Effects of Addictions on the Mission and Social Transformative Agenda: A Focus on the African Catholic Religious

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Introduction

The paper seeks to explore the effects of addictions on mission and on social transformative agenda, with a focus on African Catholic religious. The set task is to explore literature related to the variables in an attempt to understand addictions, as well as the relation these have on mission and on social transformative agenda carried out by the African Catholic religious. In order to carry out the task, the quest starts with the required definition of addictions, gives the types of addictions, factoring in behavioural as well as that which is substance related. Special space is given to alcohol due to its prevalence, abuse and adverse effects. This is done as the Jellinek curve is given. After that, the review goes on to address causes of addictions and the effects. This is followed by specialized groups and the way they relate to addictions. The risk factors linked to drugs are then espoused before looking at addictions and mission, as well as addictions and social transformative agenda. After that, the interventions necessary to positively deal with addictions are elucidated. These include the principles of effective treatment, pharmaco-therapies, psycho-social behavioural therapies and finally the 12-step facilitation programme.

Method

The literature search was mainly done through the Google search engine. The words included in the literature search included addictions plus the necessary related words as per each sub-section as indicated in the introduction: definition, types, causes, effects, mission, social transformation, and interventions. In each search, the word pdf was included to allow for downloading. Selected articles were intensely studied searching for information related to the study variables. The derived information is given under the related subtitles.

Addictions Defined

Historically, the term addiction referred to “giving over” or being “highly devoted” to a person or activity (Alexander & Scweighofer, 1988), as well as engaging habitually in a behaviour (Levine, 1978). However, in the last 200 years, the term addiction gradually started taking the meaning of an overpowering strong urge that was linked to the aspect of disease-like (Orford, 2001). Increasingly, studies started linking the term to the Central Nervous System and to Neuro-biological conditions (Bechara, 2005; Felstein, 2008; Goodman, 2009). The comprehensive understanding of the definition of addiction as adopted by this current study, is that by Sussman and Sussman (2011, pp. 4026-7), and is stated and expounded in table 1.

Component	**Explanation of the Component**
(a) engagement in the behavior to achieve appetitive effects	-associated with “pain reduction, affect enhancement, arousal manipulation, or fantasy”, seeking to shift the subjective experience of self
(b) preoccupation with the behavior	-addiction drives the individual towards “excessive thoughts about and desire to perform a behavior, excessive time spent to plan and engage in the behavior, and

	possibly recover from its effects (e.g., from "hangovers"), and less time spent on other activities
(c) temporary satiation	-the creation of a sense of distraction from life problems or feeling temporarily self-sufficient or nurtured.
(d) loss of control	-more automatic happenings and reactions, loss of ability to manage the what to take and to do, when to take, where to be, and why to take. -includes struggling, feeling compelled, sensing incomplete control, leading towards disregard of self-care and loss of will.
(e) suffering negative consequences.	-physical discomfort, social disapproval, financial loss, or decreased self-esteem.

In this context therefore, addiction is defined as an engagement in a preoccupation behaviour with an aim to achieving temporary satiative-appetitive effects, leading to loss of control and consequential suffering. With this definition in place, the next part looks at types of addictions categorized in two main groups: behavioural and substance abuse (drug addiction).

Types of Addictions/Disorders

Behavioural addictions

Gambling is defined as "an activity that involves a degree of risk and an expenditure of money or goods with the hope of an increased return but with the possibility of a total loss" (Wurtburg, 2012, p.264). DSM-IV (1994) places gambling under impulsive control disorder. It is associated with personality, mood and anxiety disorders which influence one's ability to gauge the effects of an activity. Symptoms of the disorder include preoccupation, excessive desire and difficulty in stopping the practice. It also entails lies, involvement in illegalities, loss of money and of relationships. Through Cognitive Behavioural Therapy (CBT), individuals could be assisted to deal with this addiction/disorder.

Internet gaming disorder is defined as "persistent and recurrent use of the Internet to engage in games, often with other players, leading to clinically significant impairment or distress...in a 12-month period" (American Psychiatric Association - DSM-5, 2013, p. 795). This disorder is closely linked to pathological gambling and substance related disorders in characteristics, consequences and neuro-physiological correlates (Kuss & Griffiths, 2012; APA, 2013). Factors contributing to the start of the disorder include coping mechanisms to deal with stress (Cole & Hooley, 2013), and compensation for lack of perceived success in life (Snodgrass et al., 2013). The symptoms of this disorder are as seen under gambling. Treatment entails ability to journey with the patient through CBT guiding him/her on alternative methods of identification and dealing with stress and also with perceived life challenges. In this study, television, as well as Facebook/social media addictions are looked at as having similar attributes as internet gaming disorder. Slightly though, the social media addiction brings to play an additional attribute of Fear of Missing Out (FOMO). This plays a significant part adding to increased feelings of desiring to belong as well as feelings of inadequacy among the youth (Jessica, Cheryl & Sarah (2016).

Shopping (Compulsive buying disorder): This is realized through a compulsion to spend money. It is often done regardless of the need or the financial means. Overtime, it has severe consequences. However, it is not among the addictions recognized by APA (Healthline, 2020). The symptoms of the addiction include hiding of purchases, getting into unexplained debt, a feeling of euphoria while and after buying, stealing, or having to lie in relation to shopping, and even

shopping to cope with stress. The treatment to the disorder is done through behavioural therapy and individual counselling.

Though exercise has been mentioned as an addiction, it is a healthy positive activity. On that note it is positive addiction. However, uncontrolled exercise is looked at as harmful to the body, thus the term addiction. This comes with risk activities (Szabo, Griffiths, & Demetrovics (2016). Food addiction would fall under this category too (Whatnall, Skinner, Leary & Burrows, 2022).

Sex addiction is also referred to as sexual compulsivity or hypersexual disorder (Reid, et al., 2012; Banca et al., 2016). Though not discussed by DSM-V under addictions, this disorder can be measured through excessive times spent in sex fantasies and urges, repetitive engagement in sex fantasies and urges in response to dysphoric mood states (anxiety, boredom, depression, irritability), repetitive engagement in sex fantasies and urges in dealing with stressful events, and repetitive unsuccessful attempts to control sexual urge, and finally, repetitive inability to control sexual urge even when it is causing harm to self and to others (Reid, et al., 2012).

Exploring Sex addiction becomes even more complex due to the various tenets/shapes within it. Among the tenets are Lesbian, Gay, Bisexual, Trans-sexual, Queer (LGBTQ) (Tripodi, Giuliani, Petrucelli & Simonelli, 2012; Loader, 2014; Frédéric, 2019). In addition, other tenets include masturbation, pornography, sexual behaviour with consenting adults, cybersex, telephone sex, strip clubs, rape (Levin, Lillis, & Hayes, 2012; Szymanski & Stewart-Richardson, 2014). Also refer to http://www.dsm5,org. Each manifestation of the sex addiction, calls for a distinct tilt in the address and treatment.

