Scholars Journal of Arts, Humanities and Social Sciences **ISSN 2347-5374(Online)**
Abbreviated Key Title: Sch. J. Arts Humanit. Soc. Sci. **ISSN 2347-9493(Print)**

(An International Publisher for Academic and Scientific Resources) DOI: 10.36347/sjahss.2018.v06i10.005

Effectiveness of Alcohol and Drug Abuse Mitigation Programmes among the Youth in the Presbyterian Church of East Africa

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Article History
Received: 02.09.2018
Accepted: 13.09.2018
Published: 30.10.2018

Abstract: Global statistics show persistence of alcohol and drug abuse among the youth. In response to this, religious organizations have come up with Programmes aimed at mitigating alcohol and drug abuse. However, the problem continues to persist despite the significant role religions play in the society. This study investigated the effectiveness of alcohol and drug abuse mitigation Programmes among the youth in the Presbyterian Church of East Africa. The target population was 2,835,000 members in the PCEA. The accessible population was the Church elders, Parish ministers, Presbytery moderators, the PCEA 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. Church elders, Parish ministers, youth members and PCEA presbytery moderators formed three clusters. Snowball sampling technique was used to get the youth who are abusing alcohol and drugs. Purposive sampling was used to select the youth director. The study had a total sample of 928 respondents. A descriptive survey research design was used to obtain qualitative data. Instruments for data collection were questionnaires, structured interview schedule and focus group discussions. Data collected using questionnaires was cleaned and coded for analysis using statistical package for social sciences. Tape recorded data from the interview was transcribed verbatim. Data was analyzed qualitatively. Data was presented using frequency tables and discussions. The findings show that referring youth to rehabs, involving them in Church activities and engaging them in alcohol forums were effective. However, Programmes such as seminars, workshops, conferences, Bible study, guidance and counseling as well as having a drug education desk were not effective. Overall, the programmes were found not to be effective (mean = 2.282). 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. The study recommends thorough training of the clergy, funding of alcohol and drug abuse mitigation Programmes and involving the youth in the management of Programmes.
Keywords: Effectiveness, Alcohol and Drug Abuse, Mitigation Programmes, Youth.

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 [1], 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 [2], 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 [3]. 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 [3].

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 [4]. 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 [5], 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 21st General Assembly [6] showed that there was an increase in alcohol and drug abuse among the youth in the Church from 8 to 12 percent [6]. 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 [7]. 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 [8]. 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 investigate the effectiveness of alcohol and drug abuse mitigation Programmes among the youth in the PCEA.

Objectives

The study was guided by the following objective:

- To evaluate the effectiveness of alcohol and drug abuse mitigation Programmes in the PCEA.

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 & Mugenda [9], 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 [8]. The five geographical regions have 53 Presbyteries and 400 Parishes. The PCEA 20th General Assembly report [6] show 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 according to the statistics of Nkonge [10]. 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.

Table 1 shows a summary of the population characteristics in the PCEA in Kenya.

Table-1: Summary of Population Characteristics of PCEA

Region	No. of Church Members	No. of Registered Youth population	No. of Church Elders	Parish Ministers	Presbytery Moderators
Eastern	667000	10500	1050	70	9
Mt. Kenya	597000	10400	1360	80	10
Nairobi	587000	14400	1152	72	8
Central	717000	16200	1710	90	15
Rift valley	267000	17600	1408	88	11
Total	2835000	69100	6680	400	53

Source: PCEA Records, 2015

Multistage Cluster Sampling technique was used to select three PCEA regions from the five regions. According to Bordens and Abbot [11] 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 researcher used a table developed by Kathuri and Pals [12] 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 10500/35300x400=119 youth members. Mt. Kenya region generated 10400/35300x400=118 youth members while Nairobi region generated 14400/35300x400=163 youth members. This gave a total population of 400 youth members in the 3 regions. For Parish ministers, Eastern region generated 70/222x150=47 Parish ministers. Mt. Kenya region generated 80/222x150=54 Parish ministers while Nairobi region generated 72/222x150=49 Parish ministers. This gave a total of 150 Parish ministers in the three regions. For the Church elders, Eastern region generated 1050/3562x360=106 Church elders. Mt. Kenya region generated 1360/3562x360=137 while Nairobi region generated 1152/3562x360=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 [12] 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 [13] 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 [14] 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 2.

Table-2: 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
Total	39112	928

Data was collected using four sets of instruments. The instruments were; structured interview schedule, questionnaires, focus group discussions and document review. Saldana [15] says that using multiple data gathering methods guarantees a wider spectrum of diverse perspectives for analysis and representation. Harris [16] 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 researcher 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 researcher 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 researcher 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.

RESEARCH FINDINGS

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 [8].

