

# **The Role of the Church in Curbing Drug Addiction Problems: A Case Study of Nairobi Chapel**

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## **Authors' contributions**

*This work was carried out in collaboration among all authors. Author JKK designed the study, performed the statistical analysis and wrote the first draft of the manuscript. Authors HM and GDP wrote the protocol and managed the analyses of the study. All authors read and approved the final manuscript.*

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## **ABSTRACT**

Drug and substance abuse is considered a worldwide menace. Kenya being part of the globe experiences its effects. The Church, being a tool that helps society live godly lives, should take part in the fight against drug and substance abuse. This study sought to identify the role of the Church in curbing drug addiction problems. A descriptive case study and qualitative research approach were employed. 50 churches under the Nairobi Chapel umbrella of Churches were targeted. Questionnaires were employed to collect data from lead pastors in charge of drug addicts' recovery programs within Nairobi Chapel. Data was analyzed and presented using tables and charts. From the study majority of the churches that took part in the research, only 40% had ministries to help in

combating drug abuse, none of the churches had financial allocation for the same, on the human resource set aside; lead pastors comprised 85%, staff members 9%, while drug and substance rehabilitation pastors were 6%, on involvement in advocacy only 20% of the churches were participating, on the other hand, 61% of the churches took part in partnerships with drug addiction and rehabilitation and prevention programs.

*Keywords: Drug; church; addicts; rehabilitation.*

## 1. INTRODUCTION

Drug and substance abuse is a global problem. King'endo calls it "a global epidemic" [1]. Drug addiction has become widespread because of the ease of adoption of vices by humans. Everyone has the potential to become an addict due to the natural inclination towards the adoption of certain habits. The World Health Organization states that substance abuse touches millions of people worldwide each year with an estimate of 76.3 million people struggling with alcohol use disorder [2]. In addition, the United Nations reported that around 185 million people globally over the age of 15 years were involved in the use of drugs by the end of the 20th century [3]. The reality is that the more the number of people engaging in drug abuse, the more people get addicted to drugs. This can be ascertained since starting to take the drugs is the first step to getting addicted. However, the extent and characteristics of the epidemic greatly differ amongst different countries in the world [4]. Asare and Twene stated that the most commonly used and abused substances are cigarettes, cannabis, and alcohol. According to the World Drug Report (2017), posted by the United Nations, there has been an increase in the number of opioids uses in Europe, Asia, America, and Africa [5]. The use of alcohol and opioids is considered one of the leading causes of preventable deaths, illness, and injury in most countries across the globe. According to Ongwae, drug abuse poses a very big problem and is continually ruining the lives of millions of people both adolescents and the general population [6].

In Kenya, various institutions and health organizations have been developed to curb drug and substance abuse. Prevention programs are increasing as students and adolescents are slowly gaining knowledge of drug and substance use. These programs seek to ensure that these children are aware of the harmful effects drug and substance abuse have on their health and social life. This is mainly because there has been

an increase in the number of students reported to have been abusing drugs. According to an article posted by Mwirigi, [7] 500 children in Eldoret town were arrested in a club where they were found smoking bhang, drinking alcohol, and chewing *Catha Edulis* also known as khat ('miraa'). Two weeks after that, additional 200 children were arrested in Nairobi doing the same. This report only showed the number of children engaging in the vice, which means that the adult population engaging in the same is even higher.

From this, it is clear that addiction is a menace within society, and the substance of addiction varies. For instance, some individuals are reported to be addicted to prescription drugs, such as opioid drugs meant for pain relief (i.e., Morphine, OxyContin, and Vicodin), central nervous system depressants (Xanax and Valium), and other stimulants (for like, Concerta and Adderall). The highest abused substance in Kenya is reported to be alcohol, and opioids such as; heroin and cocaine, stimulants such as methamphetamine, tobacco, khat, and hallucinogens such as bhang. The use of these drugs may have started as leisure activities; however, people slowly grow dependent on the drugs for the functionality of day-to-day activities [8]. According to Kahuthia, Okwarah, Gakunju, and Thungu the drug scene is constantly changing due to the increased pursuit and dismantling of production and distribution chains of frequently abused drugs [9]. Due to this, there are new drugs that are being developed to outsmart and counter the progress made by authorities. This study, therefore, sought to determine the drug addiction prevention programs conducted by Nairobi Chapel, the extent to which Nairobi Chapel allocates financial resources towards drug addiction management and or prevention, the involvement of Nairobi Chapel in advocacy of policies that aid in drug addiction management and or prevention, and to identify if and to what extent Nairobi Chapel partners with drug addiction rehabilitation and prevention programs.

## **2. RESEARCH METHODOLOGY**

### **2.1 Research Design**

An in-depth descriptive survey research design was employed for this study. The study design involved spending time and interacting with the staff and volunteers of Nairobi Chapel to observe, conduct interviews, go through archival records or documents, and audio-visual materials in establishing the role they play to curb drug abuse.

### **2.2 Research Approach**

A qualitative research approach was used; this involved the use of an unfolding model that occurs in a natural setting. The approach involved purposeful use of the descriptive, explanatory and interpretive method of the collected data.

### **2.3 Location of the Study**

The study focused on the Nairobi Chapel umbrella of churches, located in Kenya's capital city. Owing to a higher number of people residing in the capital city approximately 4.3 million, the area was selected to be suitable for the study. Also due to covid-19 restrictions, the study was constrained to one location.

