

9. EXPLORING THE HELP PATTERNS OF RELIGIOUS LEADERS IN THEIR RESPONSE TO SUBSTANCE ABUSE DURING COVID 19 LOCKDOWN IN UYO METROPOLIS

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Abstract

Substance abuse is a perennial problem plaguing the world. Youths; men, women and teenagers are reported by researches to be involved in abuse of substances which have direct influence on health and wellbeing

of the people who abuse them. The negative effects of substance abuse ranging from: irregular heart rate, hypertension, cardiovascular system failure, stroke, seizures, respiratory suppression, psychiatric symptoms and suicidal ideation is becoming a global health concern which place great burden on society as it affect the economy, the health care system, threatens job security, public safety, marital and family life. The recent happening in the world has raised pointed fingers at the role of religious leaders in curbing this prevalent issue in the world. Again, the year 2020 came with a cataclysmic pandemic - COVID 19, which compounded the social challenges of the world. The horrendous experience forced the world into a lockdown that restricted movement and impeded economic and social activities. Hence, this survey explores the help strategies used by religious leaders who are the gate keepers of the society in tackling the problem of substance abuse during the COVID 19 lockdown in Uyo Metropolis. Using a purposive sampling method, 200 religious' leaders from diverse religious traditions were selected from the four clans of Uyo L.G.A to form the population of the study. With a research instrument structured using the 4 point Likert scale, the data reveals that religious leaders in Uyo metropolis adopt help patterns such as spiritual therapy (pastoral counseling and prayers through phone calls, and messages); referrals and recommending substance abuse persons to Community Based Organizations (CBO) for treatments, and online dissemination of information on the dangers of substance abuse. The study further reveals that these help patterns were effective due to the feedbacks the religious leaders got from the patients, caregivers and Community Based Organizations. The study recommends that religious leaders should adopt proactive patterns by venturing into empowerment of youths in order to direct their attention away from substance abuse, while the religious organizations should intensify campaigns against substance abuse within their community of faith. The government and private sectors should be involved in the establishment of counseling centers in major streets in Uyo to create more awareness to the substance users about the negative consequences of substance abuse.

Keywords: COVID-19, Substance abuse, Religious leaders, Uyo metropolis, Lockdown

Introduction

The Role Theory developed in the work of Robert Merton in 1957 offers an explanatory framework for the study. Role Theory is an often-used framework for the benefits of volunteering and helping others for health and wellbeing (Marjen Aarton and Thomas Hansen, 2020: online). Although the Role Theory is often used in social psychology to explain family roles; Linton and Parsons developed a structural Role Theory which captures the roles to be played by recognized positions in a specific social system. Roles in this context can be seen as a social script for individual in the society. These roles are ideal and every member of the society and those occupying strategic positions are to act on them to foster wellbeing, growth and development in the society. Since the world is often challenged by different forms of problems, individuals and especially the leaders of different spheres of the society are seen as front liners and gatekeepers in tackling social issues.

Substance abuse is indeed one of the precarious social issues challenging the world. The issue has been a perennial problem stretching the health care systems of countries. Substance abuse here refers to the harmful or hazardous use of psychoactive substance including alcohol and illicit drugs (WHO). Also known as drug abuse, it is the pharmaceutical preparation or a naturally occurring substance used primarily to bring about change in an existing process or state (Kumar and Sahu, 2012:53). In addition, substance abuse is a pattern of substance use that results in at least one of four consequences: 1) failure to fulfill role obligations 2) placing one in danger, 3) legal consequences or 4) interpersonal/social problems (Breshears, Yeh, and Young, 2009: 4).

The problem of substance abuse is very prevalent in Nigeria. The first large scale comprehensive nationwide national drug use survey conducted by the United Nation Office on Drug and Crime (UNODC) shows an estimated 10.8 percent of the population or 10.6 million people had used cannabis in the past years. Again, the survey indicates 4.7 percent of the adult population are estimated to be past years users of opioids – this places Nigeria among the countries with high estimate of non-medical opioid use globally (UNODC, 2019:38). This assertion corroborates the assertion made by WHO that cannabis remains the most widely used illicit substance in Africa. The highest prevalence and increase in use is being reported in West and Central Africa with the rates between 5.2% and 13.5%. The WHO factsheet further indicates that the harmful use of alcohol result in 3.3 million death each year while at least 18.3 million persons have drug use disorder (WHO, 2021)

