EFFECTS OF SUBSTANCE ABUSE ON THE YOUTH IN CHURCH IN RUJUMBURA ARCHDEACONRY, NORTH KIGEZI DIOCESE

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DECLARATION

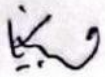
I, Asiimwe Joshua registration number M22M05/047, hereby declare that to best of my knowledge, this dissertation is truly my original work and has never been submitted to any other University or College for the award of degree or any other qualification.

Signature.....

Date 18th Aug 2025

APPROVAL

This research work by Asiimwe joshua registration number M22M05/047 has been under my supervision and is now ready for submission to Bishop Tucker School of Divinity and Theology in partial fulfillment for the award of Master of Divinity of Uganda Christian University.

Signature: 

Date: 18th August 2025.

REV. CAN. DR. MOSES. I. STEVEN

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DEDICATION

To my beloved family, the Besigye's (Btrust) and my dear wife Asiimwe Kwagala Monica and my three children (Jonathan, Jemimah, and Jeremiah). I love you all and thank you for believing in me

ABSTRACT

This study examines the effects of substance abuse among the youth in Rujumbura Archdeaconry within North Kigezi Diocese, analyzing the contributing factors, and implications for church ministry. Utilizing a mixed-methods approach combining questionnaires and interviews with youth, church leaders, and community stakeholders. The research reveals the underlying factors to youth substance abuse, examining existing church strategies for addressing substance abuse and to suggest the strategies that the church can use to restore the youth experiencing substance abuse in Rujumbura Archdeaconry. The findings demonstrate both challenges and opportunities for faith-based interventions, highlighting gaps between current church approaches and youth needs. This research contributes to the broader understanding of how religious institutions can respond to contemporary youth challenges while maintaining theological integrity, ultimately suggesting practical strategies for the church to become a more effective agent of transformation in addressing youth substance abuse within this specific context.

CHAPTER ONE

1.0 INTRODUCTION

In this chapter, the research study objectives that include the main objective and the secondary objectives, and research questions that informed the research are delineated. This defines why the study was carried out as well as the study area covering the content, location, and timeframe.

1.1 PROBLEM STATEMENT

Global youth drug addiction affects millions of youths worldwide with 5% of teenagers using cocaine or stimulants, according to United Nations Office on Drug and Crime.

Conservative estimates place at least 12.5% of teenagers worldwide using illegal drugs every year. In Africa, 70% of those treated for substance dependence are below the age of 35 years.

Alcohol use prevalence has approximately 23.3% of adolescents affected, khat has approximately 10.5% affected and in psychiatric hospitals, 7.26% of adolescents are admitted. In secondary school or high school, research approximated that 70.1% of adolescents had used drugs and in Kampala among students in universities, it is between 27.5%-62%.

A study done in Nyakagyeme Sub-County, Rukungiri District, by Muhumuza Sadik revealed the complex etiology pattern of youth drug abuse. Peer pressure was the dominant factor with 20% among the study population, failure to belong to any religious group 17%, and mass unemployment 16% pushing the problem. Most revealing is that Rukungiri District in which Rujumbura Archdeaconry is located has a 60% rate of alcohol consumption among adults; an unthinkable figure which is also most likely to be responsible for the same ruining trends among children. Encouraging, therefore, the researcher to carry out the research.

1.2 BACKGROUND TO THE STUDY

Youth substance abuse is global. 292 million drug users have been the total, and the most abused drug used is cannabis, according to the United Nations Office on Drugs and Crime (UNODC, 2024). Adolescents are more susceptible since initiation on drugs earlier in life increases the likelihood of addiction (UNODC, 2024). Literature demands interventions for adolescents in an attempt to mitigate the negative impacts of drug use, which are responsible for health and socio-economic expenditure (World Health Organization [WHO], 2023). Alcohol, tobacco, and cannabis are the most used drugs among Uganda's adolescents, with drug abuse on the increase. Nalugya et al. (2022) state that approximately 23.3% of adolescents have ever drunk alcohol and 9.2% have used cannabis. Some of the root causes to this emerging issue include social causes, economic issues, and psychological issues (Kigozi et al., 2021).

Religious bodies, especially churches, are very active towards substance abuse but with no planned coordination between spiritual care and mental health care (Mulondo, 2020).

The research aims to explore the role of the church in addressing youths' drug abuse through examining interventions that exist and proposing healthy interventions such as faith counseling and psychotherapy. In this way, it aims to further inform the creation of more feasible interventions grounded on the church that can be applied in addressing youths' drug abuse issues (Mukasa & Kintu, 2023).

1.3 OBJECTIVES OF THE STUDY

1.3.1 Main Objective

To explore the underlying causes of youth substance abuse in North Kigezi Diocese (Rujumbura Archdeaconry).

1.4 Study Objectives:

The study objectives were:

1. To explore the underlying causes of youth substance, abuse in North Kigezi Diocese (Rujumbura Archdeaconry).
2. To explore existing church measures to address substance abuse in Rujumbura archdeaconry.
3. To suggest interventions by which the church can rehabilitate the youth involved in substance abuse in Rujumbura Archdeaconry.

1.5 RESEARCH QUESTIONS

The research was guided by the following questions:

i) What are the reasons for youth drug abuse in the North Kigezi Diocese (Rujumbura Archdeaconry)?

ii) What are the church initiatives currently tackling drug abuse in Rujumbura Archdeaconry?

iii) Which interventions can the church utilize to recover the abusing youth in Rujumbura Archdeaconry?

1.0 PURPOSE OF THE STUDY

The purpose of this study to study youth substance abuse in church congregations and identify effective holistic interventions based on spiritual, mental, and social support.

This research analyses the underlying causes of youth substance abuse in church congregations, herein in Rujumbura Archdeaconry. It analyses the effectiveness of current church interventions and where the loopholes are in addressing the issue. By integrating spiritual care with social support and mental health, the study aims to propose integrated interventions that promote church-based intervention responses to alcohol and drug abuse. Through this contextual thinking, this study hopes to provide

practicable knowledge towards more effective, more lasting interventions in faith communities.