### **2.4 Target Population**

The research was carried out among churches under the Nairobi Chapel umbrella of churches. Nairobi Chapel has 215 daughter churches in different parts of Kenya, Africa, and the world. Out of this many have become autonomous and continue planting churches on their own. The Churches currently under the Nairobi Chapel Umbrella of Churches are 50. These churches include: Faith Chapels which are those churches that have been planted in the peri-urban setting and minister to low economic class communities; Trinity Chapels are those churches that have been planted outside of Nairobi and that minister to middle and high economic social classes; and Nairobi Chapels which are churches planted within Nairobi and that minister to middle and high economic social classes.

### **2.5 Sample size and Sampling Procedures**

The target population being the Nairobi Chapel group of churches that are made up of 50

churches, the researcher opted to involve all of the churches that would give consent to participate in the research.

Sampling entails choosing a proportion of people or items for research in such a way that the individuals or items reflect the larger group or the community from which they are chosen [10]. It gives an efficient system of capturing in a small group the variations or heterogeneity that exist in a target population. The churches were selected using a Simple Random Sampling method was used to give every church an equal opportunity of being selected into the sample.

### **2.6 Data Collection Instruments**

The data from the respondents (lead pastors or pastors in charge of addiction recovery programs, volunteers working in the same programs, and addicts helped by such programs) was collected mainly through questionnaires, and interviews.

### **2.7 Piloting of Instruments and Data Collection Process**

This process involved two sections: piloting of data collection instruments and then data collection.

This process started with a pilot data collection process to test the ability of the instruments to capture the required data. This was undertaken by trying out the two instruments of data collection with a few selected people. This helped to identify if all the questions could be understood and it also checked the validity and reliability of the instruments of data collection. Validity means the accuracy or degree to which a test or an instrument measures what it purports to measure [11]. Reliability is a measure of the degree to which a research instrument yields consistent results after repeated trials [10].

The nature of this study required that there be a good relationship with the respondents as well as the informants to collect credible information. To achieve this, prior request to all the respondents and sought permission before the data collection was conducted. This was done by obtaining the necessary documents, including an introductory letter from the university and approval to research from National Commission for Science, Technology, and Innovation.

Co-operation from the respondents also being required, ethical nature of the research was explained to the respondents as well as the dignity and respect they deserved to build confidence between the researcher and the respondents.

Once the permission was accorded, the questionnaires were then distributed to the target respondents. The purpose of the research was equally explained when the tools of research were being distributed and permission was sought for observation and interviews.

## 2.8 Data Analysis Procedure

This section covers the process of inspecting, removing ambiguous elements, transforming, and modeling data to understand essential information, suggesting conclusions, and supporting decision making [12]. This is the process that took place after the data had been collected from the different respondents. Since the data collected was mainly numerical, it was analyzed qualitatively. The specific steps followed in analyzing this data were data cleaning, data coding, data presentation, data interpretation, and discussion.

Data cleaning involved passing the collected data through a process to remove ambiguous elements. This was also applied to information that was obtained from open-ended questions that were part of the questionnaires and interviews conducted. Data coding was also done, it involved assigning numerical symbols to answers so that responses obtained could be put into a limited number of categories. "Coding is a vital step where the collected data is translated into values suitable for computer entry and statistical analysis." [13] From the data that was obtained, variables were created to simplify the analysis process.

The coded data obtained, was analyzed using Microsoft Excel and SPSS, and presented in the form of figures and tables. Data analysis was carried out with the help of Windows Version 20 of the Statistical Package for Social Sciences (SPSS) and Microsoft Excel 2016 computer software. Data were analyzed by generating descriptive statistics (frequencies and percentages) and cross-tabulation of data. The results were then presented in the form of tables, and pie charts for easy interpretation.

## 2.9 Disclaimer

The respondents were given informed consent before they were involved in the research. Informed consent in this sense means that 'the respondents needed to knowingly, voluntarily, intelligently, clearly and manifestly, give his/ her consent' [14]. This is very important since the respondents' right to autonomy was protected by ensuring that all the information collected was confidential and was used in research only without disclosure of their details. The right to autonomy means the ability for self-determination in action according to a personal plan [15].

The study also sought to be objective and avoid bias in all aspects of the research. This included the research design, data analysis, and interpretation. All respondents were treated without any bias whatsoever. Confidentiality was maintained in all instances. The researcher assured the respondents that they would remain anonymous and that confidential information obtained in the research would only be used with permission from them. The researcher also followed guidelines on the protection of sensitive information provided in the course of conducting the research. This would involve concealing details of the respondents that could make them easily identifiable [16].

Accuracy was kept at a bar to avoid mistakes while conducting, analyzing, and reporting the research findings. The work herein was reviewed carefully and critically to ensure that the results were credible. Full records of the research were also kept if references may need to make to them.

## 3. RESEARCH FINDINGS AND DISCUSSIONS

### 3.1 Demographic Information

Part of the questions in the questionnaire issued to churches under the Nairobi Chapel umbrella of churches covered their demographic information. These questions fell in the following categories; designation of the respondent, the target audience of the church, and the length of time the church has existed.

The demographic information provided by the respondents of this research helped the researcher to acquire relevant information that

pointed to him to why some churches engaged in the fight against drug abuse or not. This information is provided in Table 1.

