THE ROLE OF THE CHURCH IN MITIGATING SUBSTANCE USE AMONG YOUTH FROM SELECTED FULL GOSPEL CHURCHES IN EMBAKASI EAST, NAIROBI, KENYA

MIRIAM WATETU MUGWERU

A THESIS SUBMITTED TO THE GRADUATE SCHOOL
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF
THE DEGREE OF MASTER OF ARTS IN COUNSELLING PSYCHOLOGY

PAN AFRICA CHRISTIAN UNIVERSITY

JUNE 2026

DECLARATION

I declare that this thesis is my original work and has not been presented for a degree or any other award at any other University.

Sign: ..... Date.....

Miriam Watetu Mugweru
(MACP/21442/0/21)

This thesis has been submitted with my approval as the duly appointed supervisor

Sign: …… Date: ……...

Dr. Veronica K. Makena (PhD)
Pan Africa Christian University

TABLE OF CONTENTS

DECLARATION.....**ii**
TABLE OF CONTENTS…….....**iii**
DEDICATION.....**vii**
ACKNOWLEDGMENTS.....**vii**
ABSTRACT.....**viii**
LIST OF TABLES.....**ix**
LIST OF FIGURES.....**x**
ABBREVIATION AND ACRONYMS.....**xi**
OPERATIONAL DEFINATION OF TERMS.....**xii**
CHAPTER ONE: INTRODUCTION AND BACKGROUND TO THE STUDY .1
Statement of the Problem.....1
Purpose of the Study.....9
Objectives of the Study.....9
Research Questions.....9
Assumptions of the Study.....10
Justification of the Study.....11
Significance of the Study.....12
Scope of the Study.....14
Limitations.....15
Delimitations of the Study.....16
Chapter Summary.....17
CHAPTER TWO: LITERATURE REVIEW.....18
Introduction.....18
Literature Review.....18
Role of FGCK in Mitigating Substance Use among Youth within Embakasi East Sub-County.....20
Prevalence of Substance Use Among Youth Within FGCK in Embakasi East Sub-County.....31
Effectiveness of Existing Substance Use Mitigation Programs Within FGCK in Embakasi East Sub-County.....38
Collaborations between FGCK and Other Stakeholders in Mitigating Substance Use Among Youth in Embakasi East Sub-County.....47

Mitigating Use of Substances 55
Theoretical Framework 57
Social Learning Theory 57
Cognitive Behavioural Theory 58
Conceptual Framework 60
Chapter Summary 63
CHAPTER THREE: RESEARCH METHODOLOGY 64
Introduction 64
Research Design 64
Target Population 65
Sample Size 66
Sampling Methods 68
Type of Data 70
Data Collection Method
……...……70
Pre-testing 722
Instrument Validity 733
Instrument Reliability 75
Data Analysis 766
Ethical Consideration 777
Chapter Summary 788
CHAPTER FOUR: RESULTS AND DISCUSSIONS 79
Introduction 79
Response Rate 79
Demographic Information 80
Role of FGCK in Mitigating Substance Use among Youth 97
Prevalence of Substance Use Among Youth Within FGCK 92
Effectiveness of Existing Substance Use Mitigation Programs within FGCK 96
Potential Collaborations between FGCK and Rehabilitation Centers in Mitigating Substance Use 104
Mitigating Substance Use Among Youth 108
Qualitative Results 112
Correlation Analysis 128

Regression Analysis 132
Chapter Summary 140
CHAPTER FIVE: SUMMARY OF FINDINGS, IMPLICATIONS, CONCLUSIONS, RECOMMENDATIONS AMD AREAS FOR FURTHER RESEARCH 142
Introduction 142
Summary of Key Findings 142
Objective One: Role of FGCK in Mitigating Substance Use among Youth . 142
Objective Two: Prevalence of Substance Use among Youth within FGCK . 144
Objective Three: Effectiveness of Existing Substance Use Mitigation Programs within FGCK 146
Objective Four: Potential Collaborations between FGCK and Rehabilitation Centers 148
Implications of the Study 150
Conclusion 152
Recommendations 154
Areas for Further Research 157
REFERENCES 158
Appendix I: INTRODUCTION LETTER 17491
Appendix II: INFORMED CONSENT FORM 17592
Appendix III: QUESTIONNAIRE 17794
Appendix IV: INTERVIEW QUESTIONS 1836
Appendix V: AUTHORIZATION LETTER 1848
Appendix VI: ETHICS LETTER FROM PAC ISERC 1859
Appendix VII: NACOSTI LICENSE 18610
Appendix VIII:CHURCH AUTHORIZATION LETTER 18711

DEDICATION

The foundation of my academic path has been my family's unfailing support, encouragement, and sacrifices, to whom I dedicate this work. I have always been inspired by their love and belief in me, which has motivated me to overcome obstacles and pursue excellence. This research is a testament to their enduring influence on my life and career aspirations. I extend special gratitude to my beloved husband, who has tirelessly provided both material and financial support throughout this journey.

ACKNOWLEDGMENTS

First and foremost, I would want to sincerely thank God for providing me with the wisdom, bravery, and perseverance I required for this academic endeavour. His grace has been my anchor throughout this process. I would also like to express my heartfelt gratitude to my supervisor, Dr. Veronica Makena, of Pan Africa Christian University. Her knowledgeable direction, perceptive prompt criticism, and steadfast support have been crucial in forming this study. Dr. Makena's profound knowledge in the field and her dedication to nurturing academic excellence have not only enhanced the quality of this work but have also significantly contributed to my growth as a researcher. I am also deeply thankful to PAC fraternity, the leadership in Psychology Department and more so my classmates, who provided a stimulating and collaborative environment, enriching my research experience with their diverse perspectives and valuable contributions. Our discussions and shared experiences were invaluable in refining my ideas and broadening my understanding of the subject matter. My friends deserve special mention for their constant calls, encouragement and the emotional support they extended during this journey. Last and not the least my nuclear family my husband and my sons, their belief in my abilities and their words of motivation were a source of strength, especially during challenging times. Thank you all for your contributions to this significant milestone in my academic journey.

ABSTRACT

Substance use among the youth is a significant public health concern in Kenya, with recent statistics from the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) indicating alarming rates of alcohol, tobacco, and illicit drug use among individuals aged 18-35 years. Despite the potential of religious institutions to influence behaviour and provide support, there is limited research on the specific role of Full Gospel Churches of Kenya (FGCK) in addressing this issue. Thus, this study examined the role of FGCK in mitigating substance use among the youth in Embakasi East Sub-County, Nairobi County, Kenya. Specifically, it examined the prevalence and patterns of substance use among youth within FGCK, evaluated the effectiveness of existing mitigation programs, and explored potential collaborations between FGCK and other stakeholders like rehabilitation centres in addressing substance use. The study was guided by the Social Learning Theory and the Cognitive Behavioural Theory and employed a descriptive research design. A sample size of 331 participants were selected from the 1,912-target population, which included 624 parents who are FGCK members in Embakasi East Sub-County, 41 church leaders, and 1,247 youth between the ages of 18 and 35. Data analysis involved descriptive and inferential statistics using Statistical Package for the Social Sciences (SPSS) version 30. In order to guarantee adherence to legal and ethical standards, the required permissions and approvals were granted by Pan Africa Christian University Institutional Scientific and Ethics Review Committee (ISERC), the National Commission for Science, Technology, and Innovation (NACOSTI), and the church administration. The study found that 38.81% of youth required brief intervention for alcohol use, 35.32% for tobacco use, with 80.60% having limited awareness of church-led mentorship programs and 83.50% reporting minimal participation in prevention programs. Program effectiveness was perceived as limited, with 83.10% disagreeing that programs achieved noticeable community impact. Collaboration assessment revealed 84.10% perceiving minimal church partnerships with rehabilitation centres. Correlation analysis revealed significant positive associations between mitigating substance use and church role ($r = 0.686$, $p = 0.000$), program effectiveness ($r = 0.579$, $p = 0.000$), and collaborations ($r = 0.619$, $p = 0.000$). Regression analysis confirmed church role ($B = 0.321$, $p = 0.000$), program effectiveness ($B = 0.200$, $p = 0.000$), and collaborations ($B = 0.235$, $p = 0.000$) as significant predictors, with the combined model explaining 60.0% of variance in substance use mitigation. The study concludes that Full Gospel Churches face significant challenges in their substance use mitigation role, with limited program effectiveness and minimal external collaborations hindering their potential impact. The study recommends that Full Gospel Churches implement comprehensive substance use mitigation programs, establish strategic partnerships with rehabilitation centres and professional service providers, and develop targeted interventions that enhance youth engagement, improve program accessibility, and create evidence-based approaches for addressing substance use among youth in urban church settings.

LIST OF TABLES

Table 1:Target Population 66
Table 2:Sample Size 67
Table 3:Reliability Coefficients 76
Table 4:Response Rate by Category 79
Table 5:Role of FGCK in Mitigating Substance Use among Youth 97
Table 6:Prevalence of Substance Use Among Youth Within FGCK 93
Table 7:Effectiveness of Existing Substance Use Mitigation Programs Within FGCK 101
Table 8:Potential Collaborations between FGCK and Rehabilitation Centers in Mitigating Substance Use 105
Table 9:Mitigating Substance Use Among Youth 109
Table 10:Correlation Analysis 129
Table 11:Multiple Model Fitness 132
Table 12:Multiple Analysis of Variance (ANOVA) 133
Table 13:Regression Coefficients 135

LIST OF FIGURES

Figure 1:Conceptual Framework *62*
Figure 2:Age Distribution of Youth *81*
Figure 3:Gender Distribution of Youth *83*
Figure 4:Marital Status Distribution of Youth *85*
Figure 5:Educational Level Distribution of Youth *87*
Figure 6:Employment Status Distribution of Youth *89*
Figure 7:Church Membership Duration Distribution of Youth *91*

ABBREVIATIONS AND ACRONYMS

AUDIT: Alcohol Use Disorders Identification Test

CDC: Centres for Disease Control and Prevention

DSM V: Diagnostic and Statistical Manual of Disorders 5th Edition

FBOs: Faith Based Organizations

FGCK: Full Gospel Churches of Kenya

GOYA: Greek Orthodox Youth of America

HIV: Human Immunodeficiency Virus

ISREC: Institutional Scientific Review and Ethics Committee

NACOSTI: National Commission for Science, Technology and Innovation

NGOs: Non-governmental Organizations

PAC: Pan Africa Christian

PACUIRB: Pan Africa Christian University Institutional Review Board

PCEA: Presbyterian Church of East Africa

SPSS: Statistical Package for the Social Sciences

SURP-M: Substance Use Risk Profile-Medication

WHO: World Health Organization

YPAR: Youth Participatory Action Research

OPERATIONAL DEFINITION OF TERMS

Church-Based Interventions: This refers to structured programs implemented within religious institutions to address social issues through faith-based approaches and community engagement (Kabugi, 2019; Korir et al., 2022; Wangari et al., 2022). In this study, this refers specifically to substance use prevention or treatment programs implemented within or in association with FGCK.

Collaborations and Partnerships: This refers to formal or informal relationships between organizations working toward common goals through shared resources and coordinated efforts (Barasa et al., 2022; Korir et al., 2022; Nwagu et al., 2020). These terms refer to relationships between FGCK and other organizations (e.g., rehabilitation centres, law enforcement, local Non-Governmental Organisations (NGOs)) aimed at addressing substance use among the youth.

Community Partnerships: This refers to collaborative efforts between local organizations to address community challenges through coordinated action and resource sharing (Mwangi et al., 2022; Nwagu et al., 2020; Wangari et al., 2022). In this research, this refers to collaborative efforts between FGCK and local community organizations to address substance use among youth in Embakasi East Sub-County.

Effectiveness: The measurable impact of interventions in achieving intended outcomes through systematic evaluation and assessment (Kinoti et al., 2022; Maithya et al., 2021; Wangari et al., 2022). For this research, effectiveness refers to the degree to which FGCK's substance use mitigation programs achieve their intended outcomes in reducing or preventing substance use among youth.

Mitigating Substance Use: This refers to systematic prevention and intervention efforts implemented through evidence-based programs to reduce substance use behaviours (Grim & Grim, 2019; Korir et al., 2022; Nwagu et al.,

2020). In this study, mitigating substance use encompasses the specific actions and programs implemented by FGCK to reduce or prevent substance use among youth in their congregation and community.

Patterns of Substance Use: This is the frequency, quantity, and types of substances consumed by individuals, including temporal variations and usage habits (Abbo et al., 2022; Kwendo et al., 2021; Musyoka et al., 2019). In this study, patterns refer specifically to the frequency, quantity, and types of substances used by youth within FGCK.

Prevalence: The proportion of a defined population using substances within a specific time period, indicating the extent of substance use within that population (Kinoti et al., 2022; Kwendo et al., 2021; Mbuthia et al., 2022). In this study, prevalence refers to the proportion of youth within FGCK who reported using substances within the specified study timeframe.

Substance Use: This refers to the consumption of psychoactive substances including alcohol, tobacco, and illicit drugs that can affect mental processes and behaviour (Abbo et al., 2022; Diagnostic and Statistical Manual of Mental Disorders 5th Edition [DSM-5], 2013; Kwendo et al., 2021; Mbuthia et al., 2022). In this study, substance use specifically refers to the consumption of alcohol, tobacco, or illicit drugs by youth aged 18-35 years within Full Gospel Churches of Kenya (FGCK) in Embakasi East Sub-County, Nairobi County.

Youth: People between the ages of 18 and 35, as determined by national policy frameworks and demographic research (Karanu et al., 2020; Mbuthia et al., 2022; Mwangi et al., 2022). For this study, youth refer specifically to individuals within this age range who are members of or associated with FGCK in Embakasi East Sub-County.

CHAPTER ONE: INTRODCTION AND BACKGROUND TO THE STUDY

Introduction

This chapter includes the background to the study, statement of the problem, aim of the study, objectives of the study, research questions, assumptions of the study, justification of the study, significance of the study, scope of the study, delimitations of the study, and limitations, culminating in a chapter summary.

Background to the Study

Substance use among youth is a pressing concern that has ramifications not just for individual families but also for communities and societies at large (Geleta et al., 2021). The Constitution of Kenya (2010) Article 260 defines youth as individuals in the age bracket of 18–35 years (Ministry of Public Service, Youth and Gender Affairs, 2019); thus, in the current study, youth include individuals aged between 18 and 35 years. A number of detrimental effects, such as subpar academic performance, declining health, and a higher chance of running afoul of the law, can result from substance use (Sheftall et al., 2022). Moreover, drug and substance use is a serious issue among slum dwellers, especially in developing countries (Khosravi et al., 2020), with khat, marijuana, and alcohol among the most frequently abused substances. Consequently, substance abuse strains tie with friends and family, leading to social isolation that compounds existing community vulnerabilities (Christodoulou et al., 2020).

Globally, Grim and Grim (2019) examined the role of faith in substance abuse prevention and recovery in the United States, highlighting the prevalence of spirituality-based elements such as 12-step programs and the economic contribution of faith-based recovery support programs. Unterrainer et al. (2023) conducted a comprehensive review of 195 studies on religion and substance use disorders, finding that 88% reported significant inverse relationships between religiosity and substance abuse. Across Europe,

Mak (2019) demonstrated that church attendance is associated with a notable decrease in substance use, particularly regarding alcohol abstinence, underlining the importance of religious practices. Parra et al. (2022) expanded this finding by analysing data from 28 European countries, revealing that individuals placing high importance on religion had lower incidence of lifetime alcohol, tobacco, and cannabis use. These results indicate that religiosity consistently acts as a protective factor against substance use across diverse cultural and geographic contexts.

In Asia, similar findings emphasize the protective impact of religiosity against substance use. A study by Lavric et al. (2023) examined the numerous facets of religiosity and how it affected different kinds of substance use across three distinct religions, revealing that a strong belief in God was a more effective barrier against substance use than either personal prayer or regular church attendance. This finding underscores the power of personal belief as a coping mechanism that fortifies individuals against substance misuse. In India, Chokkanathan et al. (2020) explored religious healing perspectives within Hinduism and Islam, focusing on the role of religious institutions in mental health and substance use treatment. The study found that religious institutions frequently play a crucial role in supporting individuals with addiction, particularly in areas with a shortage of psychiatric facilities. These faith-based strategies thus offer a culturally appropriate support network that reduces stigma surrounding mental illness and substance abuse.

At the continental level, studies from sub-Saharan Africa have demonstrated the influence of church-based approaches on substance use among youth. In South Africa, Makhubele and Matlakala (2019) analysed church leaders' views on youth alcohol abuse in Musina Town, finding that factors such as negligent parenting, peer influence, and limited law enforcement fuel youth binge drinking, with church leaders advocating for

community collaboration to address these drivers. Similarly, in West Africa, Lumun and Joshua (2022) in Nigeria highlighted that poverty and limited educational access are significant factors influencing drug use, suggesting that substance use interventions must address underlying social inequalities to be effective. These continental findings collectively point to the church's potential as a structural partner in mitigating substance use, particularly when its efforts are combined with broader social support mechanisms addressing poverty and educational access among vulnerable youth populations.

Regionally in East Africa, several studies have examined the church's role in addressing substance use among youth. Muswerakuenda et al. (2023) explored the church's role in providing psychosocial support for youth recovering from drug abuse in Zimbabwe, identifying stigma as a primary barrier while acceptance and peer support emerged as crucial facilitators. Additionally, Mafikiri (2022) investigated how spirituality and parental leadership styles affected young people's prevention of alcohol consumption in both urban and rural Moshi, Tanzania, finding that both parental guidance and spirituality are instrumental in reducing alcohol abuse. Similarly, Mhaka-Mutepfa and Maundeni (2019) underscored faith and spirituality's critical role in building resilience against substance use, advocating for faith-based support systems that reinforce spiritual practices and emotional strength among youth. In Uganda, Nakibuuka and Nalubega (2022) further revealed that sociocultural, economic, and individual factors significantly contribute to drug abuse among youth in urban slum areas, underscoring the need for multi-faceted faith-based interventions.

In Kenya, Kabugi (2019) conducted an in-depth study exploring how Faith-Based Organizations (FBOs) contribute to substance use prevention from a Christian perspective. The research revealed that FBOs employ a multifaceted approach, which includes public awareness campaigns, community mobilization, counselling sessions,

rehabilitation programs, and mentorship initiatives aimed at youth. These strategies demonstrate how FBOs integrate social support, moral guidance, and practical assistance to address substance abuse within communities. Similarly, Mwangi and Nzengya (2022) reviewed global research on FBOs' role in substance use prevention, correction, and treatment, establishing that FBO programs can be as effective as traditional methods, with the added benefit of promoting positive religious coping. By instilling values and coping mechanisms grounded in spirituality, FBOs offer a unique approach to substance abuse prevention that appeals particularly to communities with strong faith traditions, thus serving as accessible platforms for preventive and corrective resources among youth.

Karanu et al. (2020) analysed the influence of church policies on youth economic empowerment within the Presbyterian Church of East Africa (PCEA), focusing on Nyahururu Parish, with the study examining how church governance structures affect youth development outcomes. Using a descriptive research design involving church youth and leaders, the study discovered that certain church policies, such as those on single parenthood and divorce, negatively affected youth engagement, indicating that restrictive policies can hinder youth from accessing support networks within the church. Conversely, policies encouraging modern technology usage had a positive impact on youth empowerment, suggesting that adapting to contemporary trends helps churches better support their youth. This finding highlights the importance of policy flexibility within religious institutions to foster youth development while aligning with the church's moral teachings. Consequently, church governance structures that balance moral guidance with practical inclusivity are more effective in sustaining meaningful youth engagement and reducing vulnerability to substance use.

Korir et al. (2022) surveyed 175 church elders and members of the Full Gospel Churches of Kenya (FGCK) in Baringo Central Sub-County to explore the church's

strategies for combating alcohol consumption among congregants. The study revealed that the church actively engages in outreach services including guidance counselling, public crusades, preaching, and educational sessions, all aimed at promoting abstinence from alcohol. This multi-tiered approach underscores the church's commitment to fostering a sober community by addressing both the spiritual and social dimensions of substance use prevention. Furthermore, these outreach efforts not only promote abstinence but also support individuals through various stages of recovery, reinforcing the church's role as a central, supportive figure within the community. The study therefore demonstrates that faith-based outreach can significantly influence substance use behaviours, with FGCK being particularly instrumental in community-focused strategies that effectively blend spiritual guidance and practical social intervention.

The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA, 2022) reveals a significant prevalence of substance use among Kenyan youth aged 18 to 24, with alcohol, tobacco, khat, and cannabis being the most commonly used substances. Approximately 8.9% of youth in this age group, representing about 367,608 individuals, are affected by at least one substance, underscoring the magnitude of the issue. Drug and substance abuse is particularly prevalent among slum dwellers in Kenya, where poverty, unemployment, and limited access to education and healthcare drive many individuals to use alcohol, tobacco, and khat as coping mechanisms (Gitatui et al., 2021). This practice negatively impacts their physical and emotional well-being, resulting in addiction, illness, and social problems including violence and criminality. Therefore, these compounding social vulnerabilities demand targeted, community-embedded interventions that address both the immediate and structural drivers of substance use among urban youth populations.

Substance use challenges in urban informal settlements are further compounded by a lack of access to treatment and rehabilitation programs, trapping many slum dwellers in a cycle of poverty and drug abuse (Wacuka, 2020). Given the magnitude of this problem, especially among the youth, there is a need to explore potential solutions and support systems embedded within local communities. Churches, as centres of moral, ethical, and social guidance (Buchtova et al., 2020), are strategically positioned to play a crucial role through their consistent interaction and influence over members, including the youth. Substance abuse among youth is not only a health concern but also carries broader social implications, affecting education, crime, and overall community well-being (NACADA, 2022). The FGCK within Embakasi East Sub-County, comprising Donholm, Embakasi, Tassia, Green Span, and Umoja Unity, serve as spiritual hubs providing religious guidance, community support, and purpose to their members (Benyah, 2021).

This study examined the role of FGCK in mitigating substance use among youth in Embakasi East Sub-County, Nairobi County, grounded in two complementary theoretical frameworks: The Social Learning Theory and the Cognitive Behavioural Theory. The Social Learning Theory, developed by Albert Bandura, provided a lens for understanding how youth learn substance use behaviours through observation, modelling, and reinforcement within their social environments, including church settings (Stone et al., 2021). This theory helped explain how churches, as social institutions, can influence youth behaviour through positive role models, mentorship programs, and reinforcement of prosocial behaviours. The Cognitive Behavioural Theory, developed by Aaron Beck and Albert Ellis, complemented this by focusing on the relationship between thoughts, emotions, and behaviours, providing insights into how church-based interventions can modify maladaptive thought patterns and promote healthier coping mechanisms among

youth (Chand et al., 2023; Kazantzis & Miller, 2022). Together, these theories provided a comprehensive framework for examining social influences and cognitive processes in substance use mitigation within the FGCK context.

Understanding the dynamics of substance use within religious contexts is essential for creating focused preventive plans and interventions that can effectively address the problem while promoting the overall wellbeing of church members. By examining the unique characteristics, initiatives, and collaborations of each FGCK within Embakasi East Sub-County, this study aimed to contribute valuable insights and recommendations for strengthening substance abuse prevention efforts and promoting healthier lifestyles within the community. The study specifically sought to assess the prevalence and patterns of substance use among youth, evaluate the effectiveness of existing mitigation programs within FGCK, and explore potential collaborations between these churches and other stakeholders such as rehabilitation centres and community organizations. These findings were expected to inform evidence-based, community-driven strategies that leverage the church's spiritual authority and social reach to meaningfully reduce substance use and promote sustained recovery among youth in Embakasi East Sub-County.

Statement of the Problem

The 2022 statistics provided by the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) reveal an alarming trend regarding substance use among Kenyan youth. In the 18–24 age group, the prevalence of substance use is significant, with alcohol, tobacco, khat, and cannabis being the most commonly used substances. The report indicates that 5.2% of youth in this age bracket use alcohol, translating to approximately 367,608 individuals. Tobacco and khat usage are also notable, affecting approximately 230,130 and 259,954 youth respectively. Cannabis use,

although slightly lower in prevalence, still affects a considerable number of young people, estimated at 193,430 (NACADA, 2022). The use of prescription drugs, while lower in comparison, and the consumption of polydrugs by 3.8% of this demographic are equally worrying. Overall, 8.9% of youth aged 16–24 are affected by at least one substance, underscoring the alarming extent of this public health challenge among Kenya's young population.

In the 25–35 age group, the situation appears even more alarming, with the prevalence of alcohol use increasing sharply to 14.0%, affecting over 1.1 million individuals (NACADA, 2022). Tobacco and khat use also exhibit significant escalations, with respective prevalence rates of 6.0% and 4.8%. In total, 18.5% of individuals aged 25–35 are affected by at least one substance (NACADA, 2022). These figures highlight a critical public health issue, indicating that substance use is not a problem confined to teenagers and young adults alone but continues well into the mid-thirties. This trend underscores the urgent need for effective intervention strategies that address substance uses across a broader age range, focusing not only on prevention among younger cohorts but also on sustained support and rehabilitation for older age groups, thereby calling for inclusive, age-responsive intervention frameworks within community-based settings such as churches.

Based on the reviewed studies by Kabugi (2019), Mwangi and Nzengya (2022), Karanu et al. (2020), and Korir et al. (2022), there is a research gap in examining the specific role of FGCK in mitigating substance use among the youth in Embakasi East Sub-County, Nairobi County. While Kabugi (2019) explored FBOs' role from a Christian perspective in substance use prevention in Kenya, and Mwangi and Nzengya (2022) reviewed FBO contributions globally, neither study specifically examined FGCK's interventions. Similarly, though Karanu et al. (2020) studied church policies' influence on

youth in PCEA, and Korir et al. (2022) investigated FGCK strategies in Baringo Central Sub-County, Baringo County, Kenya, there is limited research on FGCK's concerted efforts to combat substance use among youth in Embakasi East Sub-County. The study therefore addressed this gap by examining the prevalence and patterns of substance use within these churches, evaluating the effectiveness of their existing mitigation programs, and exploring potential stakeholder collaborations.