1.1 SCOPE OF THE STUDY

The scope of the study is delineated by its thematic coverage, spatial location, and temporal extent, all of which are utilized to delimit and determine the boundaries of the research.

Let us discuss them in turn.

1.1.1 Scope of Content

This study examines church-based youth drug abuse, etiology, nature and effectiveness of church-initiated intervention, and future potential for holistic support measures. These measures will be bringing together spiritual care, mental well-being, and social care on a practical theology platform.

1.1.2 Geography scope

The study was implemented in Rujumbura Archdeaconry, North Kigezi Diocese, in Kitazigurukwa, Kakonkoma, Rukondo and All Saints parishes. They were selected because they are representative and have church-based youth ministries that deal with substance abuse problems.

1.1.3 Time Scope

The duration was ten years, between 2015 and 2024, covering the current developments, interventions, and experience of the substance abuse among the youths in Rujumbura Archdeaconry church populations. Analysis and data collection will occur in six months.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

Literature review regarding substance abuse among youths that focuses on causes, church reactions that are present, and holistic approaches that may be applied. It outlines world trends, the context in Uganda, Christian response to substance abuse, and intervention.

2.1 UNDERLYING FACTORS LEADING TO YOUTH SUBSTANCE ABUSE

Drug abuse rates of Ugandan rural youth, especially within the North Kigezi Diocese area, reveal a multifaceted pattern of intersecting causal determinants towards this severe condition. Socioeconomic stress was given by Tumwesigye et al. (2013) as powerful drivers, referencing unemployment and poverty to leave space for things to occur where drug use is an avenue for escapism. As proof of this observation, Mbulaiteye et al. (2018) exposed a bleak relationship between opulence fight and growing drug use among youth in southwestern Uganda.

Family life is also a priority regarding drug abuse. Byaruhanga (2017) highlighted parental absence, physical or emotional, as a risk factor for substance initiation in the Kigezi region. The same was highlighted by Karugaba (2019), who researched Rujumbura and concluded that the destruction of traditional family systems dismantled protective social controls that had previously curbed young people's exposure to drugs. Additionally, there is peer pressure influence; Balikuddembe and Musisi (2021) demonstrated that social networks within rural Ugandan communities can make drug consumption the norm. The ethnographic research conducted within such communities as Rujumbura demonstrated that drug use will seep into youth identity construction.

Parental issues need to be put into context because adolescents who are from a history of drug abuse are more vulnerable to indulging in the same habit. Poor parenting and counseling goes ahead to increase the likelihood of drug consumption even further (Okello et al., 2020). Exposure to domestic violence has also been found to lead to emotional disturbances, leading adolescents to find solace in drugs (Kibira et al., 2018).

Socioeconomic conditions, poverty and unemployment in this instance, are the propellers of drug abuse. Misery will always have youths resorting to alcohol and drug use as a soothing act, with minimal access to education and job opportunities further perpetuating the vice (Kagimu & Kasaija, 2020). Extremely high youth unemployment causes idleness, which can be directed towards experimenting with drugs and alcohol as a survival mechanism (Mugisha et al., 2019).

Cultural aspects also contribute significantly to drug abuse among the youth. They involve peer pressure, where belongingness entails the use of drugs to be highlighted, especially among groups of peers whose culture is centered on the consumption of drugs and alcohol (Nabunya et al., 2021). The cultural tolerance for some drugs in some societies also facilitates more use among the youth (Muwonge, 2022). In addition, cultural change has also played a huge role; Ndyabahika (2016) examined how the erosion of Bakiga indigenous protective cultural factors in North Kigezi has led to adolescents experiencing normative confusion. Cultural displacement coupled with improved transport networks to access more drugs (Mwesigwa, 2020) has raised drug availability and appeal.

Mental illnesses such as depression and anxiety also play a critical role in determining drug abuse. The majority of the adolescents suffering from such illnesses may resort to drug consumption as an act of self-medication, operating within a cycle of addiction (Kakooza et al., 2021). Traumatic events caused by war, loss, or abuse also tend to result in drug use predisposition (Nabunya et al., 2021).

Finally, drug accessibility and availability also significantly influence youth behavior. Alcohol and drug accessibility in neighborhoods and the ease of access without much difficulty make experimenting simple, with lenient police forces (Muwonge, 2022). Push marketing and promotion of alcohol brands and drugs also affect the attitude of the youth toward increased consumption (Mugisha et al., 2019).

Summary: To sum up, rural Uganda and North Kigezi Diocese youth drug abuse is a multifaceted phenomenon with many factors like economic poverty, family history, culture, mental illness, and drug availability playing a role. Their identification and

recognition are essential if interventions and safety nets are to be meaningfully prepared for the new phenomenon.

2.2 CURRENT CHURCH STRATEGIES IN DEALING WITH SUBSTANCE ABUS.

Religiously-based recovery programs play a very crucial role in the treatment of substance abuse in society, particularly through church programs that bring religion and spirituality to recovery. The programs render the recovery atmosphere conducive to recovery-seekers. Celebrate Recovery is a very popular program used that brings biblical concepts into play in the treatment of any form of addictions, including substance abuse (Warren, 2003).

Apart from recovery facilities, churches have also established support groups for the addicts. Support groups provide a friendly environment where members have a platform to air and be encouraged by fellow members. AA and NA meetings are held more frequently than elsewhere in church facilities, providing the parishioners with an easily accessible source of encouragement (Alcoholics Anonymous, 2021).

Educational programs constitute another core area of church-based prevention against substance abuse. Churches mostly organize workshops and seminars to educate individuals about the consequences of substance abuse and why rehabilitation and prevention are necessary. Drug and alcohol effects and coping skills and recovery alternatives workshops are typically arranged, for instance (Smith & Jones, 2019).

Other churches provide counseling services, so professional counseling is available to them and their families affected by drug addiction. Churches will usually collaborate with licensed therapists to arrange for confidential counseling that guides individuals through the recovery process (Johnson et al., 2020).