### 3.1.1 Target Audience of the churches

During data collection, the respondents were asked to provide information concerning the kind of audience their church was ministering to. This was with the understanding that the churches under the Nairobi umbrella of churches have a different target audience. Karl Marx, an economist defines socio-economic classes as the one who has the means to produce [17]. The wealthiest people in society are referred to as the upper class, the middle class includes people who work in high status, secure and stable jobs, have large savings, and own homes while the low class refers to those who live from hand to mouth [18]. The researcher defined the middle-upper class as those people who are almost getting into the high class while the middle low

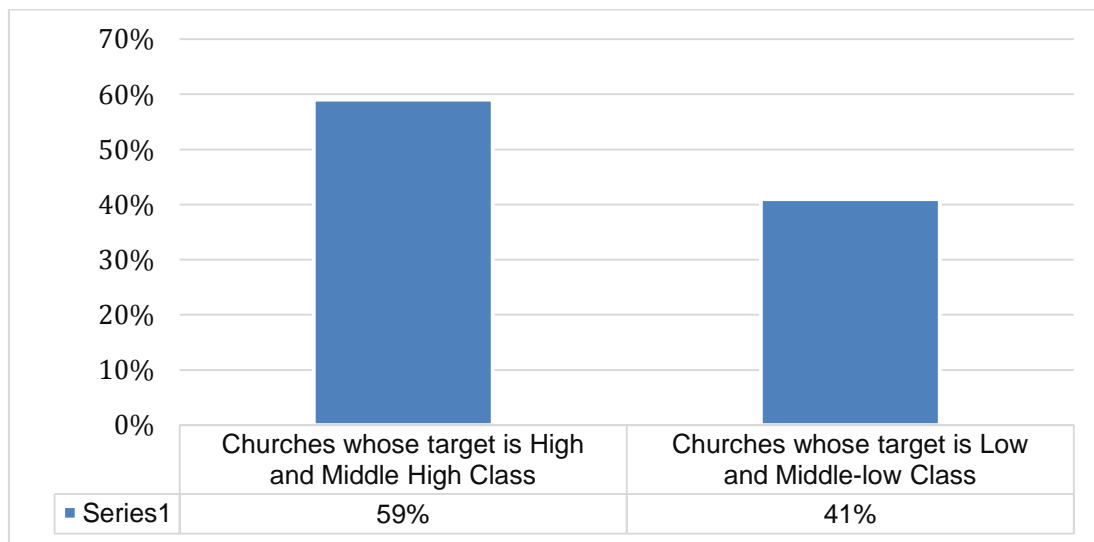
class as those who have just exited from the low class.

The data collected in Fig. 1, indicated that 41% of the churches represented in this research were made up of Middle-low and low social class as their target audience while 59% of the churches represented have their congregation made up of the high and middle-high social class.

This data is important since it points to the financial ability of the churches This is because these churches depend on tithe and offering from their members and not from any other source. From the data, only 59% of the churches have the financial capability to employ pastors since 59% of the churches minister to people in the middle-high and high social classes. The reason why they do not have such pastors, therefore, is not an economic one.

**Table 1. Demographic information of the respondents and their churches**

Designation of the respondent	Number of churches	The target audience of the church	Number of Churches	Length of time the church has existed	Number of Churches
Lead Pastor	29	High and middle-high social class	20	Less than 3 years	16
Staff Member	3	Middle-low and low social class	14	4-5 years	15
Drug & substance abuse rehabilitation Pastor	2			More than 6 years	3



**Fig. 1. Target audience's social class**

This information is also very relevant since lower socio-economic classes tend to have more drug addiction problems than other higher socio-economic classes [19]. Healthyplace.com which prides itself with providing authoritative information and support to people with mental health concern say that based on their research, people in lower socio-economic classes engage in drug abuse more prevalently than those of higher middle class [20].

### 3.1.2 Age of the churches

The researcher was also keen to identify the age of the churches. This is to identify if there is any relationship between the age of the church and its engagement in the fight against drug abuse. The data collected in Fig. 2, indicated that 47% of the churches represented had existed for less than three years, 44% of the churches represented have existed between 4-5 years while 9% have existed for six years and above.

Based on the data in Fig. 2, collected through questionnaires and the analysis, there is no correlation between the age of the churches, the designation of the respondents, and the socio-economic class of the target audience of the churches.

### 3.1.3 Research questions

This research sought to answer the following questions: What drug addiction preventive measures are conducted by Nairobi Chapel?; What investment in terms of financial resources has Nairobi Chapel placed in rehabilitating drug addicts and/or preventing more people from getting addicted to drugs?; To what extent has Nairobi Chapel been involved in advocating for drug addiction prevention and rehabilitation policies?; and How has Nairobi Chapel partnered with other institutions that rehabilitate or aim to prevent drug addiction? The results and answers to each of these questions are as discussed below.

## 3.2 Drug addiction Prevention Programs Conducted by Nairobi Chapel

### 3.2.1 Availability of ministries and programs to combat drug addiction within churches

From the data collection presented in Table 2, the study indicated that 60.0% of the churches that took part in the research did not have any ministries specifically meant to engage in the fight against drug abuse while only 40.0% had ministries to combat drug addicts.