Purpose of the Study

The study examined the role of the church in mitigating substance use among youth, from FGCK in Embakasi East, Nairobi County, Kenya.

Objectives of the Study

The study was guided by the following objectives:

1. To examine the role of FGCK in mitigating substance use among youth within Embakasi East Sub-County, Nairobi County, Kenya.
2. To assess the prevalence of substance, use among youth within FGCK in Embakasi East Sub-County, Nairobi County, Kenya.
3. To evaluate the effectiveness of existing substance, use mitigation programs within FGCK in Embakasi East Sub-County, Nairobi County, Kenya.
4. To explore the capacity of FGCK to establish and sustain collaborative partnerships with other stakeholders in mitigating substance use among youth in Embakasi East Sub-County, Nairobi County, Kenya.

Research Questions

1. What is the role of FGCK in mitigating substance use among youth within Embakasi East Sub-County, Nairobi County, Kenya?
2. What is the prevalence of substance use among youth within FGCK in Embakasi East Sub-County, Nairobi County, Kenya?

3. How effective are the existing substance use mitigation programs within FGCK in Embakasi East Sub-County, Nairobi County, Kenya?
4. What is the capacity of FGCK to establish and sustain collaborative partnerships with other stakeholders in mitigating substance use among youth in Embakasi East Sub-County, Nairobi County, Kenya?

Assumptions of the Study

The study assumed that FGCK played a significant role in mitigating substance use among youth within Embakasi East Sub-County. This assumption was based on the premise that religious institutions, such as churches, had the potential to influence the behaviours and attitudes of their members, particularly young people. It was also assumed that there was a prevalence of substance use among youth within FGCK in the study area, and that this prevalence could be assessed through appropriate research methods. Furthermore, the study assumed that there were existing substance use mitigation programs within FGCK in Embakasi East Sub-County, and that these programs could be evaluated for their effectiveness. This assumption was based on the idea that churches often implemented various initiatives to address social issues affecting their congregations and communities. Lastly, the study assumed that there was potential for collaborations and partnerships between FGCK and other stakeholders, such as community organizations, healthcare providers, and schools, in addressing the issue of substance use among youth in Embakasi East Sub-County.

Regarding methodology and research design, the study assumed that the sequential explanatory mixed-methods design was appropriate and sufficient for addressing the research objectives. It was further assumed that participants would respond to questionnaire items and interview questions honestly and accurately, without significant social desirability bias, and that the selected sample was representative of the

broader FGCK youth population in Embakasi East Sub-County. The study also assumed that the research instruments, including the World Health Organization's Alcohol, Smoking and Substance Involvement Screening Test and the researcher-developed questionnaires, were valid and reliable measures of the constructs under investigation. Additionally, it was assumed that the stratified sampling procedure employed adequately captured the diversity of perspectives across the different subgroups, youth, church leaders, and parents, within the five participating FGCK congregations in Embakasi East Sub-County.

Justification of the Study

The study was justified by the high and escalating prevalence of substance use among Kenyan youth, as documented by NACADA (2022), which reported that 8.9% of youth aged 18–24 and 18.5% of those aged 25–35 were affected by at least one substance, with alcohol, tobacco, khat, and cannabis being most prevalent. These alarming figures present a critical public health concern extending well into the mid-thirties, underscoring the need for age-spanning intervention strategies. Despite this documented burden, Kabugi (2019) and Korir et al. (2022) identified significant gaps in the systematic evaluation of faith-based substance use prevention programs in Kenya, particularly within Full Gospel Churches. Furthermore, Mwangi and Nzengya (2022) established that while FBO programs demonstrate comparable effectiveness to traditional methods, their implementation and evaluation within specific urban church contexts remains insufficiently studied, justifying this focused investigation of FGCK in Embakasi East Sub-County.

Moreover, the study was driven by the need to uncover culturally relevant, community-based approaches to substance use prevention grounded in empirical evidence. Johnson et al. (2020) demonstrated through meta-analysis that religious

involvement was associated with a 22% reduction in substance use likelihood among youth across diverse cultural contexts, yet Karanu et al. (2020) revealed that church policies and programs in Kenya often lack the flexibility and targeting necessary to effectively address youth substance use. Additionally, Nwagu et al. (2020) established that collaborative frameworks involving religious institutions, local authorities, and health organizations significantly strengthen community readiness for substance use prevention, a model insufficiently explored within FGCK settings. Consequently, this study addressed the documented gap by examining FGCK's specific mitigation strategies, evaluating existing program effectiveness, and exploring collaborative opportunities with stakeholders in Embakasi East Sub-County, thereby generating evidence-based recommendations aligned with the community's cultural and spiritual realities.

Significance of the Study

The study is significant to FGCK and similar religious institutions by providing a comprehensive evaluation of church-initiated substance use prevention programs, being a frame work of revealing both strengths and areas for improvement. Empirical evidence by Korir et al. (2022) demonstrates that Full Gospel Churches in Kenya engage in outreach services including counselling and educational sessions, yet systematic evaluation of their effectiveness remains limited, confirming the need for this assessment. This study's findings could help churches refine methods and design more engaging programs that resonate with youth. By examining youth awareness and participation levels, the study indicated how effectively church initiatives reached their intended audience. These findings may enable FGCK to develop more impactful interventions serving both their congregation and the broader community, consistent with Kabugi's (2019) recommendation that faith-based organizations require evidence-based evaluation

frameworks to move beyond well-intentioned but inadequately measured substance use prevention activities.

For policymakers and community stakeholders, the study offers valuable insights into effective collaboration models for substance use prevention. Empirical evidence by Wangari et al. (2022) demonstrates that partnerships between churches and community organizations in Nairobi have enhanced program reach and sustainability, while Nwagu et al. (2020) established that collaborative community readiness models involving religious leaders significantly strengthen substance use prevention outcomes. By examining partnerships between churches, local authorities, and social organizations, this research demonstrated how multi-sectoral cooperation could address social challenges effectively. The findings help shape comprehensive policies that encourage cross-sector collaboration while providing community leaders with evidence-based practices for improved outreach and resource sharing. Additionally, the study offers a framework for developing targeted, community-wide strategies that effectively address substance use through coordinated efforts among FGCK, rehabilitation centres, law enforcement agencies, and other relevant community stakeholders in Embakasi East Sub-County.

For counselling psychologists, the research enhances understanding of how faith-based approaches influence youth substance use behaviours within cultural and religious contexts. Grim and Grim (2019) empirically demonstrated that spirituality-based recovery elements contribute significantly to sustained abstinence and improved treatment outcomes, while Unterrainer et al. (2023) found that 88% of 195 reviewed studies reported significant inverse relationships between religiosity and substance abuse, confirming the clinical relevance of faith integration in counselling practice. The findings may help counsellors incorporate culturally sensitive and faith-based elements into their interventions, making them more relevant and effective for clients with strong religious

affiliations. Furthermore, the study identified opportunities for interdisciplinary collaboration between mental health professionals and religious institutions, promoting integrated support systems combining spiritual guidance with professional counselling, thereby improving service accessibility and effectiveness while ensuring interventions respect the local cultural values and practices of communities in Embakasi East Sub-County.

Scope of the Study

This study examined the role of Full Gospel Churches of Kenya (FGCK) in mitigating substance use among youth in Embakasi East Sub-County, Nairobi County, Kenya. Specifically, the study investigated four thematic areas aligned with its objectives: the role of FGCK in mitigating substance use through mentorship programs, family engagement, and youth empowerment; the prevalence and patterns of substance use among church-affiliated youth; the effectiveness of existing substance use mitigation programs within FGCK; and the capacity of FGCK to establish collaborative partnerships with rehabilitation centres, law enforcement agencies, and local Non-Governmental Organizations. These four thematic areas constituted the subject matter coverage of the study, providing a structured framework for examining both the internal church-based interventions and external collaborative mechanisms that collectively shape the church's role in addressing substance use among youth within this specific urban religious context.

The study focused on three categories of participants drawn from five FGCK congregations within Embakasi East Sub-County: youth aged 18–35 years, church leaders, and parents who are members of FGCK. The total target population comprised 1,912 individuals, from which a sample of 331 participants was selected using stratified sampling. The geographical scope was confined to Embakasi East Sub-County, specifically the five FGCK congregations of Donholm, Embakasi, Tassia, Green Span,

and Umoja Unity. This urban setting was deliberately selected because of its demographic diversity, high youth population density, and documented prevalence of substance use challenges in informal settlement areas surrounding the sub-county. By focusing exclusively on FGCK-affiliated participants within this specific sub-county, the study ensured contextual depth and relevance, though findings may not be directly generalizable to FGCK congregations in other geographical regions or other religious denominations operating in similar urban settings.

The study covered a timeframe from January 2024 to December 2025, a period that allowed thorough exploration, data collection, analysis, and reporting of substance use dynamics among FGCK youth in Embakasi East Sub-County. Methodologically, the study employed a sequential explanatory mixed-methods design, combining quantitative and qualitative approaches to comprehensively address the research objectives. The quantitative component involved structured questionnaires administered to 216 youth, utilizing the World Health Organization's Alcohol, Smoking and Substance Involvement Screening Test alongside researcher-developed instruments. The qualitative component comprised semi-structured interviews conducted with seven church leaders and twenty parents, providing in-depth contextual understanding of the church's substance use mitigation strategies. Together, these methodological approaches ensured that both measurable patterns and nuanced experiential perspectives were captured, thereby generating findings that are both statistically grounded and contextually meaningful for informing faith-based substance use intervention strategies.

Limitations

Limitations in research refer to the constraints, shortcomings, or potential weaknesses that could affect the study's findings, validity, or generalizability (Smith & Johnson, 2023). These limitations were acknowledged and discussed to provide

transparency and context for interpreting the results (Brown et al., 2022). One limitation of the study was the potential for self-reporting bias among participants, as data on substance use and participation in prevention programs might have been subject to social desirability or underreporting. Additionally, the study's reliance on a specific religious community, FGCK within Embakasi East Sub-County, limited the generalizability of findings to other religious denominations or geographical areas. Moreover, the research faced constraints in accessing comprehensive data on the effectiveness of prevention initiatives and collaborations between FGCK and other stakeholders, potentially limiting the depth of analysis.

To mitigate these methodological limitations, several strategies were implemented. First, self-reporting bias was addressed through the use of anonymous questionnaires and establishing rapport with participants to encourage honest responses. Additionally, triangulation of data sources (including youth, church leaders, and parents) was employed to verify and cross-validate findings. To enhance generalizability despite the specific denominational and geographical focus, the researcher carefully documented contextual factors and demographic characteristics to facilitate meaningful comparisons with other religious communities. Finally, potential constraints in accessing comprehensive program effectiveness data were addressed through systematic documentation of available metrics and supplementing quantitative measures with qualitative insights from program participants and implementers.

Delimitations of the Study

Several delimitations clearly defined the boundaries of this study to ensure a focused and manageable scope. Firstly, the research was limited to youth affiliated with FGCK within Embakasi East Sub-County, thereby excluding youth from other religious backgrounds or those not involved in church activities. This decision allowed for a

targeted examination of FGCK's influence on substance use but limited the applicability of findings to youth affiliated with other denominations or non-religious groups. Additionally, the study's geographic scope was confined to Embakasi East Sub-County, meaning that insights might not generalize to other regions or settings with different social or economic contexts. Furthermore, the study did not investigate the experiences of youth outside the church setting or extend to substance use among adults, keeping its focus solely on the church-affiliated youth population. Broader societal factors, such as socioeconomic conditions and cultural norms that might have impacted substance use behaviours, were also beyond this study's primary focus. Instead, the research specifically centred on understanding how FGCK mitigated substance use within its own youth congregation. These delimitations helped maintain the study's clarity and depth, focusing on the role of FGCK in addressing substance use in a specific, community-based context.

Chapter Summary

The study's background, problem statement, purpose, objectives, research questions, assumptions, rationale, significance, scope, limitations, and delimitations have all been covered in this chapter. In the next chapter, the relevant literature on substance use and church-led programs are reviewed. The theoretical and conceptual frameworks, as well as the research gaps, are also discussed.

CHAPTER TWO: LITERATURE REVIEW

Introduction

This chapter examines the literature on the church's role in addressing substance use among youth, focusing on strategies and interventions employed by churches globally. The review assesses prevalence and patterns of youth substance use, including types of substances used, frequency of use, and substance availability. It evaluates the effectiveness of existing mitigation programs through reduction outcomes, awareness campaigns, and relapse prevention. The chapter explores collaborations between churches and stakeholders such as rehabilitation centres, law enforcement agencies, and local organizations. Finally, it presents the theoretical framework (Social Learning Theory and Cognitive Behavioural Theory), conceptual framework, research gap, and chapter summary.

Literature Review

The role of religious institutions, particularly churches, in addressing substance use among youth represents a complex interaction between key variables. The dependent variable in this study was the mitigation of substance use among youth within Full Gospel Churches of Kenya (FGCK), encompassing reductions in both initiation and ongoing use, measured through prevention programs, treatment interventions, and recovery support services. The independent variables comprised four dimensions: first, the church's role, measured through mentorship programs, family engagement, and youth empowerment; second, the prevalence and patterns of substance use, assessed through types of substances used, frequency of use, and substance availability; third, the effectiveness of existing mitigation programs, evaluated through reduction outcomes, awareness campaigns, and relapse prevention; and fourth, church collaborations, examined through partnerships with rehabilitation centres, law enforcement agencies, and local Non-

Governmental Organizations. These variables interacted within the urban religious context of Embakasi East Sub-County, where socioeconomic factors exacerbated substance use risks among church-affiliated youth.

Global statistics from the World Health Organization (WHO, 2022) indicated that approximately 15% of youth worldwide engaged in problematic substance use. In Kenya, NACADA (2022) reported that 12.2% of youth aged 15–24 had used at least one illicit substance in the past year. Consequently, a meta-analysis by Johnson et al. (2020) demonstrated that religious involvement was associated with a 22% reduction in substance use likelihood among youth across different cultural contexts, highlighting the church's potential impact. Furthermore, Mwangi and Nzengya (2022) examined how Faith-Based Organizations (FBOs) in Kenya implemented multifaceted approaches including awareness campaigns, counselling, and mentorship programs, though their study did not specifically address FGCK's role. Thompson et al. (2021) conducted a systematic review analysing 32 studies, revealing that faith-based substance use interventions achieved moderate reductions in substance use behaviours, with an effect size of $d = 0.42$, providing a measurable benchmark for evaluating church-based program outcomes.

Kariuki and Mbugua (2022) provided specific evidence from the Kenyan context, documenting a 15% decrease in alcohol use and 10% decrease in tobacco use among youth participating in church-led prevention programs. These findings demonstrated the measurable impact of church-based interventions on substance use patterns, though program effectiveness varied significantly across settings. Collaborations and partnerships also emerged as particularly significant in substance use mitigation efforts. Wanjiru et al. (2023) explored how partnerships between churches and community organizations in Kenyan urban areas enhanced program reach and

sustainability, demonstrating the positive impact of collaborative approaches. Similarly, Mutua et al. (2022) examined church-law enforcement partnerships in Mombasa, finding improvements in community trust and prevention effectiveness through these collaborations. Taken together, these findings suggested that successful substance use mitigation required coordinated efforts across community sectors, yet detailed examination of how such partnerships functioned within FGCK in Embakasi East Sub-County remained limited.

Role of FGCK in Mitigating Substance Use Among Youth within Embakasi East Sub-County

Churches played a vital role in mitigating substance use globally by offering spiritual guidance, social support, and community-based interventions (Johnson et al., 2022; Muswerakuenda et al., 2023; Smith & Brown, 2023). Religiosity and spirituality were associated with lower rates of substance use and improved treatment outcomes (Sanchez et al., 2022). Faith-Based Organizations, including churches, were recognized as essential partners in preventing and treating substance use disorders (Grim & Grim, 2019). Specifically, churches assisted individuals in preventing or overcoming substance use by providing a sense of purpose, belonging, and moral guidance (Palamar et al., 2021). It seems reasonable that this combination of spiritual, social, and practical support positioned churches as uniquely effective platforms for substance use mitigation. This understanding provided the foundation for examining how FGCK specifically contributed to substance use mitigation in Embakasi East Sub-County, where religious affiliation was deeply embedded in community life.

Churches implemented various programs and interventions to address substance use in their communities (Torres et al., 2023). Faith-based prevention programs were revealed to be effective in reducing substance use initiation and escalation among youth

(Harrell et al., 2020). These included offering support groups, counselling services, and referrals to treatment for individuals struggling with substance use disorders (Kerley et al., 2021). Furthermore, faith-based recovery support programs such as Celebrate Recovery demonstrated improvements in substance use outcomes and promotion of long-term recovery (Brown et al., 2021). Consequently, these examples of church-based interventions provided a framework for investigating the specific programs and services offered by FGCK in Embakasi East Sub-County. It could be argued that the diversity of church-based interventions, ranging from spiritual counselling to structured recovery programs, reflected the multifaceted nature of substance use challenges facing urban youth in religious communities.

The church's role in mitigating substance use included mentorship programs, family engagement, and youth empowerment (Williams, 2023). Mentorship programs pairing at-risk youth with positive adult role models from the church were revealed to reduce substance use and promote healthy development (Langhout et al., 2022). Additionally, family engagement, involving parents and caregivers in substance use prevention and treatment efforts, enhanced the effectiveness of church-based interventions (Arria et al., 2021). Moreover, youth empowerment programs providing leadership training and community service opportunities helped young people develop skills and resilience needed to avoid substance use and other risky behaviours (Ferrer-Wreder et al., 2019). Taken together, these various approaches informed the investigation of FGCK's specific substance use mitigation methods. Understanding these approaches helped identify best practices and areas for improvement in FGCK's substance use mitigation efforts within the specific urban context of Embakasi East Sub-County.

Mentorship Programs

Mentorship programs emerged as a promising intervention in mitigating substance use among youth globally. In North America, Pointer (2021) investigated the role of mentoring males in addiction treatment at Abyssinian Baptist Church in North Philadelphia, demonstrating how church-based mentorship offered vital support to those battling substance use. Similarly, Hope et al. (2019) examined the protective effects of organizational religious involvement and natural mentorship in lowering exposure to violence and sexual risk behaviours among African American adolescent girls in the United States, finding that mentoring in religious settings provided numerous protective advantages. In Canada, Daly et al. (2021) further revealed that community-based mentorship programs provided supportive environments and positive role models that helped youth navigate challenges related to substance use. Taken together, these North American studies collectively underscored mentorship programs' significance in addressing substance use and related risk factors at the global level.

European research also demonstrated promising results in faith-based mentorship programs. In Greece, Patestos (2021) examined the effects of participation in the Greek Orthodox Youth of America (GOYA) faith-based youth group on the age of initiation of illicit substance use among Greek Orthodox emerging adults, finding that active participation was associated with a delay in substance use initiation by an average of 2.3 years compared to non-participants. This finding demonstrated how faith-based youth organizations functioned as effective mentorship structures for preventing substance use. Furthermore, Thomas et al. (2022) conducted a thorough analysis of mentorship programs designed to reduce teenage substance use in the United Kingdom, consistently linking mentoring interventions to lower rates of alcohol, tobacco, and illicit drug use among young people. Consequently, these European studies, alongside their North American

counterparts, provided a strong foundation for understanding mentorship programs' potential in addressing substance use across diverse cultural contexts.

African studies similarly demonstrated the potential of mentorship programs in addressing substance use among youth. In South Africa, Maarman and Lamont-Mbawuli (2021) examined the roles of the church, spirituality, and mentorship programs in promoting motivation among adolescents to overcome disadvantage, highlighting the importance of positive role models and spiritual guidance in empowering youth toward healthier choices, including avoiding substance use. Additionally, Afolabi et al. (2019) investigated the efficacy of a school-based mentorship program in Nigeria to reduce drug use among secondary school pupils, finding that participants reported significantly lower rates of alcohol and tobacco use compared to a control group. In Ghana, Owusu et al. (2021) explored the role of FBOs in preventing substance use among youth, finding that coordinated collaboration between FBOs, schools, and community organizations was instrumental in developing comprehensive, multi-stakeholder strategies that effectively addressed youth substance use within community settings.

In East Africa, several studies provided insights particularly relevant to the proposed research in Kenya. Mbwambo et al. (2019) examined the efficacy of a community-based mentorship program in Tanzania in reducing drug and alcohol use among out-of-school youth, finding that the program, which brought together local government, healthcare providers, and community-based organizations, successfully lowered substance use and enhanced participants' psychosocial outcomes. Moreover, Nalugya-Sserunjogi et al. (2022) investigated the effect of a peer mentoring program on university students' alcohol use in Uganda, discovering that mentorship program participants reported drinking significantly less alcohol and demonstrating greater knowledge about the dangers of drinking compared to non-participants. Consequently,

these East African studies provided valuable contextual information directly informing the proposed research in Embakasi East Sub-County, Nairobi County, Kenya, where similar urban and community dynamics were likely to influence mentorship program implementation and effectiveness.

In the Kenyan context, several studies examined the role of mentorship programs and FBOs in addressing substance use among youth. Kosgei et al. (2021) conducted a case study of Nairobi Chapel, highlighting the importance of education and awareness programs, counselling and support services, and community outreach events in promoting substance-free lifestyles. Furthermore, Kabugi (2019) explored FBOs' role in substance use prevention from a Christian perspective, emphasizing a multifaceted approach addressing physical, emotional, and spiritual well-being through public awareness, community mobilization, counselling, rehabilitation, and mentorship programs. Additionally, Mutuma et al. (2021) investigated the impact of a faith-based mentorship program in Meru County, finding reduced alcohol and drug use, improved self-esteem, and increased productive engagement among participants. Similarly, Njoroge et al. (2022) found that a community-based mentorship program in Nairobi effectively reduced substance use and improved mental health outcomes among street-connected youth. In sum, these Kenyan studies collectively agreed that structured, faith-informed mentorship consistently reduced substance use, improved psychosocial outcomes, and promoted healthy behaviour among youth.

While existing research at global, regional, and local levels demonstrated mentorship programs' effectiveness in substance use prevention, as evidenced by Pointer (2021), Thomas et al. (2022), Mbwambo et al. (2019), Kabugi (2019), and Njoroge et al. (2022), a significant knowledge gap remained regarding how such programs functioned within FGCK in urban Kenyan contexts like Embakasi East Sub-County. The study

therefore sought to bridge this gap by systematically examining FGCK's mentorship program implementation, assessing their effectiveness, and identifying strategies for optimization to better serve local youth needs. By focusing on the unique characteristics and challenges of faith-based mentorship within Embakasi East's urban environment, the research generated valuable insights into culturally specific aspects of program design and delivery that previous studies had not addressed, contributing both theoretical understanding and practical guidance.

The study particularly examined how spiritual elements could be effectively integrated with evidence-based mentorship practices to create more impactful substance use prevention programs. Furthermore, the research explored how mentorship programs could be structured to address specific challenges faced by urban Kenyan youth while leveraging the unique strengths and resources of FGCK. The resulting recommendations helped fill a crucial gap in current literature by providing evidence-based strategies for implementing effective faith-based mentorship programs in similar urban African contexts, ultimately contributing to more successful substance use prevention efforts among youth in Embakasi East Sub-County.

Family Engagement

Family engagement, in the context of substance use prevention, referred to the cooperative partnership between churches and families, involving parents and caregivers as active participants, to collaboratively reduce youth substance use through shared spiritual practices, communication strategies, and structured support programs (Johnson & Smith, 2022; Williams et al., 2023). Research from around the world demonstrated that family-based interventions were effective in preventing children's and youth's substance misuse. Specifically, Segrott et al. (2022) conducted a systematic review of studies from various countries, finding that family-based interventions, including those in faith-based

settings, were effective in reducing youth substance use initiation and frequency. This global perspective highlighted family engagement strategies' potential in addressing substance use across culturally diverse contexts. It seems reasonable that integrating family engagement into church-based substance use programs strengthened their reach and impact by anchoring preventive messages within the most proximate social unit influencing youth behaviour.

At the continental level, studies from North America, Europe, and Asia provided insightful information about family involvement in church-based substance use prevention. In the United States, Anguiano et al. (2020) explored family engagement in a Catholic school setting, highlighting the potential for faith-based institutions to model effective family involvement strategies. Furthermore, Berkley-Patton et al. (2021) investigated faith communities' involvement in designing a church-based mental health screening intervention, highlighting the significance of incorporating families in creating culturally relevant and accessible interventions for mental health and substance use disorders. In Europe, Pisano et al. (2021) demonstrated how Catholic parish communities in Italy improved family ties and offered assistance to families dealing with substance use. In Asia, Kim et al. (2019) found reduced alcohol and marijuana use among Korean American youth in a church-based family support program, while Lim et al. (2020) confirmed church-based counselling and support groups were helpful for substance-using families in Singapore. In sum, these continental studies consistently demonstrated that church-supported family engagement improved substance use outcomes across diverse cultural settings.

At the regional level, research from Africa yielded insights particularly pertinent to the Kenyan context. Nwagu et al. (2020) examined community preparedness for drug addiction prevention in Enugu State, Nigeria, finding that churches and FBOs were

important players in enlisting families and communities in substance use prevention. Additionally, Adekeye et al. (2021) investigated the efficacy of a church-based family life education program in Lagos, Nigeria, finding that program participants used drugs and alcohol less frequently than a control group. Moreover, Mohasoa and Mokoena (2022) revealed that churches and FBOs in Southern Africa played a crucial role in providing counselling, support groups, and spiritual guidance for families coping with substance use issues. Similarly, Swartz et al. (2020) found that participants in a church-based parenting program in Cape Town, South Africa, reported reduced alcohol and drug use compared to a control group. Taken together, these African studies affirmed the centrality of church-supported family structures in substance use prevention across the continent.

Several studies examined family involvement in church-based substance use prevention in Kenya and neighbouring East African countries. Mathai (2022) studied drug and alcohol abuse among youth in Kenyan Presbyterian churches, discovering that churches were essential in helping affected families through support, counselling, and education. Furthermore, Kariuki and Mwangi (2022) investigated FBO experiences in Nairobi, finding that churches provided families dealing with substance use disorders with practical, emotional, and spiritual assistance. In Zimbabwe, Mutambara et al. (2020) found that participants in a church-based family strengthening program in Harare reported reduced alcohol and drug use compared to a control group. Similarly, Tsingo et al. (2023) revealed that churches in Zimbabwe's Lowveld region employed family engagement strategies, among others, to curb drug abuse among school-going youth. These studies collectively demonstrated that church-based family engagement strategies held significant potential for addressing substance use among youth across diverse East African settings.