From the background and factsheet highlighted, it indicates that substance abuse is a complex issue that demands a multi-methodic way of tackling it. This implies that the efforts to prevent, substance abuse, treat and care for drug users should not be left for clinicians alone. Stakeholders in the society have a role to play. One of these stakeholders is the faith-based organization or community in general and religious leaders in particular. Religious leaders are the leaders of religious groups in the society. Additionally, religious leaders play a powerful role in shaping attitudes, opinions and behaviours because members trust them. Community members and political leaders listen to religious leaders. Religious leaders have the power to raise awareness, and influence attitudes, behaviours and practices. They can shape social values in line with faith-based teachings (Health Communication Capacity, 2019: para. 2-3)

Religious leaders are figures who do not just command respect but are seen as intermediaries between the community of faith and God. Faith leaders as they are often called have a unique role to play in community development – especially in times of crises. As members and leaders of the communities, they understand the specific needs and are uniquely placed to respond (wvi.org: online). However, the world was thrown into a global crisis by the Covid-19 pandemic; Uyo as a city and Nigeria aligned with the world to observe a period of lockdown to cushion the spread of the COVID-19 pandemic that plagued the world from the first quarter of 2020. The period of the lockdown brought about hardship and depression to many, thereby compounding the issue of substance abuse. The correlation between the COVID-19 and substance abuse is aptly captured by the study of Czeisler M. Lane R. and Petrosky E., (2020: online) that reveals that as of June 2020, 13.3% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19 lockdown.

The crux of this study hinges on finding answers to three important questions: 1) what help patterns were used by religious leaders in combating substance abuse during the COVID-19 Pandemic in Uyo Metropolis of Akwa Ibom State? 2) What were the challenges that impeded the effectiveness of the patterns used? 3) What paradigmatic efforts can be put in

place to ensure increased involvement of religious leaders in combating substance abuse and effectiveness of the patterns used?

Methodology

The study adopted a descriptive survey research design which made use of structured questionnaire items developed from the variables of the study. The questionnaire titled Help Patterns by Religious Leaders against Substance Abuse Test (HPRLSAT) was scaled using the Likert 4 scales of response model of Agree (A), Strongly Agree (SA); Disagree (D) and Strongly Disagree (SD). The data are presented on tables and discussed.

The population of the study comprised 200 religious leaders drawn purposively from three religious' traditions (African Traditional Religion, Christianity and Islam) in Uyo. The use of purposive sampling method in the study is in line with the rule according to Robinson (2014) who maintains that purposive sampling is intentional selection of informants based on their ability to elucidate a specific theme, concept or phenomenon. Nwankwo (2016:106) insists that purposive sampling involves identifying and using individuals who possess specific attributes required by the study. It requires choosing or selecting unique sample that meets the specified need of the researcher.

Three experts from the University of Uyo validated the research items. 230 copies of the questionnaire were administered to the respondents by the researchers and 219 retrieved the same day. Of the 219 copies received, 200 copies (86.6%) were selected to be valid for analysis.

Data Presentation

Table 1: Help Patterns by Religious Leaders

S/N	Research Items	A	%	SA	%	D	%	SD	%	DECISION
1.	Herbs, roots and other trado-religious methods were used in treatment of substance abuse related issues during lockdown.	50	25	88	44	38	19	24	12	Agree
2.	Drug users were counseled through phone calls and social media platforms.	60	30	92	45	18	9	30	15	Agree
3.	Private prayer sessions and fasting were observed for drug users and those with drug-related issues.	30	15	108	54	22	11	40	20	Agree
4	Drug users were referred to community based organizations (CBOs) and treatment centers for treatments and care.	44	22	78	39	34	17	44	22	Agree
5	Advocacies on the dangers of substance abuse were done on	54	27	92	46	24	12	30	12	Agree

	electronic media or social media pages and groups.									
6.	Food and medications were sent to Community Based Organizations (CBOs).	64	32	66	33	22	11	44	22	Agree
7.	Healing and deliverance sessions were held for those with drug related issues in your places of worship	57	28.5	45	22.5	31	15.5	67	33.5	Agree
8	From the feedbacks, the help pattern(s) were effective in addressing the issue of substance abuse.	70	35	88	44	22	11	20	10	Agree

Table 1 reveals that religious leaders adopted a wide range of patterns in quelling the issue of substance abuse during the COVID-19 lockdown in Uyo Metropolis. From the data gathered, 69% of the respondents agreed to the use of trado-religious methods in treatment of substance abuse related issues during the lockdown. 75% of respondents agreed to the counseling of drug users through phone calls and online platforms, 69% of respondents agreed to observing private prayers and fasting for the wellbeing of drug-related issues while 61% agreed that referrals to CBOs and treatment centers were made. 73% of respondents agreed to dissemination of information on substance abuse during the lockdown, 55% agreed to sending food and medications to patients at CBOs while 51% of the respondents agreed to organizing healing and deliverance sessions for persons with drug related issues. In evaluating the effectiveness of the pattern(s), 79% of the respondents agreed that the help pattern(s) were effective based on the feedbacks gotten.