Effectiveness of Alcohol and Drug Abuse Mitigation Programmes in the PCEA

This study sought to evaluate the effectiveness of the PCEA alcohol and drug abuse mitigation Programmes. These prevention Programmes work to boost protective factors and eliminate or reduce risk factors for drug use. The Programmes are designed for various ages and can be designed for individual or group settings, such as the school and home. Youth Programmes were assessed in response to youths' needs and concerns.

The term effectiveness has various definitions by several scholars. One of the definitions is 'the degree to which objectives are achieved and the extent to which targeted problems are solved'' [17]. Elliot [17] carried out a study on the effectiveness of alcohol and drug abuse mitigation Programmes among the youth in the United States of America. Effectiveness was measured by evaluating participants' responses on Programme effectiveness on outputs such as; detailed delivery of curricular content, providing basic facts needed to persuade young people to avoid alcohol and drugs, clear messages about alcohol and drug abuse continually reinforced, provision of basic, accurate information about the risks of ADA, provide information that lead to changes in behavour, attitudes and perceptions of alcohol and drugs, inclusion of activities in the Programmes that addressed social pressures that influence alcohol and drug abuse behavior. A variety of instructional methods were employment designed to involve the participants such as small group discussion, games or simulations, brainstorming, role-play, verbal feedback and coaching and narration of personal experiences.

A Likert-scale ranging from very effective =5, effective =4, Not sure =3, fairly effective = 2, and Not effective =5 was used to measure Programme effectiveness on the account of the measure indicated and a summary of the results is presented in Table 3.

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 the effectiveness of each of these Programmes is given below. Overall, the programmes were found not to be effective (mean = 2.282).

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. This may be construed to mean seminars/workshops/conferences/youth camps or forums were not very significant since the weighted mean of 2.067 was not even half (mean 2.50) on the Likert scale with a maximum mean value of 5.00.

Table-3: Effectiveness of PCEA Alcohol and Drug Abuse Mitigation Programmes

Programme	Level of Effectiveness Responses Freq (%) n=842						
	VE	E	NS	FE	NE	Mean	Rmk
Seminars/Workshops/Conferences/Youth Camps/Forums	15(2)	30(4)	140(17)	469(56)	188 (21)	2.067	NE
Bible Study	0	4(1)	195(23)	60(7)	583(69)	1.548	NE
Rallies/Crusades/ Retreats/Fellowship	10(1)	25(3)	235(28)	365(43)	207(25)	2.098	NE
Rehabilitation	237(28)	315(37)	29(4)	261(31)	0	3.627	E
Guidance and Counseling	35(4)	58(7)	240(29)	379(45)	130(15)	2.393	NE
Church Work	62(7)	78(9)	145(17)	597(71)	31(4)	2.710	E
Door-to-Door Evangelism/ Pastoral Visitation	0	54(6)	115(14)	360(43)	313(37)	1.893	NE
Alcoholic Forum	96(11)	135(16)	220(26)	374(44)	17(2)	2.903	E
Having drug education desk	0	0	0	249(30)	593(70)	1.295	NE
Overall Mean						**2.282**	**NE**

Key: VE-Very Effective; E-Effective; NS-Not Sure; FE-Fairly Effective; NE-Not Effective; Rmk- Remark.

Education through seminars/ workshops/ conferences/ youth camps or forums is one of the most commonly used intervention approaches to tackle youth drinking [18]. Previous empirical studies on the effectiveness of seminars and workshops in curbing alcohol and drug abuse by Jones *et al*, [19]; Foxcroft *et al.* [20] 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*. [19]; Foxcroft *et al*. [20] 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 were 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. Comprehensive, credible and rigorous evaluation of intervention effectiveness in achieving stated aims is essential to building an evidence base that can contribute to the development of effective and cost-efficient policy and practice. Outcome evaluation is essential to protect against the proliferation of ineffective or interventions. Process evaluation on the other hand would provide important supplementary information on why or why not an intervention is effective. This study examined the positive contribution of seminars/ workshops/ conferences/ youth camps or forums initiated by the PCEA to mitigate alcohol and drug abuse among the youth.

Bible Study

The results in Table 3 show that Bible Study was not an effective means of curbing alcohol and drug abuse as reported by majority 583(69%) of the respondents (mean=1.548). This was in tandem with Hodge [21] findings that though many youths in the Church loved the Bible study and took it seriously as a source of socializing and getting spiritual insights, it was however not significant as an avenue to stop youth alcohol and substance abuse.

The study established that the PCEA Bible study Programme involved a group of youth between (15-25) years who were mostly in high schools, colleges and universities. The group meets every Sunday from after service. The study established that Bible study was in form of mentorship talks and topical discussions derived from the Bible done by the members themselves.