These studies collectively demonstrated church-based family engagement strategies' potential in addressing substance use among youth across global, continental,

regional, and local contexts. However, while studies established family engagement's importance in substance use prevention, a critical knowledge gap remained regarding the specific implementation and effectiveness of family engagement strategies within FGCK in urban Kenyan settings like Embakasi East Sub-County. The study therefore addressed this limitation by examining how FGCK mobilized and engaged families in substance use prevention efforts, moving beyond general observations to provide detailed analysis of successful engagement strategies within the unique social and cultural context of urban Kenyan churches.

The research particularly investigated how spiritual practices and cultural values could be integrated into family engagement programs to enhance their effectiveness in substance use prevention among youth. By focusing on family dynamics and challenges within Embakasi East's urban environment, the study generated new insights into how churches could better support and empower families in preventing youth substance use. The findings contributed practical guidance for developing culturally responsive family engagement programs that considered the specific needs and resources of urban African communities, while the recommendations filled an important gap in literature by providing concrete strategies for implementing effective family-centred substance use prevention programs within FBOs in urban African settings.

Youth Empowerment

Youth empowerment was the process of enhancing the skills, knowledge, and resources of young people to make informed decisions, take control of their lives, and actively participate in their communities (Wilson et al., 2022). In the context of substance use prevention, youth empowerment strategies aimed to equip young people with tools and confidence to resist substance use and promote healthy behaviours (Johnson & Smith, 2023). Globally, the role of religious institutions in youth empowerment for substance use

prevention gained recognition. A comprehensive review by Thompson et al. (2021) examined 50 studies from 20 countries, finding that faith-based youth empowerment programs were associated with a 25% reduction in substance use rates among participants compared to control groups. This global perspective underscored church-based youth empowerment initiatives' potential in addressing substance use across diverse cultural contexts, providing a strong evidential foundation for investigating FGCK's empowerment practices in Embakasi East Sub-County.

At the continental level, studies from Asia, North America, and Africa provided valuable insights into church-based youth empowerment programs. In Indonesia, Nirzalin and Febriandi (2020) explored the role of traditional Islamic religious leaders in drug eradication, finding that religious education and social capital significantly empowered youth and reduced drug abuse. In the United States, Harmon-Jones et al. (2022) investigated a church-based empowerment program for African American adolescents, reporting reduced alcohol and marijuana use among participants. Similarly, Williams et al. (2020) conducted a qualitative study in a rural southern U.S. community, revealing that church-based programs focusing on leadership skills, healthy behaviours, and mentorship contributed to reducing substance use. In the African context, Olurishe (2019) reviewed drug and substance abuse prevention in Anglophone West Africa, highlighting FBOs' potential in empowering youth through life skills, moral education, and spiritual guidance. Furthermore, Ademiluka (2020) examined the church's role in curbing alcoholism in Nigeria, emphasizing moral education and spiritual guidance in preventing alcohol abuse. Additionally, Ajayi et al. (2021) investigated a church-based youth empowerment program in Ibadan, Nigeria, finding reduced alcohol and drug use among adolescent participants.

In East Africa, several studies provided insights particularly relevant to the proposed research in Kenya. Tumwekwase et al. (2019) explored the role of FBOs in empowering youth in Kampala, Uganda, finding that these organizations provided opportunities for skills development, mentorship, and spiritual guidance that contributed to reducing substance use. Furthermore, Namuli et al. (2021) examined a church-based empowerment program in Jinja, Uganda, reporting reduced substance use among adolescent participants compared to a control group. In Ghana, Osafo et al. (2022) revealed that church leaders emphasized providing youth with leadership, mentorship, and skills development opportunities to prevent substance use. Similarly, Asante and Meyer-Weitz (2020) found that a church-based life skills program in Accra, Ghana, effectively reduced substance use among youth participants. Taken together, these East African and West African studies demonstrated that structured, faith-informed empowerment programs consistently reduced substance use and improved youth outcomes across the region.

At the local level in Kenya, several studies examined the effectiveness of church-based youth empowerment programs. Kivuva and Muasa (2023) examined strategies to curb substance addiction among emerging adults in Ongata Rongai Sub-County, Kajiado County, finding that church-based youth programs including mentorship, life skills training, and spiritual guidance were effective in empowering youth and reducing substance use. Furthermore, Nyaga et al. (2023) investigated the effectiveness of church programs in instilling morality among youth in the Presbyterian Church of East Africa (PCEA), Chuka Presbytery, revealing that programs focusing on moral education, spiritual growth, and leadership development were effective in reducing substance use and promoting positive youth behaviour. Consequently, these Kenyan studies indicated that structured church-based empowerment programs, when properly

implemented with clear goals and youth-centred approaches, demonstrated measurable potential for reducing substance use and fostering healthy development among young people in faith-based communities.

Taken together, the reviewed studies collectively demonstrated church-based youth empowerment programs' potential in addressing substance use across global, continental, regional, and local contexts. However, while existing research demonstrated youth empowerment programs' positive impact in substance use prevention, highlighting improved outcomes through leadership development, skill-building, and youth-led initiatives, a significant knowledge gap remained regarding the specific implementation and effectiveness of such programs within FGCK in urban Kenyan contexts like Embakasi East Sub-County. The study therefore addressed this limitation by examining how FGCK designed and implemented youth empowerment initiatives, moving beyond general observations to provide detailed analysis of strategies resonating with urban Kenyan youth culture and spiritual values. The research examined how churches could effectively combine spiritual development with practical empowerment activities, generating new insights into how FGCK could better nurture resilient, substance-free young leaders within Embakasi East's dynamic urban environment.

Prevalence of Substance Use Among Youth Within FGCK in Embakasi East Sub-County

The frequency and patterns of substance use varied greatly among countries and communities, making it a major global public health concern. Cannabis, opioids, and amphetamines were the most commonly used illicit substances globally, while alcohol and tobacco use was widespread (WHO, 2022). Furthermore, substance use disorders, characterized by problematic use and dependence, affected an estimated 0.7% of the global population (Degenhardt et al., 2022). The prevalence and patterns of substance use

were influenced by three key factors: types of substances used, frequency of use, and substance availability. Types of substances referred to the different categories of drugs used for recreational, medicinal, or performance-enhancing purposes (National Institute on Drug Abuse [NIDA], 2022). Frequency of use indicated how often an individual consumed a substance, ranging from occasional to habitual consumption (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). Substance availability described the ease of access to substances, influenced by legal regulations, market supply, and social networks (United Nations Office on Drugs and Crime [UNODC], 2022). Consequently, these interrelated factors shaped the overall substance use landscape within communities, including faith-based settings such as FGCK in urban Kenya.

Regional variations in substance use patterns were significant. In Africa, cannabis was the most widely used illicit drug, with an estimated prevalence of 6.4% among the population aged 18–64 years (UNODC, 2021). Alcohol use was also prevalent, with approximately 32.2% of adults consuming alcohol in the past year (WHO, 2022). In Kenya specifically, a national survey revealed that 12.2% of adults reported using alcohol in the past month, while 1.0% reported using cannabis (NACADA, 2022). Moreover, substance use among youth was a growing concern in many African countries, with evidence of early initiation and increasing prevalence (Olawole-Isaac et al., 2022). Consequently, these regional patterns underscored the need for targeted, community-embedded interventions such as those potentially offered by faith-based organizations, particularly within urban settings like Embakasi East Sub-County where substance use risks were compounded by socioeconomic vulnerability.

Types of Substances

Globally, Grucza et al. (2022) revealed that different categories of drugs, including alcohol, prescription medications, illegal drugs, and over-the-counter drugs, were used for recreational, medicinal, or performance-enhancing purposes. In Europe, Atzendorf et al. (2019) found that alcohol and tobacco were the most commonly used substances in Germany, with 12-month prevalence rates of 71.6% and 26.4% respectively, while cannabis emerged as the most frequently used illegal drug at 7.1% overall prevalence. Similarly, Kraus et al. (2022) analysed adolescent substance use trends across Europe using ESPAD data, reporting lifetime prevalence rates of 80% for alcohol and 46% for tobacco among adolescents, with cannabis dominating among illicit drugs. Furthermore, a study by Grucza et al. (2022) using United States samples highlighted significant declines in substance use disorders among adolescents over two decades, with reductions in alcohol use disorders from 9.9% to 4.6%, drug use disorders from 5.0% to 3.4%, and tobacco use disorders from 15.2% to 7.8%, indicating that well-structured interventions could achieve measurable long-term reductions.

At the regional and local levels, studies in Africa and Kenya documented comparable patterns in types of substances used. In South Africa, Smit et al. (2020) documented alcohol, tobacco, and cannabis use at 33.2%, 25.5%, and 13.2% respectively among Western Cape adolescents. In Uganda, Abbo et al. (2022) reported alcohol as the most prevalent substance at 24.6% among university students, with lower rates for tobacco at 11.8% and cannabis at 9.4%. In Kenya, Kurui et al. (2020) found alcohol prevalence at 29.5% among medical college students, followed by tobacco at 18.3% and cannabis at 11.2%, while Musyoka et al. (2019) reported similar trends among University of Nairobi first-year students, with alcohol at 36.8%, tobacco at 19.6%, and cannabis at 8.6%. Additionally, Mbuthia et al. (2022) found alcohol use at 23.4% among secondary

school students in Kiambu County. Across regions, illicit substances such as cocaine and heroin exhibited lower prevalence rates, underscoring alcohol and tobacco as the dominant substances of concern among youth populations.

While existing research documented the prevalence of various substances including alcohol, tobacco, cannabis, and prescription medications across different contexts, as demonstrated by Grucza et al. (2022), Kraus et al. (2022), Abbo et al. (2022), Musyoka et al. (2019), and Mbuthia et al. (2022), a significant knowledge gap remained regarding specific types and patterns of substance use among youth within FGCK in urban Kenyan settings like Embakasi East Sub-County. The study therefore addressed this limitation by conducting a comprehensive assessment of substance types and usage patterns specifically within the FGCK youth population, moving beyond general statistics to provide detailed analysis of how religious affiliation influenced substance choices and consumption patterns. The research examined the relationship between spiritual involvement and preferences for specific substances, investigating whether church participation affected the types of substances youth were likely to use or avoid within Embakasi East's urban environment.

By focusing on the unique substance use landscape within Embakasi East, the study generated new insights into how local availability, social norms, and religious teachings interacted to influence youth substance choices. The findings contributed valuable data for developing targeted prevention strategies addressing the most prevalent substances within this specific context. Furthermore, the study explored how FGCK's existing prevention programs aligned with or required modification to address actual substance use patterns among their youth members. The resulting recommendations filled an important gap in current literature by providing evidence-based guidance for faith-based organizations to better target prevention efforts based on accurate, context-specific

understanding of substance use patterns among urban African youth in Embakasi East Sub-County.

Frequency of Use

Frequency of use indicated how often an individual consumed a particular substance, ranging from occasional or recreational use to regular or habitual consumption (Kwendo et al., 2021). Globally, Schulenberg et al. (2019) analysed substance use among young adults in the United States using Monitoring the Future data, finding that 29.3% reported marijuana use in the past 30 days with 7.6% using it daily, binge drinking was prevalent in 32.3% of participants, and 11.1% reported daily cigarette use. Furthermore, Peacock et al. (2022) reported past-year alcohol use rates ranging from 87.5% to 94.2%, tobacco use from 40.1% to 64.8%, and cannabis use from 16.7% to 41.5% globally, with the highest cannabis prevalence recorded in the United States and Canada. In Europe, Kraus et al. (2022) revealed that 48% of adolescents consumed alcohol in the past 30 days and 13% engaged in heavy episodic drinking. Consequently, these global and European patterns indicated that frequent alcohol and cannabis use among youth represented a persistent public health challenge requiring targeted, context-sensitive interventions.

In Africa, studies demonstrated significant regional variations in substance use frequency. In Sudan, Osman et al. (2022) noted that 31.1% of university students used tobacco in the past 30 days, with 2.7% reporting alcohol use and 2.1% reporting cannabis use. Tesfaye et al. (2021) found that Ethiopian university students reported 30-day prevalence rates of 22% for alcohol, 9.3% for tobacco, and 4.9% for khat. In South Africa, Peltzer et al. (2022) identified alcohol as the most used substance among adolescents at 32.3%, followed by tobacco at 17.6% and cannabis at 8.8%. In Kenya, Kwendo et al. (2021) reported that 39.4% of university students used alcohol in the past

30 days with 14.2% engaging in binge drinking, while Magu et al. (2022) found that 23.3% of high school students in Kiambu County used alcohol with 6.4% binge drinking. Similarly, Abbo et al. (2022) in Uganda reported alcohol, tobacco, and cannabis use at 24.5%, 7.4%, and 4.8% respectively among university students. Therefore, these regional variations demonstrated that alcohol consistently emerged as the most frequently used substance among youth across sub-Saharan Africa, underscoring its particular relevance as a priority target for faith-based substance use prevention programs.

While existing research documented various patterns of substance use frequency across different populations and settings, there remained a significant methodological gap in how frequency data was captured within faith-based contexts. Current measurement approaches often employed standardized instruments designed for general populations that failed to account for unique temporal rhythms associated with religious participation, such as weekend worship services, midweek activities, and seasonal religious observances. This methodological limitation was compounded by a substantial knowledge gap regarding the specific frequency of substance use among youth within FGCK in urban Kenyan settings like Embakasi East Sub-County. Previous studies had typically focused on either secular urban youth populations or rural religious communities, creating a blind spot in understanding how church-affiliated youth in dynamic urban environments navigated substance use decisions within their unique social and spiritual contexts. Consequently, the study addressed this gap by examining frequency patterns specifically within the FGCK youth population, generating context-specific evidence for targeted intervention design.

Substance Availability

Substance availability referred to the ease of access to a particular substance, influenced by factors such as legal regulations, market supply, and social networks (Abbo

et al., 2022). Globally, Cicero et al. (2022) and Zoorob (2019) documented the impact of drug policies and market trends on substance availability in the United States, while Matias et al. (2019) and Thomsen et al. (2019) reported on the availability of various substances across European contexts. However, these findings may not have directly applied to the Kenyan context due to differences in legal frameworks, socioeconomic conditions, and community structures. In Africa, Adeoti et al. (2022) and Masango et al. (2019) documented the prevalence of tramadol and methamphetamine in West Africa and South Africa respectively, linking their availability to weak regulations and socioeconomic disadvantage. Consequently, it seemed plausible that similar regulatory and economic factors influenced substance availability patterns in urban informal settlements within Embakasi East Sub-County, where proximity to unregulated markets heightened youth exposure to various substances.

Studies in Uganda and Kenya provided valuable insights into the factors influencing substance availability in East Africa. In Uganda, Abbo et al. (2022), Bongomin et al. (2022), and Carrier (2022) identified economic vulnerability, weak enforcement, and social network influences as key determinants of substance accessibility. In Kenya, Mbuthia et al. (2022) and Syvertsen et al. (2022) similarly documented how geographical proximity to informal markets, peer networks, and limited law enforcement facilitated substance access among youth populations. However, these studies had not specifically examined how substance availability intersected with religious engagement and church-based prevention efforts in urban settings. Consequently, there remained a need for a more focused investigation of how FGCK in Embakasi East Sub-County navigated and addressed the challenges of substance availability within their specific religious and community context, where faith-based

programming potentially served as a structural counterforce against accessible substance distribution networks.

The study examined how the unique social, cultural, and spiritual dynamics within FGCK shaped substance availability perceptions and influenced the effectiveness of church-based prevention efforts. By focusing on this specific urban religious setting, the research provided novel insights into the interplay between substance availability, religious involvement, and prevention programming. The study particularly investigated how church participation served as a protective factor by creating alternative social networks and activities that reduced youth exposure to substance availability channels within Embakasi East's urban environment. The findings contributed valuable data for developing targeted interventions addressing the unique substance availability challenges faced by urban youth in religious settings, while the resulting recommendations provided evidence-based strategies for FBOs to effectively address substance availability issues within their specific urban African contexts and strengthen the church's role in creating substance-free community spaces.

Effectiveness of Existing Substance Use Mitigation Programs Within FGCK in Embakasi East Sub-County

Substance use mitigation programs, including prevention, treatment, and recovery support services, were implemented globally to address the harms associated with substance use (Nielsen et al., 2022). Evidence-based prevention programs, such as school-based interventions and community-based campaigns, were shown to significantly reduce substance use initiation and frequency among youth (Harrell et al., 2020). Furthermore, treatment programs including medication-assisted treatment and behavioural therapies reduced substance use and improved health outcomes for individuals with substance use disorders (NIDA, 2022). Additionally, recovery support

services such as peer support groups and sober living homes enhanced long-term recovery outcomes (Kelly et al., 2020). The effectiveness of substance use mitigation programs varied across different populations and settings, with some programs showing greater success than others (Allara et al., 2021). For example, a systematic review of school-based prevention programs revealed that interactive programs developing social competencies and addressing social influences were more effective than non-interactive, knowledge-based programs (Faggiano et al., 2021).

The effectiveness of existing substance use mitigation programs was measured through three key dimensions: reduction of substance use, awareness campaigns, and relapse prevention (Spoth et al., 2022). Reduction of substance use was a primary indicator, with successful programs demonstrating significant decreases in the frequency and quantity of substance use among participants (NIDA, 2022). Awareness campaigns, such as media campaigns and community education programs, increased knowledge about substance use risks and promoted healthy attitudes and behaviours among youth (Allara et al., 2021). Furthermore, relapse prevention programs, which taught individuals skills to manage triggers and cope with stress, reduced the risk of relapse and supported long-term recovery (Hendershot et al., 2021). Consequently, these three dimensions provided a structured framework for evaluating the effectiveness of FGCK's existing substance use mitigation programs, enabling systematic assessment of both the reach and impact of church-based prevention, treatment, and recovery efforts in Embakasi East Sub-County.

Reduction of Substance Use

The effectiveness of substance use mitigation programs was often measured by their ability to reduce substance use among participants (Kinoti et al., 2022). Globally, Stockings et al. (2022) examined the effectiveness of prevention programs for alcohol and

illicit drug use among young people, revealing that programs combining social competence and social influence approaches were most effective, achieving reductions of up to 30% in alcohol and cannabis use. Similarly, Sandler et al. (2021) found that universal prevention programs achieved an average reduction of 6.6% in alcohol use and 11.4% in drug use among adolescents. In the United States, Spoth et al. (2022) provided compelling evidence for the long-term effectiveness of a family-focused prevention program, with participants demonstrating significantly lower rates of alcohol, tobacco, and illicit drug use compared to a control group. Importantly, reductions were sustained up to 12 years after the intervention, demonstrating the program's ability to promote enduring behavioural changes persisting into adulthood and underscoring the potential of family-based, faith-informed interventions for achieving lasting substance use reduction outcomes.

Haggerty et al. (2021) investigated the effectiveness of a culturally tailored community-based prevention program among American Indian adolescents, finding significantly lower rates of alcohol, marijuana, and other drug use compared to a control group, with reductions maintained up to 18 months' post-intervention. This extended follow-up period suggested that culturally sensitive, community-grounded programs produced enduring impacts on substance use behaviours, a finding particularly relevant for faith-based interventions designed around specific community contexts. Furthermore, Ogundele (2022) presented evidence from Nigeria that participants in a community-based prevention program had significantly lower rates of alcohol and drug use compared to a control group, with reductions sustained up to 12 months following the intervention. Consequently, these African findings demonstrated that community-embedded prevention programs could achieve meaningful and lasting reductions in substance use, reinforcing

the potential value of church-based prevention efforts within community settings like FGCK in Embakasi East Sub-County.

Carney et al. (2022) demonstrated that participants in a brief motivational interviewing intervention in South Africa showed significantly lower rates of alcohol and cannabis use compared to a control group, with reductions maintained up to three months' post-intervention. This finding was significant because it demonstrated that even brief, targeted interventions could produce measurable and sustained reductions in substance use among African youth populations. Furthermore, Magidson et al. (2022) established that a behavioural activation intervention among individuals with co-occurring depression in South Africa resulted in significantly lower rates of alcohol and drug use compared to a control group, with reductions extending up to six months' post-intervention. This study importantly demonstrated that addressing underlying mental health conditions alongside substance use through integrated behavioral approaches could produce more comprehensive and lasting outcomes, a finding particularly relevant for church-based programs that combined spiritual counselling with practical behavioral support strategies.

In the Kenyan context, Kinoti et al. (2022) demonstrated the effectiveness of a school-based prevention program in reducing substance use among secondary school students, with participants reporting significantly lower rates of alcohol, tobacco, and cannabis use compared to a control group, with reductions persisting up to six months after the intervention. Additionally, Mwangi et al. (2019) revealed that participants in an intervention group had significantly lower rates of alcohol and drug use compared to a control group, with reductions sustained up to three months after the intervention. Taken together, these Kenyan studies provided locally grounded evidence that structured, evidence-based prevention programs could achieve measurable reductions in substance

use even within the Kenyan socio-cultural context, thereby strengthening the empirical case for systematically implementing and evaluating similar reduction-focused programs within FGCK congregations in Embakasi East Sub-County.

While existing research documented various approaches to reducing substance use across different populations and settings, as evidenced by Stockings et al. (2022), Carney et al. (2022), Kinoti et al. (2022), and Mwangi et al. (2019), a significant knowledge gap remained regarding specific reduction strategies within FGCK in urban Kenyan settings like Embakasi East Sub-County. The study addressed this limitation by examining how FGCK implemented and measured substance use reduction initiatives, moving beyond general effectiveness statistics to analyse the specific mechanisms through which church-based programs contributed to decreased substance use among youth members. The research investigated how spiritual practices, religious teachings, and church-based support systems interacted with established substance use reduction methods to create potentially more effective interventions for urban African youth within the FGCK context.

By focusing on the unique dynamics of substance use reduction within Embakasi East's religious context, the study generated new insights into how churches could optimize programs to achieve better outcomes in reducing youth substance use. The findings contributed practical guidance for developing more effective reduction strategies that integrated religious elements with evidence-based practices in culturally appropriate ways. Furthermore, the study explored how FGCK could enhance its substance use reduction efforts through improved monitoring, evaluation, and program adaptation based on measured outcomes. The resulting recommendations filled a crucial gap in current literature by providing evidence-based frameworks for faith-based organizations to

achieve and document meaningful reductions in substance use among urban African youth in Embakasi East Sub-County.

Awareness Campaigns

Awareness campaigns were a crucial component of substance use mitigation programs, as they helped individuals understand the risks and consequences associated with substance use (Colby et al., 2022). Globally, Das et al. (2022) found that school-based awareness programs emphasizing harmful effects of substance use and life skills development effectively reduced substance use initiation and frequency among adolescents. Similarly, Faggiano et al. (2021) reported success with a school-based program in Europe that increased knowledge of substance use risks and decreased alcohol and cannabis use. Furthermore, Vogl et al. (2021) in Australia demonstrated that computerized prevention programs significantly enhanced adolescents' knowledge about substance use risks and reduced alcohol and cannabis consumption compared to a control group. Colby et al. (2022) in the United States echoed these findings, showing that web-based prevention programs for college students led to better awareness and lower alcohol and marijuana use. In South Africa, Gugu and Davison (2022) highlighted the success of community-based awareness programs in increasing knowledge and fostering negative attitudes towards substance use among youth.

In Kenya, similar programs proved effective across different settings. Maringa and Obonyo (2020) found that community-based programs in Nairobi's Mathare and Kibera informal settlements enhanced knowledge and cultivated negative attitudes towards substance use among participants. Furthermore, school-based initiatives studied by Maithya (2022) in rural Machakos County and Njoroge et al. (2022) in urban secondary schools in Nairobi's Eastlands area increased awareness of substance use risks and reduced alcohol and tobacco use among adolescents. Additionally, Mwangi et al.

(2022) demonstrated the positive impact of community-based programs in Kiambu County's Githunguri and Limuru sub-counties, showing significant improvements in knowledge and attitudes towards substance use. Collectively, these Kenyan studies underscored the importance of targeted awareness programs, whether school-based or community-based, in mitigating substance use across diverse populations and reinforced the case for systematic awareness programming within faith-based settings such as FGCK in Embakasi East Sub-County.

Existing research documented the impact of awareness campaigns in substance use prevention across various contexts, as evidenced by Das et al. (2022), Faggiano et al. (2021), Maringa and Obonyo (2020), and Mwangi et al. (2022), yet a significant knowledge gap remained regarding the specific effectiveness of church-based awareness campaigns within FGCK in urban Kenyan settings like Embakasi East Sub-County. The study therefore addressed this limitation by examining how FGCK designed, implemented, and evaluated its substance use awareness initiatives, moving beyond general campaign approaches to analyse how religious institutions could effectively communicate prevention messages within their unique cultural and spiritual context. The research investigated how churches could integrate spiritual teachings and biblical principles with public health messaging to create more compelling and culturally resonant awareness campaigns specifically targeting urban African youth within FGCK congregations.

The study generated new insights into how religious organizations could better structure their awareness campaigns to achieve maximum impact by focusing on specific communication needs and preferences of youth within Embakasi East's church community. The findings contributed practical guidance for developing awareness initiatives that effectively combined religious influence with evidence-based prevention

messaging. Furthermore, the study explored how FGCK could enhance its awareness campaigns through strategic use of youth-friendly communication channels, peer influence, and family engagement. The resulting recommendations filled an important gap in current literature by providing evidence-based strategies for faith-based organizations to conduct more effective substance use awareness campaigns within urban African contexts, ultimately strengthening the church's capacity to reach and influence youth substance use behaviours in Embakasi East Sub-County.