Sexual addiction also derives its complexity from its link to morality and values (Loader, 2014; Patton, 2020; Pope Francis, 2021). In addition, it is linked to the sensitive discourse of gender identities (Kiku, 2019; Kiingati, 2019) as well as human rights issues (Lawler, & Salzman, 2022), some among them involving children (Blain, Muench, Morgenstern, & Parsons, 2012; Bigras et al., 2017; Li, 2022). Sexuality and Sexual addiction also have a cultural aspect informing beliefs, language, behaviour, dressing and even interactions (Stevens, 2015). Sexual addiction is also strongly linked to shame and trauma (Reid, & Kafka, 2014; Gerald, & Arbuckle, 2019).

On the part of suggested treatment, CBT focuses on the “irrational belief system that consists of a self-image deteriorated by unrealistic expectations of what life has to offer, from a prediction of failure staff and a general sense of helplessness” (Tripodi, Giuliani, Petrucelli & Simonelli, 2012, p. 13). Also, the same authors point to the need for psychodynamic treatment processes that focus on childhood experiences, as well as neurobiological methods. These are further discussed under the treatment of substances. Finally, there is also an invitation to consider an integrative treatment approach. The proponent (Stein, 2008) calls it an A-B-C model where affective dysregulation (A), behavioural addiction (B), and cognitive dys-control (C) are all addressed in the treatment.

Having gone through these behavioural addictions, keen interest on the part of the religious needs to factor in work and also power addiction. Reflection should also be sought on whether prayer could be an addiction more so when it is done as an escape from engaging in other responsibilities. The next section largely concentrates on substance abuse due to its high intensity and prevalence compared to other addictions. Note that more on comprehensive interventions is given towards the end of the paper.

Drug addiction

Drug addiction, also called compulsive drug use, is categorized as a severe substance use disorder (DSM-5, 2013). NIDA (2014) defines it as “a chronic, relapsing brain disease that is

characterized by compulsive drug seeking and use, despite harmful consequences" (p. 5). It is further looked as "[an illness] characterized by intense and, at times, uncontrollable drug craving, along with compulsive drug seeking and use that persist even in the face of devastating consequences" (NIDA, 2018, p. 3). It is further "characterized by an inability to stop using a drug; failure to meet work, social, or family obligations; and, sometimes (depending on the drug), tolerance and withdrawal" (p. 26). In this context, drug addiction is also looked at as interfering with mission and with social transformative agenda.

Drug addiction affects persons of all ages:

> 1. Babies exposed to drugs in the womb may be born premature and underweight. This exposure can slow the child's intellectual development and affect behavior later in life.
> 2. Adolescents who abuse drugs often act out, do poorly academically, and drop out of school. They are at risk for unplanned pregnancies, violence, and infectious diseases.
> 3. Adults who abuse drugs often have problems thinking clearly, remembering, and paying attention. They often develop poor social behaviors as a result of their drug abuse, and their work performance and personal relationships suffer.
> 4. Parents' drug abuse often means chaotic, stress-filled homes, as well as child abuse and neglect. Such conditions harm the well-being and development of children in the home and may set the stage for drug abuse in the next generation (NIDA, 2014, p.3).

While studies on drug addiction are seen as affecting persons of all ages, the interactions that the researcher has had, points to persons in diverse social cadres being affected: among them teachers, doctors, farmers, artists, politicians and business persons. Visits to rehabilitation centres and engagements in counselling psychology, reveal male and female religious struggling with drug addictions, specifically nicotine, alcohol, and even sex (pornography, pedophilia and even same gayism).

> It was around 4 pm. on a weekday. Suddenly, a car swayed to the side of the road and went into a ditch. Drivers and pedestrians alike rushed to the scene. They saw the driver, an elderly European.
>
> The car had a rosary and the driver was dressed in a priestly collar. Next to him was an open bottle of Whisky. He must have been drinking while driving, before blacking out. News soon went viral and reached at the university where he was lecturing. He was a re-known professor coming from a European country. He was coming from lecturing at a public university. Thanks to the small notebook that was next to him; some address was found and his confreres were called to the scene.
>
> Such is substance abuse!

Table 2: Common types of drugs abused

Drug-type	Information	Effects
Nicotine	-addictive stimulant found in cigarettes & other forms of tobacco	-increases risk of cancer, emphysema (a chronic obstructive pulmonary disease (COPD) that damages lung alveoli), bronchial disorders, & cardiovascular diseases. It killed about 100 million people (20^{th} C) & is estimated to kill over 1 billion in the 21^{st} C. if trends continue.
Alcohol	-legal & often associated with prestige & social- cultural gatherings.	-damages brain mainly: (i) cerebral cortex (largely responsible for problem solving & decision making)