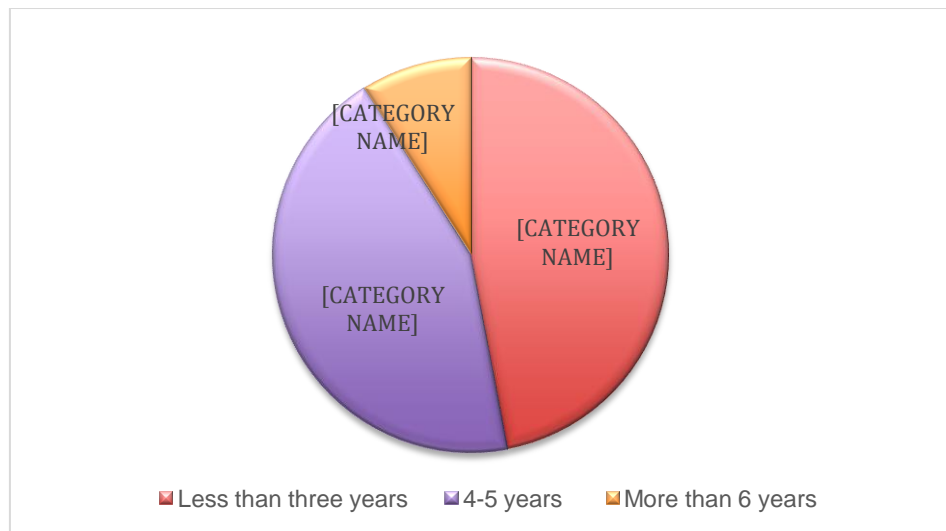


Fig. 2. Age of the churches

Table 2. Programs and ministries aimed at fighting against drug abuse

Churches	Frequency	Percent
Churches with ministries for Drug addicts	2	40.0
	3	60.0
<b>Total</b>	<b>5</b>	<b>100</b>

Similarly, from the study majority of churches that took part in the research did not have any ministries specifically meant to engage in the fight against drug abuse.

Table 1 (section 3.2.1), only 40% had programs meant to help in the fight against drug abuse. This made up 9% of the whole number of churches that took part in this research.

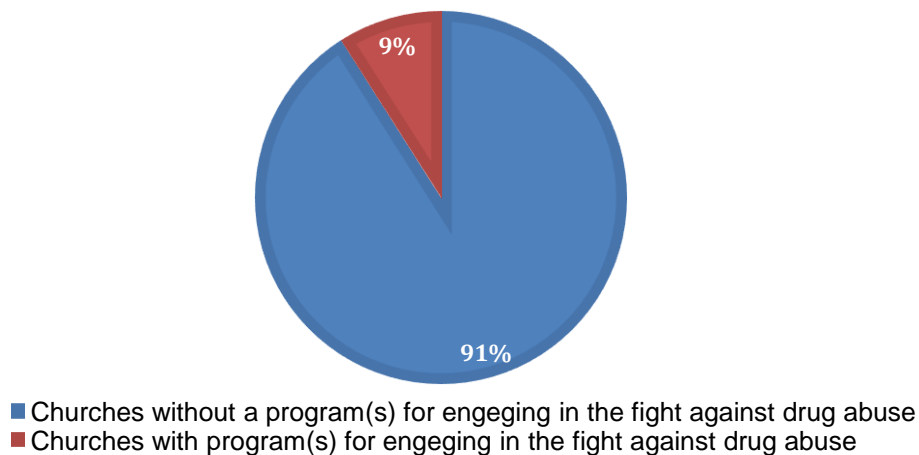
The data in Fig. 3. Indicated that 91% of the churches had no program for the fight against drug abuse while only 9% had such a program(s).

The data also indicates that the majority of churches that had ministries to engage in the fight against drug abuse did not have any programs for the same purpose. This was a clear indication that having programs for fighting against drug addiction is not the only way that churches engage in the fight against drug abuse.

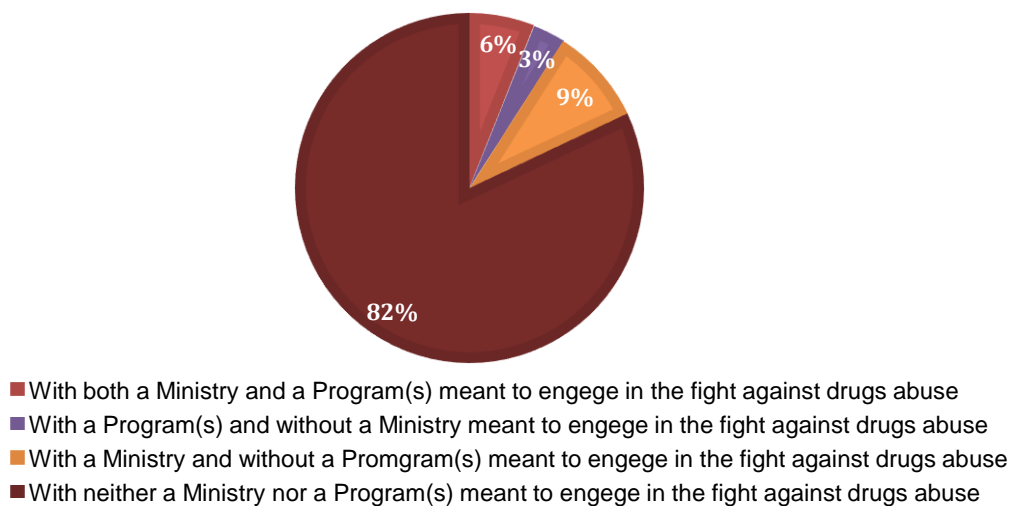
### 3.2.2 Relationship between ministries and programs to combat drug addiction within churches

From the study, the churches that had ministries to engage in the fight against drug abuse in

Similarly, Fig. 4 indicates the relationship between ministries and programs aimed at combating drug addiction within the churches.