The researcher observed that the Bible study was different from devotional reading and prayer since Bible study was more analytical with emphasis on

interpretation especially in the contemporarily world. The youth who develop this spiritual habit of Bible study were developing a Biblical worldview that would enable them to recognize the truth about the scriptural teachings with regard to alcohol and substance abuse.

According to Richards, Bartz and O'Grady [19], there are four steps in Bible study namely; repetition, concentration comprehension and reflection. These steps were practiced in pathfinder's bible study. Scientists have confirmed that repetition of a particular habit produces modified behavior that conforms to the repeated truth. Concentration is the ability to remove all distractions and focus upon the subject matter. This was done through a well-organized Bible study leader who was alert to keep the youth focused. The environment was good since the boardroom was situated in the upstairs where there was no movement. However, it is not enough to repeat and concentrate upon a particular truth, Comprehension was vital. Finally, reflection allows the youth to consider the significance of the truth in the light of their lives. As one youth Gitonga [22] indicated,

> Through Bible study I have known what is good and bad and I am able to overcome peer pressure in University, in fact the knowledge guards me against evils that are destroying the youth, also I am guided in the right direction more so grounded very well to be practical Christian and influence my generation.

The youth coordinator Rev. Githiora [23] challenges the Bible study by saying: some of the members of this group did not differentiate between Bible study and service hence they do not attend the youth service.

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 [24] 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 [25] 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 strength on the part of the Church. Benefits of practices such as prayer crusades are supported by Timmons [26]. Prayer intervention in crusades has been linked to improved quality of life among patients [27, 28]. Additionally, family therapists Sabloff [20], Carothers, Borkowki, Burke Lefever, and Whitman [29]; Webb and Whitmer [30] have confirmed that praying for patients in religious crusades serves as an effective healing tool and improves clients' level of change responsibility.

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.

Guidance and Counseling

The results in Table 3 show that 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 [31] 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 [32]. This study filled this gap by establishing that the Programme of guidance and counseling was fairly effective (mean=2.393).

Alcohol and drug abuse interventions that use guidance and counseling typically involve 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 [33]. 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.

The provision of life skills to the client during counseling has been used quite extensively in family-based and school-based alcohol education Programmes [33]. The skills taught in such interventions include refusal, assertiveness, general personal assertiveness, effective communication, coping with anxiety and stress, goal setting and problem-solving. Other social and life skills commonly included in such Programmes include self-awareness and empathy, creative and critical reasoning, and decision-making. Although guidance and counseling is being implemented by PCEA to reducing illicit alcohol and drug use among the youth, it only seems to be fairly effective at reducing the problem compared with rehabilitation.

Youth Engagement in Church/Community Work

The results show that the majority 597(71%) reported that the Programme initiated to engage youth in church work was fairly effective. The overall aim of youth engagement in Church or community work was to achieve favourable behavioural outcomes by ensuring the youth were kept busy and prevent idleness that is precursor for alcohol and substance abuse. There is evidence that this Programme has not produced convincing behavioural change in alcohol in the short-term as there are problems with sustainability. High level of attrition is thought to affect the effectiveness of this Programme. However, no evidence was found to strongly support this. One of the clergy Rev. Kirira [34] did mention during interview that,

> Many youths affected by the problem of alcohol and substance abuse were not attending Church or engaging in Church work. They choose to remain at home or going out to be with friends. This limits effectiveness of using this approach in alcohol abuse intervention.

Youth involvement in Church work can protect against substance use by providing opportunities for pro-social activities, which themselves may promote antidrug conduct norms, and for interaction with non-deviant peers [35]. Youth who are involved in Church work tend to form peer groups with youth who are involved in similar activities, and they are less likely to form friendships with deviant peers [30]. Youth who are less involved in Church work may be more at risk. Substance users, for example, have been found to have lower Church attendance and less participation in Church work and activities [35]. This implies that an opportunity to reduce alcohol and substance abuse among the youth is to actively engage them in Church or community work.

Door-to-Door Evangelism/ Outreach/ Pastoral Visitations

The results in Table 3 show that 360(43%) of the respondents find door-to-door evangelism/outreach and pastoral visitations fairly effective in curbing alcohol and substance abuse among the youth. This is congruent with the findings of Miller [35] that outreach Programmes play a significant role in helping addicts to receive psychosocial support that facilitates their recovery. Some respondents reported that this was a serious Christian activity in their churches, in some cases involving the ministers and elders. Many of the sampled respondents reported that they were active members of home Churches in their Churches. They said that these were helpful in creating a bond of togetherness and a sense of belonging-to-one-family amongst the members irrespective of their tribal affiliations.

The respondents felt that visitation Programmes in churches helped to create harmony and

unity in the church where members were concerned about the welfare of one another hence protecting against alcohol and drug abuse. However, the study established that the door-to-door evangelism, outreach and pastoral visitations have not been taking place in the recent past.