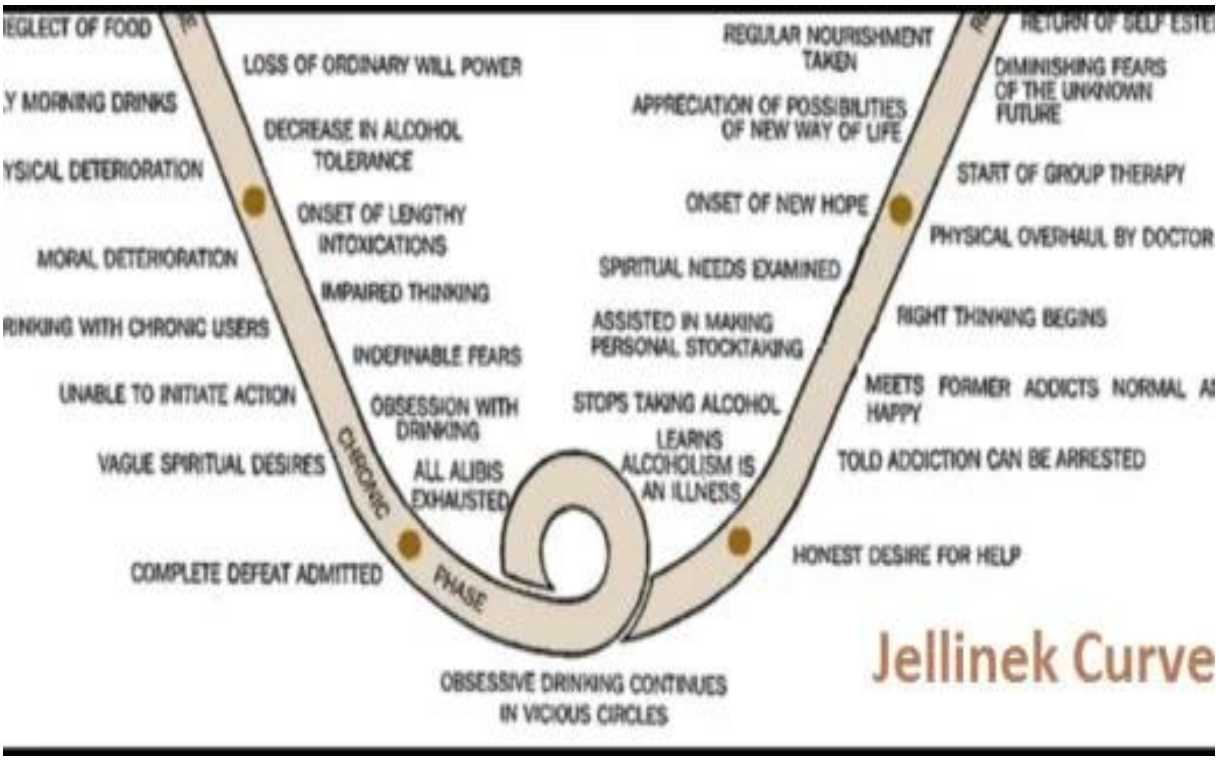
		(ii) hippocampus (important for memory & learning) (iii) cerebellum (important for movement coordination) (NIDA, 2014).
Marijuana	-most commonly used illegal substance (NIDA, 2014, p. 24).	-impairs short-term memory & learning, the ability to focus attention & coordination. - Increases heart rate - can harm lungs & increase risk of psychosis in those with underlying vulnerabilities.
Prescription medications	-opioid pain relievers (such as OxyContin & Vicodin, -anti-anxiety sedatives (such as Valium & Xanax, & ADHD - stimulants (such as Adderall & Ritalin	-high risk of addiction and overdose from methods of intake for Opioid pain relievers (crushing then injecting or snorting) -high risk of death from overdose - commonly misused to self-treat for medical problems - abused for purposes of getting high or (especially with stimulants) & to improve performance.
Inhalants	-volatile substances found in various household products, e.g., oven cleaners, gasoline, spray paints & other aerosols	-induce mind-altering effects - extremely toxic and can damage the heart, kidneys, lungs, & brain. -a healthy person can suffer heart failure & death within minutes of a single session of prolonged sniffing of such. -often first drugs used by teens in houses.
Cocaine	-short-acting stimulant thus users take the drug many times in a single session (known as a "binge").	- its use can lead to severe medical consequences related to the heart & the respiratory, nervous, & digestive systems
Amphe-tamis	- powerful stimulant.	-produce feelings of euphoria and alertness. - examples are Methamphetamine's which have particularly long-lasting and harmful effects to the brain. Amphetamines can cause high body temperature & can lead to serious heart problems & seizures
MDMA (Ecstasy or Molly)	*(Methylenedioxy-methamphetamine)* -produces stimulant & mind-altering effects	-can increase body temperature, heart rate, blood pressure, & heart-wall stress. MDMA may also be toxic to nerve cells.
LSD	-LSD (lysergic acid diethylamide) a synthetic chemical, made from a substance found in ergot, which is a fungus that infects rye (grain). - potent hallucinogenic, or perception-altering	-unpredictable, effects ranging from seeing vivid colors & images, hearing sounds, feeling sensations that seem real (but do not exist) -users may also have traumatic experiences & emotions that can last for many hours.
PCP Phencyclyde	White powder (Hallucinogen) -can also work as a stimulant, an anesthetic, or a painkiller depending on how much is taken.	-changes to blood pressure - vomiting - confusion -dizziness -less ability to feel pain
Heroin	-powerful opioid drug that produces euphoria & feelings of relaxation	-slows respiration, - can cause increased risk of serious infectious diseases, especially when taken intravenously. -addicts to opioid pain relievers sometimes switch to heroin because it produces similar effects & may be cheaper or easier to obtain.
Steroids	-abused to increase muscle mass & improve athletic performance or physical	-severe abuse can lead to severe acne, heart disease, liver problems, stroke, infectious diseases, depression, & suicide.

	appearance.	
Khat (Miraa Muguka)	-chewed -70% of the respondents consider miraa to be a drug - 90% approve of its use. - Khat users use multiple drugs. (72% of the current users of khat use other drugs & substances of abuse to attain their desired level of potency… including alcohol, tobacco products, bhang & heroin). -an entry drug into use of other substances.	-associated with an array of health and socio-economic outcomes. - linked to lack of sleep, hallucinations, lack of appetite, stomach ulcers, teeth decay, low libido, effects to the unborn child if taken by a pregnant woman & loss of memory... [also linked to] loss of life as a result of related ailments. From a socio-economic point of view khat use breeds idleness, irresponsibility, crime, wastage of household resources and the problem of addiction (Michuki, G., & Kivuva, J. (2013, p.vii)
Drug Combina-tions	- could be as easy as alcohol & nicotine or as hard as heroin/cocaine with fentanyl (an opioid pain medication)	- drug–drug interactions, pose significantly higher risks than the already harmful individual drugs.

NIDA, 2014, pp. 23/4. More information can be derived from www.drugabuse.gov.
Or www.drugabuse.gov/ResearchReports/ResearchIndex.html.

In general modes of drug intake can be pills or liquid (oral), inhaling/sniffing (nose), or injection. Some may even be taken trans dermally (through the skin).

Before embarking on causes of addictions in general, a figure is given indicating the curve that is associated with alcohol addicts. This is referred to as the Jellinek curve: Figure 1



https://www.google.com/search?q=Jellinek+curve+alcoholism+image.

This is based on the premise that alcohol intake may easily start as a cultural celebration intake, and also is associated with socializing and in some cultures with esteem and with growing up (Sudhinaraset, Wigglesworth, Takeuchi, 2016). While there appears to be a consensus on the detrimental nature of alcohol addiction, religious positions on the intake of alcohol differ (Nyamongo, 2014). Notable is the association of alcohol with the wedding at Cana (John 2:1-12) and with the Last Supper (Matthew 26: 17-30). These factors contribute to the challenges related to alcohol. Statistics in relation to alcohol addiction however, show that over 3.3 million deaths (5.9% of all deaths) in the world are linked to alcohol intake (WHO, 2014). A common phrase in alcohol addiction workshops is: the addict and alcohol have an inseparable, faithful marriage relationship; the alcoholic will promptly and faithfully seek alcohol and hardly will anything come between him/her and alcohol.

Causes of Addictions

This can be explained through the question "why people take drugs?"

- To feel good (in search of feelings of pleasure, euphoric sensation), e.g., Cocaine (stimulant) creates a feeling of power, self-confidence, and increased energy; in contrast, heroin (opiate-related to opium drugs), causes a euphoric sensation of relaxation and satisfaction.
- To feel better, persons suffering from social anxiety, stress-related disorders, and depression, may use these attempting to lessen feelings of distress.
- To do better (in search of chemical enhancers seeking to improve performance (sexual/athletic-steroids).
- Curiosity and to belong (others are doing it). Refer to peer pressure especially among adolescents, friends, and groups (NIDA, 2014 p. 8).

Effects of Addictions

(i) Physiologically: Drug takers are associated with social issues among them being dirty and being unkempt (Benjamin & Chidi, 2014). Depending on the intensity of the drug intake, others will also reveal physical harm (cuts and injuries) in addition to internal harm linked to illnesses that include cardiovascular diseases, stroke, cancer, HIV/AIDS, Hepatitis B and C, and lung diseases (world Drug Report (2018). Addressing nicotine, there is the risk of "involuntary exposure to secondhand smoke (tobacco) [which] increases the risks of heart disease and lung cancer in people who have never smoked by 25–30 percent and 20–30 percent, respectively" (NIDA, 2014, p.23).

(ii) Neurologically: Drugs are chemicals that affect the brain by tapping into its communication system and interfering with the way neurons (nerve cells in the brain that send and receive messages in the form of electrical and chemical signals) normally send, receive, and process information [e.g.] marijuana and heroin…activate neurons...their chemical structure mimics that of a natural neurotransmitter (chemicals that carry messages between neurons)… lead[ing] to abnormal messages being transmitted...amphetamine or cocaine...cause the neurons to release abnormally large amounts of natural neuro-transmitters or prevent the normal recycling of these brain chemicals...disruption produces a greatly amplified message, ultimately disrupting communication channels...[drugs can produce] 2 to 10 times the amount of dopamine that natural rewards such as eating and sex do" (NIDA, 2014, p.17/8).