**Fig. 3. Availability of a Program(s) dedicated to engaging in the fight against drug abuse**



**Fig. 4. Churches under Nairobi Chapel that have ministries and a program(s) meant to engage in the fight against drugs abuse**

It was noted that 3% of the churches that took part in the research did not have a ministry dedicated to engaging in the fight against drug abuse but at the same time, they had a program(s) meant to engage in the fight against drug abuse. This also proved that having a ministry/ department for dealing in the fight against drug abuse is not necessary for a church to engage in the fight against drug abuse. Similarly, 6% of all the churches that took part in the research had both a ministry as well as a program(s) meant for engaging in the fight against drug abuse while 82% of these churches had neither a ministry nor a program for the same purpose.

**3.2.3 Awareness of church ministries and programs aimed at combating drug abuse**

The study also sought to identify if the presence of programs aimed at combating drug abuse within the churches that were known by the public as well as those known by the members of the specific churches Table 3 gives a summary of the data collected as appertains the awareness of drug addiction recovery programs that churches have.

The data obtained indicated that 100% of the churches that had a program(s) to help in the

fight against drug abuse showed that people in their environs and members of their church were aware of such a program(s).

**3.2.4 Effectiveness of church efforts aimed at combating drug abuse**

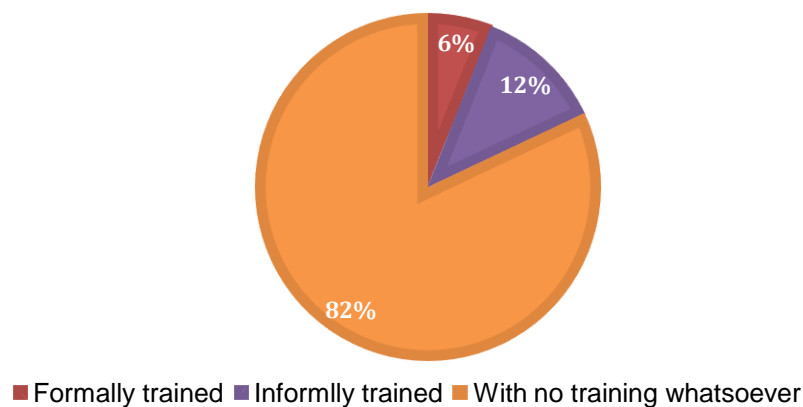
*3.2.4.1 Training of personnel to engage in the fight against drug abuse*

The study envisaged the effectiveness of the programs aimed at engaging in the fight against drug abuse. This was achieved by probing the respondents if the team members engaging in the fight against drug abuse (if any) had undergone any training.

From the data collected in Fig. 5, the majority of the churches that had a program(s) to engage in the fight against drug abuse had pastors or volunteers who have had formal training on how to handle and rehabilitate drug addicts. This made up 6% of Nairobi Chapel churches that had trained personal in the same field. 12% of all the churches that were part of the research also had part of their pastoral team and/or volunteer with only informal training while minority the churches have had either informal or formal training on the same.

**Table 3. Awareness of Church ministries and programs aimed at combating drug abuse**

Churches	Total	Percent
Churches with programs for Drug addicts	3	100
Churches whose members and the general public are aware of such programs	3	100



**Fig. 5. 18% of Churches within Nairobi Chapel whose pastors or volunteers are trained to work with drug addicts**



The data also proved that 82% of the churches that took part in the research had no staff member or volunteer trained to work with drug addicts and the same percentage of churches also had no ministry or a program(s) to minister to drug addicts. From these statistics, it was clear that no church engaged in the fight against drug abuse if its personnel had no training to engage in the fight against drug abuse.

**3.2.4. Factors determining the number of addicts reached by churches**

The researcher interrogated the effectiveness of the efforts by the church to fight against drug abuse by querying several recovered addicts through the different churches' efforts.

Based on the data presented in Fig. 6, 45% of the churches that neither have a ministry nor a program(s) to engage in the fight against drug abuse were still able to minister to drug addicts. 37% of all the churches that took part in the research ministered to between 1 and 5 drug addicts in the previous year, 3% of the churches ministered to between 6 and 10 drug addicts in the previous one year, 12% of the churches ministered to between [13] and 20 drug addicts in the previous one year and 3% of the churches ministered to above 50 drug addicts in the previous one year.

The churches that have both a ministry and a program(s) to engage in the fight against drug abuse, ministered to between 4 and 10 drug addicts in the previous one year, those with only a ministry to engage in the fight against drug abuse but with no program(s) ministered to

between 3 and 20 drug addicts in the previous one year while those with only a program(s) and no ministry ministered to above 50 drug addicts in the previous one year.