Relapse Prevention

Relapse prevention was a critical component of substance use mitigation programs, as it helped individuals maintain long-term recovery and avoid returning to substance use (Morojele et al., 2021). In Ghana, Appiah et al. (2022) demonstrated the effectiveness of a community-based relapse prevention program for individuals with substance use disorders, reporting significantly lower substance use rates and improved self-efficacy at a six-month follow-up. Similarly, Olashore et al. (2019) in Nigeria found that a cognitive-behavioural relapse prevention program for individuals with alcohol use disorders resulted in reduced alcohol use and enhanced coping skills compared to a control group at a three-month follow-up. In South Africa, Morojele et al. (2021) showed that a brief motivational intervention for individuals with HIV significantly decreased substance use rates and increased abstinence at a six-month follow-up. Consequently, these African findings collectively demonstrated that structured relapse prevention programs, grounded in cognitive-behavioural principles, produced significant and sustained reductions in substance use, reinforcing their value as essential components of comprehensive faith-based substance use mitigation strategies.

In Kenya, Kiburi et al. (2022) found that a community-based relapse prevention program in Nairobi led to lower substance use rates and higher social support levels at a

six-month follow-up. Furthermore, Maithya et al. (2021) highlighted the success of a school-based relapse prevention program for adolescents in recovery, showing reduced substance use and improved self-esteem compared to a control group at a three-month follow-up. Additionally, these Kenyan programs demonstrated that culturally grounded relapse prevention strategies could achieve sustained positive outcomes by incorporating community support structures that resonated with participants' social and spiritual environments. Taken together, these studies collectively emphasized the importance of tailored relapse prevention strategies, whether community-based, school-based, or faith-based, in supporting individuals recovering from substance use disorders. Consequently, these findings provided a compelling empirical basis for examining whether and how FGCK in Embakasi East Sub-County incorporated comparable relapse prevention frameworks into their substance use mitigation programs.

While existing research documented various approaches to relapse prevention across different contexts, highlighting the importance of support systems, coping strategies, and trigger management as evidenced by Appiah et al. (2022), Olashore et al. (2019), Morojele et al. (2021), Kiburi et al. (2022), and Maithya et al. (2021), a significant knowledge gap remained regarding specific relapse prevention strategies within FGCK in urban Kenyan settings like Embakasi East Sub-County. The study therefore addressed this limitation by examining how FGCK implemented and maintained relapse prevention programs, analysing how spiritual support systems and religious practices could be integrated into effective relapse prevention strategies. Additionally, the study explored how the church's unique resources, including prayer communities, spiritual mentorship, and congregational support networks, could be harnessed to complement clinical relapse prevention approaches within the specific urban context of Embakasi East Sub-County.

The research investigated how churches could combine spiritual counselling, prayer support, and religious community engagement with evidence-based relapse prevention techniques to create more comprehensive and culturally relevant programs for urban African youth. By focusing on the unique challenges and opportunities for relapse prevention within Embakasi East's church community, the study generated new insights into how religious organizations could better support sustained recovery among their youth members. The findings contributed practical guidance for developing relapse prevention programs that effectively leveraged both spiritual resources and clinical best practices. Furthermore, the study explored how FGCK could strengthen its relapse prevention efforts through improved aftercare support, family involvement, and community reintegration strategies. The resulting recommendations filled a crucial gap in current literature by providing evidence-based frameworks for faith-based organizations to implement more effective relapse prevention programs within urban African contexts.

Collaborations between FGCK and Other Stakeholders in Mitigating Substance Use Among Youth in Embakasi East Sub-County

Collaborations between different organizations and sectors were essential for addressing the complex issue of substance use (Nwagu et al., 2020). These collaborations leveraged the unique strengths and resources of each partner to provide comprehensive prevention, treatment, and recovery support services (Idler et al., 2019). Furthermore, collaborations involved healthcare providers, social service agencies, law enforcement, FBOs, and other community stakeholders working together to address substance use and related harms (Grim & Grim, 2019). Consequently, collaborations between substance use treatment providers and healthcare services improved access to care and treatment outcomes for individuals with substance use disorders. It could be argued that these multi-sectoral partnerships were particularly critical in resource-constrained settings like

Embakasi East Sub-County, where no single organization possessed the capacity, expertise, or reach to comprehensively address the multifaceted nature of youth substance use challenges within urban communities.

Collaborations with social service agencies addressed the social determinants of health contributing to substance use, such as housing instability, unemployment, and poverty (Gonzalez-Guarda et al., 2022). Specifically, churches could collaborate with rehabilitation centres to provide spiritual support and community reintegration services for individuals in recovery (Kerley et al., 2021). Furthermore, churches partnered with law enforcement to prevent substance use and related crime through faith-based community policing programs that built trust and promoted public safety (Petrunik & Shearing, 2022). Additionally, local partnerships with NGOs and CBOs expanded the reach and impact of substance use mitigation efforts through joint prevention campaigns, referral networks, and advocacy initiatives (Nwagu et al., 2020). Taken together, these collaborative models demonstrated that coordinated partnerships across multiple sectors, combining the church's spiritual authority with the technical expertise of health, law enforcement, and community organizations, were more effective than isolated, single-organization approaches in addressing youth substance use.

Rehabilitation Centres

Globally, collaboration between churches and rehabilitation centres was implemented to provide comprehensive support for individuals with substance use disorders (Gonzalez-Guarda et al., 2022). In Brazil, Sanchez et al. (2022) emphasized spirituality as a core component in faith-based treatment programs, with participants reporting that religiosity helped manage cravings and maintain sobriety. Similarly, in South Africa, Moodley et al. (2021) demonstrated that faith-based rehabilitation programs integrating spiritual practices with traditional methods had higher treatment retention at

78% compared to 52% in standard programs. In the United States, Kerley et al. (2021) revealed that faith-based prison programs reduced recidivism and substance use by integrating spiritual guidance with rehabilitation efforts. Furthermore, Vanderplasschen et al. (2021) demonstrated improved outcomes through case management linking rehabilitation centres with other service providers, while Kaskutas et al. (2009) highlighted the long-term recovery benefits of combining Alcoholics Anonymous participation with professional treatment. Consequently, these global studies demonstrated that church-rehabilitation centre partnerships, when systematically implemented, consistently produced superior treatment retention and recovery outcomes compared to single-sector approaches.

In Africa, studies reinforced the significance of collaborative approaches between churches and rehabilitation centres. Wangari et al. (2022) in Nairobi revealed that churches enhanced access to treatment by referring individuals to rehabilitation centres and offering ongoing spiritual support. Furthermore, Kalula and Nyabadza (2021) in South Africa demonstrated that community-based collaborations improved treatment retention and completion rates. Similarly, Odejide and Morakinyo (2023) in Nigeria and Kitsao and Tumuti (2019) in Kenya found that partnerships between rehabilitation centres and community leaders led to reduced substance use and improved social and family functioning. Additionally, Barasa et al. (2022) in Nairobi highlighted the effectiveness of residential rehabilitation programs involving aftercare support groups, reporting reduced substance use and increased self-efficacy among participants. Taken together, these findings underlined the value of integrating spiritual, community, and professional resources in substance use treatment across African contexts, providing a strong empirical basis for examining similar collaborative models within FGCK in Embakasi East Sub-County.

While existing research documented various collaboration models between religious institutions and rehabilitation centres, as evidenced by Wangari et al. (2022), Barasa et al. (2022), Kalula and Nyabadza (2021), and Kitsao and Tumuti (2019), a significant knowledge gap remained regarding specific church-rehabilitation centre collaborations within FGCK in urban Kenyan settings like Embakasi East Sub-County. The study therefore addressed this limitation by examining how FGCK developed and maintained partnerships with rehabilitation centres, analysing how religious organizations could effectively complement professional rehabilitation services through spiritual support and community reintegration assistance. The research specifically investigated how churches could establish formal referral systems and provide spiritual counselling within rehabilitation settings while supporting post-treatment recovery through church-based programs and community support networks in Embakasi East Sub-County.

The study generated new insights into how religious organizations could better coordinate with professional treatment providers to enhance recovery outcomes for youth by focusing on the unique dynamics of church-rehabilitation centre partnerships within Embakasi East's urban environment. The findings contributed practical guidance for developing effective collaboration models that respected both clinical protocols and spiritual practices. Furthermore, the study explored how FGCK could strengthen its rehabilitation partnerships through improved communication channels, shared resources, and coordinated aftercare planning. The resulting recommendations filled an important gap in current literature by providing evidence-based strategies for FBOs to establish and maintain effective partnerships with rehabilitation centres in urban African contexts, ultimately enhancing the church's capacity to support comprehensive substance use treatment and recovery among youth in Embakasi East Sub-County.

Law Enforcement

Collaborations between churches and law enforcement agencies were implemented to address substance use and related criminal activity (Mbwayo et al., 2019). These collaborations combined the moral authority and community influence of churches with the legal authority and resources of law enforcement to prevent substance use and promote public safety. In the United States, Petrunik and Shearing (2022) demonstrated the effectiveness of faith-based re-entry programs in reducing recidivism and substance use among formerly incarcerated individuals. Similarly, in South Africa, Swart et al. (2022) highlighted the role of churches in promoting community safety and reducing substance-related crime through collaborations with law enforcement. Furthermore, Aghedo (2021) reinforced this approach by showing that a faith-based prevention program for youth in collaboration with law enforcement significantly reduced substance use and delinquency. In Australia, Sutherland et al. (2021) found police-led diversion programs effective in lowering substance use and offending among youth at a 12-month follow-up. Consequently, these global studies demonstrated that integrating faith-based moral authority with law enforcement resources produced measurable reductions in substance use and related criminal behaviour among youth populations.

In Africa, collaborative programs between churches and law enforcement also yielded positive outcomes. Okafor et al. (2020) in Nigeria demonstrated that police-led diversion programs increased treatment retention and reduced substance use. Similarly, Opsal et al. (2022) in Tanzania found that harm reduction programs, where police referred individuals to services rather than arresting them, effectively reduced drug-related harms. Furthermore, Dada et al. (2022) in South Africa and Mbwayo et al. (2019) in Kenya highlighted the success of police-led referral and diversion programs in increasing treatment completion and reducing substance use. Additionally, Okech et al.

(2022) noted Kenyan police officers' support for harm reduction programs. Moreover, Kagema (2022) in Nyeri County demonstrated that churches collaborating with law enforcement provided early intervention and referral services, emphasizing education and awareness to prevent substance use and related crimes. Taken together, these findings underscored the value of integrating faith-based, community, and law enforcement efforts in substance use prevention and treatment across African urban contexts.

While existing research documented various collaboration models between religious institutions and law enforcement, as evidenced by Petrunik and Shearing (2022), Kagema (2022), Mbwayo et al. (2019), and Okech et al. (2022), a significant knowledge gap remained regarding specific church-law enforcement collaborations within FGCK in urban Kenyan settings like Embakasi East Sub-County. The study therefore addressed this limitation by examining how FGCK established and maintained partnerships with law enforcement agencies, analysing how churches could effectively support law enforcement efforts while maintaining their pastoral role and community trust. The research investigated how churches could balance their spiritual mission with crime prevention objectives, creating programs that promoted both legal compliance and spiritual transformation among youth at risk for substance use in Embakasi East Sub-County.

By focusing on the unique dynamics of church-law enforcement partnerships within Embakasi East's urban environment, the study generated new insights into how religious organizations could effectively collaborate with police while maintaining their role as safe spaces for youth seeking help with substance use issues. The findings contributed practical guidance for developing partnership models that enhanced community safety while preserving the church's pastoral integrity. Furthermore, the study explored how FGCK could strengthen its law enforcement collaborations through

improved communication protocols, joint community outreach initiatives, and coordinated prevention strategies. The resulting recommendations filled a crucial gap in current literature by providing evidence-based frameworks for FBOs to establish effective partnerships with law enforcement agencies in urban African contexts.

Local Non-Government Organisations/ Community Based Organisations

Collaborations between churches and NGOs or CBOs were instrumental in mitigating substance use by leveraging the complementary strengths and resources of each partner to develop and implement effective prevention and treatment programs (Korir et al., 2022). Globally, Breland et al. (2020) highlighted the importance of collaboration and trust-building between researchers and faith communities in developing culturally relevant and effective interventions in the United States. Furthermore, Pinto and Moreira-Almeida (2023) in Brazil emphasized the importance of collaboration between health professionals and religious leaders in developing and implementing integrated interventions. Consequently, these global examples demonstrated that church-NGO/CBO partnerships, when built on mutual trust and complementary expertise, produced more culturally relevant and effective substance use prevention programs than single-organization approaches, providing a theoretical basis for examining similar collaborative models within FGCK in Embakasi East Sub-County.

At the regional and local levels, several studies documented the effectiveness of church-NGO/CBO collaborations. Nwagu et al. (2020) conducted a study in two rural communities in Enugu State, Nigeria, using the Community Readiness Model, finding that partnerships between churches and community stakeholders, including religious leaders, helped identify community needs and develop tailored prevention strategies. Furthermore, Mungai (2019) examined the effectiveness of collaboration between principals and stakeholders in school guidance and counselling, revealing that

collaborative engagement of religious leaders was effective in reducing drug abuse among students. Similarly, Korir et al. (2022) found that FGCK in Baringo Central Sub-County played a significant role in providing education, counselling, and support to individuals and families affected by alcohol use disorders through coordinated community engagement. Taken together, these regional and local findings affirmed that church-NGO/CBO partnerships were effective in mobilizing community resources and coordinating multi-stakeholder responses to youth substance use challenges.

While existing research documented various collaboration models between religious institutions and local NGOs/CBOs, as evidenced by Nwagu et al. (2020), Mungai (2019), Korir et al. (2022), Breland et al. (2020), and Pinto and Moreira-Almeida (2023), a significant knowledge gap remained regarding specific church-NGO/CBO collaborations within FGCK in urban Kenyan settings like Embakasi East Sub-County. The study therefore addressed this limitation by examining how FGCK developed and maintained partnerships with local organizations, analysing how churches could effectively integrate their spiritual resources with the technical expertise and community networks of NGOs and CBOs. The research investigated how churches could establish sustainable partnerships that leveraged complementary strengths, sharing resources and expertise while maintaining distinct organizational identities and missions in addressing youth substance use within Embakasi East Sub-County.

By focusing on the unique dynamics of church-NGO/CBO partnerships within Embakasi East's urban environment, the study generated new insights into how religious organizations could better coordinate with local organizations to create more comprehensive and effective substance use prevention programs. The findings contributed practical guidance for developing collaboration models that maximized impact through shared resources, coordinated programming, and mutual capacity

building. The resulting recommendations filled an important gap in current literature by providing evidence-based strategies for FBOs to establish effective and sustainable partnerships with local NGOs and CBOs in urban African contexts, ultimately strengthening the church's collective capacity to address youth substance use challenges in Embakasi East Sub-County.

Mitigating Use of Substances

Prevention programs represented the first line of intervention in mitigating substance use among youth within FGCK. Globally, evidence-based prevention programs reduced substance use initiation by equipping young people with knowledge, skills, and social support to resist substance use pressures (Harrell et al., 2020). In the Kenyan context, Kabugi (2019) established that FBOs implemented multifaceted prevention approaches including public awareness campaigns, community mobilization, and mentorship programs, all of which demonstrated potential in reducing youth substance use initiation. Furthermore, Thompson et al. (2021) confirmed that faith-based prevention programs achieved a 25% reduction in substance use rates among participants globally when properly structured and implemented. Consequently, it seemed reasonable that FGCK's prevention programs, when systematically designed around evidence-based principles and aligned with community spiritual values, could serve as effective deterrents against substance use initiation among youth in Embakasi East Sub-County. However, the study found that 83.5% of youth reported minimal participation in existing prevention programs, indicating significant implementation gaps requiring urgent attention.

Treatment interventions constituted the second dimension of substance use mitigation, addressing existing substance use disorders among youth within FGCK. Evidence indicated that effective treatment combined medical, psychological, and

spiritual components to address the multifaceted nature of substance use disorders (NIDA, 2022). Specifically, Vanderplasschen et al. (2021) demonstrated that case management linking rehabilitation centres with community service providers improved treatment outcomes, while Moodley et al. (2021) confirmed that faith-based treatment programs integrating spiritual practices with clinical methods achieved higher retention rates. Furthermore, Wangari et al. (2022) found that Nairobi churches enhanced treatment access by providing referrals to rehabilitation centres and ongoing spiritual support. Consequently, these findings suggested that FGCK's treatment interventions were most effective when they combined the church's spiritual resources with professional clinical expertise through coordinated referral partnerships, creating integrated treatment pathways that addressed both the spiritual and clinical dimensions of substance use disorders among youth in Embakasi East Sub-County.

Recovery support services represented the third and final dimension of substance use mitigation, providing sustained assistance to youth in long-term recovery from substance use disorders within FGCK. Globally, peer support groups, community-based aftercare programs, and sober living environments were established as critical components of effective recovery support (Kelly et al., 2020). In the Kenyan context, Kiburi et al. (2022) found that community-based relapse prevention programs in Nairobi produced lower substance use rates and higher social support levels at a six-month follow-up, demonstrating the effectiveness of sustained community engagement in supporting long-term recovery. Furthermore, Barasa et al. (2022) documented that residential rehabilitation programs with aftercare support groups reported reduced substance use and increased self-efficacy among participants in Nairobi. Consequently, these findings indicated that FGCK's recovery support services were most effective when they extended beyond initial treatment to provide continuous, community-embedded

spiritual and social support, addressing the ongoing challenges of sustained recovery among youth in Embakasi East Sub-County.

Theoretical Framework

Theoretical framework referred to a structured framework of concepts, theories, and models that guided the research process, providing a theoretical basis for understanding the phenomenon under investigation and shaping the research design, data collection, and analysis (Varpio et al., 2020). The Social Learning Theory and the Cognitive Behavioural Theory were the two relevant theories underpinning this study on the role of the church in mitigating substance use among youth in Embakasi East, Nairobi County, Kenya. Specifically, the Social Learning Theory informed the study's objectives regarding the role of the church, mentorship programs, family engagement, and youth empowerment by highlighting the impact of modelling, reinforcement, and observational learning on behaviour. Furthermore, the Cognitive Behavioural Theory shed light on the effectiveness of existing substance use mitigation initiatives, including reducing substance use, raising awareness, and preventing relapse, by emphasizing the critical link between thoughts, emotions, and behaviours.

Social Learning Theory

The Social Learning Theory, developed by Albert Bandura in 1977, posited that individuals acquired behaviours through observational learning, modelling, and reinforcement (Stone et al., 2021). The theory highlighted how external social influences played a critical role in either promoting or discouraging substance use behaviours among youth. Social Learning Theory was particularly relevant to objectives related to the church's role in mitigating substance use among youth in Embakasi East Sub-County. Specifically, churches served as environments offering positive role models, reinforcement of prosocial behaviours, and promotion of healthy choices (Campbell et al.,

2022). By fostering supportive mentorship programs, encouraging family engagement, and empowering youth, churches provided opportunities for observational learning and reinforcement of healthy behaviours, which were foundational principles of Social Learning Theory (Eisenberg et al., 2021). Consequently, the theory provided a robust lens for understanding how FGCK's social environment and institutional practices shaped youth substance use behaviours within Embakasi East Sub-County.

The theory also shed light on the importance of social norms and perceived consequences in shaping substance use behaviours, emphasizing the potential for social settings like churches to influence youth attitudes and behaviours toward substance use (Ford & Ong, 2021). The strengths of Social Learning Theory included its comprehensive approach to explaining how behaviours were acquired, maintained, and influenced by both social and environmental factors (Stone et al., 2021). This perspective allowed for the development of interventions targeting both individual and contextual determinants of behaviour, making it particularly effective for addressing complex behaviours such as substance use. However, one of the critiques of Social Learning Theory was its under-emphasis on individual cognitive processes and differences, which potentially limited its ability to fully explain behaviour in certain contexts (Beauchaine & Hinshaw, 2022). Consequently, integrating Social Learning Theory with Cognitive Behavioural Theory provided a more robust understanding of both the social and cognitive aspects influencing behaviour, informing the development of more effective interventions for substance use mitigation within FGCK.

Cognitive Behavioural Theory

The Cognitive Behavioural Theory, developed by Aaron Beck and Albert Ellis, emphasized the role of thoughts and beliefs in shaping emotions and behaviours (Chand et al., 2023). The theory suggested that maladaptive thoughts and beliefs contributed to

emotional distress and behavioural issues, such as substance use disorders (Kazantzis & Miller, 2022). Over time, Cognitive Behavioural Theory was widely utilized in understanding and treating substance use and other mental health issues, focusing on how changing thoughts influenced emotional and behavioural outcomes (Windsor et al., 2021). According to the theory, thoughts, emotions, and behaviours were interrelated, meaning that altering one aspect led to changes in the others. For example, individuals could learn to identify and challenge distorted or unhelpful thoughts, thereby leading to improved emotional well-being and healthier behaviour choices (Belenko et al., 2021).

One of the core assumptions of Cognitive Behavioural Theory was that skills training, including problem-solving, coping strategies, and cognitive restructuring, empowered individuals to manage triggers effectively and prevent relapse. Cognitive Behavioural Theory-based interventions focused on helping individuals develop skills to identify high-risk situations, regulate emotional responses, and adopt healthier coping mechanisms, thereby reducing substance use (Nwagu et al., 2020; Sugarman et al., 2020). Furthermore, these interventions were particularly effective when tailored to the cultural context and specific needs of target populations, enhancing both the relevance and effectiveness of the programs (Windsor et al., 2021). In the context of FGCK, it seemed reasonable that Cognitive Behavioural Theory-informed programs could help youth identify substance use triggers, challenge peer pressure-driven thought patterns, and develop spiritually grounded coping strategies. Consequently, the theory provided a practical framework for designing church-based interventions that addressed the cognitive and emotional dimensions of youth substance use in Embakasi East Sub-County.

The theory was also relevant to objectives related to relapse prevention and substance use mitigation programs. By targeting maladaptive thought patterns and promoting adaptive coping mechanisms, Cognitive Behavioural Theory-based

interventions demonstrated effectiveness in reducing substance use and preventing relapse. Moreover, the theory was particularly relevant for guiding collaborations among multiple stakeholders, including churches, rehabilitation centres, law enforcement, and community organizations, providing a comprehensive approach to addressing cognitive, emotional, and behavioural aspects of substance use (Belenko et al., 2021; Nwagu et al., 2020). The theory's adaptability allowed for program designs that considered cultural norms, environmental influences, and individual differences, ensuring a nuanced approach to substance use prevention (Windsor et al., 2021). The strengths of Cognitive Behavioural Theory included its strong focus on the interplay of thoughts and behaviours, its emphasis on skills training for relapse prevention, and its potential for tailoring interventions to individual needs. Together with Social Learning Theory, it offered a multidimensional framework addressing both internal cognitive mechanisms and external social dynamics influencing substance use among FGCK youth.

The strengths of Cognitive Behavioural Theory include its strong focus on the interplay of thoughts and behaviours, its emphasis on skills training for relapse prevention, and its potential for tailoring interventions to meet individual needs. This personalized approach makes Cognitive Behavioural Theory particularly effective in diverse settings and enhances its applicability to various populations (Windsor et al., 2021). When combined with the Social Learning Theory, Cognitive Behavioural Theory provides a more comprehensive framework for understanding substance use, as it addresses both the cognitive processes and social influences that contribute to behaviour.

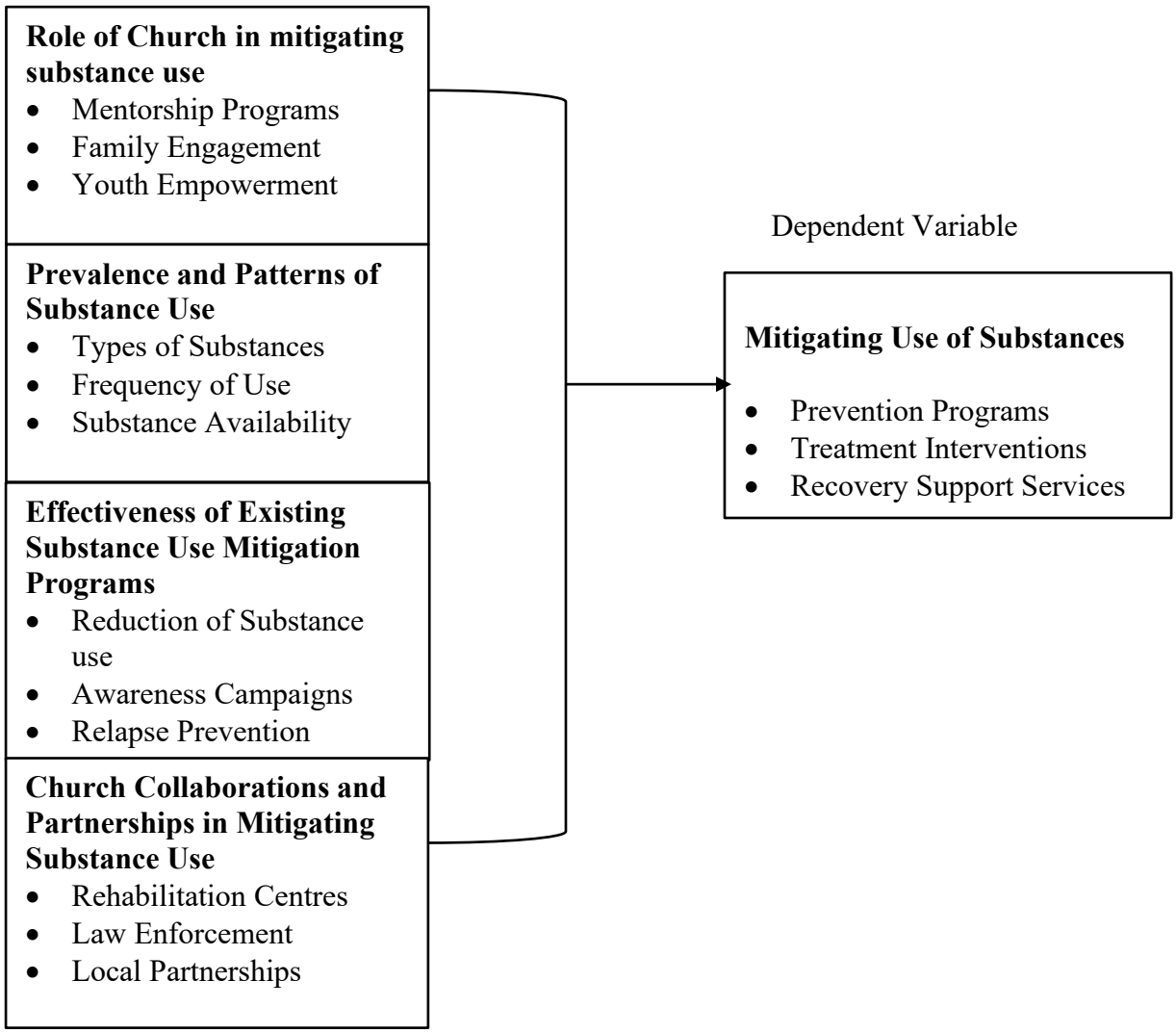
Conceptual Framework

The conceptual framework integrated key constructs from Social Learning Theory and Cognitive Behavioural Theory to examine substance use and its mitigation within FGCK. From Social Learning Theory, concepts of observational learning, social

norms, and reinforcement were used to understand how behaviours such as the prevalence and patterns of substance use were learned and sustained through peer influences and substance availability. Additionally, the role of the church in mitigating substance use was framed through mentorship, family engagement, and youth empowerment, which provided social models and reinforced prosocial behaviours. Cognitive Behavioural Theory concepts, including maladaptive thoughts, beliefs, coping strategies, and skills training, were embedded in understanding and enhancing the effectiveness of substance use mitigation programs, specifically interventions for prevention, treatment, and recovery. Furthermore, the theory informed cognitive restructuring and relapse prevention processes, demonstrating how church-based interventions could modify individual thought patterns through structured awareness activities. The church's collaborations with rehabilitation centres, law enforcement, and local organizations were seen as opportunities for integrated cognitive-behavioural interventions, promoting holistic prevention and recovery efforts. Consequently, the framework captured the interplay between social influences and cognitive processes in shaping substance use behaviours and their mitigation within FGCK in Embakasi East Sub-County.