In developing brains (5-20 years), the prefrontal cortex- "part of the brain that enables us to assess situations, make sound decisions and keep our emotions and desires under control", is not fully developed. This puts these young individuals at risk of making poor decisions in relation to among other things, substance abuse (Gogtay, et al., 2004, quoted in NIDA, 2014, p.10).

(iii) *Psychologically:* As noted in NIDA (2014, p.18), drugs of abuse [generally) directly or indirectly target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter...in regions of the brain that regulate movement, emotion, motivation, and feelings of pleasure. When activated at normal levels, this system rewards our natural behaviors. Overstimulating the system with drugs, however, produces euphoric effects, which strongly reinforce the behavior of drug use-teaching the user to repeat it. Additional information from Healthline (2020) explaining how addiction works explains that it "interferes with normal brain function, particularly in the reward system". When one does something enjoyable, the reward system releases dopamine along with other chemicals. While dopamine does not actually cause feelings of pleasure or euphoria, it reinforces the brain's association between the things and feelings of pleasure driving the person to seek those things in the future (Reid, & Kafka, 2014).

The explanations show a close co-relation between drug addiction and the psychological state of the abuser. In addition to that, it is also noted in NIDA (2014) that "Drug abuse and mental illness often co-exist. In some cases, mental disorders such as anxiety, depression, or schizophrenia may precede addiction; in other cases, drug abuse may trigger" (p. 21). With this evidence, it is clear that the two easily co-exist although studies do not commit to which is the antecedent and the precedent.

(iv) Economically: Drug abuse is related to high costs leading to economic challenges. This is in the areas of prevention and treatment costs, health-care and hospital costs, increased morbidity and mortality (INCB, 2013). Other related economic consequences include the non-productivity of the drug users, drug-affected road accidents as well as the environmental impact. These factors continue to have a negative economic impact on the individual and to the significant societal members.

(v) Spiritually: Spirituality is a complex and highly personal concept that includes "elements of love; compassion; caring; transcendence; relationship with God; and the connection of body, mind, and spirit" (O'Brien, 2011, p.6). On the part of a drug abuser, questions such as where is God in the addiction? Why does God allow me to sink into addiction? What is God doing as I sink into addiction? As well as shame and guilt are associated with the drug user. Also, drug abusers may also find it difficult and are at times unable to congregate with others in religious centers. These factors interfere with the persons spirituality (Piacentine, 2013).

(vi) Socially: According to NIDA (2018, p. 3), "the dysfunctional behaviors that result from drug abuse can interfere with a person's normal functioning in the family, the workplace, and the broader community." Also, according to the Government Autonomous College, Rourkela (n.d.) drug abuse is associated with public safety due to its association with crime. It also influences the individual's physical and mental strength leading to loss of character. Within the family, the ties negatively change as the earning and livelihood is jeopardized. With this comes reduced societal respect and dignity, low job retention rates and subsequent hunger and poverty.

This brings to a culmination, the section on effects of addiction on the individual and on the society. In the following section, focus is given to drug addictions with specialized groups.

Drug Addictions and Specialized Groups

In the discussion of drug addictions, it is often important to give special attention to specific categories of persons. Adolescents are first in this category. These individuals are in the process of growth; their brains are not fully developed. Due to this, they easily fall prey to making poor decisions on matters of substance abuse (Gogtay, et al., 2004, quoted in NIDA, 2014). Also, adolescents are sensitive to family functioning's (conflict management, parental styles and intimacy), and with other conditions among them attention-deficit hyperactivity disorder (ADHD),

oppositional defiant disorder, and conduct problems. In their studies, adolescents often struggle with heightened stress levels emanating from their school work, and this is linked to depressive and anxiety disorders. Adolescents are sensitive to social comments, peer pressure and crowd reactions. It is therefore important that they are given special attention on matters addictions.

The second category of persons is women. Of special interest are the pregnant women. The use of alcohol and tobacco during pregnancy exposes the fetus to danger. Also smoking increases the rates of "stillbirth, infant mortality, sudden infant death syndrome, preterm birth, respiratory problems, slowed fetal growth, and low birth weight" (NIDA, 2018, p. 23). In addition, alcohol can lead to fetal alcohol spectrum syndrome in new born as well as neonatal abstinence syndrome (NAS). Such babies are at risk of "seizures, respiratory problems, feeding difficulties, low birth weight, and even death" (p. 23). Such mothers, when treated with Methadone, require that their new born get treated for withdrawal symptoms. From a social perspective, women who engage in substance abuse easily fall prey to sexual abuse and violence. Such women also face stigma, leading to rejection (Woodall & Boeri, 2013; Lee & Boeri, 2017).

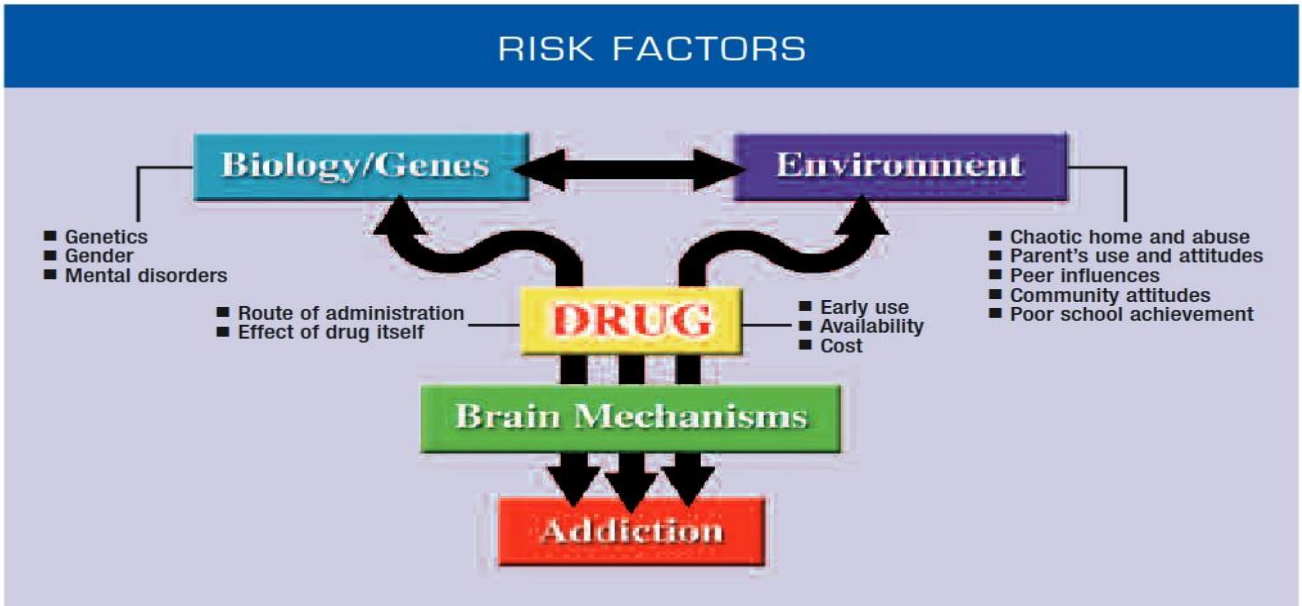
The third category of persons are those living with HIV-AIDS. Drug addiction exposes abusers to higher risk of contracting "human immunodeficiency virus (HIV), hepatitis C virus (HCV), and other infectious diseases" (NIDA, 2018, p. 29). This is mainly so when the abusers share drug injection equipment. Under the influence of drugs, abusers easily engage in sexual behaviour that also exposes them to increased risk of contracting infectious diseases, among them HIV. Preventive interventions should target this behaviour.