Alcoholic Forum

The results in table 3 further shows that the 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 [36] 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 in most of the parishes surveyed had started alcoholic forum. The youth attended the Programme which involved eating together to show love of Christ, training them 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.

Drug Education Desk

The results further show that the majority 593(70%) of the respondents indicated that the drug education desk operating only in lay training centre was not effective in mitigating alcohol and drug abuse among the youth in the PCEA as compared with 249(30%) that said the Programmes was fairly effective.

The drug education desk provides information to evangelists to initiate public alcohol and drugs knowledge in all the PCEA Churches and to provide information on the impact of harmful consumptions to the youth, family, and community. According to Einstein [35], long term information dissemination Programme should be designed since the short-term ones do not result to long term outcomes. Presently, some confusion exists regarding the proper role of the drug education desk in handling the increasing drug problem as much of the work done is to disseminate information about drugs but not skills to the clergy on handling the problem.

The overall assessment of Programme effectiveness shows that they were not effective as reflected by overall mean of 2.282. This implies that for the Programmes to be effective they should be based on theoretical approaches that have been demonstrated to be effective, incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, and embrace inclusivity in management of the Programmes.

Challenges Facing Implementation of Alcohol and Drug Abuse Mitigation Programmes in PCEA

This research explored the challenges faced in the implementation of PCEA alcohol and drug abuse mitigation Programmes. 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 4.

Table-4: 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
Total	452	100.00

The results in Table 4 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

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 [8] 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 [23] 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 [37] 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 by Affected Persons

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 [8] 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 [25] 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.

Fear of Losing Friends

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 [39] 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 [38] 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**.**

Lack of Conviction

The results shown in Table 4 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 [17] 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 [40] 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.

This leads to the assertion that it is common for addicts to fear the unknown of recovery. Their current life may be miserable, but there is comfort in the familiarity of it. They take comfort in the old adage, "it is better the devil you know". The addict knows that escaping addiction involves making huge changes to their life and this scares them. Nonetheless, Flora [41] argues that there are a number of things that can be done that will help addicts get over their resistance to seeking help; first, spending time with people who have managed to build a successful life in recovery can inspire the addict to want the same things. Humans are influenced by the people they come in contact with. So spending time with sober individuals can be highly beneficial. Second, addiction recovery material such as books, videos, and audio can inspire people to want to become sober. This will give them the opportunity to find out more about the possibilities of life without substance abuse. This information can also clear up many of the misconceptions they have about recovery. Third, a session with an addiction specialist can be highly beneficial because it helps people come to terms with their situation. This therapist can help the individual see beyond their denial.

A growing body of empirical research further supports the notion that religiousness and spirituality may enhance the likelihood of seeking, attaining and maintaining recovery from addictions [42-44]. Moreover, there is evidence that the Church stands a better avenue to mitigate alcohol and drug abuse among its flock since higher levels of religious faith and spirituality are associated with cognitive processes previously linked to more positive health outcomes including more optimistic life orientation, higher resilience to stress, lower levels of anxiety, and positive effective coping skills [45, 46]. In sum, there is support for the positive role that Church and religiosity can play in minimizing substance use behavior and facilitating the process of recovery from addictions.

Inadequate Psychosocial Support

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 [47] 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.

Gichumba [28] argues that social support can be a very powerful and beneficial force in the recovery process. Gichumba [28] proposes that social support includes the provision of various forms of help such as a) providing valuable information like telling someone about a helpful website about addiction; describing personal recovery experiences; sharing a helpful technique to manage cravings; b) providing necessary or desirable resources: for example, giving someone a book about recovery; c) providing concrete assistance: such as, driving someone to the doctor's office; taking care of someone's children and d) providing emotional support: for example., empathic listening; encouragement; understanding; compassion and shared problem solving. Undoubtedly, these are valuable social support services that can be advanced to addicts to help recover from addiction. Psychosocial support is so crucial that several approaches to addiction treatment focus on the reorganization of social support [35]. 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.

Poor Management of Youth 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 [39] 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 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 [24] 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

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 [36] findings that rarely are Church Programmes followed by follow-up activities. A qualitative response from one of the clergy Rev. Kithinji [48] 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.

Lack of Adequate Training for those Handling the Youth and Youth Ministry/ Programmes

The results Table 4 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 [49] 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 [50] 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.

CONCLUSION

Based on the findings of the study, it can be concluded 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, home visitations and having a drug education desk were not effective.

The findings further show that inadequate funding and resources, lack of commitment by affected persons, lack of adequate training for those handling the youth and youth ministry or Programmes, poor management of youth Programmes among others affected the implementation of the PCEA alcohol and drug mitigation Programmes. Church leaders' failure to have the expertise needed to handle alcohol and drug

addicts is a barrier to substance prevention efforts. 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 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.

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