Figure 1

Conceptual Framework



Source. Researcher, 2026

Synthesis of Research Gap

Based on the reviewed literature, a research gap exists in understanding FGCK's role in youth substance use mitigation within Embakasi East sub-county. While existing Kenyan studies have explored church interventions in substance use—such as Kosgei et al.'s (2021) study of Nairobi Chapel and Kabugi's (2019) examination of FBOs—none have specifically investigated FGCK's programs and their effectiveness in Embakasi East.

Additionally, while Musyoka et al. (2019) and Kurui et al. (2020) studied substance use patterns among students, and Karanu et al. (2020) examined church policies' influence on youth, these studies did not address the specific dynamics of church-based substance use mitigation programs or explore the potential for stakeholder collaborations in this context. This study aims to fill this gap by examining FGCK's substance use mitigation efforts, evaluating their existing programs' effectiveness, and exploring collaborative opportunities with stakeholders in Embakasi East Sub-county.

Chapter Summary

The literature review examined studies on the role of the church in mitigating substance use among the youth. These studies have highlighted the prevalence and patterns of substance use, the effectiveness of existing mitigation programs, and the importance of collaborations and partnerships in addressing this issue. Social Learning Theory and Cognitive Behavioural Theory are discussed as relevant theoretical frameworks. However, the review identified several research gaps, particularly in the context of FGCK in Embakasi East, Nairobi County, Kenya. These gaps justified the need for the study to provide a focused investigation of the church's role, assess the prevalence and patterns of substance use, evaluate the effectiveness of existing programs, and explore potential collaborations and partnerships within this specific setting. The next chapter discusses the research methodology.

CHAPTER THREE: RESEARCH METHODOLOGY

Introduction

This chapter describes the research methodology employed in the study. It outlines the philosophical underpinning, research design, target population, sample size, sampling methods, type of data, data collection methods, pre-testing, instrument validity and reliability, data analysis, and ethical considerations, concluding with a chapter summary.

Research Design

Research design is a framework employed to create answers to research questions (Bloomfield & Fisher, 2019). The study employed a mixed design method, which addressed methodological limitations found in studies that relied solely on either quantitative or qualitative approaches. This mixed-methods approach allowed for the systematic collection and analysis of both quantitative and qualitative data, providing a comprehensive understanding of the current situation regarding substance use. As Creswell and Creswell (2022) note, mixed-methods designs enable researchers to identify patterns, trends, and associations between variables, which can inform the development of targeted interventions and policies to address substance use among youth in the study area. For the quantitative component, standardized questionnaires were distributed to the youth to evaluate the frequency and patterns of substance use and the effectiveness of current mitigation programs within FGCK. The qualitative component utilized open-ended interviews with church leaders and parents to acquire a deeper understanding of the church's role in substance use mitigation, as well as the factors affecting substance use and mitigation initiatives in this particular setting. By integrating both quantitative and qualitative data, the researcher was able to identify meaningful prevalence and

relationships between variables, leading to more effective strategies for addressing substance use among young people in the study region.

Target Population

Embakasi East Sub-County had five registered Full Gospel Churches of Kenya (FGCK) congregations at the time of the study, namely Donholm, Embakasi, Tassia, Green Span, and Umoja Unity, as confirmed by FGCK church records (2024). All five congregations were included in the study, making it a census of the available FGCK churches within the sub-county rather than a sampled selection of a larger pool. The target population therefore comprised all individuals affiliated with these five congregations who fell within the three defined participant categories, ensuring comprehensive coverage of the FGCK institutional presence in Embakasi East Sub-County. Consequently, the decision to include all five registered congregations strengthened the representativeness of the study's findings within the specific denominational and geographical boundaries of the research.

The total target population consisted of 1,912 individuals drawn from the five FGCK congregations, distributed across three categories: 1,247 registered youth members aged 18 to 35 years, 41 church leaders, and 624 parents who were also registered FGCK members, as obtained from the respective church records (2024). Specifically, the youth category comprised individuals who were formally registered as members of FGCK congregations in Embakasi East Sub-County, thereby excluding casual or irregular attendees who had not undergone formal church membership registration. This distinction was important because registered members were more likely to have sustained exposure to FGCK's substance use mitigation programs and to provide reliable, experience-based data on program participation and effectiveness. Furthermore, church leaders and parents were also drawn exclusively from registered membership rolls, ensuring that all

participants had a documented, ongoing relationship with the FGCK congregations under study. The summary of the target population is presented in Table 1.

Table 1

Target Population

Church	Youth (18-35 years)	Church Leaders	Parents	Total
Donholm	258	8	132	398
Embakasi	311	10	157	478
Tassia	223	7	109	339
Green Span	194	5	98	297
Umoja Unity	261	11	128	400
Total	1,247	41	624	1912

Source: Church Records (2024)

Sample Size

A sample size is a subset of the population (Singh & Masuku, 2014). The study used Yamane's (1967) Formula to determine the sample size. The choice of this formula was justified by its practicality in balancing precision with resource constraints, as it prevents over-sampling while still capturing a representative subset of the population. For this study, it ensured that the diverse perspectives of youth, church leaders, and parents were effectively captured, aligning with the study's objectives to comprehensively analyse the role of FGCK in mitigating substance use among youth in Embakasi East Sub-County. Yamane's formula was appropriate for this research as it provides a simplified and widely accepted method for calculating sample sizes in social science research (Glenn, 2009; Israel, 2013; Singh & Masuku, 2014; Tejada & Punzalan, 2012; Yamane, 1967). The 5% margin of error is chosen as it is the standard level of precision in social science research, providing a higher confidence level and more reliable results. To be expressed as;

$n = N/ (1 + N(e)^2)$

Where: n = Sample size N = Total target population (1,912) e = Level of precision/margin of error (0.05 or 5%)

Using this formula:

$n = 1,912/ [1 + 1,912 (0.05)^2]$

$n = 1,912/ [1 + 1,912 (0.0025)]$

$n = 1,912/ [1 + 4.78]$

$n = 1,912/ 5.78$

$n = 330.8 \approx 331$ respondents

The sample size of 331 was proportionately allocated across the target population categories to ensure equitable representation. The proportional allocation method involves dividing the total sample size based on the proportion each group contributes to the overall population. This allocation ensures that each subgroup is represented in the sample according to its size within the population, maintaining representativeness and statistical validity. By distributing respondents proportionally, the study captures the diverse perspectives and roles of these groups, enhancing the reliability of the findings on FGCK's efforts to mitigate substance use among youth. This method is justified as it ensures inclusivity, particularly of youth as the primary focus, while also including influential stakeholders like parents and church leaders, aligning with the study's objectives. The summary of the sample size is presented in Table 2.

Table 2

Sample Size

Church	Youth (18-35 years)	Church Leaders	Parents	Total
Donholm	45	1	23	69
Embakasi	54	2	27	83
Tassia	38	1	19	58
Green Span	34	1	17	52
Umoja Unity	45	2	22	69
Total	216	7	108	331

Source: Researcher (2024)

Sampling Methods

Sampling methods are techniques for choosing a subset of individuals or things from a larger population for research or study (Sharma, 2021). The study employed a stratified sampling strategy, a probability sampling method in which participants were selected at random from each stratum after the target population had been divided into discrete subgroups according to particular characteristics such as role and church affiliation (Tyrer & Heyman, 2021). This sampling technique was appropriate for the current study because it ensured that all relevant subgroups within the FGCK community in Embakasi East Sub-County were adequately represented in the sample. Consequently, stratified sampling enhanced representativeness by capturing diverse perspectives across youth, church leaders, and parents from all five FGCK congregations, while simultaneously reducing selection bias and ensuring that no single subgroup was disproportionately over-represented or under-represented in the final study sample.

The study effectively captured the varied viewpoints and experiences of the target population by combining stratified sampling with simple random sampling, thereby preserving the integrity and representativeness of the sample. Specifically, once the population was divided into strata by role and church affiliation, simple random sampling was applied within each stratum to select individual participants, ensuring equal opportunity for participation across all five FGCK congregations. Furthermore, this combined approach aligned with the study's objectives of analysing how FGCK reduced youth substance use, determining prevalence and trends of substance use, assessing the efficacy of current programs, and exploring possible partnerships and collaborations. Consequently, simple random sampling within each stratum further minimized selection bias, improving the reliability and validity of the findings and ensuring that the selected

sample accurately reflected the diversity of perspectives within the broader FGCK target population in Embakasi East Sub-County.

The study applied clear inclusion and exclusion criteria to determine participant eligibility across all three respondent categories. For youth, the inclusion criteria required that participants be registered FGCK members aged between 18 and 35 years, residing within Embakasi East Sub-County, and having attended FGCK for a minimum of six months prior to the study, thereby ensuring familiarity with church programs and activities. For church leaders, inclusion required formal appointment or recognition within one of the five FGCK congregations and direct involvement in youth ministry or program implementation. For parents, inclusion required formal FGCK registered membership and having at least one child aged 18–35 years within the congregation. Conversely, individuals who were not registered FGCK members, those below 18 years of age, non-residents of Embakasi East Sub-County, and individuals who declined to provide informed consent were excluded from participation in the study.

Parents were not specifically selected based on whether their children were actively using substances; rather, they were selected from the general registered FGCK parent membership using purposive sampling to ensure balanced gender and congregational representation. Specifically, four parents were selected from each of the five FGCK congregations, two males and two females per church, resulting in a total of 20 parent participants for the qualitative interview component of the study. This purposive selection approach was appropriate because parents, regardless of whether their children had direct substance use challenges, possessed valuable insights into family engagement practices, church-based prevention strategies, and the broader social dynamics influencing youth substance use within their congregations. Consequently, this inclusive selection approach ensured that parental perspectives captured both families

directly affected by youth substance use and those engaged in preventive family support roles, thereby providing a more comprehensive understanding of family dynamics within FGCK.

Type of Data

The study collected primary data using questionnaires for youth and interviews for church leaders and parents that provided a systematic and standardized approach to data collection, ensuring consistency in the responses obtained from participants. The use of closed-ended questions with predefined answer options allowed for the quantification of data from youth respondents, making it amenable to statistical analysis. The interviews with church leaders and parents provided in-depth qualitative insights. The questionnaires offered a degree of anonymity to youth participants, which encouraged candid and honest responses, especially in a sensitive research context like substance abuse.

Data Collection Methods

The study employed a comprehensive data collection approach using two instruments for youth participants and an interview guide for church leaders and parents. The primary standardized instrument was the World Health Organization's Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), developed in 2002 by the WHO ASSIST Working Group, an international research team led by Humeniuk et al. (2008), originally for detecting and screening substance use disorder risks in primary healthcare settings. The ASSIST is an 8-question screening tool covering tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants, inhalants, sedatives, hallucinogens, opioids, and other drugs. Specifically, the eight questions assessed lifetime use, frequency of use in the past three months, indicators of dependence such as craving and loss of control, and associated negative consequences including health, social, legal, and functional impacts (WHO ASSIST Working Group, 2002). This globally validated

tool was complemented by researcher-developed questionnaires addressing church role, program effectiveness, and collaboration variables.

The ASSIST produces a Substance Involvement Score (SIS) by summing responses to questions two through seven, helping clinicians determine the appropriate level of intervention. Scores are categorized into Low risk (0–3), Moderate risk (4–26), and High risk (27 and above). Regarding psychometric properties, the ASSIST demonstrated strong correlations with established addiction measures including the ASI-Lite (76–88%), SDS (59%), AUDIT (82%), and RTQ (78%), with ROC analysis demonstrating high specificity (50–96%) and sensitivity (54–97%) across substances, confirming its discriminative accuracy. Furthermore, concurrent validity was demonstrated through significant correlations between ASSIST scores and scores from the ASI-Lite (r = 0.76–0.88), SDS (r = 0.59), AUDIT (r = 0.82), and RTQ (r = 0.78) (Humeniuk et al., 2008). The tool has been used in numerous studies including Kwendo et al. (2021) among Kenyan university students, Abbo et al. (2022) among Ugandan university students, and Musyoka et al. (2019) among University of Nairobi first-year students, confirming its cross-cultural applicability in East African research contexts.

The researcher-developed questionnaires complemented the ASSIST by measuring three additional constructs: the role of FGCK in mitigating substance use (7 items), effectiveness of existing substance use mitigation programs (6 items), and collaborations between FGCK and other stakeholders (7 items). Additionally, a fourth scale measuring overall mitigation of substance use comprised 8 items, resulting in a total of 28 researcher-developed items administered alongside the ASSIST. These items used a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), enabling quantification of participant perceptions across all study variables. The questionnaires were developed through an iterative process involving a review of existing literature,

expert panel consultation, and pilot testing, ensuring that all items were contextually relevant, clearly worded, and appropriately aligned with the study's objectives within the specific institutional and community context of FGCK in Embakasi East Sub-County.

The data collection process followed a systematically planned approach, beginning with securing critical approvals from the Institutional Scientific and Ethics Review Committee (ISERC), the National Commission for Science, Technology and Innovation (NACOSTI), and the FGCK management in Embakasi East Sub-County, thereby ensuring full ethical compliance and institutional support. Following these approvals, the researcher implemented a recruitment and training strategy for six research assistants, prioritizing candidates with robust educational backgrounds, demonstrable research experience, and familiarity with the local community context. Specifically, a comprehensive two-day training program equipped assistants with in-depth understanding of the study's objectives, precise questionnaire administration techniques, data collection procedures, ethical considerations, and data management protocols. Furthermore, the training incorporated practical elements such as role-playing scenarios and pilot testing of the questionnaires and interview guides, ensuring that research assistants could conduct data collection with maximum consistency, reliability, and sensitivity to the study's subject matter.

Pre-testing

Before the main data collection, a pre-test involving 33 participants, representing 10% of the main sample size, was conducted at the Kayole Full Gospel Church Parish in Kayole Sub-County, Nairobi County. The strategic selection of Kayole was justified by its comparable demographic characteristics, urban environment, and socioeconomic conditions to Embakasi East Sub-County, ensuring pre-test results were contextually representative and transferable. The pre-test was conducted within the church setting,

mirroring the institutional environment of the main study, thereby ensuring that the administration context was consistent with actual study conditions. Specifically, the 33 pre-test participants comprised 22 registered youth members aged 18–35 years, 3 church leaders, and 8 parents, proportions consistent with the target population structure, all drawn from Kayole FGC membership rolls and selected using the same stratified and purposive sampling procedures planned for the main study.

The pre-test evaluated the internal consistency and reliability of the researcher-developed instruments, ensuring the tools were robust and suitable for the study objectives. The WHO ASSIST tool was not included in pre-testing, as it is a standardized instrument with established psychometric properties validated across diverse cultural contexts (Humeniuk et al., 2008; Ali et al., 2022). Based on the pre-test results, necessary modifications were made to the researcher-developed questionnaires, including rewording ambiguous questions, removing redundant items, and adding new questions to better capture the constructs of interest. Consequently, the refined questionnaires were used in the main data collection phase, ensuring that all instruments were reliable, valid, and well-suited to the study's objectives and the specific characteristics of the FGCK youth population in Embakasi East Sub-County.

Instrument Validity

Instrument validity refers to the degree to which a measurement tool accurately measures what it is intended to measure, ensuring that inferences drawn from scores are meaningful and appropriate for the research context (Creswell & Creswell, 2022). An instrument is considered valid when it demonstrates content validity, that items adequately represent the construct being measured, construct validity, confirming it measures the theoretical construct as intended, and criterion validity, evidenced by significant correlations with established reference measures (Creswell & Creswell, 2022).

Consequently, validity is not a single property but a cumulative body of evidence supporting the appropriateness of an instrument's scores for specific research purposes. For this study, validity was established through two complementary approaches: the use of a globally validated standardized instrument for substance use assessment, and an expert review and pilot testing process for researcher-developed questionnaires.

The primary standardized instrument, the WHO ASSIST, possessed well-established validity confirmed across multiple international studies. Validation studies conducted by Humeniuk et al. (2008) and Newcombe et al. (2005) demonstrated strong concurrent validity when comparing ASSIST scores against reference standards including the Composite International Diagnostic Interview (CIDI), confirming the tool's effectiveness in discriminating between low-risk, moderate-risk, and high-risk substance use across diverse cultural settings. Furthermore, the ASSIST has been found to have criterion, construct, concurrent, and discriminant validity (Humeniuk & Ali, 2006; Humeniuk et al., 2008). The ASSIST was used in the Kenyan context by Kwendo et al. (2021) and Musyoka et al. (2019), confirming its validity among East African youth populations. For researcher-developed questionnaires, validity was enhanced through expert review by a panel of specialists in substance use research and faith-based interventions, who confirmed item relevance, clarity, and contextual appropriateness for the FGCK community.

Additionally, a pilot study with 33 participants assessed the face validity and comprehensibility of the researcher-developed questionnaires, generating feedback that informed necessary revisions before the main study. This iterative validation process ensured that all researcher-developed items accurately represented the constructs under investigation, church role, program effectiveness, and stakeholder collaborations, as defined in the study's conceptual framework. Consequently, the combination of a globally

validated standardized tool and an expert-reviewed, pilot-tested researcher instrument provided a robust validity foundation for the study's measurement approach, supporting confidence in the accuracy and meaningfulness of the data collected from the 228 participants in the five FGCK congregations in Embakasi East Sub-County.

Instrument Reliability

Instrument reliability refers to the consistency and stability of a measurement tool in producing the same results under the same conditions across repeated administrations (Creswell & Creswell, 2022). An instrument is considered reliable when it produces stable, consistent scores over time and across different respondent groups, typically evidenced by internal consistency coefficients such as Cronbach's alpha values of 0.70 or above (Taber, 2023). In other words, a reliable instrument minimizes measurement error, ensuring that observed scores reflect true scores rather than random variation. For this study, reliability was established through two approaches: pilot testing of researcher-developed instruments with a sample of 33 participants at Kayole FGC, and reliance on the established psychometric properties of the WHO ASSIST for substance use assessment.

The researcher conducted reliability testing for the researcher-developed questionnaires using the 33-participant pilot sample at Kayole Full Gospel Church Parish. Specifically, Cronbach's alpha values were computed using SPSS version 30, yielding the following results: role of FGCK in mitigating substance use ($\alpha = 0.886$, 7 items), effectiveness of existing mitigation programs ($\alpha = 0.728$, 6 items), collaborations between FGCK and rehabilitation centres ($\alpha = 0.737$, 7 items), and mitigating substance use ($\alpha = 0.834$, 8 items), as presented in Table 3. All values exceeded the 0.70 threshold, confirming strong internal consistency across all researcher-developed instruments (Taber, 2023). Similarly, the WHO ASSIST was used without reliability testing, as it

demonstrated established internal consistency coefficients ranging from α = 0.77 to 0.94 across different substances and cultural contexts in prior studies, including Kwendo et al. (2021) in Kenya and Abbo et al. (2022) in Uganda (Ali et al., 2022; Humeniuk et al., 2008; Khan et al., 2011). Consequently, both instruments provided a reliable measurement foundation for the study's data collection process.

Table 3

Reliability Coefficients

Variable	Number of Items	Cronbach's Alpha (α)
Role of FGCK in mitigating substance use	7	0.886
Effectiveness of existing substance use mitigation programs	6	0.728
Collaborations between FGCK and rehabilitation centers	7	0.737
Mitigating substance use	8	0.834

Cronbach's alpha values serve as a standard for assessing internal consistency, with a value of 0.70 or higher deemed acceptable for research purposes (Taber, 2023). All researcher-developed instruments achieved Cronbach's alpha values above the 0.70 threshold, confirming their reliability for use in the main study. The WHO ASSIST was not subjected to reliability testing as it is a standardized instrument that has demonstrated strong psychometric properties in previous studies, with internal consistency coefficients (Cronbach's alpha) ranging from 0.77 to 0.94 across different substances and cultural contexts (Ali et al., 2022; Humeniuk et al., 2008; Khan et al., 2011). This established reliability supported its selection as an appropriate instrument for substance use assessment in this study.

Data Analysis

The researcher employed a rigorous data cleaning and processing procedure to ensure the accuracy and integrity of the data (Suri, 2020). Specifically, 331 questionnaires were distributed across the five FGCK congregations in Embakasi East Sub-County, of

which 228 were returned and usable, representing an overall response rate of 68.9%. Questionnaires with significant missing data exceeding 10% or evident response patterns such as identical answers throughout were excluded from analysis, resulting in the retention of 228 questionnaires for statistical processing. The cleaned data were then entered into SPSS software version 30 for further processing, with two independent researchers conducting data entry to minimize errors, and all discrepancies resolved by referring back to the original questionnaires.

Once data entry was verified, the researcher conducted a series of descriptive and inferential statistical analyses to address the research objectives. Descriptive statistics including frequencies, percentages, means, and standard deviations were computed to summarize demographic characteristics and substance use patterns among youth respondents. Furthermore, Pearson correlation analysis was conducted to examine the relationships between the independent variables, church role, program effectiveness, and stakeholder collaborations, and the dependent variable of mitigating substance use. Additionally, multiple linear regression analysis was performed to determine the predictive strength of each independent variable on substance use mitigation outcomes. Consequently, the results of all statistical analyses were presented in tables and figures, accompanied by narrative descriptions to facilitate interpretation, ensuring that findings were clearly communicated and directly aligned with the study's four research objectives.

Ethical Consideration

Ethical considerations involved respecting the rights and dignity of research participants, ensuring their safety and privacy, and maintaining integrity and honesty in conducting and reporting research (Naik et al., 2022; Suri, 2020). To uphold ethical standards, the researcher first sought necessary permits and approvals from relevant authorities in the following order: Institutional Scientific and Ethics Review Committee,

NACOSTI, and the church management of the FGCK in Embakasi East Sub-County. To ensure fair and equitable treatment of all participants, the researcher adhered to key principles designed to uphold inclusivity, neutrality, and respect throughout the study.

Participants were recruited based on predetermined inclusion criteria, regardless of socioeconomic status, education level, or other demographic factors, ensuring an inclusive recruitment process. Data collection was conducted in a neutral and objective manner by the researcher and trained research assistants, avoiding any form of discrimination or preferential treatment to maintain unbiased data collection. Additionally, all participants had equal access to mental health support services and other resources provided during the study, irrespective of their background or characteristics, to ensure equal access to resources. The study also prioritized the well-being of participants by providing access to mental health support services if needed. The researcher collaborated with local mental health providers and counselling centers to establish a referral system for participants who may have required additional support. Information about these services was provided to all participants during the informed consent process and was readily available throughout the study.

Chapter Summary

This chapter covered the research methodology employed in the study, including the research design, target population, sample size, sampling methods, type of data, data collection methods, instrument validity and reliability, pre-testing of research tools, data analysis, and ethical considerations. The study utilized a sequential explanatory mixed-methods design with questionnaires administered to 216 youth and interviews conducted with 27 participants comprising church leaders and parents. The next chapter presents the results and discussions.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

Introduction

This chapter presents findings from the study examining the role of Full Gospel Churches of Kenya in mitigating substance use among youth in Embakasi East Sub-County, Nairobi County, Kenya. The chapter begins with response rate analysis, followed by demographic characteristics, and systematically addresses each research objective. It includes correlation and multiple regression analyses to determine predictive relationships, concluding with a chapter summary.

Response Rate

The sampled population was 331 participants from FGCK in Embakasi East Sub-County. All 331 participants were included comprising 216 youth (aged 18-35 years), 7 church leaders, and 108 parents. Out of 331 participants, 228 participated. Response rates for each category are presented in Table 4.

Table 4

Response Rate by Category

Category	Target Sample	Actual Response	Response Rate (%)
Youth (18-35 years)	216	201	93.1
Church Leaders	7	7	100.0
Parents	108	20	18.5
Total	331	228	68.9

The sampled population comprised 331 participants from the five FGCK congregations in Embakasi East Sub-County, distributed across three categories: 216 youth aged 18–35 years, 7 church leaders, and 108 parents. Of the 331 sampled participants, 228 responded and participated in the study, yielding an overall response rate of 68.9%, as presented in Table 4. The overall response rate of 68.9% exceeded the 60% threshold recommended by Ahmad and Halim (2017) and Hendra and Hill (2019), confirming adequate data representativeness for reliable conclusions. Youth achieved a 93.1% response rate, while all seven church leaders participated at 100%. Parents

recorded an 18.5% response rate because only 20 parents were purposively selected for qualitative interviews, four from each of the five FGCK congregations, comprising two males and two females per church, to provide in-depth qualitative perspectives complementing the quantitative data from youth respondents. Consequently, the high overall response rate enhanced study credibility by reducing non-response bias.