The fourth category of persons are those in the criminal justice system. Drug abusers often come into contact with the criminal justice systems, prior and during incarceration. The drug intake localities, the behaviour of persons that are under the influence, interactions with illegal substances, all create a favourable atmosphere calling in the police and law enforcers (Russoniello, 2012). There is also an association between substance abuse and crime (Douglas, Wodak, & McDonald, 2012; Lee, 2012). It is with this that drug abusers and the criminal justice system need to be looked at together. There is also a need to avoid criminalization of substance abuse and an over enmeshing of criminals and substance abuse: Does every criminal abuse drug, and does every drug abuser engage in crime? There is need to differentiate the two.

Finally, it is important to address aging. Aging is a challenge in itself due to the diverse health conditions that come with it (Chatre, et al., 2017; NIDA, 2020). Also, in the developing world, challenges of accessing health services and affording them can also pose additional challenges including stigma (WHO, 2012). Any elderly person that also engages in substance abuse, is bound to add to the already existing conditions. This may lead to rejection and abandonment (Li-Tzy, & Blazer, 2011). Having seen the selected special groups and how substance abuse affects them, the next section focuses on risk factors as well as protective factors related to drug addictions.

Risk Factors Associated with Drug Addictions

Figure 2 (NIDA, 2014, p.8) sheds light on this relationship:



In addition, table 3 indicates the risk factors versus the protective factors:

Risk & protective factors related to drug abuse & addiction

Risk factors	**Protective factors**
Aggressive behavior in childhood	Good self-control in childhood
Lack of parental supervision	Parental monitoring and support
Poor social skills	Positive relationships
Drug experimentation	Academic competence
Availability of drugs at school	School anti-drug policies
Community poverty	Neighborhood pride

NIDA (2014, p. 7).

Effects of Addictions on Mission

The focus of this paper is on the relationship between addictions and mission. Various scholars among them Al-Omari, Hamed and Tariah (2015) shed light on the importance of spirituality and religion in dealing with addictions. This position is supported by Grim and Grim (2019) who re-state the 12 steps programme in dealing with recovery of those struggling with substance abuse. Others who discuss the importance of spirituality and religion in dealing with substance abuse are Mwangi and Nzengya (2022). They identify how the faith-based organizations need to be involved in substance use prevention and treatment programmes. The focus appears to be on religion and spirituality and how these two influence the preventive as well as the recovery process of addicts (Medlock et al., 2017).

The study by Najjar et al., (2016) is of interest to the current study. These scholars seek to understand religious perceptions (alcohol consumption and drinking behaviours among religious and non-religious groups). Interesting is the statement that "Drinking quantity was more strongly associated with RePAC for Buddhists and Christians than the same association for non-religious participants" (p. 1028). Nevertheless, they target persons that ascribe to various religions and term them religious; not specifically the religious in the term of those who have undertaken vows and the clergy, as is the interest of this current study.

This study sought literature that explores effect of addictions on mission. With no results, the study sought effect of addictions on the clergy. One study Kgabe (2011) emerged. This study shed light on how the participating clergy struggled with substance abuse, mainly alcohol and

cigarettes. Additional write-up (not scholarly though) is from Gateway Foundation. From this, reasons leading the clergy into entering into addictions include genetics, loneliness, stress, previous use and access. When they struggle with the addiction, physical signs, behavioural, psychological as well as occupational start becoming evident. The write-up suggests the following as steps towards dealing with the challenge: acceptance, seeking professional help, creating plan to avoid triggers (Gateway foundation, n.d.).

When the individual leader of the mission is affected by addictions, not only is he/she able to deliver their leadership and pastoral mandate. Also, like other adults, the individual becomes an economic, psychological, behavioural, challenge to the self and to those close to him/her. While noting clearly that the religious are human beings, their leadership positions, increase the effect of the challenge. Nevertheless, it is important that preventive measures are put in place to assist in early discovery processes. Comprehensive treatment procedures should be promptly put in place so that the religious struggling with addictions can be assisted.

Effects of Addictions on Social Transformative Agenda

In the entire document, especially in the section on the effects of substance abuse, individual effects of substance abuse and subsequent addiction have been outlined. The physiological (affecting one's physical as well as inner health), neurological (decisions and brain functions), psychological (emotions, motivations and natural pleasure processes), economic (unfathomable direct and indirect costs associated with addictions), spiritual (wounded relation with the supreme Being and with religious-based congregations), and social (becoming a social misfit after losing character).

These effects render the individual unable to interact in social transformative agenda. Since for him/her the substance(s) that is/are at the base of the addiction is/are of supreme importance, time, focus, finances, as well as any opportunity or available resource, goes to satiate the urge (WHO, 2014; World Development Report (WDR), 2019). For those who may be in employment, the anti-social behaviour and the un-productivity, coupled with the destructive nature of the individual, leads to loss of job and subsequent un-employability (Lee, 2012; Sudhinaraset, Wigglesworth & Takeuchi, 2016). Persons struggling with addictions, easily fall prey to integrity compromises amidst them corruption. As noted previously, the individual is faithfully "married" to the substance. This "marriage" hardly has any separation or divorce, and no excuses are given for the individual not being with the "spouse".

Social transformative agenda funds and resources are also divided to cater for the addict (World Drug Report-WDR, 2019). These resources take care of the rehabilitation process, as well as for any other medication that us required. For those that get involved in accidents, are engaged in crime as perpetrators or victims, the destruction is catered for by the same resources that should have been channeled to social transformative programmes.

On the part of the significant partners of the addict, be they family members (nuclear and extended), work mates, confreres or even fellow sisters and brothers, all are affected by the addiction (Lee, 2012). There are aspects of shame and guilt, as well as self-blame (is there anything that we may have done to get my (son, brother, husband, confrere, sister etc.) into substance abuse? With such questions and concerns, focus shifts from the social transformative programmes. Increasingly as the individual continues to go deeper and deeper into the addiction, anxiety grasps the significant others; what else is he/she going to do and be involved in? What is going to be the ultimate outcome? Might other younger minds also follow suit? These concerns negatively affect

societal performance as the individual as well as the societal productivity and resources get negatively affected.

Addictions also negatively affect the environment (INCB, 2013; World Drug Report-WDR, 2019). There have been forest fires that are associated with practices such as cigarette droppings. There are also moments where logging in forests have been associated with the clearing areas in order to plant drug-related herbs. Also, the chemicals used as pesticides have a negative effect on the environment.