One of the measures taken by churches to enhance their efficacy includes collaborations and outreach within communities. Through their interaction with local agencies, rehabilitation centers, and healthcare services, churches offer an integrated system of assistance. All these make individuals access easier treatment programs and services for the poor (Davis & Thompson, 2021).

In order to prevent drug abuse among the young, the majority of churches have

educational programs for the purpose of informing the youth that alcohol and drugs are dangerous. Healthy living opportunities and strengths are commonly integrated in youth ministry programs (Miller, 2018).

At Anglican Church of Rujumbura Archdeaconry, initiatives against substance abuse are attempted but poorly documented systematically. Katwesigye (2018) analyzed interventions carried out in the North Kigezi Diocese and found that most of them were mere awareness-raising practices and consisted of pastoral counseling and sermons to young people about the dangers of drug abuse. Although they are helpful in spreading information, such practices have had very low success when used separately.

Youth ministry programs are also another mainstream program in Rujumbura. Turyasingura (2019) attested to how church youth groups integrate prevention messages regarding substance abuse into fellowship and biblical study. Youth groups offer substitute social space for teens but are not necessarily part of formal intervention activities for already engaged substance abusers. Furthermore, Akankwatsa (2022) attested that religious leaders in Rujumbura progressively integrated health education into their ministry activities. But these are only effective on an ad hoc and un-systematic basis and by efforts initiated by clergy as opposed to diocese-planned efforts.

School engagement is also starting to become a vehicle, Kamugisha (2021) states, as church schools collaborating with parishes create prevention programs. But these have no follow-up and continuity, undermining effectiveness in the long run.

An evaluation of church-based program efficacy in the prevention of substance abuse is a critical literature gap. Mutabalirwa (2020) noted such a gap among research on church-based intervention in Uganda as a collective where religious communities are organizations grounded on trust with high social capital whose intervention in the fight against the abuse of substances is not necessarily evidence-based and subject to ongoing monitoring. This is a reflection of the need for further intensified evaluation and coordination of church intervention in a bid to improve their effectiveness in preventing substance abuse in communities.

2.3 INTEGRATED CHURCH STRATEGIES TO RESTORE YOUTH FACING SUBSTANCE ABUSE

Literature has established several possible areas for church-integrated responses to substance abuse, in particular rural African settings. Kibwana et al. (2017) advocated that religious congregations are uniquely positioned to respond to issues of substance use through inter-sectoral collaborations that involve theological systems as well as health, education, and welfare systems. Their research in eastern Uganda illustrated how churches served as care coordination centers that facilitated a care network.

Drug abuse victims of the young generation must be redeemed through holistic church programs that include spiritual, emotional, and physical support. One key element is the provision of refuge. Having refuge points where youths are accepted and not judged is critical in establishing lines of communication regarding their challenges (Gonzalez et al., 2020). Secondly, the promotion of peer support groups with peer or mentor mentors who have already overcome the same obstacle can invoke the feeling of belonging and understanding (Schmidt et al., 2021).

Education and awareness are likewise key elements of effective intervention. Seminars and workshops in church can offer education about drug abuse risks and healthy alternative coping strategies (National Institute on Drug Abuse [NIDA], 2021). Guest speakers, such as counselors and recovered addicts, can come and lecture, sharing information and inspiration (Smith & Johnson, 2022).

Spiritual guidance is also an essential element in integrative church interventions. Involvement in religious counseling that includes biblical advice and psychology understanding can lead to recovery (Hodge, 2017). Conducting daily prayers and worship sessions on healing and restoration can go a long way in cementing the spiritual roots of recovery (Miller, 2019).

Involvement of the youths in church activities can also lead to recovery. Providing volunteering gives the youths an involvement in church activities and community service and gives them feelings of belongingness and being valued (Wong et al., 2023). Apart from that, sports, music, and art activities can engage the youths and give them

healthy alternatives to drug abuse (Foster, 2020).

Engaging families in the treatment of substance abuse is the essence of substance abuse intervention at a successful level. With family counseling services, issues underlying substance abuse can be resolved (Cohen et al., 2018). Moreover, conducting parent workshops to educate caretakers about signs of substance abuse and how to talk about it with their teens can enable families to support their adolescents (Thompson, 2021).

There should be professional collaboration for overall support. There ought to be collaborations with local recovery centers from addiction, therapists, and health departments to enhance accessible resources for teenagers (Jones & Lee, 2022). Referral systems to refer the teenagers to professional care when there is a need help ensure enough care (Adams, 2019).

Mentorship programs can make support for the youth easier. Mentors among the youth who are put in a position to offer guidance, advice, and responsibility by clustering can ensure the recovery process works (Garcia, 2020). Focus on recovery testimonies in church life will be able to create hope and resilience among the youth (Parker, 2021).

Follow-up and aftercare services will be necessary for long-term recovery. Creating aftercare programs with follow-ups after recovery can keep people on track (Roberts, 2022). Touching base with people regularly to track youth progress and motivate them is critical in maintaining long-term success (Walker, 2023). Creating awareness campaigns in the community can increase awareness of drug use and availability of resources (Klein & Smith, 2020). Offering community activities that focus on healthy living and prevention and recovery services will engage the community more (Harris, 2021).

Trauma-informed ministry is a second potential response to drug addiction. Kagaari's (2021) work in the post-conflict north of Uganda demonstrated that drug abuse will most frequently be coupled with unhealed trauma. The implication of this message is that church interventions which span drug intervention and trauma healing will prove particularly effective. The model applies also in the case of Rujumbura, where

Conflict background and existing socioeconomic tension underlie patterns of vulnerability.

Family systems theory can also be a potential location for integration. Namanya (2019) documented church-based effectiveness of family counseling within group settings across Rujumbura in addressing substance issues through involving the family as opposed to the individual only. Such an intervention recognizes the interrelationship between substance consumption and family life. Vocational dimensions are also critical locations for integration. Twinamatsiko's (2022) discussion of church-based skill training interventions in southwestern Uganda demonstrated that the creation of economic opportunity significantly enhanced the rates of recovery from substance use. The implications are that church interventions that couple spiritual motivation and skill acquisition with economic empowerment are extremely effective in the Rujumbura context.