**3.2.4.3 Receptive nature of the congregations**

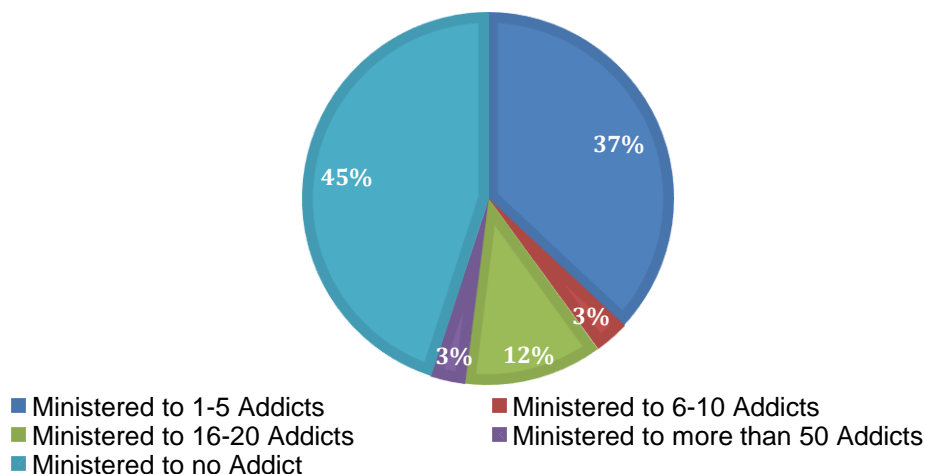
The data collected in the research indicated that the majority of the churches have their congregations as well as members of the general public, who were free to approach their church for help as concerns a drug addiction problem.

The data in Fig. 7. Indicate that 67% of the individual churches are sure that the members of their congregation would welcome any drug addicts who came to the church for help, while 9% of the individual churches indicated that their congregations would not welcome drug addicts seeking help, another 24% were not sure of their congregation's reaction in such a case.

**3.3 Extent to Which Nairobi Chapel Allocates Financial Resources Towards Drug Addiction Management and/or Prevention**

**3.3.1 Budget allocation for combating drug addiction by Nairobi Chapel churches**

The study probed if Nairobi Chapel had a budget set aside to minister to drug addicts and what percentage this amount is concerning the total budget of the church. Table 4 shows that the data collected concerns this. The data indicated that no church that participated in the research had drug addiction covered in their budgets.



**Fig. 6. 55% of addicts ministered to by individual Nairobi Chapel Churches in the past year**

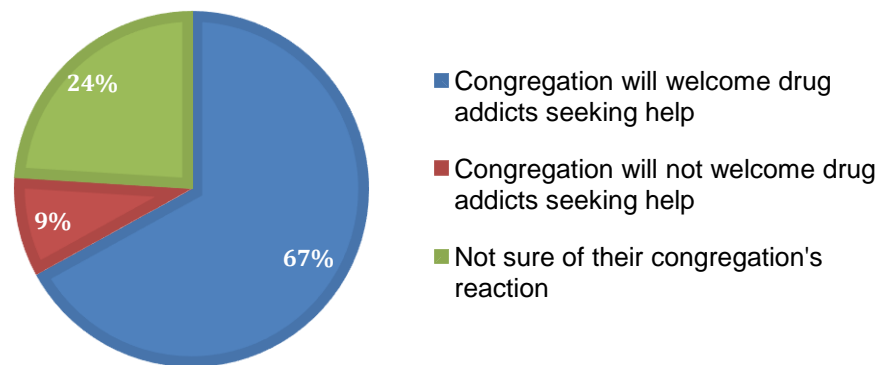
The researcher noted that although none of the churches that took part in the research had a budgetary allocation specifically assigned to engage in the fight against drug abuse, some of the churches still engaged in the fight against drug abuse. Out of this data, the study noted that the budget does not directly affect the ability of the churches to engage in the fight against drug abuse.

### 3.3.2 Human Resource set aside to engage in the fight against drug abuse

The data collected revealed that there were more lead pastors than staff members or drug and

substance abuse rehabilitation officers/pastors Fig. 8.

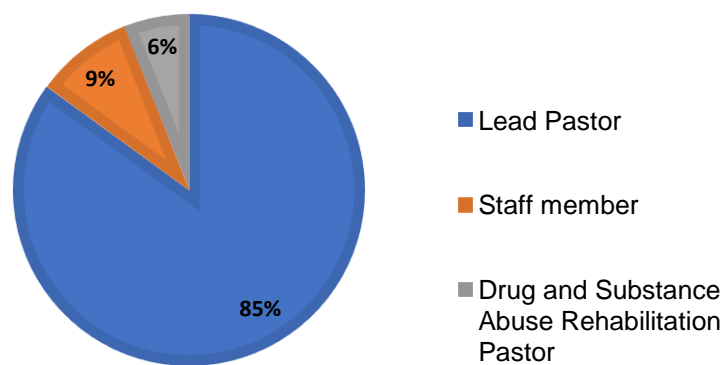
The data analyzed indicated that 85% of the respondents were lead pastors, while 9% were staff members and 6% were drug and substance abuse rehabilitation officers/pastors within the churches. The percentages of the respondents' designation could indicate that majority of churches did not have a drug and substance abuse rehabilitation officer or pastor. The data also indicated that the churches may have strategies, departments, and programs to aid in the fight against drug abuse but cannot employ a pastor dedicated to the same.