Demographic Information

Demographic information is used to understand the characteristics of a population and to make comparisons between different subgroups (Creswell & Creswell, 2022). In this study, demographic data were collected from all three participant categories, youth, church leaders, and parents. For youth respondents, the demographic variables included age, gender, marital status, education level, employment status, and years of FGCK membership. For church leaders, demographic data captured gender, years of leadership experience, and specific ministry roles within their respective FGCK congregations. For parents, demographic information included gender and the number of children within the FGCK youth age bracket. Consequently, the demographic profiles of all three respondent categories provided essential contextual information for interpreting the study's quantitative and qualitative findings on substance use prevalence, church program effectiveness, and stakeholder collaboration within FGCK in Embakasi East Sub-County. The age distribution of respondents was examined, and the findings are presented in Figure 2.

Figure 2

Age Distribution of Youth

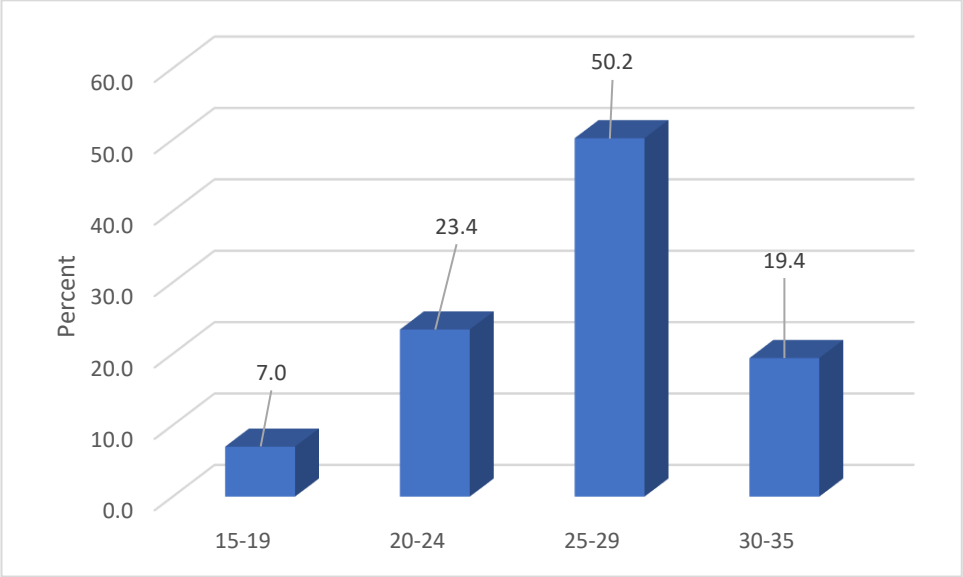


Figure 2 presents the age distribution of the 201 youth respondents who participated in the quantitative component of this study, reflecting the demographic composition of registered FGCK youth members sampled from the five congregations in Embakasi East Sub-County. The largest group of respondents (50.2%) fell within the 25–29 years age bracket, indicating a significant concentration of young adults in the study sample. This was followed by the 20–24 years age group at 23.4%, representing a substantial portion of younger participants. Furthermore, the 30–35 years bracket accounted for 19.4% of respondents, suggesting a notable presence of more mature youth within FGCK membership. Those aged 15–19 years represented 7.0% of the sample, comprising the smallest group. Consequently, this age distribution reflected the actual registered youth membership composition of FGCK in Embakasi East Sub-County at the time of data collection, not a measure of substance use prevalence by age group.

These findings aligned with NACADA (2022), which reported that the 25–35 age group exhibited significantly higher substance use prevalence (18.5%) compared to the 18–24 age bracket (8.9%). It is important to clarify, however, that the age distribution

in Figure 2 represents the demographics of participants who took part in this study rather than groups classified by substance use prevalence; the alignment with NACADA simply indicates that the study's sample concentration in the 25–29 bracket corresponded to the demographic most affected by substance use nationally. Furthermore, this distribution was consistent with studies by Kwendo et al. (2021) and Abbo et al. (2022), who focused on university students and young adults typically falling within similar age ranges. However, the relatively small representation of 15–19-year-olds (7.0%) differed from Mbuthia et al. (2022) and Kinoti et al. (2022), who focused primarily on secondary school students within this younger bracket. Consequently, the predominance of the 25–29 age group reflected FGCK's actual membership composition, consistent with Karanu et al. (2020).

The age distribution had important implications for understanding substance use patterns and intervention effectiveness within the FGCK community. Specifically, participants in their mid-twenties may have had different life experiences and responsibilities influencing their vulnerability to substance use and engagement with church programs compared to younger adolescents. Furthermore, the representation of various age groups allowed for analysis of how age-related factors affected both substance use behaviours and responsiveness to church-based interventions, providing perspectives spanning the transition from adolescence to full adulthood. It seems reasonable that participants across this age spectrum experienced different levels of peer pressure, economic stress, and family accountability, all of which could mediate the relationship between church participation and substance use behaviour. Consequently, the diverse age profile strengthened the study's capacity to generate findings applicable to the full range of FGCK's registered youth membership in Embakasi East Sub-County. The gender of respondents was examined, and the findings are presented in Figure 3.

Figure 3

Gender Distribution of Youth

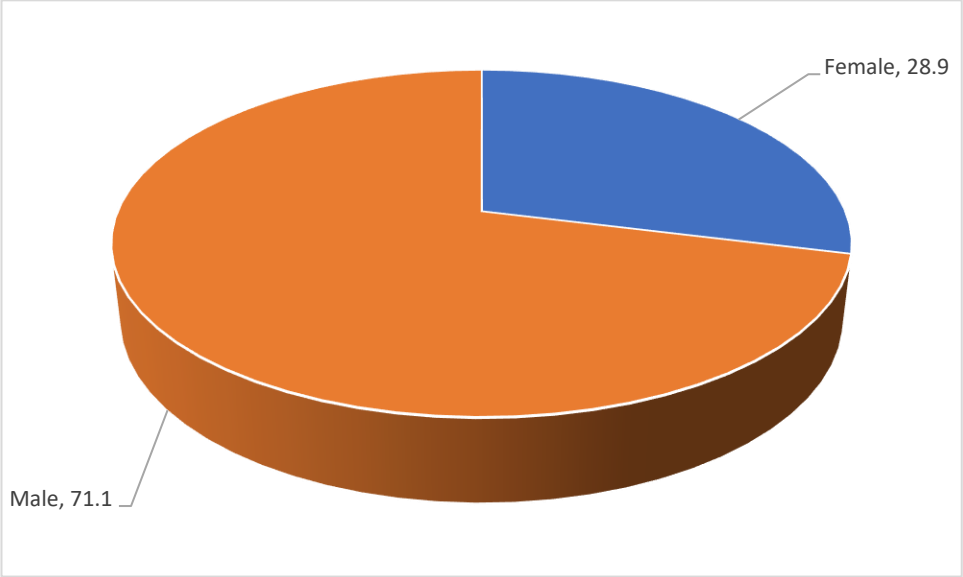


Figure 3 presents the gender distribution of the 201 youth respondents, reflecting the actual gender composition of FGCK's registered youth membership in the five congregations within Embakasi East Sub-County at the time of data collection. Specifically, 71.1% of participants were male and 28.9% were female. It is important to clarify that this distribution is a demographic characteristic of the FGCK youth membership from which the stratified sample was drawn, and does not indicate that participants were selected based on substance use likelihood or behaviour. As the study employed stratified sampling proportional to the actual church membership rolls, the gender ratio reflected how male and female youth were genuinely distributed within FGCK congregations rather than any deliberate or inadvertent sampling preference. Consequently, this distribution provides an accurate demographic profile of the youth population within FGCK in Embakasi East Sub-County and serves as important context for interpreting all subsequent study findings.

This gender distribution differed from some previous studies while aligning with others. The male predominance of 71.1% contrasted with Mbuthia et al. (2022), who

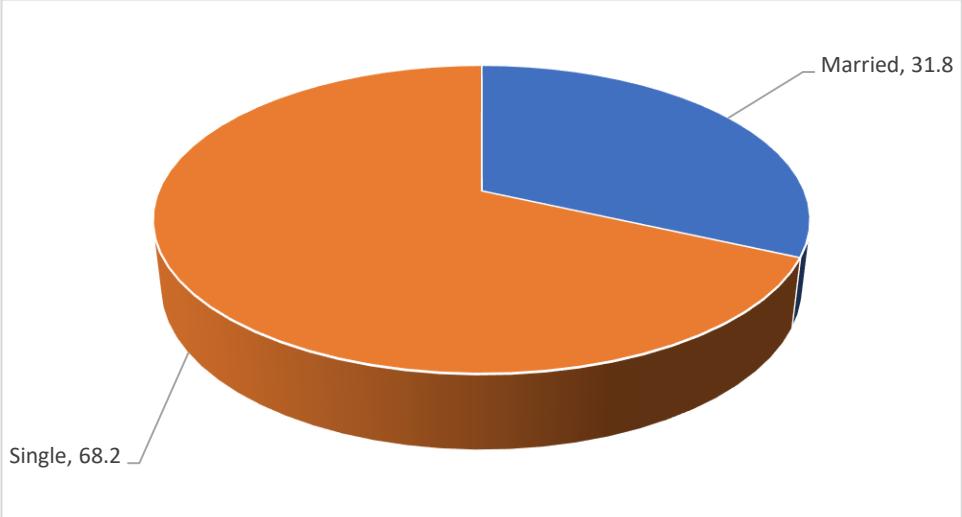
found a more balanced gender distribution of 52% male and 48% female among secondary school students in Kiambu County. However, it was consistent with Kwendo et al. (2021), who reported 68% male participation among Kenyan university students, and Abbo et al. (2022), who reported 65% male participation among Ugandan university students in demographic studies of young adult populations. Furthermore, Musyoka et al. (2019) similarly reported 64% male participation among Nairobi university students. These comparisons should be understood in terms of demographic composition of the study populations rather than substance use propensity; higher male representation in these studies reflected the demographic profiles of the specific institutions and communities studied. Consequently, the gender distribution in the current study similarly reflected FGCK's actual membership composition rather than any bias in participant selection.

The male-dominated sample did not indicate that the study was skewed toward individuals likely to use substances; rather, it reflected the actual gender composition of FGCK's registered youth membership, confirming the study's sampling integrity and reliability. Karanu et al. (2020) noted that male youth in Presbyterian churches were more likely to participate in structured church programs, a pattern relevant to the current study insofar as both studies examined church-affiliated youth in Kenyan urban settings, though the current study focused specifically on substance use mitigation rather than economic empowerment as in Karanu et al. (2020). Furthermore, NACADA (2022) reported that substance use prevalence was generally higher among males across all Kenyan age groups, providing national context for the demographic composition observed. Consequently, the gender distribution had implications for intervention design, as male and female youth may experience different substance use patterns and respond differently to church-based programs, underscoring the importance of gender-sensitive approaches

within FGCK. The study examined respondents' marital status, and results are presented in Figure 4.

Figure 4

Marital Status Distribution of Youth

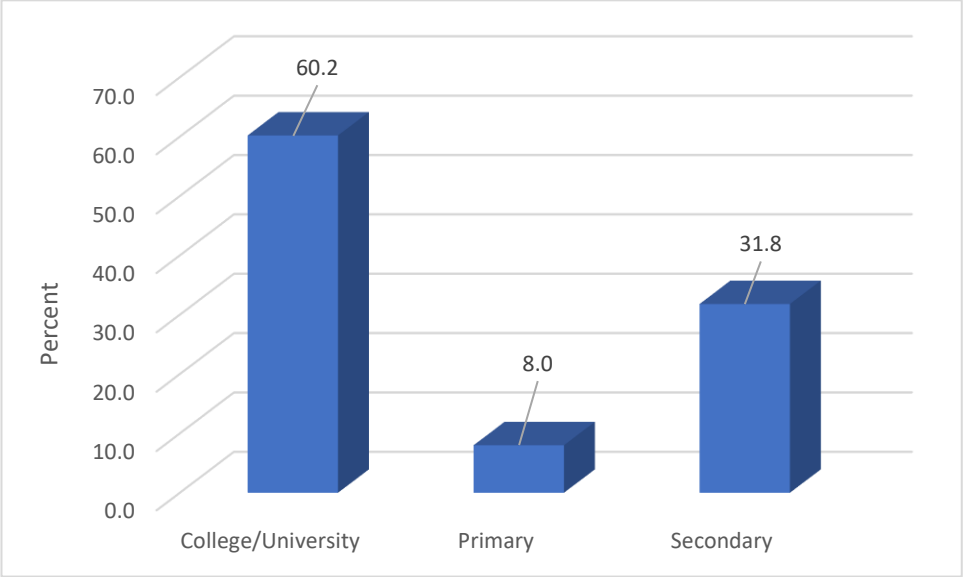


The marital status distribution among respondents indicated that the majority were single (68.2%), while 31.8% were married, with no participants reporting divorce, separation, or widowhood. This distribution was consistent with the age demographics, as most participants were in their twenties and had not yet entered marriage arrangements. These findings aligned with previous studies on youth populations in comparable contexts, including Kwendo et al. (2021), Musyoka et al. (2019), and Abbo et al. (2022), all of which reported single status as the dominant marital category among young adult research participants. Specifically, Kwendo et al. (2021) reported that 75% of university students in their study were single, which was comparable to the current study's 68.2%. The slightly lower percentage of single participants in the current study may have reflected the broader age range of 18–35 years compared to typical university student populations. Furthermore, Musyoka et al. (2019) found that 82% of first-year university students were single, a higher proportion than the current study, likely because first-year students were typically younger, falling between 18 and 20 years of age.

The presence of married participants (31.8%) aligned with NACADA (2022) findings that substance use patterns differed between single and married individuals, with married individuals generally showing lower rates of substance use. Similarly, Abbo et al. (2022) reported comparable marital status distributions among Ugandan university students, with 70% single and 30% married, while Karanu et al. (2020) noted that marital status influenced youth participation in church programs, with married youth demonstrating different engagement patterns compared to single youth. Furthermore, the absence of divorced, separated, or widowed participants was consistent with the relatively young age profile of the sample and aligned with Mbuthia et al. (2022), who studied secondary school and young adult populations in Kenya. The marital status distribution had important implications for understanding how family responsibilities and social relationships influenced substance use behaviours and church program participation. Specifically, single participants may have faced different social pressures and lifestyle patterns compared to married participants, with single youth potentially more exposed to peer influence contexts. Consequently, this demographic characteristic provided essential context for analysing how family status affected both vulnerability to substance use and engagement with church-based prevention and intervention programs within FGCK. The level of education attained by respondents was investigated, with results depicted in Figure 5.

Figure 5

Educational Level Distribution of Youth



The youth population was well-educated, with 60.2% holding college or university degrees, 31.8% possessing secondary education, and 8.0% having primary-level qualifications, with no participants reporting postgraduate education. This confirmed that respondents possessed the educational background necessary to comprehend the concepts investigated in this study. High educational attainment differed notably from some previous research while aligning with others, including Kwendo et al. (2021), Musyoka et al. (2019), Karanu et al. (2020), and Kurui et al. (2020), all of which documented varying educational profiles among Kenyan youth populations in urban settings. Specifically, the 60.2% college or university education level was considerably higher than the national average but consistent with studies conducted in urban settings. Kwendo et al. (2021) studied university students exclusively, reporting 100% tertiary education, while the current study captured a broader educational spectrum. Furthermore, Musyoka et al. (2019) similarly focused on university students, but the current study's inclusion of non-university educated youth at 39.8% provided a more educationally diverse perspective representative of FGCK's actual membership composition.

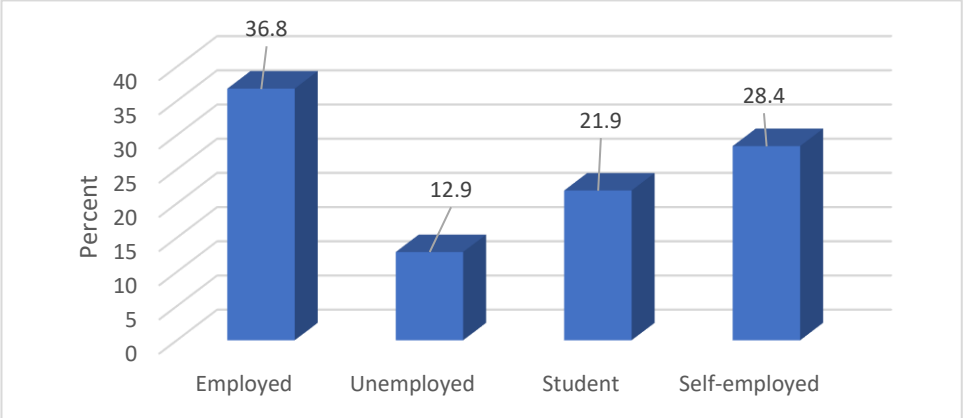
The findings partially aligned with Karanu et al. (2020), who studied Presbyterian Church youth in Nyahururu and found 55% held tertiary education, suggesting urban church youth populations generally demonstrated higher educational attainment than rural counterparts. However, the educational profile differed significantly from Mbuthia et al. (2022), who studied secondary school students in Kiambu County where all participants had only secondary education. Furthermore, the absence of postgraduate participants contrasted with some adult-focused studies but aligned with the youth focus of this research. Kurui et al. (2020) reported that 72% of medical college students had completed undergraduate education, higher than the current study, reflecting the specific educational requirements of medical programs rather than general youth populations. Consequently, the relatively high educational level likely reflected urban migration patterns where educated youth relocated to Nairobi for employment and educational opportunities, a phenomenon documented by NACADA (2022) in their national surveys of urban youth demographics and socioeconomic characteristics.

Educational level distribution had important implications for study validity and applicability. Specifically, participants with higher education levels demonstrated better understanding of substance use risks and greater access to prevention information, consistent with Kinoti et al. (2022), who found that educated youth respondents in Kenya demonstrated significantly higher awareness of substance use consequences and intervention options. Furthermore, this educational profile suggested that responses reflected perspectives from youth with adequate literacy and comprehension skills to engage meaningfully with substance use concepts and evaluate church program effectiveness, aligning with Creswell and Creswell (2022), who emphasized that respondent literacy directly strengthened the validity of self-reported survey data. However, this may have limited generalizability to less educated youth populations in

other church contexts, as noted by Mbuthia et al. (2022), whose findings among lower-educated secondary school youth demonstrated markedly different awareness and help-seeking patterns. Consequently, these educational characteristics should be considered when applying findings to FGCK congregations in less urbanized settings. Employment status distribution findings are presented in Figure 6.

Figure 6

Employment Status Distribution of Youth



Employment status varied: 36.8% employed, 28.4% self-employed, 21.9% students, and 12.9% unemployed. The combined employment rate (employed and self-employed) was 65.2%, indicating most youth were economically active. The employment distribution shows both similarities and differences with previous research. The unemployment rate of 12.9% is lower than national youth unemployment rate reported by NACADA (2022) of approximately 17-20% among urban youth, suggesting church-affiliated youth in this study may have better employment outcomes. The combined employment rate of 65.2% is consistent with Kwendo et al. (2021) who reported that 62% of university students in Kenya engaged in some form of income-generating activity alongside studies.

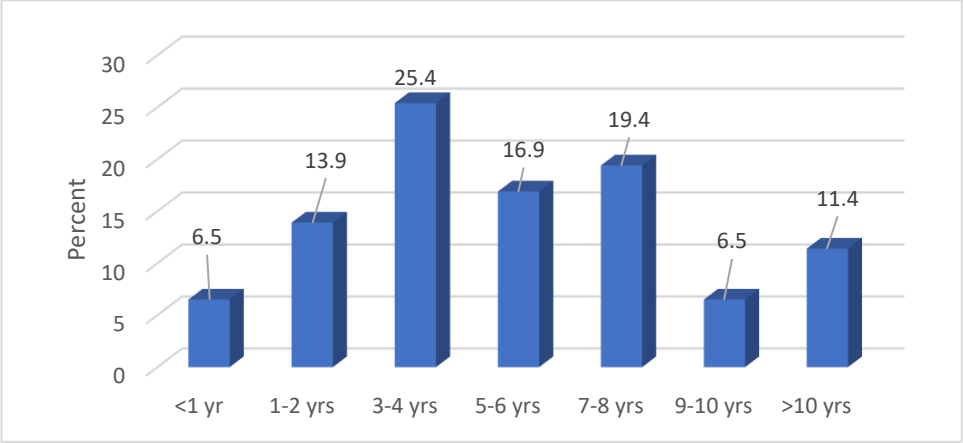
The self-employment rate of 28.4% aligns with broader trends in Kenya where youth increasingly turn to entrepreneurship due to limited formal employment

opportunities, a pattern noted by Karanu et al. (2020) in their study of Presbyterian Church youth economic empowerment. The student population of 21.9% is lower than studies by Musyoka et al. (2019) which focused exclusively on students, but reflects the broader age range (18-35 years) of the current study. Abbo et al. (2022) reported similar employment patterns among Ugandan university students, with 30% engaged in self-employment activities. The employment distribution differs from Mbuthia et al. (2022) who studied secondary school students where the majority were students (85%) with minimal employment. The relatively high economic activity rate may reflect the urban setting of Embakasi East Sub-County, where employment opportunities are more diverse compared to rural areas studied by other researchers.

Employment status distribution has implications for understanding economic factors that may influence substance use patterns and church program participation. Employed and self-employed youth may have different access to substances due to income levels and work environments. Students may face unique pressures in academic settings, while unemployed youth may experience different stressors that could affect substance use behaviors. This employment diversity provides perspectives from youth in different economic circumstances and life stages. Church membership duration findings are presented in Figure 7.

Figure 7

Church Membership Duration Distribution of Youth



Church membership duration showed diverse patterns, with highest proportion (25.4%) having been members for 3-4 years, followed by 7-8 years (19.4%), 5-6 years (16.9%), 1-2 years (13.9%), more than 10 years (11.4%), and 6.5% each for less than 1 year and 9-10 years. Church membership duration has received limited attention in previous substance use research, making direct comparisons challenging. However, the distribution pattern provides insights when compared to available studies. Karanu et al. (2020) examined church policies' influence on youth in Presbyterian Church but did not report specific membership duration data. The relatively high proportion of members with 3-4 years tenure (25.4%) suggests moderate stability in church youth populations, though significant portions have either shorter or longer membership periods.

Korir et al. (2022) studied Full Gospel Church strategies in Baringo Central Sub-County but focused on church elders and members without stratifying by membership duration. The finding that only 6.5% were members for less than one year suggests relatively low turnover in youth church membership, differing from patterns in some Western contexts where youth church attendance shows higher volatility. The 11.4% with more than 10 years membership indicates a core group of long-term committed members, which Kosgei et al. (2021) in their Nairobi Chapel study noted was important for program

sustainability and peer mentorship. The diverse membership duration distribution differs from studies like Musyoka et al. (2019) which did not account for duration of religious affiliation when examining substance use patterns.

The membership patterns may reflect urban context of Embakasi East Sub County where youth mobility and church transitions are common, a phenomenon noted by Kabugi (2019) in discussions of faith-based organization challenges in urban Kenya. Membership duration distribution has implications for understanding participant familiarity with church teachings and programs. Members with longer tenure may have deeper exposure to church-based substance use mitigation efforts and can provide perspectives on program evolution and long-term effectiveness. Newer members offer fresh perspectives on initial experiences with church interventions and their immediate impact. This diversity ensures comprehensive coverage of how different levels of church involvement influence youth perspectives on substance use mitigation within the Full Gospel Church community.

Prevalence of Substance Use Among Youth Within FGCK

The second objective assessed the prevalence of substance use among youth within FGCK in Embakasi East Sub-County using the WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Prevalence rates were determined through structured questionnaire responses examining substance involvement across all nine ASSIST categories among 201 youth participants across the five FGCK congregations. Table 6 presents the summary of substance use prevalence levels across all nine substance categories.

Table 6

Prevalence of Substance Use Among Youth Within FGCK

Substance	Scores		Frequency	Percent
Tobacco	0 – 3	No Intervention	130	64.68
	4 – 26	Brief Intervention	71	35.32
	27+	More Intensive Treatment	0	0.00
Alcohol	0 – 10	No Intervention	123	61.19
	11 – 26	Brief Intervention	78	38.81
	27+	More Intensive Treatment	0	0.00
Cannabis	0 – 3	No Intervention	175	87.06
	4 – 26	Brief Intervention	26	12.94
	27+	More Intensive Treatment	0	0.00
Cocaine	0 – 3	No Intervention	163	81.09
	4 – 26	Brief Intervention	38	18.91
	27+	More Intensive Treatment	0	0.00
Amphetamines	0 – 3	No Intervention	141	70.15
	4 – 26	Brief Intervention	60	29.85
	27+	More Intensive Treatment	0	0.00
Inhalants	0 – 3	No Intervention	185	92.04
	4 – 26	Brief Intervention	16	7.96
	27+	More Intensive Treatment	0	0.00
Sedatives	0 – 3	No Intervention	170	84.58
	4 – 26	Brief Intervention	31	15.42
	27+	More Intensive Treatment	0	0.00
Hallucinogens	0 – 3	No Intervention	166	82.59
	4 – 26	Brief Intervention	35	17.41
	27+	More Intensive Treatment	0	0.00
Opioids	0 – 3	No Intervention	156	77.61
	4 – 26	Brief Intervention	45	22.39
	27+	More Intensive Treatment	0	0.00

As shown in Table 6, while majority of youth scored in 'no intervention' range across all substances, concerning proportions required brief intervention, with alcohol showing highest need at 38.81%, followed by tobacco at 35.32% and amphetamines at 29.85%. These patterns show both similarities and differences with previous research. The 38.81% requiring brief intervention for alcohol is lower than NACADA (2022) which reported 52% alcohol use among youth aged 18-24, suggesting church-affiliated youth may have lower rates than general population, aligning with Mak (2019) who demonstrated church attendance was associated with notable decreases in substance use.