Lastly, Baryeija and Mugisha (2023) proposed that churches leverage their good image in communities to push for policy change towards structural determinants of drug availability and normalization. Substantive church interventions in their study have to extend above individually targeted interventions to community and policy levels that result in susceptibility. This is in an attempt to yield long-term impacts in substance misuse cessation among communities.

2.4 RESEARCH GAPS

From this literature review, the greatest need is for systematic model tests to determine if holistic church-based youth substance abuse treatment in rural Uganda works. While best practices like trauma-informed ministry and family systems counseling are explained, no high-quality study determines which combinations of interventions produce the best restoration outcomes. This shortage prevents churches from conducting sufficient assessment plans such as developing formal appraisal
Programs with baseline data, developing comparison studies of different intervention approaches, and having follow-up mechanisms for tracking 6-12-month recovery gains. Without formal evaluation mechanisms, churches cannot optimize resource distribution or establish program effectiveness for informing youth restoration sustainability.

CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

This chapter covers research design, methods of data collection, sampling strategies, analysis techniques, and ethical considerations for the study.

3.1 RESEARCH DESIGN

This study employed qualitative approaches to ensure comprehensive insights. Qualitative Exploration sought to understand the underlying factors, church strategies, and potential integrated strategies the church can employ to restore the youth experiencing substance abuse.

3.2 SAMPLING

The study employed purposive sampling method. The researcher purposively chose church leaders, former users, active users, hospital staff, police officers and parents or guardians.

Sample Size:

Approximately 60 participants for qualitative surveys that included participants for interviews and Questionnaires.

Respondent	Kitazigurukwa	Kakonkoma	Rukondo	All	Total
Hospital Staff	3	3	3	3	12
Police	2	2	2	2	8
Active Users	3	3	3	3	12
Former Users	2	2	2	2	8
Church Leaders	3	3	3	3	12
Parents of Users	2	2	2	2	8
Total	**15**	**15**	**15**	**15**	**60**

3.3 Target Population:

The study targeted Hospital staff, Police, parents/guardians, church leaders, former users and active users drawn from Kitazigurukwa, Kakonkoma, Rukondo and All Saints which are the parishes within Rujumbura Archdeaconry.

3.4 DATA COLLECTION METHODS

3.4.1 Questionnaires

A structured questionnaire was administered to collect information during the research study.

3.4.2 Interviews

Interview guides were administered which had structured questions that covered the research study questions and objectives.

3.5 ETHICAL CONSIDERATIONS

a) **Informed Consent:** All participants were briefed about the purpose of the study and asked to provide voluntary, informed consent.
b) **Confidentiality:** Participants' identities were protected through coding and anonymization.
c) **Sensitivity:** Given the nature of the topic, participants that experienced emotional distress during discussions were referred to proper counseling services.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

4.0 INTRODUCTION

Field study data analysis and interpretation of research that was done in Rujumbura Archdeaconary, North Kigezi Diocese, Uganda, is presented here.

4.1 Root Causes Leading to Youth Substance Abuse in Rujumbura Archdeaconry

In the interview with the Nyakibale hospital staff, a seasoned emergency ward nurse explained that they are also witnessing a troubling increase in admissions of youths under substances and that youths 15-30 years old made up nearly 40% of their youth monthly admissions.

The nurse gave numerous reasons that they are getting more admissions for substance abuse. Financial hardship was also cited as a main reason with most of the youths jobless and in despair and therefore turning to drugs as a comfort. This is echoed by a study conducted by Compton et al. (2007), which attested that economic insecurity has a direct correlation with increased levels of drug use among youth.

Also, the nurse pointed to the lack of recreations and support structures in the community that offer youth free time and little positive opportunity to release their energy. This is supported by research by Haggerty et al. (1996), which emphasizes that failure to involve organized activity in the lives of youth will have them turn to risk behavior, such as the misuse of drugs.

Peer pressure was also demonstrated by another nurse on the survey questionnaire given, pointing to an additional fact that most youths are under pressure to use drugs and alcohol merely to belong to others. This is further supported by studies done by Borsari and Carey (2001), which showed that peer influence is one of the most powerful predictors of initiation of substance use among young adults and adolescents.

Lastly, the nurse observed that adolescents are not receiving treatment for mental illnesses such as depression and anxiety and thus they self-medicate with drugs as a way of getting rid of their emotional issues. This is due to Khantzian's (1997) self-medication hypothesis which states that individuals self-administer drugs as a way of managing symptoms of underlying mental illness. Secondly, Kessler et al.'s (2005) study concluded that untreated mental disorder is a huge risk factor in drug consumption, and this calls for an integrated treatment.

All these interconnected issues cumulate to make drug use more acceptable among teenagers, something more attractive to a complexed socioeconomic, social, and mental health issue that calls for a holistic intervention policy.

This observation helps to capture the magnitude of the substance abuse epidemic among the youth in the area and denotes how health centers have become the optimal indicators of the rise of the substance abuse epidemic. This is evident from a study done by Degenhardt et al. (2013), which indicates that emergency department presentations are reliable indicators of patterns in the use of substances among the general population, particularly among the youth.

Doctors have also identified presentation patterns among the youth, which include drug-induced psychosis, alcohol poisoning, acquired trauma under the influence, and drug-withdrawal issues. They get to see these children nearly every month by one of the older nurses from Rugarama Health Center and identify the same names again and again. It is a testament to the issue being quite more than experimentation but testifies to the patterns of habitual addiction. This cyclical door phenomenon of presentations of drug abuse in health care settings creates the chronic factor of addiction as the most enduring underlying etiology for drug abuse among adolescents. This is supported by research by Miller et al. (2011), where it is established that repeated visits to emergency departments because of substance-related issues are legitimate predictors of chronic addiction. Regular visits to health centers by such patients are a reflection that initial exposure to drugs can result in increased usage and addiction as a vicious cycle where one's own addiction is more profound and

deeper. Not only does it aggravate the patient's medical issues but also it is a huge wastage of healthcare resources, i.e., specialist treatments are clearly needed to prevent this addiction cycle.