**Fig. 7. Congregation's response to any drug addict who would come for help to Nairobi chapel Churches for help**

**Table 4. Financial resources allocated in the budget to be used in engaging in the fight against drug abuse**

Churches	Number of churches
Churches with budgetary allocation for drug abuse	0
Churches with no budgetary allocation for drug abuse	34



**Fig. 8. Respondent's designation**

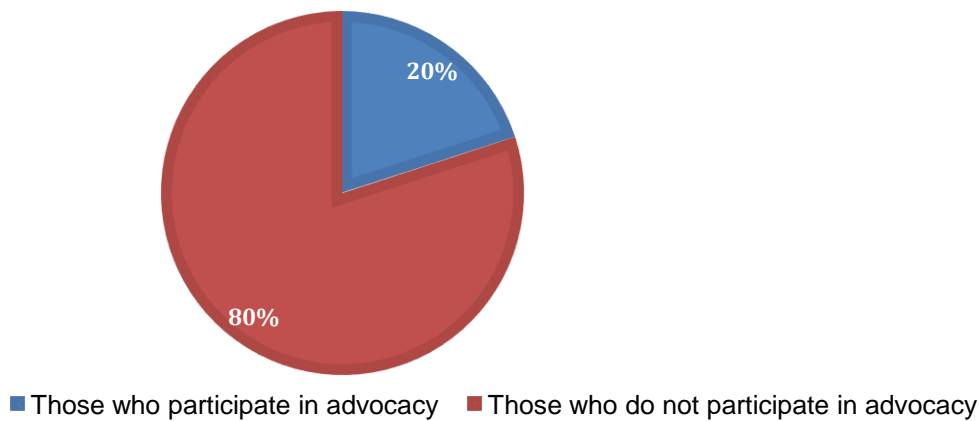
### 3.4 Involvement of Nairobi Chapel in Advocacy of Policies that Aid in Drug Addiction Management and/or Prevention

The Merriam-Webster dictionary defines advocacy as the act or process of advocating [21]. The study envisaged to find out if the Nairobi Chapel Umbrella of churches supports the cause of fighting drug addiction aside from physically engaging in it. There is a range of activities that can be done in advocacy including lobbying for policies, creating awareness, civic education, etc. Fig. 9. Indicated that only 20% of the churches involved in the research are involved in advocacy of policies that aid in drug addiction management and/or prevention while 80% are not involved.

Trusty indicated that aside from engaging the leadership, there are other ways of engaging in advocacy [22]. He added that advocacy also involves collaboration and systemic change among others. Based on this, the researcher went on to investigate if Nairobi Chapel is engaged in other forms of advocacy aside from lobbying for policies or engaging the leadership. Table 5 presents the data showing indirect ways of combating drug addiction which is part of

advocacy. From the data, it was clear that 79.4% of the churches involved in the research were engaging in indirect ways of combating the addiction problem. These other engagements include: having conversations with youth on drugs addiction; addressing topics on mental health and sobriety; showing care and love to the addicts by meeting their daily needs; intentional Bible study; mentorship; life skills training for the young people; discipleship; partnerships with other institutions involved in the fight against drug abuse; outreach for youth in schools; provision of injection needles to addicts; social justice; evangelism to the addicted; preaching the gospel and discouraging sinful tendencies; and raising awareness about effects of drug and substance abuse in the Society.

The data collected also indicated that 79.4% of the churches engaged in drug addiction preventive measures like social education on effects of drug abuse; teachings on wellness and mental health; teaching both the parents & young people on the challenges of drug abuse; parental support; youth programs; through advocacy and training in youth and community outreach; sensitization; peer education; and keeping our youth engaged through sports and activities like dance ministry.



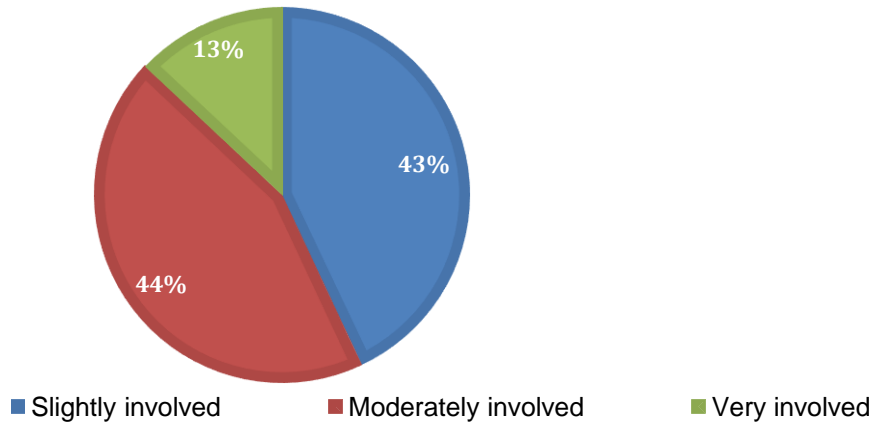
**Fig. 9. Nairobi Chapel Churches involvement in advocacy on policies affecting the fight against drug abuse**

**Table 5. Nairobi Chapel’s involvement in indirect ways of combating drug addiction**

Churches	Total	Percent
Churches involved in indirect ways of combating drug addiction	27	79.4
Churches not involved in indirect ways of combating drug addiction	7	20.6

**Table 6. Nairobi Chapel’s involvement in partnerships aimed at combating drug addiction**

Churches	Total	Percent
Churches involved in partnerships	21	61
Churches not involved in partnerships	13	39



**Fig. 10. Nature of partnerships between Nairobi Chapel Churches that partner with drug addiction rehabilitation and prevention programs or centers**

### 3.5 Extent Nairobi Chapel Partners with Drug Addiction Rehabilitation and Prevention Programs

The researcher sought to identify if Nairobi Chapel churches engage in any partnerships to fight against drug addiction. Table 6 shows the data collected based on this question. The data portrayed that 61% of the churches represented in the research partnered with drug addiction rehabilitation and prevention programs or centers.