Kgabe (2011, 88-94), summarizes the effects of addictions though his focus is on alcoholism. He enlists the effects under academic, health and safety, peer relationships, societal, developmental, emotional, family and finally social and economic costs. This section has shed light on how directly and indirectly, addictions affect the individual and the society and in so doing negatively affect the social transformative agenda. On this note, the next section addresses the interventions that have been in place, pointing towards improving the addictions' issues.

Interventions

The aim of Addiction Treatment is to "help the individual stop using drugs, maintain a drug-free lifestyle, and achieve productive functioning in the family, at work, and in society" (NIDA, 2018, p. 4).

Table 4: Principles of effective treatment (NIDA, 2018, pp. 5-8):

	Principle
1.	Addiction is a complex but treatable disease that affects brain function and behavior.
2.	No single treatment is appropriate for everyone.
3.	Treatment needs to be readily available.
4.	Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.
5.	Remaining in treatment for an adequate period of time is critical.
6.	Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment.
7.	Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies e.g. -heroin & opioids addicts: methadone, buprenorphine, and naltrexone (including a new long-acting formulation) -alcohol dependence: - Acamprosate, disulfiram, and naltrexone -nicotine: - a nicotine replacement product (available as patches, gum, lozenges, or nasal spray) or an oral medication (such as bupropion or varenicline) can be effective in treatment
8.	An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
9.	Many drug-addicted individuals also have other mental disorders.
10.	Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
11.	Treatment does not need to be voluntary to be effective.
12.	Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
13.	Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk- reduction counseling, linking patients to treatment if necessary.

Pharmacotherapies: In support to principle number seven, table 5 gives additional information on each drug and its intervention.

Pharmaco-therapies	Drug	Information about the drug
Opioid addictions	Methadone	- a long-acting synthetic opioid - can prevent withdrawal symptoms & reduce craving in opioid-addicted individuals. - can block the effects of illicit opioids. - taken orally & has a long history in treatment of adults - it is more effective when combined with individual and/or group counseling, and when patients are provided with, or referred to, other needed medical/psychiatric, psychological, and social services (e.g., employment or family services). -only available through specially licensed opioid treatment programs or methadone maintenance programs.
	Buprenorhine	-synthetic opioid that acts partially agonist (a drug that activates certain receptors in the brain) opioid receptors - does not produce the euphoria & sedation caused by heroin or other opioids - but it is able to reduce or eliminate withdrawal symptoms associated with opioid dependence - carries a low risk of overdose. - available as (i) a pure form of the drug and (2) a more commonly prescribed formulation called Suboxone, which combines buprenorphine with naloxone, an antagonist (or blocker) at opioid receptors. -Naloxone has no effect when Suboxone is taken as prescribed. - but if an addicted individual attempts to inject Suboxone, the naloxone produces severe withdrawal symptoms, i.e. the formulation lessens the likelihood that the drug is abused. - also available as an implant or injection -Buprenorphine treatment for detoxification and/or maintenance can be provided in office-based settings by qualified physicians who have received a waiver from the Drug Enforcement Administration (DEA), allowing them to prescribe it. - availability of office-based treatment for opioid addiction is a cost-effective approach that increases the reach of treatment and the options available to patients.

NB: “Because methadone and buprenorphine are themselves opioids, some people view these treatments for opioid dependence as just substitutions of one addictive drug for another. But taking these medications as prescribed allows patients to hold jobs, avoid street crime and violence, and reduce their exposure to HIV by stopping or decreasing injection drug use and drug-related high-risk sexual behavior. Patients stabilized on these medications can also engage more readily in counseling and other behavioral interventions essential to recovery” (NIDA, 2018, p. 42).

	Naltrexone	-a synthetic opioid antagonist (blocks opioids from binding to their receptors & thereby prevents their euphoric and other effects. -has been used to reverse opioid overdose -approved for treating opioid addiction. -theory behind this is that the repeated absence of the desired effects & the perceived futility of abusing opioids will gradually diminish craving & addiction. -has no potential for abuse, & is not addictive. - usually prescribed for outpatient medical settings - recommended treatment is to begin after

		medical detoxification in a residential setting in order to prevent withdrawal symptoms. -to be taken orally—either daily or three times a week -best suited for highly motivated, recently detoxified patients who desire total abstinence because of external circumstances -Recently, a long-acting injectable version of naltrexone (Vivitrol), was approved to treat opioid addiction; to be delivered once a month. -Vivitrol can facilitate compliance & offers an alternative for those who do not wish to be placed on agonist/partial agonist medications.
Tobacco Addiction	Nicotine Replacement Therapy (NRT)	-as noted under principles of intervention number 7, transdermal nicotine patch, nicotine spray, nicotine gum, & nicotine lozenges, are important. -treatment targets stable low levels of nicotine as a way to preventing withdrawal symptoms (which often lead to continued tobacco use). This control helps keep people motivated to quit.
	Bupropion	- was originally marketed as an antidepressant (Wellbutrin) since it produces mild stimulant effects by blocking the reuptake of certain neurotransmitters, especially norepinephrine & dopamine. - it is also effective in suppressing tobacco craving, helping abusers quit smoking without also gaining weight. - it has FDA (food & Drug Administration) approval as a smoking cessation treatment though its direct effects are unclear.
	Vareniclin (Chantix®)	-approved medication for smoking cessation. - acts on a subset of nicotinic receptors in the brain thought to be involved in the rewarding effects of nicotine. - acts as a partial agonist/antagonist at these receptors—this means that it mildly stimulates the nicotine receptor but not sufficiently to trigger the release of dopamine, which is important for the rewarding effects of nicotine. -as an antagonist, it blocks the ability of nicotine to activate dopamine, interfering with the reinforcing effects of smoking, thus reducing cravings and supporting abstinence from smoking.

NB: combined with behavioural treatment pharmacotherapies of tobacco addiction generate strong positive results

Alcohol Addiction	Naltrexone	- blocks opioid receptors that are involved in the rewarding effects of drinking & the craving for alcohol. - reduces relapse to problem drinking in some patients. -Vivitrol (an extended approved release version, and is administered once a month by injection, shows benefits regarding compliance.
	Acamprosate (Campral®)	-acts on the gamma-aminobutyric acid (GABA) and glutamate neurotransmitter systems -it is thought to reduce symptoms of protracted withdrawal, such as insomnia, anxiety, restlessness, and dysphoria. -helps dependent drinkers maintain abstinence for several weeks to months, -it is more effective in patients with severe dependence.
	Disulfiram (Antabuse®)	-interferes with degradation of alcohol, resulting in the accumulation of acetaldehyde, which, in turn, produces a very unpleasant reaction that includes flushing, nausea, and palpitations if a person drinks alcohol. - compliance is generally poor. - effective among highly motivated patients. - - some use it episodically for high-risk situations, such as social occasions

	where alcohol is present. - can be administered in a monitored fashion, such as in a clinic or by a spouse, improving its efficacy.
Topiramate	- increases inhibitory (GABA- Gamma Aminobutyric Acid) neurotransmission & reduces stimulatory (glutamate) neurotransmission -its precise mechanism of action is not known. -has not yet received FDA approval for treating alcohol addiction, though at times it is used off-label for this purpose. -has been shown in studies to significantly improve multiple drinking outcomes, compared with a placebo.