From Social Learning Theory perspective, church environments may provide protective social modeling and reinforcement of abstinence behaviors (Campbell et al., 2022), potentially explaining lower prevalence compared to general population. The tobacco brief intervention rate of 35.32% is higher than Kurui et al. (2020) who found 18.3% tobacco prevalence among medical college students, while amphetamines rate of 29.85% appears higher than documented in previous Kenyan studies which typically focused on alcohol, tobacco, and cannabis, suggesting an emerging concern requiring investigation.

The cannabis brief intervention rate of 12.94% was lowest among commonly studied substances, lower than Musyoka et al. (2019) who reported 8.6% cannabis use among University of Nairobi students, though methodological differences in assessment criteria limit direct comparisons. Other substances requiring brief intervention included opioids (22.39%), cocaine (18.91%), hallucinogens (17.41%), sedatives (15.42%), and inhalants (7.96%). These prevalence patterns align with Peacock et al. (2022) who reported varying past-year use rates across substances globally with polydrug use being common among young adults, while Atzendorf et al. (2019) in Germany found that while overall illicit drug use prevalence was 7.1%, severe disorders were less common, similar to current study's pattern where no participants required intensive treatment. From Cognitive Behavioral Theory perspective, youth in moderate risk categories may be experiencing maladaptive thought patterns and coping mechanisms that contribute to substance involvement (Kazantzis & Miller, 2022), yet have not progressed to severe dependency requiring intensive cognitive restructuring interventions.

Importantly, no participants scored in 'more intensive treatment' range across any substance category, indicating absence of severe dependency levels within this population. This contrasts with some studies while aligning with others. Kwendo et al. (2021) reported that severe alcohol use disorders were relatively uncommon among

university students despite substantial use, similar to current findings. The absence of participants requiring intensive treatment may reflect protective factors associated with religious involvement documented by Unterrainer et al. (2023) who found 88% of 195 studies reported significant inverse relationships between religion/spirituality and substance abuse, and Grim and Grim (2019) who emphasized faith's crucial role in prevention, potentially explaining why FGCK youth have not progressed to severe dependency despite some substance involvement. Social Learning Theory suggests church environments provide alternative social networks and positive peer influences that reinforce abstinence or moderate use (Stone et al., 2021), while Cognitive Behavioral Theory indicates that religious teachings and practices may serve as cognitive resources for managing substance use triggers before they escalate to severe levels (Belenko et al., 2021).The prevalence pattern demonstrates that while most FGCK youth maintain lower risk substance involvement requiring no intervention, significant minorities across multiple substance categories require brief intervention protocols before progressing to high risk levels. Alcohol and tobacco emerge as primary concerns with nearly two in five and one in three participants respectively requiring brief intervention, patterns consistent with NACADA (2022) which identified these as most commonly used substances among Kenyan youth and Kraus et al. (2022) in Europe who reported similar prioritization. The lower cannabis intervention rate compared to alcohol and tobacco aligns with Lavric et al. (2023) who found strong religious beliefs served as protective factors against substance use, though any moderate risk involvement remains concerning regardless of substance type. The findings indicate substance use among FGCK youth predominantly falls within lower risk categories requiring no intervention, yet meaningful proportions across all substance types require brief intervention, supporting implementation of ASSIST feedback interventions within church settings particularly targeting alcohol and tobacco.

The complete absence of participants requiring intensive treatment suggests church environments may provide protective factors preventing progression to severe dependency, consistent with Johnson et al. (2020) who demonstrated through meta-analysis that religious involvement was associated with 22% reduction in substance use likelihood among youth across different cultural contexts. However, the presence of moderate risk cases demonstrates continued need for proactive substance use mitigation strategies utilizing ASSIST protocols within religious communities. From theoretical integration perspective, Social Learning Theory explains how church involvement provides observational learning opportunities that model abstinence or responsible use behaviors (Ford & Ong, 2021), while Cognitive Behavioral Theory suggests that religious teachings and spiritual practices equip youth with cognitive tools to challenge substance use-promoting thoughts and develop healthier coping strategies (Windsor et al., 2021), together creating protective mechanisms that prevent escalation to severe dependency while necessitating targeted interventions for those at moderate risk.Effectiveness of Existing Substance Use Mitigation Programs Within FGCK

The third objective evaluated effectiveness of existing substance use mitigation programs within FGCK through reduction of substance use, awareness campaigns, and relapse prevention initiatives. Program effectiveness was measured using structured questionnaire responses from youth across different FGCK. Table 7 presents perceived effectiveness of existing programs.

Role of FGCK in Mitigating Substance Use Among Youth

The first objective examined FGCK's role in mitigating substance use among youth within Embakasi East Sub-County through mentorship programs, family engagement, and youth empowerment initiatives. The role was measured using structured questionnaire responses from 201 youth participants across the five FGCK congregations. Specifically, seven statements assessed youth awareness of and participation in mentorship programs, perceptions of family engagement, availability and effectiveness of youth empowerment programs, and the overall impact of church-led programs on community substance use reduction. Consequently, responses were measured on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5), with lower mean scores indicating disagreement and higher scores indicating agreement. Table 5 presents the summary of FGCK's role in substance use mitigation across all seven indicator statements, including mean scores and standard deviations for each item.

Table 5

Role of FGCK in Mitigating Substance Use Among Youth

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard Deviation
I am aware of church-led mentorship programs that aim to reduce substance use among youth.	24.90%	55.70%	6.50%	9.50%	3.50%	2.11	1.00
I have participated in a church-led mentorship program.	39.80%	39.30%	4.00%	9.50%	7.50%	2.05	1.22
Family engagement is important in preventing substance use among youth.	29.40%	49.30%	11.40%	6.00%	4.00%	2.06	1.00
My church provides programs that engage families in the fight against substance use.	17.90%	54.70%	4.00%	21.40%	2.00%	2.35	1.07
There are youth empowerment programs in my church aimed at	33.30%	48.30%	2.00%	7.00%	9.50%	2.11	1.22

preventing substance use.							
Youth empowerment programs are effective in reducing substance use among youth.	16.40%	62.70%	4.50%	10.90%	5.50%	2.26	1.04
Church-led programs have a positive impact on reducing substance use in my community.	28.90%	51.70%	5.50%	8.50%	5.50%	2.10	1.08
Average						2.15	1.09

As shown in Table 5, the study found that 80.60% of youth disagreed they were aware of church-led mentorship programs aimed at reducing substance use, with only 13.00% agreeing (mean = 2.11). This contrasted sharply with Korir et al. (2022), who found FGCK actively engaged in guidance counselling and educational sessions, suggesting a significant disconnect between church activities and youth awareness. Consistent with Social Learning Theory, effective mentorship required youth exposure to positive role models and observational learning opportunities (Stone et al., 2021); however, the low awareness indicated these theoretical mechanisms were not being activated within FGCK settings.

Regarding participation, 79.10% disagreed they had participated in mentorship programs, with only 17.00% agreeing (mean = 2.05). This extremely low participation contradicted successful outcomes reported by Patestos (2021), who found active participation in faith-based youth groups delayed substance use initiation by 2.3 years, and Thomas et al. (2022), who demonstrated mentorship interventions consistently reduced substance use. Furthermore, from a Cognitive Behavioural Theory perspective, minimal participation meant youth were not receiving opportunities to develop cognitive restructuring skills and adaptive coping mechanisms that church-based interventions could provide (Chand et al., 2023).

The findings revealed that 78.70% of youth disagreed that family engagement was important in preventing substance use, with only 10.00% agreeing (mean = 2.06).

This perception starkly contradicted extensive research by Segrott et al. (2022), who demonstrated family-based interventions were highly effective in reducing youth substance use, and Spoth et al. (2022), who provided evidence that family-focused programs achieved sustained reductions up to 12 years post-intervention.

Furthermore, Social Learning Theory emphasized family's critical role in modelling behaviours and reinforcing positive choices (Arria et al., 2021), yet youth perceptions suggested they did not recognize this theoretical connection between family engagement and substance use prevention. Concerning church programs engaging families, 72.60% disagreed their church provided such programs, with 23.40% agreeing (mean = 2.35). Consequently, this revealed significant implementation gaps compared to Kariuki and Mwangi (2022), who found Nairobi churches provided crucial family support, and Adekeye et al. (2021), who reported church-based family programs in Lagos effectively reduced juvenile substance use.

The study showed 81.60% disagreed youth empowerment programs existed in their church, with only 16.50% agreeing (mean = 2.11), while 79.10% questioned such programs' effectiveness (mean = 2.26). From a Cognitive Behavioural Theory perspective, youth empowerment programs should have enhanced self-efficacy and provided skills training for managing triggers (Nwagu et al., 2020); however, the absence of these programs meant youth lacked structured opportunities to develop critical cognitive-behavioural competencies.

These findings contrasted sharply with Thompson et al. (2021), who examined 50 studies globally and found faith-based youth empowerment programs achieved a 25% reduction in substance use rates, and Harmon-Jones et al. (2022), who reported church-based empowerment programs reduced alcohol and marijuana use among adolescents. Furthermore, 80.60% disagreed church-led programs had a positive community impact,

with only 14.00% agreeing (mean = 2.10). Consequently, these collective findings indicated that youth empowerment programs and overall church-led initiatives were underutilized within FGCK, aligning with Kivuva and Muasa (2023), who noted that implementation and youth awareness remained significant challenges for church-based programs in Kenya.

The research findings revealed a concerning disconnect between FGCK's potential role in substance use mitigation and actual youth experiences, with significant gaps in program awareness, participation, and perceived effectiveness. The low levels of youth engagement with church-based prevention initiatives suggested FGCK was not fully realizing its capacity to address substance use among youth. This outcome was consistent with challenges identified by Kabugi (2019) regarding Kenyan faith-based organizations, where program visibility and youth engagement remained suboptimal despite good institutional intentions. The average mean score of 2.15 across all role indicators demonstrated that FGCK's current approach to substance use mitigation was not reaching its intended audience effectively.

From a theoretical perspective, both Social Learning Theory and Cognitive Behavioural Theory predicted that effective church-based interventions should create environments for observational learning, positive role modelling, cognitive restructuring, and skills development (Beauchaine & Hinshaw, 2022; Windsor et al., 2021). Consequently, the findings indicated these theoretical mechanisms were not being adequately operationalized within FGCK, pointing to opportunities for churches to strengthen efforts through improved communication strategies, enhanced program accessibility, and more intentional youth engagement practices.

Table 7

Effectiveness of Existing Substance Use Mitigation Programs Within FGCK

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard Deviation
There is a noticeable reduction in substance use in my community due to existing mitigation programs.	37.30%	45.80%	1.50%	10.40%	5.00%	2.00	1.12
There are regular awareness campaigns about substance use in my area.	21.40%	60.70%	5.00%	10.00%	3.00%	2.12	0.96
Awareness campaigns are effective in preventing substance use.	27.40%	49.30%	4.50%	9.00%	10.00%	2.25	1.23
I have participated in relapse prevention programs.	38.80%	39.80%	5.50%	12.90%	3.00%	2.01	1.11
Relapse prevention programs are effective in maintaining long-term sobriety.	18.90%	58.20%	6.50%	8.50%	8.00%	2.28	1.00
Existing mitigation programs in my community provide adequate support for individuals struggling with substance use.	27.90%	57.20%	6.00%	7.50%	1.50%	1.98	0.88
Average						2.11	1.05

As shown in Table 7, 83.10% of youth disagreed there is noticeable reduction in substance use due to existing mitigation programs, with only 15.40% agreeing (mean = 2.00). This contradicts research by Stockings et al. (2022) who found programs combining social competence and social influence approaches achieved reductions up to 30% in alcohol and cannabis use, and Sandler et al. (2021) who demonstrated universal prevention programs achieved average reductions of 6.6% in alcohol use and 11.4% in drug use, suggesting such effectiveness is not being realized in FGCK settings. From Social Learning Theory perspective, effective programs should create environments where youth observe and model positive behaviors leading to measurable reductions in substance use (Stone et al., 2021), yet the findings indicate these social learning

mechanisms are not translating into observable outcomes. Regarding awareness campaigns, 82.10% disagreed regular campaigns exist in their area, with only 13.00% agreeing (mean = 2.12), while 76.70% questioned campaign effectiveness (mean = 2.25). These findings contrast with Das et al. (2022) who found comprehensive awareness programs effectively reduced substance use, and Faggiano et al. (2021) who reported success with European school-based programs that increased risk knowledge and decreased use, though such systematic approaches appear absent in FGCK.

The findings showed 78.60% disagreed they had participated in relapse prevention programs, with only 15.90% agreeing (mean = 2.01), while 77.10% questioned such programs' effectiveness in maintaining long-term sobriety (mean = 2.28). This minimal participation contradicts the importance of relapse prevention documented by Appiah et al. (2022) in Ghana who demonstrated that community-based relapse prevention programs significantly reduced substance use and improved self-efficacy, and Olashore et al. (2019) in Nigeria who found that cognitive-behavioral relapse prevention reduced use and enhanced coping skills. From Cognitive Behavioral Theory perspective, relapse prevention programs should teach cognitive restructuring and coping strategies to manage triggers (Hendershot et al., 2021), yet the absence of participation means youth are not receiving these critical interventions. Additionally, 85.10% disagreed that existing programs provide adequate support for individuals struggling with substance use, with only 9.00% agreeing and the lowest mean of 1.98, indicating youth perceive significant deficiencies in support adequacy, contrasting with Kiburi et al. (2022) who found that effective Nairobi community-based programs reduced substance use and increased social support.

The research findings revealed that existing substance use mitigation programs within FGCK were perceived as largely ineffective by the youth they intended to serve,

with the average mean of 2.11 across all effectiveness measures indicating current approaches were not reaching youth effectively or lacked engaging elements necessary to demonstrate meaningful impact. The consistently low scores across reduction outcomes, awareness campaigns, and relapse prevention suggested FGCK communities needed to fundamentally reassess substance use mitigation strategies, potentially incorporating more youth-centred approaches and evidence-based interventions as demonstrated by Mwangi and Nzengya (2022), who found that faith-based organization programs could match traditional methods when properly implemented, and Thompson et al. (2021), who showed that faith-based interventions achieved moderate reductions with an effect size of $d = 0.42$, though such effectiveness was not evident in current FGCK youth experiences.

The findings highlighted a disconnect between program existence and program effectiveness, suggesting that while FGCK may have had mitigation efforts in place, these programs required significant enhancement to achieve their intended goals. This aligned with broader implementation challenges identified by Kabugi (2019), where awareness activities existed within Kenyan faith-based organizations but effectiveness in changing youth behaviour remained questionable, and Korir et al. (2022), who found that while Full Gospel Churches engaged in various outreach services, systematic program implementation, evaluation, and youth engagement remained limited. From a Social Learning Theory perspective, effective programs should have provided consistent modelling of healthy behaviours and reinforcement of positive choices (Langhout et al., 2022), while Cognitive Behavioural Theory suggested programs should systematically address maladaptive thoughts and build coping skills (Sugarman et al., 2020). Consequently, the low effectiveness ratings indicated FGCK programs were not adequately implementing these theoretical principles, necessitating comprehensive

program redesign incorporating proven intervention strategies, improved delivery methods, and clear outcome measurement frameworks.

Based on these findings, the study made several specific recommendations for strengthening the effectiveness of FGCK's substance use mitigation programs. First, FGCK were recommended to adopt structured, interactive awareness campaign models consistent with approaches validated by Das et al. (2022) and Mwangi et al. (2022), replacing occasional sermon-based mentions with systematic, youth-targeted substance use education delivered through dedicated church programs. Furthermore, FGCK were recommended to implement formal cognitive-behavioural relapse prevention programs, incorporating trigger management and coping skills training as demonstrated effective by Olashore et al. (2019) and Kiburi et al. (2022), delivered by trained counsellors within the church setting. Additionally, FGCK were recommended to establish measurable program evaluation frameworks enabling regular tracking of substance use reduction outcomes, ensuring interventions were evidence-based and demonstrably effective. Consequently, adopting these structured, evaluated, and professionally supported approaches would enable FGCK to move from well-intentioned but insufficiently impactful activities to systematic interventions producing measurable improvements in youth substance use outcomes.

Potential Collaborations between FGCK and Rehabilitation Centers in Mitigating Substance Use

The fourth objective explored the capacity of FGCK to establish and sustain collaborative partnerships with other stakeholders in mitigating substance use among youth through three dimensions: partnerships with rehabilitation centres, law enforcement agencies, and local organizations. Collaboration capacity was measured using structured questionnaire responses from 201 youth participants across the five FGCK congregations

in Embakasi East Sub-County. Seven statements assessed youth perceptions of existing church-rehabilitation centre partnerships, church-law enforcement collaborations, local organizational partnerships, and the perceived effectiveness of each collaboration type in reducing substance use. Mean scores below 2.50 consistently indicated that youth generally disagreed with positive collaboration statements across all dimensions. Table 8 presents perceived collaborations and partnerships within FGCK in Embakasi East Sub-County.

Table 8

Potential Collaborations between FGCK and Rehabilitation Centers in Mitigating Substance Use

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard Deviation
My church collaborates with rehabilitation centers to address substance use.	29.90%	54.20%	2.50%	10.40%	3.00%	2.02	1.01
My church works with law enforcement to combat substance use in my community.	26.40%	46.30%	6.00%	11.90%	9.50%	2.32	1.25
There are local partnerships between my church and other organizations to prevent substance use.	43.30%	34.80%	2.50%	12.90%	6.50%	2.04	1.08
Collaborations with rehabilitation centers are effective in reducing substance use.	31.30%	43.80%	4.50%	17.40%	3.00%	2.17	1.14
Law enforcement partnerships are beneficial in mitigating substance use in my community.	26.40%	44.30%	8.00%	13.40%	8.00%	2.32	1.22
Local partnerships enhance the effectiveness of substance use prevention efforts.	19.90%	57.20%	6.50%	8.50%	8.00%	2.27	1.12
Church's collaboration with other organizations has resulted in a noticeable	31.80%	51.20%	1.50%	11.40%	4.00%	2.04	1.07

reduction in substance use.		
Average	2.17	1.13

As shown in Table 8, 84.10% of youth disagreed their church collaborated with rehabilitation centres, with only 13.40% agreeing (mean = 2.02), indicating minimal collaboration perceived by youth. These contradicted best practices documented by Barasa et al. (2022), who highlighted that collaborations between churches and rehabilitation centres combining spiritual and professional support improved treatment outcomes, and Moodley et al. (2021) in South Africa, who demonstrated that faith-based programs integrating spiritual practices with traditional methods achieved higher treatment retention at 78% compared to 52% in standard programs. From a Social Learning Theory perspective, collaborations should have created expanded networks for modelling recovery behaviours and accessing diverse support systems (Vanderplasschen et al., 2021), yet the minimal perceived collaboration suggested these theoretical benefits were not being realized. Regarding law enforcement partnerships, 72.70% disagreed their church worked with law enforcement, with only 21.40% agreeing (mean = 2.32), while 78.10% disagreed local partnerships existed with other organizations, with only 19.40% agreeing (mean = 2.04). These minimal partnerships contrasted with successful models demonstrated by Petrunik and Shearing (2022), who showed faith-based programs working with law enforcement reduced recidivism and substance use, and Swart et al. (2022) in South Africa, who found church-law enforcement collaborations promoted community safety and reduced substance-related crime.

The findings showed 75.10% questioned whether collaborations with rehabilitation centres were effective in reducing substance use, with only 20.40% agreeing (mean = 2.17), while 70.70% doubted law enforcement partnership benefits (mean = 2.32), and 77.10% disagreed local partnerships enhanced prevention effectiveness (mean = 2.27). Youth skepticism about collaboration effectiveness

contradicted evidence from Vanderplasschen et al. (2021), who demonstrated improved outcomes through case management linking rehabilitation centres with service providers. Furthermore, Kaskutas et al. (2009) highlighted long-term recovery benefits when spiritual support was combined with professional treatment, and Wangari et al. (2022) revealed that Nairobi churches enhanced treatment access through referrals and ongoing spiritual support. From a Cognitive Behavioural Theory perspective, effective collaborations should have integrated cognitive-behavioural interventions from professional providers with spiritual church support to address both cognitive and behavioural aspects of substance use (Belenko et al., 2021). Consequently, 83.00% disagreed church collaboration with other organizations had resulted in noticeable substance use reduction, with only 15.40% agreeing (mean = 2.04), collectively indicating youth perceived significant limitations in both the existence and effectiveness of collaborative partnerships.

These collaboration findings contrasted sharply with successful partnership models documented in comparable contexts across Africa. Specifically, Mutua et al. (2022) found church-law enforcement partnerships in Mombasa improved community trust and prevention effectiveness, while Kagema (2022) demonstrated that Nyeri County churches collaborating with law enforcement provided effective early intervention services. Similarly, Owusu et al. (2021) in Ghana found that collaboration between faith-based organizations, schools, and community organizations was crucial for comprehensive prevention strategies, outcomes not evident within FGCK settings. Furthermore, Muswerakuenda et al. (2023) in Zimbabwe documented churches providing psychosocial support as part of broader community networks, contrasting with the isolated operational approach evidenced in the current FGCK findings. Consequently, the collective evidence suggested FGCK operated primarily in isolation when addressing

substance use, missing the multiplier effects that coordinated multi-sectoral partnerships consistently demonstrated across comparable faith-based settings in sub-Saharan Africa.

The research findings revealed that potential collaborations between FGCK and external organizations remained largely unrealized, with the average mean of 2.17 across all collaboration measures indicating significant gaps between collaborative potential and actual implementation. This aligned with challenges identified by Kabugi (2019), where Kenyan faith-based organizations recognized partnerships as important but struggled to actualize collaborative relationships due to resource limitations and lack of formal coordination mechanisms. From a Social Learning Theory perspective, collaborations expanded the range of positive models and support systems available to youth (Nwagu et al., 2020), while Cognitive Behavioural Theory indicated that partnerships with professional providers enhanced access to evidence-based interventions addressing both cognitive and behavioural dimensions of substance use (Windsor et al., 2021). Consequently, the lack of perceived collaborations meant FGCK youth were missing the theoretical benefits that integrated church-professional partnerships could provide, as affirmed by Mwangi and Nzengya (2022), who emphasized that faith-based organization effectiveness improved significantly through partnerships with professional services. The study therefore recommended that FGCK develop intentional, visible, and structured partnerships combining religious guidance with professional treatment resources, law enforcement support, and community-based prevention initiatives to create comprehensive substance use mitigation strategies better serving their youth members.

Mitigating Substance Use Among Youth

The dependent variable represented the overall outcome that FGCK aim to achieve through their intervention efforts-mitigating substance use among youth in Embakasi East Sub-County. This comprehensive measure encompasses prevention

programs, treatment interventions, and recovery support services as experienced and perceived by youth. The dependent variable was assessed through structured questionnaire responses examining multiple dimensions among youth across different FGCK. Table 9 presents the summary of mitigating substance use among youth.

Table 9

Mitigating Substance Use Among Youth

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard Deviation
I am aware of prevention programs in my community that aim to reduce substance use.	25.40%	54.20%	4.50%	8.00%	8.00%	2.19	1.14
I have participated in a substance use prevention program.	31.80%	51.70%	1.50%	10.00%	5.00%	2.04	1.09
I know someone who has benefited from substance use treatment interventions.	18.40%	63.70%	5.00%	9.00%	4.00%	2.16	0.96
I have received recovery support services for substance use.	23.40%	49.80%	4.50%	10.00%	12.40%	2.38	1.29
I believe that current prevention programs are effective in reducing substance use in my community.	27.90%	48.80%	4.50%	10.90%	8.00%	2.22	1.20
There are enough treatment interventions available for those struggling with substance use.	15.40%	60.70%	6.00%	12.90%	5.00%	2.31	1.04
Recovery support services are easily accessible to individuals in need.	20.40%	58.70%	3.00%	14.90%	3.00%	2.21	1.03
Recovery support services are effective in helping individuals maintain long-term sobriety.	28.90%	54.20%	2.00%	9.50%	5.50%	2.08	1.09
Average						2.20	1.11

As shown in Table 9, 79.60% of youth disagreed they are aware of prevention programs in their community, with only 16.00% agreeing (mean = 2.19), while 83.50%

disagreed they had participated in prevention programs, with only 15.00% agreeing (mean = 2.04), suggesting the dependent variable shows limited effectiveness in its prevention component. Additionally, 82.10% disagreed they knew someone who benefited from treatment interventions, with only 13.00% agreeing (mean = 2.16), while 73.20% disagreed they received recovery support services, with 22.40% agreeing (mean = 2.38), indicating poor performance in treatment and recovery domains. These findings contrast with effective mitigation documented by Johnson et al. (2020) whose meta-analysis showed religious involvement associated with 22% reduction in substance use likelihood, and Kariuki and Mbugua (2022) who documented 15% decrease in alcohol use and 10% decrease in tobacco use among youth in church-led programs in Kenya, outcomes not evident in the current FGCK settings. From Social Learning Theory perspective, effective mitigation requires youth exposure to programs that model healthy behaviours and reinforce abstinence (Campbell et al., 2022), yet the low awareness and participation indicate these social learning opportunities are absent.

The findings showed 76.70% disagreed that current prevention programs are effective, with only 18.90% agreeing (mean = 2.22), while 76.10% disagreed there are enough treatment interventions available, with only 17.90% agreeing (mean = 2.31). Furthermore, 79.10% disagreed recovery support services are easily accessible, with only 17.90% agreeing (mean = 2.21), and 83.10% disagreed such services are effective in maintaining long-term sobriety, with only 15.00% agreeing, recording the lowest mean of 2.08. These perceptions contradict effective mitigation documented by Grim and Grim (2019) who emphasized faith-based recovery support programs' significant contribution to substance abuse prevention when properly implemented, and Mwangi and Nzengya (2022) who found faith-based programs can match traditional methods' effectiveness, suggesting FGCK have not achieved such implementation quality. From Cognitive

Behavioral Theory perspective, effective mitigation programs should provide cognitive restructuring opportunities and skills training for managing triggers and preventing relapse (Kazantzis & Miller, 2022), yet the low effectiveness perceptions suggest these cognitive-behavioral mechanisms are not being adequately delivered within FGCK programs.

