alcoholic Forums*

Majority 374(44%) of the respondents stated that alcoholic forums initiated by PCEA were fairly effective. The findings of this study support the work of Cook (2008) who established that the Church among other alcohol and drug abuse mitigation agencies such as alcoholic anonymous are involved in shepherding the flock of God through provision of forums where the addicts share experiences and chat a way forward. In the Church framework this psychosocial support is anchored in the Biblical and theological teachings.

The youth ministry should start alcoholic forums. The youth should be trained on dangers of alcoholism, connecting them to organizations to help them overcome alcoholism. An assessment of the youth alcoholic forum Programme revealed that the PCEA Church has a duty to scrutinize the signs of the times so that it can create an important link between the religious and social dimensions of life. For alcoholic forum in PCEA to be vibrant, the Church must give adequate attention to its message as well as its methods. New ideas to interact and activate the young people and for the spiritual aspect then the Church must provide experience through which youth can learn to know Christ intimately. Educating the youth in the knowledge of the Bible and Christian Ethics leads youth to have firm faith in Christ.

## **4. Conclusion**

The findings show that Seminars/workshops/conferences/youth camps or forums should be initiated to inform the community of the dangers that ADA is likely to cause in the community. Since alcohol is the most consumed substance in the society according to research, education focusing on the same is important. Seminars/workshops/conferences/youth camps or forums are popular and much used approach to educating the youth on the potential for harm from alcohol and drug consumption. Providing basic, accurate information about the risks of teen alcohol and drug abuse and teaching skills represents a crucial component of an integrated approach to promoting responsible alcohol and drug consumption. This enables individuals to make informed choices about their drinking. Since seminars/workshops/conferences/youth camps or forums on their own cannot achieve all the results that are desirable for an effective mitigation of alcohol and drug abuse among the youth, an integrated balanced approach that combines other initiatives may be more successful.

The findings further show that that referring the youth to rehabilitation, involving them in Church activities which make them feel accepted and part of the community, and engaging them in alcoholic forums which offer them the opportunity to share experiences and get into contact with useful information required helps them deal with alcohol and drug abuse. The rest of the programmes that include seminars, workshops, conferences, youth camps, Bible study, rallies and crusades, retreats, fellowships, guidance and counseling.

## 5. Recommendations

The church should ensure that programmes like seminars, bible studies, youth camps and youth conferences are regularized to equip the youth with values and skills like decision making, assertiveness and critical thinking to help them say no to alcohol and drug abuse. The drug education desk needs to be financed so that it can regularize these programmes and prepare bible study material that address alcohol and drug addiction. Parish ministers need to take an active role to minister to the needs of the youth so that they will open up and talk about issues that can lead them to take alcohol and drugs. Curriculum developers in the area of theology and religious studies can re-design the curriculum to include content on handling matters of the youth especially on alcohol and drug abuse. The clergy's moralistic approach towards alcohol and drug addiction should change as this makes addicted persons not to seek help and treatment. The clergy should understand, accept and teach the sickness concept of both alcohol and drug addiction as the most viable foundation for prevention and healing. This will help the congregants not to be judgmental towards those abusing alcohol and drugs. Reaching out to the community should be the concern of the church. Churches should have active programs for nurturing healing in the community as this is their prophetic mission that helps them to be “the salt of the earth” and “the light of the world.” Outreach to their wider communities enables churches to avoid becoming small, ingrown spiritual cliques serving only their own members. Churches should support the sound prevention and therapeutic addiction programs and agencies that function on local, state and national levels. Some of the concrete ways that this support can be implemented include; in their local communities, many clergy and lay people can give support by volunteering time, financial help and publicity to these programmes. Simply visiting the community agencies to learn about them and affirm their constructive programs is supportive.

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