NB: combined with behavioural treatment pharmacotherapies of tobacco addiction generate strong positive results

(NIDA, 2018, pp. 39 - 47).

Table 5: Psycho-Social Behavioural Therapies

In general the therapies seek to	- help engage people in drug abuse treatment - provide incentives for abusers to remain abstinent, modify their attitudes & behaviors related to drug abuse - increase abusers' life skills to handle stressful circumstances & environmental cues that may trigger intense craving for drugs & prompt another cycle of compulsive abuse.
Cognitive Behavioural Therapy	-treats Alcohol, Marijuana, Cocaine, Methamphetamine, Nicotine -seeks to prevent relapse -underlying conviction is that in the development of maladaptive behavioral patterns like substance abuse, learning processes play a critical role. -helps individuals learn to identify & correct problematic behaviors -does so by applying a range of different skills that can be used to stop drug abuse and to address a range of other problems that often co-occur with it. -anticipates likely problems & enhances patients' self-control by helping them develop effective coping strategies. -explores the positive & negative consequences of continued drug use -helps in self-monitoring to recognize cravings early -identifies situations that might put one at risk for use -develops strategies for coping with cravings, avoiding high-risk situations.
Contingency Management Interventions/ Motivational Incentives	-treat Alcohol, Stimulants, Opioids, Marijuana, Nicotine -involve giving patients tangible rewards to reinforce positive behaviors such as abstinence. -are highly effective in increasing treatment retention & in promoting abstinence from drugs. (i) Voucher-Based Reinforcement (VBR): patient receives a voucher (that has monetary value) for every drug-free urine sample provided; the voucher can be exchanged for food items, movie passes, or other goods or services that are consistent with a drug-free lifestyle. The voucher values are low at first, but increase as the number of consecutive drug-free urine samples increases. Positive urine samples reset the value of the vouchers to the initial low value. -VBR has been shown to be effective in promoting abstinence from opioids and cocaine in patients undergoing methadone detoxification. Prize Incentives CM allows patients to win cash prizes for each drug-negative urine or breath tests recorded twice or thrice a week. Draws decide who attends counseling sessions & completing weekly goal-

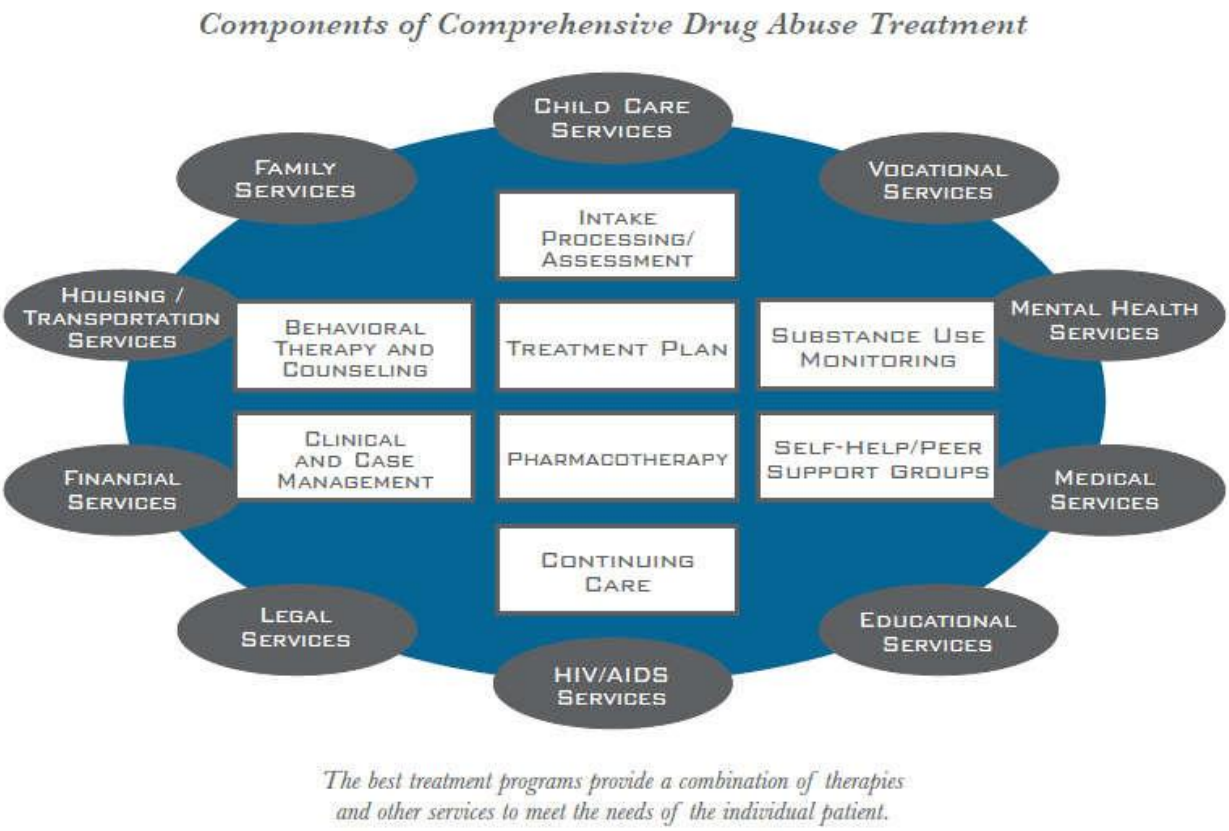
	related activities. It may encourage gambling due to the aspect of chance; studies have shown that this does not happen. (ii) Community Reinforcement Approach Plus Vouchers -treats Alcohol, Cocaine, Opioids -it seeks to maintain abstinence long enough for patients to learn new life skills to help sustain it; and seeks to reduce alcohol consumption for patients whose drinking is associated with cocaine use -CRA plus vouchers is part of an intensive 24-week outpatient therapy -it uses a range of recreational, familial, social, & vocational reinforcers, plus material incentives -encourages that a non- drug-using lifestyle is more rewarding than substance use. -Patients attend one or two individual counseling sessions each week, where they focus on improving family relations, learn a variety of skills to minimize drug use, receive vocational counseling, & develop new recreational activities & social networks. - those who also abuse alcohol receive clinic-monitored disulfiram (Antabuse) therapy. - as in VBR vouchers can be exchanged for retail goods that are consistent with a drug-free lifestyle. -A version of CRA for adolescents addresses problem-solving, coping, and communication skills & encourages active participation in positive social & recreational activities.
Motivational Enhancement Therapy	-treats Alcohol, Marijuana, Nicotine; not good for heroin and cocaine patients. -a counseling approach that helps individuals resolve their ambivalence about engaging in treatment & stopping their drug use. -aims to evoke rapid and internally motivated change, rather than guide the patient stepwise through the recovery process. -consists of an initial assessment battery session, followed by two to four individual treatment sessions with a therapist. -in the first treatment session, the therapist provides feedback to the initial assessment, stimulating discussion about personal substance use and eliciting self-motivational statements. -motivational interviewing principles are used to strengthen motivation & build a plan for change. -coping strategies for high-risk situations are suggested & discussed with the patient. - in subsequent sessions, the therapist monitors change, reviews cessation strategies being used, & continues to encourage commitment to change or sustained abstinence. -patients sometimes are encouraged to bring a significant other to sessions.
The Matrix Model	-provides a framework for engaging stimulant (e.g., cocaine & methamphetamine) abusers in treatment and helping them achieve abstinence. -patients learn about issues critical to addiction & relapse -they receive direction & support from a trained therapist -they become familiar with self-help programs -they are monitored for drug use through urine testing. -therapist functions simultaneously as teacher & coach, fostering a positive, encouraging relationship with the patient & using that relationship to reinforce positive behavior change. -interaction between therapist & patient is authentic and direct but not confrontational or parental. -therapists are trained to conduct treatment sessions in a way that promotes the patient's self-esteem, dignity, & self-worth. -positive relationship between patient & therapist is critical to patient retention. -used with other tested treatment such as relapse prevention, family & group therapies, drug education, & self-help participation. -also uses family education groups, early recovery skills groups, relapse prevention

> groups, combined sessions, urine tests, 12-step programs, relapse analysis, and social support groups.