Table 2: Challenges faced by Religious Leaders

S/N	Research Items	A	%	SA	%	D	%	SD	%	Decision
1.	Community-Based Organizations(CBOs) accepted the drug users referred for residential treatment	22	11	44	22	91	45.5	35	17.5	Disagree
2.	There are counselling centers and Community Based Organizations (CBOs) within your neighbourhood for drug-related treatments	21	10.5	15	7.5	87	43.5	77	38.5	Disagree
3.	It was easy to reach and communicate with drug users during the lockdown	66	38	74	37	25	12.5	35	17.5	Agree

4	Poor awareness on substance abuse, treatment and care prevent religious leaders from involving more in drug treatments.	78	39	67	35.5	23	13	32	16	Agree
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Table 2 indicates the challenges faced by religious leaders in the combat against substance abuse during the COVID-19 lockdown. The survey revealed that 63% of the respondents disagreed on CBOs accepting the drug users referred for residential treatment while 82% of the respondents disagreed on counselling centers and CBOs being available in their neighbourhood. Furthermore, 75% of the religious leaders agreed to being reached by drug users during the lockdown and 74.5% agreed that poor awareness on substance abuse, treatment and care prevent religious leaders from being involved more in drug treatments and care.

Discussion of Findings

The result on Table1 indicates that traditional medicine is still being used in treating drug related issues. In traditional African society, medicine cannot be separated from religion. Ukpong (2007:220) capturing the situation in the context of Ibibio culture hints that the people believe that there are both physiological/natural and the supernatural causes of diseases, hence the belief in traditional healing methods. The term "traditional healing" as used here refers to non-orthodox therapeutic practices based on indigenous cultural traditions which operate outside official health care systems. Although often validated by experience, these practices are not founded on a positivist system of logico-experimental science (WHO, 1993:167).

Even when some of the people go to the hospitals, they often resort to medicine-men for spiritual suppression of an ailment. The common belief is that the Supernatural Being is capable of healing all health conditions, hence very often the traditional medical practitioners (mme abiaibok) who also double as traditional religious functionaries make use of magico-religious as well as empirical techniques and practices. The latter may include herbal medicine (Ukpong, 2007: 237). The medicine-men according to Mbiti (1969:170-171) are the "hopes of society: hopes of good health, protection... Medicine-men are the friends, pastors, psychiatrists and doctors of traditional villages and communities."

Researches show that traditional medicine is efficacious in the treatment of drug related issues. According to Lu et. al (2009), traditional herbal treatments can complement pharmacotherapies for drug withdrawal and possibly relapse prevention with less expense and perhaps fewer side effects with notable exceptions. In Africa, WHO (1993:183) states that:

The independent Black-African churches of southern Africa, also known as Zionist, Ethiopian or Apostolic, combine messianic Christianity and pan-African consciousness with traditional elements of Bantu culture and a mandate to heal spiritually, mentally and physically. In the Republic of South Africa, Malawi and Namibia, these churches, often led by charismatic prophet-healers, have numerous though rapidly changing membership and considerable socio-political influence. Members are subject to proscriptions which usually include an injunction against the consumption of alcoholic beverages and, in many cases, against the use of other drugs.

WHO (1993:184) concludes that in the rehabilitation and prevention of chemical substance dependence, therapeutic modalities based on the overview of the Southern African situation, indigenous cultural and religious traditions are found in general to be as successful as, and in some instances more successful than, "official" treatment and rehabilitation programmes.

Furthermore, the study also reveals the use of spiritual therapies as help patterns to combat substance abuse. In religious traditions, sicknesses are confronted using multifarious spiritual patterns of which Awolalu and Dopamu in Udok (2021:8) classify as: psychotherapy, soma-therapy, metaphysico-therapy and hydrotherapy. Elucidating the strategies, Udok (2021:8) explains:

Psychotherapy involves the use of songs, psalms, clapping, and drumming mostly in corporate worship and revival services. Soma-therapy deals with the application of some physical measures like chaining, tying of consecrated threads and chains on the wrist, neck and the use of objects like candles, incense, consecrated oil etc. Metaphysico-therapy deals with the use of prayers, and fasting, words and non-empirical means to effect healing. The hydrotherapy, which is the commonest method, is the use of consecrated water for healing purposes.