Hospital staff recorded that in about three out of five teen drug abuse cases, there were co-morbid mental illness disorders, the most prevalent of which included depression and anxiety disorders. The majority of the children they encounter, notes a psychiatric nurse at Nyakibale Hospital, are suffering from such disorders but have never been treated for any kind of mental illness. Drugs thus become their symptom management that they do not understand. It thus implies that untreated mental illnesses are part of the main underlying determinants to youngsters' drug use, hence the need for holistic mental health and substance abuse treatment services.

A subsequent interview with the police officer in charge of recording cases at Rukungiri Police Station revealed that about 6 to 7 out of every 10 arrests of youths have drug consumption as the foremost reason or motive behind crime. This indicates that there is a high relationship between drug use and crime among the youth in the region, demonstrating that drug use is responsible for most of the youth's crime in rural regions. This is confirmed by a study conducted by Bennett et al. (2008), in which it was established that there is a close relationship between drug use and criminality among the youth.

The reasons behind the trend were known by police officers using questionnaires. Economic deprivation, which was among the issues, was that most of the youths lacked jobs and had little financial opportunities and thus were more vulnerable to crime in order to fund their habit. This is in harmony with research conducted by the National Institute on Drug Abuse (NIDA), where it is charted that economic deprivation will precede criminality and drug abuse.

Furthermore, officers identified a lack of parental care and guidance as a causative reason. The majority of the young people hail from dysfunctional homes whose parents provide no form of guidance, and hence they are subjected to criminal activity and bad influences. This was evidenced in a study by Chasin et al. (1999),

who postulate that children brought up in households where drug abuse is common will end up becoming criminals.

The police also attributed peer influence, saying that the majority of the youths are coerced by peers to use drugs and commit crime. Peer influence is likely to start a vicious cycle where drug abuse and crime reciprocate each other and youths cannot escape such vices. Research conducted by Oetting and Beauvais (1987) has proved that peer influence is the strongest predictor of adolescent behavior, especially drug use and delinquency.

Lastly, police officials noted limited access to recreation and community services as an underlying reason. Without appropriate avenues for channeling their energy, the majority of youths turn to the use of drugs and crime as the alternative for something to do with themselves. Inaction in the name of positive action can feed drug use and, subsequently, criminality, as proof provided by a study undertaken by Haggerty et al. (1996) confirmed.

Geographical variation in drug abuse was also revealed, with one officer explaining the way marijuana is much more prevalent in the All Saints parish compared to other parishes, and more severe instances of alcohol abuse from this parish alone. This would be why local conditions have an influence on local substance preference and abuse severity, with Buu et al. (2007) research determining that local conditions determine local substance abuse patterns. One explanation for such disparity is availability and prevalence of drugs: marijuana perhaps more readily available in All Saints parish through local supply or increasing networks, and thus readily accessible and useable for residents. In addition, local socioeconomic problems such as unemployment and poverty can create additional stress and intensified drug dependence as a coping mechanism. Community cultural perceptions of drug use can also be a factor; being endorsed or even sanctioned within local culture for the use of alcohol is another variable that can be extrapolated to greater usage and abuse. Like most of the respondents to the questionnaires, a 24-year-old respondent in Kakonkoma rationalized that he consumed alcohol nearly every day, cannabis three

times a week and more, and did not believe he could live a day without tobacco, demonstrating how behavior involving substance use accumulates and interlinks with the progression of time.

This is attested by a Palmer et al. (2009) study revealing that polysubstance use tends to occur in a predictable sequence. Several underlying reasons behind his patterns of drug use were hypothesized by the respondent, and stress and emotional distress topped the list. He reported having used drugs most often to manage depression and anxiety regarding personal and financial issues, demonstrating Khantzian's (1997) argument that people will self-medicate with drugs as a way of managing emotional pain. He further clarified the influence of social groups, illustrating how these are something the majority of his peers are doing, making use of the standard within his peer group and strengthening his own use in order to make it difficult for him to abstain. This is supported by Borsari and Carey (2001) work, which demonstrated how social environments control young adult substance use behavior. In addition, the respondent pointed out lack of access to recreational activity and services as cause, stating there are few healthy forms of recreational activity for youth in his community, therefore nothing to do and exposed to drugs as a means of recreation.
Such lack of participation in constructive activities may result in greater substance dependence, given that findings have shown that structured activities are effective in reducing problem behavior among adolescents (Haggerty et al., 1996). Nearly all of the participants support 50 out of the 60 participants' use of alcohol on a daily basis, with the majority of them consuming alcohol at least four or five times a week.

Three out of four existing users had ever used cannabis, and tobacco smoking approached universality. One 22-year-old parish user from All Saints described how they typically consume several drugs because each drug has a special something to offer—one makes them brave, marijuana relaxes them, and tobacco keeps them awake. That suggests young people are actually consuming several drugs in order to attain some psychological effects. Economic circumstances are a major cause of young people's drug use.

Negative employment opportunities and financial difficulties can lead to hopelessness and push individuals into drug use as a means of escape. As with the case of one of the respondents to one of the questionnaires, a 26-year-old unemployed youth from Rukondo, according to whom he stated when every morning he has nothing to do and no possibility of getting a job, drinking is his work because it occupies him with his free time and enables him to forget his problems. This implies the manner in which unemployment enables enabling drug abuse as coping. This is attributed to Compton et al. (2007) work, which identifies unemployment as one of the key risk factors that contribute to increasing the likelihood of substance abuse among young adults.
Secondly, limited access to education and learning about substance abuse risks can prompt individuals to experiment.