NIDA, 2018, pp. 48-57

Before looking at the 12 steps programs, the study reiterates the complexity of the drug abuse challenge. This is to assist the helpers, as well as the patients to understand the complexity of the condition and hence the treatment. With this information, the necessary resources and effort towards treatment are exposed. In this section also, the five forms within which therapy is administered, are elucidated.

In the following Figure (3), the complexity of addiction treatment and the subsequent involvements in the treatment is shown.



https://nida.nih.gov/sites/default/files/images/colorbox/treatmentcomponents.jpg.

Due to this complexity, treatment is largely recommended through self-help groups affiliated to Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA). These make use of self-help group therapy during and after formal treatment, and also seek community-level social support in order to maintain abstinence and healthy lifestyle during one's lifetime.

The categories of treatment are mainly within the following five forms:

Long-term residential treatment: The duration is between 6 to 12 months. It is integral and aimed at persons with special needs, those whose addiction is severe, the homeless and persons linked to the criminal justice system.

Short-term residential treatment: It is normally 3 to 6 weeks. It is often hospital-based inpatient treatment. Out-patient therapy is also part of it and may follow the in-patient period. Once out of hospital, the patient also receives days of residential treatment plus other after-care programs. outpatient treatment program: this is of low intensity. It takes advantage of group counselling plus any medical assistance needed.

Individual drug counseling: This target impaired functions, including employment, illegal activity and family social relationships and roles. The 12-step patient recovery programme can be effected having a once or twice a week session. When needed referrals for medical, psychiatric and engagement (placement), are done.

Group counseling: This is a social re-enforcement and promotes a drug-free lifestyle. Cognitive-behavioural therapy is of use as well as contingency management. It seeks to have a friendly community.

Table 6: The Twelve-step facilitation therapy

This is an "an active engagement strategy designed to increase the likelihood of a substance abuser becoming affiliated with and actively involved in 12-step self-help groups, thereby promoting abstinence" (NIDA, 2018, p. 58). This is modified by NIDA (2018) and given under three core tasks: acceptance, surrender and active involvement.

Acceptance	-realization that drug addiction is chronic -progressive disease over which one has no control -life has become unmanageable because of drugs -willpower alone is insufficient to overcome the problem -abstinence is the only alternative
Surrender	-giving oneself over to a higher power -accepting the fellowship and support structure of other recovering addicted individuals -following the recovery activities laid out by the 12-step program.
Active involvement in 12-step meetings and related activities.	-active involvement in 12-step meetings and related activities.

In support with NIDA (2018), The American addiction center gives the 12 steps as outlined in the original *Big Book* and presented by AA:

1. Admitting powerlessness over the addiction
2. Believing that a higher power (in whatever form) can help
3. Deciding to turn control over to the higher power
4. Taking a personal inventory
5. Admitting to the higher power, oneself, and another person the wrongs done
6. Being ready to have the higher power correct any shortcomings in one's character
7. Asking the higher power to remove those shortcomings
8. Making a list of wrongs done to others and being willing to make amends for those wrongs
9. Contacting those who have been hurt, unless doing so would harm the person
10. Continuing to take personal inventory and admitting when one is wrong
11. Seeking enlightenment and connection with the higher power via prayer and meditation
12. Carrying the message of the 12 Steps to others in need (Editorial Staff, 2023).

Note that "relapse rates for addiction resemble those of other chronic diseases such as diabetes, hypertension, and asthma" (NIDA, 2018, p. 13). Yet when relapses occur, it does not mean

the treatment failed; rather it is acknowledging the reality that addiction treatment calls for continual evaluation and appropriate modification. It is therefore important to reinstate, adjust or even use alternative treatment.

Also, addiction treatment is expensive. In the US, the cost is juxtaposed with that of imprisonment, "the average cost for 1 full year of methadone maintenance treatment is approximately $4,700 per patient, whereas 1 full year of imprisonment costs approximately $24,000 per person" (NIDA, 2018, p.15). In Kenya, the average cost of treatment ranges from 40,000Kes (approx. 400 euros) a month to 80,000 Kes (800 euros) or even higher depending on the recovery institution. While looking at this treatment as expensive, it is also worth considering the losses (health, social, financial, and even crime) that are associated with addictions (INCB, 2013) and ask ourselves; will the practice of the addict ail any section of the bigger society?

Due to its complexity, addictions treatment calls for time. There are those who call for 90 days residential or even outpatient. Studies note that this duration is often of limited effectiveness. Longer periods of 12 months or even several years are recommended (NIDA, 2018); "For methadone maintenance, 12 months is considered the minimum" (p. 16).

As the study moves towards conclusion, the study by Roop (2022) uniquely stands out as seeking to explore leadership qualities that are shared between successful leaders and persons that have recovered from addictions. These are divided into two: transformative leadership and authentic leadership. Transformative leadership incorporates intellectual stimulation, idealized influence, inspirational motivation, and individualized consideration. Inspirational motivation has empathy that is together with a tenacity giving yield to resilience, determination and persistence in pursuit of goals. Authentic leadership brings forth self-awareness, relational transparency, balanced processes, internalized moral perspectives that come with humility, patience and gratitude. This final insight on to persons that are in the recovery process, is eye opening and motivating. Founded in this information, recovering addicts can be of significance contribution to mission and to social transformative agenda.

Conclusion

The paper sought to shed light on addictions, with a view to finding out the effects that this has on mission and on social transformative agenda as realized through the African Catholic religious. This paper, basing its source of information on literature, gives the reader a clear understanding of addictions, types, causes, effects, as well as specialized groups of persons and how they relate to addictions. It also sheds light on how addictions affect mission as well as social transformative agenda linked to the African Catholic Religious. At this juncture, it gives the reader clarity on interventions required, as a way to mitigate the harm that addictions have on the individual, on society, on mission and on the realization of the transformative programmes. It is anticipated that through the reading, the information shall assist stakeholders, scholars and the relevant individuals and organs, towards prevention and mitigation.

NB: Intervention bodies on matters addictions in Kenya include

1. National Authority for the Campaign Against Alcohol & Drug Abuse (NACADA). (https://nacada.go.ke.)
2. Alcoholic Anonymous

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