The essentiality of spiritual therapy in substance abuse treatment cannot be undermined. Heinz and Disney et. al (2010:1-2) maintain that individuals recovering from addictions frequently cite spirituality as a helpful influence. The role of spirituality in facilitating successful addiction treatment outcome has only recently been identified as an area of potential importance to addiction research and clinical practice.

Grim and Grim (2019:1) hint that 73% of addiction treatment programs in the USA include a spirituality-based element, as embodied in the 12-step programs and fellowships initially popularized by Alcoholics Anonymous, the vast majority of which emphasize reliance on God or a Higher Power to stay sober. While spiritual therapies are believed to be efficacious, spirituality extensively helps in the prevention of substance abuse. Evidence-based studies have found that youths who are spiritually active, participate in a faith community, and invest in a prayerful relationship with their God are less likely to use or abuse drugs and alcohol and engage in related criminal activity (Grim and Grim, 2019:5).

The study further identified pastoral counseling as one of the patterns used by the religious leaders. Pastoral counseling is a therapeutic approach that utilizes both psychological practices and theological practices and concepts. While its foundation is similar to other therapeutic processes, pastoral counseling differs by its inclusion of spirituality and faith (Covenant Hill). The study shows that 76% of the respondents used the pastoral counseling as a pattern to help drug users during the COVID-19 lockdown. This is an indicator that many drug users have high level of trust on religious leaders hence their resolve to talk to them for help.

Moreover, 55% of respondents agreed to sending food and medications to the patients at the available treatment centers. Charity has often been a trademark for communities of faith. The importance of charitable acts cannot be undermined as it transmits the message of love and care from the donors to the recipients. Showing love and care to drug users is essential in their recovery processes. Love and care when matched with other therapies have the propensity of helping drug users and those with drug related issues to heal.

On the challenges the religious leaders faced, the study identifies that the issue of limited space for residential treatment as well as minimal number of treatment centers are still unresolved. 82% of the respondents affirm that there are no treatment centers for drug users in their neighbourhood, while 63% of the respondents reported that the drug users referred to

CBOs for care and residential treatment were not accepted. The reason for this is captured in the survey of UNODC, (2019:44) thus: “In Nigeria, treatment for problem drug abuse (sic) is based mainly in tertiary hospitals, while some non-governmental organisations (NGOs) and faith-based centres offer limited services. In-patient and limited out-patient services are offered in drug units within some hospitals. Drug treatment services are not available free of cost, which limits their access.”

Another challenge the study identified is poor awareness of religious leaders about the intricacies of substance abuse, prevention, treatment and care. A staggering 74.5% of the respondents reported that poor awareness on substance abuse impede intensive involvement of religious leaders in substance abuse prevention, treatment and care. This indicate some form of defect in formation of ministers and training of religious leaders.

Conclusion and Recommendations

Despite the prospect of spirituality and the instrumentality of religious leaders in quelling social issues, minimal studies have been done to explore the roles of religious leaders in the substance abuse prevention, treatment and care. Hence this study was triple-aimed to identify the help patterns adopted by religious leaders in response to the issue of substance abuse during the COVID-19 lockdown in Uyo Metropolis; challenges encountered with a view of espousing paradigmatic means of ensuring intensive participation of religious leaders in substance abuse prevention, treatment and care. The data collected reveals that:

- a. Religious leaders used multifarious patterns to help drug users. These help patterns include trado-religious methods of healing, spiritual therapies, pastoral counseling and acts of charity through provision of food and medications to CBOs. These patterns were effective based on feedbacks gotten.
- b. Factors that impede the efforts of the religious leaders included limited facilities for residential treatment, lack of CBOs in the Metropolis and poor awareness of religious leaders on the issues of substance abuse.

The study concludes that trado-spiritual therapies are invaluable help patterns that can be complemented with pharmaceutical and psychological therapies to achieve success in substance abuse prevention, treatment and care in Uyo Metropolis. The study thus recommends that: 1). Government in partnership with faith-based communities should establish more counseling and treatment centers in Uyo Metropolis to enable accessibility of treatment and counseling by drug users. 2). Courses on mental health and substance abuse should be included and properly delivered in theological colleges and seminaries to ensure that religious leaders are equipped with the knowledge during formation and training.

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