Hospital staff indicated that four out of five instances of drug abuse were among unemployed young people, and this indicates a strong correlation with poor economic outlook and trends in drug use. As was also true for most of the social workers at Nyakibale Hospital, one explained that almost all the youths who come to be treated for being drug-dependent have the same story of having nothing to do, no money, and no future, and this has driven them to drugs as a means of escaping their reality. In addition, lack of leisure activities such as sports, arts, or community programs leads to free time and boredom among the young generation that also exposes them to drug use. Family and social influences also contribute significantly to young people's abuse of drugs.

Young people whose parents or immediate family members are drug or alcohol abusers adopt the same behavior. Similar to one of the respondents to the questionnaire, a single mother from Kakonkoma who confessed that she too has an alcohol issue and knows that her son has seen her drunk on several occasions. She finds it puzzling how she can preach to him against drinking when she can't control her own drinking.
Parental abuse or neglect, without exposure, emotional support, or domestic violence, can also contribute to substance abuse. Chassin et al. (1999) concur with this since they state that parental alcohol and drug abuse is a central risk factor for

children's development of alcohol and drug use disorders. Peer pressure is another causal factor.

In close rural communities, peer groups are very influential and tend to turn drug use into a normal routine, to which youth are easily vulnerable. As it would be with anyone else, one male aged 23 from Kitazigurukwa explained that all members of his social group had already begun using drugs, and when he only did not drink or smoke, he felt strange and isolated. This uncovers the manner in which peer groups exert great amounts of social pressures with the ability to initiate and sustain drug use habits. This is supported by a study by Borsari and Carey (2001) which attests to peer influence as one of the best predictors of initiation to substance use among young adults. All participants in the current study attributed peer influence with a causative role in their first experience with substance use. One of the participants, aged 21 years from Kakonkoma, explained that they pool money to buy alcohol and marijuana and always drink alcohol in groups together. This indicates that drug use has helpful communal bonding functions amongst adolescents who have no other source of communal affiliation, which offers alternative social networks for marginal adolescents. Oetting and Beauvais (1987) evidence also verifies this.

Households headed by single parents were over-represented among the problem households hassled with drug use with youth, of which over half the parents were single parents.

As with most participants in this questionnaire, a single parent, a father at All Saints parish, acknowledged that it is difficult to raise teenagers alone, particularly boys, since he works for so many hours just to survive and has no opportunity to keep them under supervision. This shows how family structure problems can result in supervision deficiencies that increase susceptibility to drug use. This is reinforced by research by Griffin et al. (2000), which demonstrates that single-parent households face more difficulties in having consistent monitoring and supervision. Drugs as a means of self-treating mental issues was highlighted by one of the respondents, a 25-year-old Kitazigurukwa who stated that without drugs, depression and worry consume him, and

alcohol and marijuana are the two drugs that help him feel normal and allow him to sleep at night. This illustrates how adolescents may use drugs to self-treat uncomplicated psychological disorders and hence validate the self-medication hypothesis formulated by Khantzian (1997).

4.2 Current church responses to Substance Abuse among Rujumbura Archdeaconry

Rujumbura Archdeaconry churches have also initiated support groups with a focus of reaching out to youths addicted to substance abuse, where they have a forum where they are in a position to share their experiences and are counseled by trained counselors employing religious dogma combined with effective coping mechanisms, confirming Gorsuch (1995) that drug use reduces religious attendance and activity greatly, challenging religious youth programs.

Deliverance prayer sessions are conducted for drug-dependent teenagers, where the church leaders pray for spiritual rebirth and deliverance from drug addiction, as cited by Johnson et al. (2000) which continues to state that religious treatments work best when combined with high-intensity clinical and social support interventions.

Pastoral counseling is provided to risk youth and their families, spiritual guidance and emotional support via individual counseling with church ministers who are trained, as per Piedmont (2004) who believes that while religious interventions are useful in Providing positive spiritual care, they would be most effective if supplemented by evidence-based clinical treatment modality.

Family members support groups have been established with the aim of providing family members with a platform where they can learn from each other's experiences and offer emotional support to each other, most commonly with educational components to enable them to understand the addiction process and coping strategies, according to Ray et al. (2009) that family drug users experience most economic difficulty, social stigmatization, and emotional suffering that may alienate them from society.

There are also stigma reduction campaigns in public schools in order to create a more open atmosphere for the alcohol and drug abuse families, to encourage open talk and empathy among the members of the congregation, to avoid feeling judged and excluded, as Corrigan et al. (2005) informs us that stigma of alcohol and drug abuse prohibits alcohol and drug abuse families from receiving help and socially isolates religion-communities.

4.3 Solutions for Revitalization of Youth Stricken with Substance Abuse in Rujumbura Archdeaconry

Special substance abuse programs should be present in churches in addition to their general spiritual ministries since a quarter of church leaders only showed that they have special substance abuse intervention programs that essentially are one-on-one counseling sessions provided when cases are personally brought to church leaders by families.

A church leader at Kitazigurukwa clarified, "when we have families presenting drug problems, we pray with them and do biblical counseling, but we lack addiction counselors and programs," which implies church responses are more reactive than systematic. Churches must invest in professional training of church leaders who provide substance abuse counseling, integrating traditional pastoral care with research-informed approaches to addiction treatment modalities. One pastor at All Saints admitted, "we don't have professional training in addictions counseling—we use prayer, Bible study, and life experience, but we know that isn't enough in severe situations," a nod to the training gap that cripples effective church responses.

Churches should design all-encompassing recovery programs addressing spiritual, psychological, social, and economic needs and offer a balanced response towards recovery needs. In the case of one recovering user from Rukondo, "the church helped me spiritually and gave me hope, but I also needed help to get a job, fix my mental problems, and restore family relationships," indicating that while spiritual help is welcome, recovery implies attending to a number of aspects of life.

Churches must prioritize family-based intervention models that involve engaging with the individual and family systems, giving educational service and support to the family. A 29-year-old member of All Saints explained how, "my recovery really started when my whole family got involved through the church; they learned how to support me instead of just being angry, and the church helped us heal our relationships," and reinforced the involvement of family in effective recovery programs.