The nature of their partnership ranges from working with recovered addicts who were in rehabilitation centers; teaching the word of God; teaching life skills in rehabilitation centers; discipleship programs in rehabilitation centers; facilitating sessions in rehabilitation centers; praying for the addicted; engaging in Biblical counseling; engaging with the local authorities; visits every week to rehabilitation centers; and offering psychosocial support to the addicts in rehabilitation centers. The nature of partnerships also varied between churches and the researcher sought to find out the involvement of the churches in such partnerships.

From the data presented in Fig. 10. it was clear that 13% of the churches under Nairobi Chapel who engage in partnerships with drug addiction rehabilitation and prevention programs were very

involved in the partnerships, 44% indicating that the nature of their partnership involves moderate involvement and another 43% were slightly engaging with partners. The researcher, knowing that there are different kinds of partnerships among institutions and churches, wanted to find out the extent to which Nairobi Chapel partners with drug and substance abuse rehabilitation centers. This information is important to indicate the magnitude of Nairobi Chapel's involvement in such partnerships. As shown in figure 10 the majority of the churches were moderately and slightly involved in such partnerships. Moderate involvement would include aspects like supporting such institutions to a small degree e.g., financially, sending volunteers from the church, engaging with the addicts. Moderate involvement would include doing the same neither in small nor large amounts. Only a handful of the churches gave themselves significant levers in the daily running of the drug and substance abuse rehabilitation's activities and duties.'

## 4. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

### 4.1 Summary

**The research found the following based on the questions of study:** The results generally indicated that a limited number of churches

under the Nairobi Chapel movement of churches had a ministry dedicated to ministering to drug addicts. A smaller number of these churches had drug addiction prevention programs. This, however, did not hinder churches with no ministries for addicts from running programs in their churches to minister to addicts. The research indicated that having both a ministry and a program(s) tailor-made for drug addicts is not directly proportional to the number of drug addicts who are ministered to by a church. The churches that had strategies of engaging with drug addicts had a higher number of drug addicts ministered to as compared to the respondents whose churches had no such strategies.

The churches that had a ministry and/or a program(s) to minister to addicts felt that their congregations and members of the society knew about these programs. These churches also felt that drug addicts from within the church or from outside of the church seeking help from the church would be welcomed by the congregations.

A limited number of these churches also had their staff or volunteers either formally or informally trained on how to work with and help drug addicts. The number of churches that had trained personnel was directly proportional to the churches' having a ministry or a program for drug addicts.

The research indicated that Nairobi Chapel churches do not have any budgetary allocation for the fight against drug and substance abuse. This, however, did not hinder these churches from ministering to drug addicts and even having some of those ministered to from recovering from the addictions that they had.

The researcher noted that churches engaged in the fight against drug abuse in ways that did not require a prior budgetary allocation for the same. They did this indirectly through existing ministries whose budgets had been provided. Such ministries include discipleship ministries, youth & High School ministries, outreach and evangelism ministries among others.

The research indicated that less than a quarter of the churches under Nairobi Chapel were engaged in policy advocacy to help in the fight against drug addiction. The respondents, however, indicated that they were open and had plans for the future growth of addiction campaigns and assistance. The researcher that

Churches under Nairobi Chapel were mainly engaging in indirect ways of combating the addiction problem rather than engaging in advocacy of policies.

The researcher identified that more than half of the churches under Nairobi Chapel partnered with drug addiction rehabilitation and prevention programs or centers. The nature of these partnerships was mostly moderate involvement and slight involvement. The researcher identified that despite this, most of the churches were open and willing to engage in future partnerships with drug addiction rehabilitation and prevention programs or centers.

## **4.2 Conclusion**

Based on the findings of the study, it was clear that churches having a ministry and/or a program(s) meant for engaging in the fight against drug abuse was not directly proportional to the number of drug addicts that the church ministers to, and that most churches engage in indirect ways of combating the addiction problem, especially within their already existing ministries and programs. Similarly, the study found that not having a budgetary allocation for the fight against drug abuse did not hinder churches from ministering to drug addicts and even having some of them recovering. It was clear also that churches with strategies to reach drug addicts reached more drug addicts than those churches with no such strategies. And that no church attained a 100% recovery rate of the drug addicts that it ministered to.

Few churches engaged in policy advocacy around the fight against drug addiction where 50% of churches partner with drug addiction rehabilitation and prevention programs or centers. The nature of such partnerships is mostly moderate involvement and slight involvement. Most churches are open and willing to engage in future partnerships with drug addiction rehabilitation and prevention programs or centers.

## **4.3 Recommendations for Future Study**

Based on the limitations faced during the study, it would be prudent for similar research to be done in the future involving more churches in more denominations than was the case in this research. Research needs to be done on: the ways churches can effectively engage in the fight

against drug and substance abuse and the best strategies to be used by churches in the fight against drug abuse.

Churches need to invest in training their staff/volunteers on how to care for and counsel drug addicts. The churches ought to partner with institutions that are already engaging in the fight against drug abuse. This will ease the work for the church as well as help them not reinvent the wheel.

Churches need to sensitize their members and the society at Large on the effects of drug abuse. This is relying on its large following and the trust that it has as an institution of integrity in society.

The Church needs to use its networks and connection to lobby and engage in advocacy so that policies are passed that will help in the fight against drug abuse.

## DISCLAIMER

The products used for this research are commonly and predominantly use products in our area of research and country. There is no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by the personal efforts of the authors.

## DATA AVAILABILITY STATEMENT

All the data used in this study is enclosed within the manuscript and any other supplementary sheets attached.

## CONSENT

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

## ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

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## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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