Churches should have systematic monitoring and evaluation frameworks for their interventions against substance abuse through which they are in a position to learn and make evidence-based improvement. In one of the Kakonkoma churches mentioned, the senior pastor disclosed, "we don't have systems to track whether our efforts are actually helping people recover," a reflection of lack of systematic outcome evaluation in church work of intervention.

Churches must reduce stigma when they bring forth drug abuse programs with open discussion and community acknowledgment so that a way is paved where individuals fear not to move forward in order to gain help. In the view of one of Kakonkoma's elders, "our church doesn't want to believe that substance abuse is going on. they feel it will grow if they talk about it," which explains how stigma prevents churches from effectively intervening.

CHAPTER 5

THEOLOGICAL REFLECTIONS AND RECOMMENDATIONS

5.0 INTRODUCTION

This chapter presents key theological reflections and recommendations based on the findings of the field study conducted in Rujumbura Archdeaconry, North Kigezi Diocese. The study explored youth substance abuse and its effects on the church.

5.1 Theological Reflections.

The church response to substance addiction must be grounded in a profound examination of theology that both upholds the dignity of man and also the brokenness of things. Imaged in God's likeness (Genesis 1:27), all men and women possess inherent value independent of their addiction. Such theology commits the church to respond to substance addiction neither as moral failure calling for judgment, but as brokenness of humanity calling for healing in grace.

Jesus' ministry establishes the model for the treatment of drug abuse by His continued active involvement in society's outcasts. His interaction with the adulterous woman is the pattern for the balancing reconciliation between grace and truth which must mark churches—neither allowing permission for fatal habit nor condemnation of the individual, but reaching out with redeeming hope. This model encourages churches to construct facilities in which the addicted can be welcomed in grace instead of judgment, as addiction has come to be viewed as a symptom of shared human brokenness and not of exceptional moral failure.

5.2 Holistic Ministry and Integrated Intervention

The biblical summons to holistic ministry extends beyond the spiritual and addresses the whole spectrum of human life. The ministry of Jesus consistently had a focus on material and spiritual welfare, and it demonstrated that authentic Gospel witness would need to address structural conditions that produce human suffering as well.

This theological mandate undergirds holistic intervention programs integrating spiritual care, life skills training, employment training, and mental health education, acknowledging that addiction is often the result of interrelated complex interactions of economic despair, psychological despair, and spiritual alienation.

Targeted intervention program design is the response of the church to their mandate to be healing community expressing God's redemptive activity in the world. Organized support systems in development by churches are responding to their mandate to be "salt and light" both in personal change and social justice concerns which lead to danger of addiction.

5.3 Family-Centered Approaches and Community Restoration

The Bible's exhortation to bear one another's burdens (Galatians 6:2) is especially relevant to family-centered intervention techniques that perceive the impact of addiction on entire systems of family. The biblical concept of family as covenant relationship with a mission to demonstrate God's love lends itself to large-scale family counseling, parenting instruction, and peer support groups. This ministry is consistent with the Christian mandate to pursue shalom—prosper in all our relationships—and prepare families to be a force of grace and grit on the journey to recovery.

5.4 Co-operative Partnership and Body Theology

Church body theology of the Bible (1 Corinthians 12) provides theological foundations for cooperative practices which recognize that no single institution can provide all the resources necessary for whole-person healing. Jesus' ministry entailed strategic partnerships with several community leaders, while still maintaining the church's mandate to cooperate with secular agencies without sacrificing its own distinct spiritual bite. This bridge-building theology positions churches at the center of
brokering sectoral dialogue and advocating justice-based solutions to addiction.

5.5 Stewardship and Responsibility

Such a culture of constant review and continuous improvement has its roots in biblical stewardship principles under Christ's parable of the talents (Matthew 25:14-30). Paul's

example of constant review and re-engineering of missionary practice positions scripture over tradition with fervent ministry pursuing effectiveness. The emphasis of wisdom literature on gaining wisdom from experience commends the church to think critically about intervention in an effort to translate good intention into effect right away and prophetic obligation to serve the vulnerable in good faith and not merely institutional expediency.

Such theological foundations positions substance abuse intervention as high social service as needed expression of Gospel witness that challenges churches to demonstrate divine compassion and practical prudence in pursuing individual healing and community redemption

5.6 Recommendations.

5.6.1 Strengthening church-based intervention programs

Churches must develop specific substance abuse intervention programs including rehab facilities, church fellowship programs for youth and families at risk, recovery- based discipleship programs that include spiritual mentoring and life skills training, and recovered individuals or trained lay leader mentoring programs to match with high-risk youth. Although churches do provide some uniform moral teachings and some limited counseling today, evidently what is needed is to establish system support mechanisms particularly for youth addiction problems. These programs would not only increase religious aid but also increase drug-affected youth exposure by shifting from the reactive response system to pro-active, systematic intervention methods directed at meeting the multidimensional needs of drug-affected families and individuals

5.6.2 Invest in training church leaders.

There must be a requirement that churches organize training workshops alongside addiction and mental health professionals or NGOs, include basic counseling skills and addiction literacy in pastoral training modules, and contextual theological materials so that leaders will be able to respond at a biblical, empathetic, and realistic level to substance abuse. Among the gaps in the research found was the lack of professional

competence among church leaders in managing alcohol and drug abuse cases, and this called for capacity development. Equipping the leaders with the requisite competencies would enhance their competency and confidence in delivering quality care, over prayer, Bible study, and experience, to evidence-based intervention practice blending spiritual care and professional treatment of addiction.

5.6.3 Family-Focused Practices

Faith churches ought to conduct family counseling sessions either within church networks or in consultation with mental health experts, host parent-student communication workshops on communication, parenting, and signs of drug abuse, and establish peer-support groups for parents who must live through the pain of having addicted children.

Due to the pervasive role that families play in the development and recovery from substance addiction, religious denominations and social agencies should prioritize family-based interventions as a coordinated approach that would increase family bonding and further expand the treatment effect. Fosterings of recoveries from addiction that are family-focused can be grounded in the biblical concept of the family as a covenant of God's own making, wherein He established the family as an expression of His own love, redemption, and interdependence, with healing taking place in not only individuals but also in the system of reconstituted family relationships and supported family structures. Vocational training of people for livelihood Church churches ought to start inclusive initiatives of constructing vocational training centers, partnerships with already established skills development institutions, and entrepreneurship activities like saving groups and livelihood schemes among fellowships of youths in order to build practical means of escape from economic despair.

Churches also have the ability to disrupt the socioeconomic causes of drug addiction by solving the joblessness and opportunities problem, which is always the biggest driver of drug addiction among the youth.

These must be complimented by advocacy that collaborates with government and local development institutions to provide work opportunities among young people at the community level, citing that economic empowerment is both a prevention strategy and an integral component of sustained recovery by addressing the root causes driving young people to use substances as a means of coping.

5.6.4 Break Stigma in the Community

Through Open Communication and Education Churches may break stigma in the community by incorporating substance abuse education in sermons, youth activities, and public forum, having community awareness campaigns where compassion is emphasized more than condemnation, using witness through recovered ex-users, and holding open discussion with empathy and truth as bases. Drug use stigma is a giant barrier to successful intervention and prevention, yet the church is a powerful voice on which to have an influence in changing community thought and alter naturally the way communities perceive and respond to addiction.

Through such actions, churches are able to begin planting hope and challenging shame as they provide a setting in which families and people do feel it is safe to come for help, challenging the state of affairs when the congregations would sooner deny that substance abuse is occurring than challenge it openly and with respect.

5.6.5 Enhance Coordination by Churches

Churches need to increase coordination with the hospitals and mental health practitioners for more referral and follow-up, with the police to facilitate restorative justice processes over punitive actions, and with local government and NGOs for mobilization of resources, capacity building, and support to community-based responses. The complex drug abuse problem demands a response that puts churches where they ought to be as strategic partners in integral community systems in which religious care is only a component of successful intervention with clinical treatment, social support, and system change. Cross-secter collaboration builds up churches and enables them to engage in more active roles in systemic solution to the addiction

problem as compared to episodic church-alone approaches that have failed to prevent deep-rooted addiction patterns.

5.6.6 Enhance Monitoring and Evaluation of Church Programs

Churches should develop robust outcome measurement systems by establishing easy-to-use monitoring instruments that track participation and behavior change, with regular feedback from youth, families, and church leaders regarding the value and difficulties of the program and using evidence to make improvements and develop stronger strategy in the long run. To measure the impact of current and new interventions, churches must move beyond testimonials and have systematic evaluation systems that can identify program effects as well as offer feedback for on-going improvement. This practice of self-reflection holds church work accountable, responsive, and research-based but still rooted in both community need and missional objectives, closing the gap as of today when church leaders can recognize that they can no longer glance back to measurable outcomes or even be aware of whether what they are doing is helping to break ingrained patterns of addiction. Support Mental Health Awareness and Promotion

Conclusion

Churches need to incorporate mental health into their overall ministry plan by having mental health literacy campaigns both church and community, training youth leaders in identification of psychological distress, and having strong referral systems to professional mental care when needed.

As there are so many substance abusers with co-occurring mental illness, churches need to understand that encouraging mental health as part of the process of recovery from addiction can enhance outcomes as a whole and long-term stability. This plan is also sensitive to the fact that the majority of drug-abusing teens will be alcohol and drug use as a way of self-medicating to address underlying psychiatric disorders such as depression, anxiety, or trauma, therefore, the treatment will need to address the

addiction in addition to the psychological disorders under which the drug use behavior occurs. Conclusion

This research recognizes the entrenched and multifaceted drug abuse practice among youths in Rujumbura Archdeaconry, that the problem is not simply a case of moral frailty on the part of the individuals, but that it is one where there are root causes like economic desperation, collapse of family, mental disorder, and weak systems of care in the community.

Although prayer, counseling, and support groups are important spiritual care services of the churches, the intervention of the churches is mostly reactive in nature and does not include action against deeply ingrained patterns of addiction, which are accountable for nearly 40% of local youth admissions to healthcare units. The interconnectedness of unemployment, untreated disorders of mental illness, and drug abuse mandates holistic interventions including spiritual care with evidence-based interventions and professional health care services. The findings challenge the churches to evolve from a reactionary response network to a positive force of change by establishing special programs, collaborating with health professionals, adopting family-oriented practice, and integrating systemic evaluation systems. Future studies will consider comparative rural-urban church response, ascertain long-term efficacy of religion-based rehabilitation in addition to medical interventions, and track peer network and youth initiative impacts on relapse prevention.

Besides, emphasizing the interface of public policy, law enforcement, and socio-economic development programs with the church programs will enable easy comprehension of how different actors can respond to adolescent drug abuse collectively.

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YOUTH SUBSTANCE ABUSE RESEARCH QUESTIONNAIRE

I am Asiimwe Joshua doing Master of Divinity at Uganda Christian University carrying out research about the effects of substance abuse among the youth and its implications to the church in Rujumbura Archdeaconry. I kindly request you to fill in the questionnaire and promise to keep the information confidential.

1. Have you heard about or witnessed any issues related to substance abuse among youth in Rujumbura Archdeaconry?

   ☐ Yes

   ☐ No

2. What types of substance abuse are most common among youth in your area?

   _____

   _____

   _____

3. In your opinion, what are the main reasons why young people in Rujumbura Archdeaconry turn to substance abuse?

   _____

   _____

   _____

4. What are the effects of substance abuse among the youth on the church in Rujumbura Archdeaconry?

   _____

   _____

   _____

5. In which ways has the church in Rujumbura Archdeaconry helped the youth in restoration from substance abuse?

_____

_____

_____

Thank you for your participation! Your insights are invaluable in shaping effective strategies to address youth substance abuse in our community.

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