The research findings revealed that mitigating substance use among youth showed consistently low performance across all measured components within FGCK in Embakasi East Sub-County, with the overall average mean of 2.20 indicating youth perceived current mitigation efforts as largely ineffective. The data suggested that while churches may have had intentions to address substance use among youth populations, actual outcomes measured through youth perceptions and experiences indicated these efforts were not achieving intended goals. This aligned with broader challenges identified by Korir et al. (2022), Kabugi (2019), and Karanu et al. (2020), where Kenyan churches demonstrated good intentions but struggled with systematic program implementation, evaluation, and youth engagement. Consequently, the findings highlighted the urgent need for comprehensive enhancement of church-based mitigation strategies to better serve youth needs and create meaningful impact in reducing substance use within FGCK religious communities.

The consistently low scores across prevention awareness, participation, treatment outcomes, and recovery support indicated fundamental gaps in how FGCK approached substance use mitigation. Thompson et al. (2021) demonstrated that faith-based interventions could achieve moderate but meaningful reductions in substance use, with an effect size of $d = 0.42$, when systematically implemented. Furthermore, Unterrainer et al. (2023) found that 88% of reviewed studies reported significant inverse relationships between religiosity and substance abuse, confirming that religious settings possessed

inherent protective potential. Consequently, FGCK were not fully realizing this documented potential through their current programming approaches, necessitating the adoption of evidence-based interventions that could activate these protective mechanisms more effectively. In sum, the findings called for FGCK to move beyond well-intentioned but insufficiently structured activities toward systematic, evaluated, and professionally supported substance use mitigation programs.

From a theoretical integration perspective, both Social Learning Theory and Cognitive Behavioural Theory provided complementary frameworks for understanding how church-based programs could significantly enhance mitigation outcomes within FGCK. Specifically, Social Learning Theory suggested churches should create consistent environments for observational learning, positive modelling, and reinforcement of healthy behaviours among youth (Ford & Ong, 2021). Cognitive Behavioural Theory indicated that programs should systematically address maladaptive thoughts, build coping skills, and provide structured relapse prevention training to equip youth with the cognitive tools needed to resist substance use (Nwagu et al., 2020). Together, these theoretical principles suggested that addressing substance use among FGCK youth required not merely incremental improvements but fundamental restructuring of how churches approached, implemented, and evaluated their mitigation efforts. Consequently, moving from well-intentioned but ineffective activities to systematic, evidence-based interventions would enable FGCK to demonstrably reduce substance use and meaningfully support long-term recovery among youth in Embakasi East Sub-County.

Qualitative Results

The study conducted interviews with 27 participants comprising all seven church leaders and 20 selected parents, four from each church, comprising two males and two females, from the five FGCK congregations in Embakasi East Sub-County. Interviews

used semi-structured open-ended questions to gather in-depth perspectives on FGCK's role in mitigating substance use among youth. The qualitative findings were organized around eight themes emerging from the data: church approaches and strategies, youth involvement in prevention activities, support for struggling youth, family engagement, prevalence of substance use, contributing factors, changes over time, and program evaluation and recommendations. Furthermore, the themes were identified through thematic analysis of interview transcripts, with recurring patterns across participant responses confirming the salience of each theme. Consequently, the qualitative findings provided contextual depth that complemented and explained the quantitative results presented in the preceding section.

Church Approaches and Strategies for Addressing Substance Use

Theme: FGCK primarily relied on spiritual and moral approaches to address substance use, with limited structured programmatic intervention.

The dominant theme emerging from participant responses regarding church approaches was that FGCK depended heavily on biblical teachings, prayer, and general moral guidance as their primary substance use mitigation strategies, rather than structured, evidence-based programs. Church leaders confirmed this orientation, with a leader from Embakasi FGC stating: *"We mostly address substance use during our regular Sunday sermons when the topic comes up. We remind the youth that their bodies are temples of the Holy Spirit."* Similarly, a leader from Donholm FGC explained: *"Our main approach is prayer. We believe that spiritual transformation through accepting Christ is the ultimate solution to any form of addiction."* This finding was consistent with the quantitative results showing 80.60% of youth were unaware of structured mentorship programs, confirming that spiritually oriented but unstructured approaches dominated FGCK's intervention landscape. Furthermore, Kabugi (2019) noted that while Kenyan

FBOs employed spiritual approaches, the absence of structured programs limited their measurable impact on youth substance use outcomes.

Church leaders acknowledged that sermons touching on substance use were occasional rather than systematic, with a leader from Tassia FGC noting: "Sometimes we preach about the dangers of alcohol and drugs, especially when we hear of cases in our church. But we don't have a structured program specifically for substance abuse." Parents corroborated this observation, reporting that youth fellowships sometimes discussed substance use topics but these discussions were often superficial, with a parent from Green Span FGC sharing: "The youth fellowship sometimes talks about peer pressure and making good choices, but it's usually very general. They don't really get into the specifics of drug abuse and how to help someone struggling with it." Additionally, a parent from Umoja Unity FGC confirmed: "The church teaches good morals and Christian living. We expect that if young people follow these teachings, they will naturally avoid drugs and alcohol. But there's no special program like you would find in a rehabilitation center." Consequently, this theme demonstrated that FGCK's reliance on reactive, sermon-based approaches without structured prevention programming aligned with Korir et al.'s (2022) finding that while Full Gospel Churches engaged in outreach activities, systematic implementation of targeted substance use programs remained limited.

Youth Involvement in Prevention Activities

Theme: Youth engagement with church-based substance use prevention activities was minimal, irregular, and difficult to measure in terms of behavioural impact.

The second theme centred on the limited and unstructured nature of youth involvement in substance use prevention activities within FGCK, with participants consistently reporting low participation rates and unclear impact on youth substance use behaviour. Church leaders described organizing youth camps and retreats where

substance use was addressed within broader moral teachings, but admitted participation was inconsistent, with a leader from Embakasi FGC stating: *"We try to have youth camps once or twice a year where we touch on various issues including substance abuse. But honestly, the attendance is not always good, and some youth seem disengaged during these sessions."* This finding aligned with the quantitative data showing 79.10% of youth had not participated in mentorship programs, confirming structural gaps in youth engagement across all five congregations. Furthermore, Thompson et al. (2021) emphasized that faith-based youth empowerment programs required consistent, structured engagement to achieve measurable reductions in substance use, a condition not evident in FGCK settings.

Parents observed that when youth participated in church activities, the focus tended toward worship, music, and fellowship rather than targeted substance use prevention, with a parent from Donholm FGC noting: *"My son enjoys the music ministry and the youth fellowship meetings. But from what he tells me, they don't really spend time talking about drugs or alcohol. It's mostly about worship and Bible study."* Most significantly, participants acknowledged that the impact of existing youth involvement initiatives was difficult to measure, with a church leader from Tassia FGC admitting: *"We hope that by keeping the youth engaged in church activities, they'll be less likely to get into drugs. But to be honest, we don't really know if it's working. We don't have a way to measure that."* Consequently, this theme demonstrated that without structured, youth-targeted programming and systematic evaluation, FGCK's youth engagement efforts were unlikely to produce the observable substance use reductions documented in studies by Patestos (2021) and Thomas et al. (2022) in comparable faith-based settings.

Support for Youth Struggling with Substance Use

Theme: FGCK lacked trained counsellors and structured support systems for youth with substance use disorders, often responding with stigmatizing rather than therapeutic approaches.

The third theme revealed that FGCK responses to youth struggling with substance use were largely unprepared, stigmatizing, and inadequate, highlighting a critical gap between the church's pastoral role and the professional support needs of affected youth. Church leaders acknowledged feeling ill-equipped to handle substance use cases, with a leader from Green Span FGC explaining: *"When we discover a young person is using drugs, we pray with them and counsel them using the Bible. Sometimes we call their parents. But we're not trained counsellors, so we do the best we can with what we know."* This finding was consistent with Muswerakuenda et al.'s (2023) observation that stigma within church settings functioned as a primary barrier to effective substance use recovery support. Furthermore, the absence of trained counsellors within FGCK aligned with the quantitative finding that 85.10% of youth disagreed existing programs provided adequate support for struggling individuals.

Parents identified stigma as a particularly damaging dimension of the church's response, with a parent from Umoja Unity FGC sharing: *"I've seen cases where young people caught drinking or using drugs are made to stand before the congregation to confess. While I understand discipline is important, this approach makes them feel ashamed and they end up leaving the church rather than getting help."* Several participants confirmed churches lacked structured support systems, with a church leader from Donholm FGC admitting: *"We really need professional counsellors in our churches. Right now, it's mostly the pastor or elders trying to help, but we don't have the training to handle serious addiction cases. We need partnerships with people who know how to deal*

with these issues." Consequently, this theme demonstrated that FGCK's punitive and spiritually exclusive responses to substance use contradicted Kiburi et al.'s (2022) evidence that effective Nairobi community-based programs achieved positive outcomes through non-stigmatizing, professionally supported intervention approaches.

Family Engagement in Prevention Efforts

Theme: Family engagement within FGCK was limited to generic spiritual encouragement, with churches providing insufficient practical guidance to equip parents for targeted substance use prevention.

The fourth theme demonstrated that while FGCK encouraged family spiritual practices, the church provided minimal structured, practical support to enable parents to effectively address substance use risks with their children. Church leaders mentioned organizing occasional family meetings and parent seminars, but acknowledged attendance was poor and substance use prevention was rarely the primary agenda, with a leader from Embakasi FGC noting: *"We have quarterly parents' meetings, but attendance is usually low. Many parents are busy with work. And honestly, substance abuse prevention is not always on the agenda, we tend to focus on other church matters."* This aligned with the quantitative finding that 72.60% of youth disagreed their church provided programs engaging families in substance use prevention, confirming that structured family engagement was systematically absent across FGCK. Furthermore, Segrott et al. (2022) established that family-based interventions were among the most effective approaches for reducing youth substance use initiation, underscoring the significance of this gap.

Parents confirmed that churches encouraged family devotions and prayer but provided limited practical guidance, with a parent from Tassia FGC explaining: *"The church always tells us to pray with our children and have family altar times. But no one has really taught us what to look for if our child might be using drugs, or how to talk to*

them about it." Additionally, a parent from Green Span FGC stated: *"I think the church believes that if we're all living right and praying together, our children will be fine. But the reality is more complicated. Our children face a lot of pressure outside the home, and we parents need specific tools and knowledge to help them navigate that."* Consequently, this theme revealed that FGCK assumed general spiritual practices would suffice for substance use prevention, without providing targeted parental training or practical resources, contradicting Arria et al.'s (2021) evidence that family engagement specifically addressing substance use risks was essential for effective church-based intervention outcomes.

Prevalence of Substance Use among Church Youth

Theme: Substance use existed within FGCK youth populations but remained largely hidden due to fear of judgment, making accurate prevalence assessment difficult.

The fifth theme revealed that substance use was acknowledged as a present reality within FGCK congregations, yet its true extent was obscured by a culture of concealment driven by fear of church judgment and discipline. Church leaders admitted substance use existed among their youth populations, though they suggested it may be less prevalent than in the general community due to religious influence, with a leader from Donholm FGC stating: *"We know some of our young people struggle with alcohol and maybe smoking. It's not as bad as in the general population, but it's there. The challenge is that many hide it because they know it's not acceptable in church."* This observation was consistent with the quantitative ASSIST findings showing 38.81% of youth required brief intervention for alcohol and 35.32% for tobacco, confirming meaningful substance use involvement despite church affiliation. Furthermore, Mak (2019) documented that church attendance was associated with lower substance use rates,

potentially explaining the lower prevalence compared to NACADA (2022) national figures.

Parents reported observing behavioural indicators of substance use among church youth, with a parent from Umoja Unity FGC sharing: *"I've noticed some youth who used to be very active in church suddenly stop coming regularly. When they do come, you can tell something has changed, maybe the way they talk or behave."* A church leader from Embakasi FGC further explained the concealment dynamic: *"Young people are afraid to be open about their struggles because they fear being judged or even excommunicated. So they suffer in silence, and by the time we find out, the problem has become serious."* Consequently, this theme demonstrated that while church affiliation provided some protective influence consistent with Unterrainer et al.'s (2023) findings, the culture of secrecy within FGCK prevented early identification and intervention, allowing substance use to progress undetected until it reached more serious levels requiring intensive support.

Most Frequently Used Substances and Contexts

Theme: Alcohol and tobacco were the most prevalent substances among FGCK youth, primarily used in social contexts outside church supervision.

The sixth theme established that alcohol and tobacco dominated substance use patterns among FGCK youth, consumed predominantly in social settings where church influence was absent, confirming the quantitative ASSIST findings. Church leaders identified alcohol as the most significant concern, with a leader from Tassia FGC noting: *"From what we've observed, alcohol is the biggest problem. Some of our young people drink during social events, parties, or when they're with friends from work or school."* Parents corroborated this observation, with a parent from Green Span FGC sharing: *"Birthday parties, weddings, even graduation celebrations, these are the places where*

our youth are exposed to alcohol. And because they want to fit in with their peers, many of them drink." These findings aligned with NACADA (2022) data identifying alcohol and tobacco as the most commonly used substances among Kenyan youth aged 18–35, and with Kwendo et al. (2021), who similarly documented alcohol as the dominant substance among Kenyan young adults.

Several participants raised concerns about marijuana use among older youth, with a parent from Donholm FGC explaining: *"I've heard stories of some young men in their late twenties and early thirties using marijuana. They usually do it with their friends from the neighbourhood, away from family and church. It's very secretive."* Church leaders pointed to peer pressure as a significant contextual factor, with a leader from Umoja Unity FGC stating: *"Peer pressure is real. Our youth go to school or work with people who use drugs, and they feel pressure to join in so they're not left out."* Consequently, this theme demonstrated that substance use among FGCK youth predominantly occurred in social contexts beyond the church's direct influence, consistent with Nakibuuka and Nalubega's (2022) finding that sociocultural and peer factors significantly contributed to substance use in urban Kenyan settings, underscoring the need for FGCK to extend prevention messaging beyond Sunday services.

Contributing Factors to Substance Use Despite Church Affiliation

Theme: Multiple competing social, economic, and environmental factors undermined the church's protective influence over youth substance use behaviours.

The seventh theme identified a complex set of contributing factors that competed with FGCK's spiritual teachings, explaining why church affiliation alone was insufficient to prevent substance use among youth. Church leaders identified peer pressure, social media influence, family problems, and exposure to substance use in schools and communities as significant factors, with a leader from Embakasi FGC explaining: *"Our*

youth are bombarded with messages from social media, music videos, movies, all showing substance use as normal or even cool. This competes with what we teach in church." Parents additionally emphasized economic challenges, unemployment, academic pressure, and the desire for peer acceptance as key drivers, with a parent from Tassia FGC noting: *"Many of our young people finish school but can't find jobs. This frustration and idle time sometimes leads them to start drinking or using drugs as a way to cope with disappointment."* These factors were consistent with Nakibuuka and Nalubega's (2022) findings from Kampala slums where socioeconomic and individual factors significantly contributed to youth substance use in urban settings.

Participants collectively observed that church influence was temporally limited compared to the pervasive influence of non-church environments, with a parent from Green Span FGC stating: *"Church is only on Sunday and maybe one or two evenings during the week. The rest of the time, our children are in school, on social media, with friends, environments where drug use is sometimes seen as normal."* A church leader from Donholm FGC added: *"We teach them that their bodies are temples, but then they go out into a world that tells them drinking and smoking are part of being an adult. It's a constant battle for their minds."* Consequently, this theme demonstrated that FGCK's current approach, limited to infrequent contact through services and occasional programs, was structurally insufficient to counteract the sustained daily exposure of youth to substance use-promoting environments, consistent with Lumun and Joshua's (2022) finding that social inequalities and environmental factors required multi-faceted community responses beyond faith-based intervention alone.

Changes in Substance Use Prevalence Over Time

Theme: Participants observed an increase in substance use visibility and accessibility among FGCK youth over recent years, attributed to social, economic, and technological changes.

The eighth theme revealed a perceived upward trend in youth substance use within FGCK communities, with participants attributing increased prevalence to greater substance accessibility, reduced family supervision, and the influence of social media and economic hardship. Church leaders reported increased awareness of substance use cases within their congregations, with a leader from Umoja Unity FGC noting: *"Five or ten years ago, we rarely heard about drug problems in our church. Now, it seems like every few months we're dealing with a case. Whether it's actually increasing or we're just more aware of it, I'm not sure, but it's definitely more visible now."* Parents noted substances had become more accessible and youth were experimenting at younger ages, with a parent from Embakasi FGC sharing: *"In our days, you'd maybe hear about someone drinking in their mid-twenties. Now, we're seeing high school students already experimenting with alcohol and even drugs. And it's so easy for them to get these things, there are bars and kiosks everywhere."* These observations aligned with NACADA (2022) national trend data documenting increasing substance use prevalence among Kenyan youth in urban settings.

Several participants attributed the increase to structural social changes, with a parent from Donholm FGC explaining: *"Both parents are working nowadays, so children have less supervision. They're on their phones all the time seeing things we never saw at their age. And the economic situation is tough, many young people are stressed about their future, and some turn to drugs to cope."* Consequently, this theme demonstrated that increasing substance use trends within FGCK were driven by macro-level social,

economic, and technological changes beyond the church's direct control, consistent with Gitatui et al.'s (2021) finding that poverty, unemployment, and limited social services in urban Kenya compounded substance use vulnerability among youth populations. Furthermore, these trends underscored the urgency of developing more proactive, structured, and community-embedded substance use prevention programs within FGCK to counteract accelerating environmental risk factors.

Most Successful Prevention and Intervention Programs

Theme: Relationship-based mentorship and intensive spiritual retreats were perceived as the most effective church interventions, though their direct impact on substance use remained unmeasured.

The ninth theme revealed that participants identified relationship-centred approaches, particularly consistent mentorship and immersive spiritual retreats, as the most effective church-based interventions, though formal evaluation of their substance use impact was absent. Church leaders pointed to mentorship as the most promising existing approach, with a leader from Tassia FGC noting: *"We have a mentorship program where older, mature Christians meet with younger members. This seems to help because the youth have someone they can talk to and look up to. But it's not specifically about drugs, it's more general spiritual mentoring."* Parents similarly identified church camps and retreats as beneficial, with a parent from Green Span FGC sharing: *"When my daughter went to the youth camp last year, she came back very encouraged and recommitted to her faith. I think these intensive experiences can be powerful. But I can't say for sure if it's prevented her from using drugs because that wasn't really the focus."* These observations aligned with Kabugi's (2019) finding that relationship-based FBO programs demonstrated greater youth engagement potential than program-centred approaches.

Most participants emphasized that effective interventions were fundamentally relationship-based, with a church leader from Donholm FGC explaining: *"What works best is when we have consistent, caring relationships with our youth. When they know someone cares about them and they can talk to that person regularly, that's when we see real change. It's not about programs as much as it's about people."* This finding was consistent with Pointer's (2021) study at Abyssinian Baptist Church demonstrating that church-based mentorship offering consistent relational support was vital for those battling substance use. Consequently, this theme suggested that while FGCK possessed relational foundations capable of supporting effective substance use prevention, the absence of structured, substance-specific content within mentorship and retreat programs limited their measurable impact, pointing to the need for integrating evidence-based substance use prevention content into existing relational frameworks.

Challenges and Limitations Affecting Program Effectiveness

Theme: Inadequate training, limited resources, stigma, and absence of external collaboration were the primary barriers preventing FGCK from implementing effective substance use mitigation programs.

The tenth theme identified systemic barriers that collectively undermined FGCK's capacity to implement effective substance use mitigation programs, with training deficiencies, resource constraints, stigma, and isolation emerging as the most prominent challenges. Church leaders cited lack of professional training, limited financial resources, and competing institutional priorities as major obstacles, with a leader from Umoja Unity FGC stating: *"We're pastors, not addiction counsellors. We don't have the training to handle serious substance abuse cases. We also don't have money to hire professionals or run extensive programs."* Parents reinforced this concern, with a parent from Embakasi FGC explaining: *"The church's heart is in the right place, but sometimes I think we need*

more than just prayer and Bible verses. We need people who understand the psychology of addiction, who can teach practical skills for resisting peer pressure." These barriers were consistent with broader implementation challenges documented by Kabugi (2019) among Kenyan faith-based organizations, where resource limitations and training gaps restricted program effectiveness despite institutional commitment.

Several participants identified stigma and limited external collaboration as compounding barriers, with a church leader from Tassia FGC admitting: *"People are embarrassed to admit when their child has a drug problem. They worry about what others will think. So they keep it secret, and the child doesn't get help."* A parent from Donholm FGC added: *"The church tries to handle everything internally, but some problems need outside help. We should be working with rehabilitation centres, counsellors, even the police when necessary. But there's this idea that we should keep it 'in the family' and not involve outsiders."* Consequently, this theme demonstrated that FGCK's effectiveness was constrained by both internal capacity limitations and an institutional resistance to external partnerships, contradicting evidence from Wangari et al. (2022) and Barasa et al. (2022) showing that church-rehabilitation centre collaborations in Nairobi significantly improved substance use outcomes when churches embraced multi-sectoral engagement.

Evaluation and Measurement of Program Success

Theme: FGCK lacked systematic program evaluation mechanisms, relying on anecdotal observations rather than evidence-based outcome measurement.

The eleventh theme revealed a critical absence of formal evaluation systems within FGCK, with churches measuring program success through attendance patterns and anecdotal testimonies rather than substance-specific outcome indicators. Church leaders acknowledged the absence of formal tracking mechanisms, with a leader from Green

Span FGC stating: *"We don't really have a way to measure whether our efforts are working. We just hope that if we're teaching the right things and praying, young people will make good choices. Sometimes we hear good testimonies, but we don't track data or do formal evaluations."* Parents noted that churches typically equated youth church attendance with program success, with a parent from Umoja Unity FGC sharing: *"I think the church considers it successful if young people keep coming to church and are not causing obvious problems. But that doesn't necessarily mean they're not using drugs or alcohol, they might just be hiding it better."* These observations aligned with the quantitative finding that 83.10% of youth disagreed existing programs achieved noticeable community impact, confirming that the absence of evaluation perpetuated ineffective programming.

Most participants emphasized that the lack of evaluation made resource allocation and program improvement impossible, with a church leader from Embakasi FGC explaining: *"Without proper evaluation, we're just doing the same things over and over without knowing if they're helping. We need to start collecting information about substance use in our churches, tracking who participates in our programs, and following up to see if there's real change happening."* Consequently, this theme demonstrated that FGCK's absence of systematic evaluation created a cycle of uninformed programming that prevented evidence-based improvement, contradicting Thompson et al.'s (2021) recommendation that faith-based interventions achieving meaningful reductions required formal outcome measurement frameworks to sustain and scale their impact effectively.

Recommendations for Program Enhancement

Theme: Participants recommended structured programming, professional training, family involvement, stigma reduction, and external collaboration as essential strategies for strengthening FGCK's substance use mitigation capacity.

The twelfth and final theme synthesized participants' recommendations for enhancing FGCK's substance use mitigation efforts, with structured programming, professional partnerships, family integration, stigma reduction, and evidence-based evaluation emerging as the core recommendations. Church leaders recommended developing structured prevention programs, training church staff, establishing professional partnerships, and creating support groups, with a leader from Donholm FGC stating: *"We need proper training for our youth leaders and pastors so they know how to recognize signs of substance use and how to respond appropriately. We also need partnerships with rehabilitation centres and counsellors who can provide expert help when we're out of our depth."* Parents emphasized improving church-family communication and developing practical educational resources, with a parent from Tassia FGC recommending: *"The church should send regular updates to parents about what they're teaching the youth and what we should be reinforcing at home. We should work together as a team, church and family, to protect our children."* These recommendations were consistent with Korir et al.'s (2022) evidence that FGCK in Baringo demonstrated that multi-component approaches combining outreach, counselling, and family engagement produced better substance use outcomes than single-strategy approaches.

Participants also strongly advocated for stigma reduction and community collaboration, with a parent from Green Span FGC adding: *"We need to stop making people feel ashamed when they have a substance abuse problem. If someone is brave enough to admit they need help, we should surround them with love and support, not*

judgment." A church leader from Umoja Unity FGC concluded: *"We can't keep doing things the old way and expect different results. We need to learn from others who have successful programs, bring in experts to train us, involve our youth in planning so the programs actually meet their needs, and work with other organizations in the community. This is too big a problem for any one church to solve alone."* Consequently, these recommendations collectively pointed toward a comprehensive restructuring of FGCK's approach to substance use mitigation, moving from reactive, spiritually exclusive, and isolated interventions toward proactive, professionally supported, family-engaged, and community-collaborative strategies consistent with evidence-based models documented by Mwangi and Nzengya (2022) and Nwagu et al. (2020).

Correlation Analysis

Correlation analysis examined relationships between study variables: Mitigating substance use (dependent variable), role of FGCK in mitigating substance use, effectiveness of existing substance use mitigation programs, and collaborations between FGCK and rehabilitation centres. Pearson correlation coefficients determined strength and direction of linear relationships. Table 10 presents correlation analysis results.

Table 10

Correlation Analysis

		Mitigating substance use	Role of FGCK in mitigating substance use	Effectiveness of existing substance use mitigation programs	Collaborations between FGCK and rehabilitation centers
Mitigating substance use	Pearson Correlation	1.000			
	Sig. (2-tailed)				
Role of FGCK in mitigating substance use	Pearson Correlation	.686**	1.000		
	Sig. (2-tailed)	0.000			
Effectiveness of existing substance use mitigation programs	Pearson Correlation	.579**	.546**	1.000	
	Sig. (2-tailed)	0.000	0.000		
Collaborations between FGCK and rehabilitation centers	Pearson Correlation	.619**	.513**	.440**	1.000
	Sig. (2-tailed)	0.000	0.000	0.000	

As shown in Table 10, correlation analysis revealed significant positive relationships between dependent variable and all independent variables at 0.05 significance level, with role of FGCK showing strongest association ($r = .686$, $p = 0.000$), indicating that as perceived church role in substance use mitigation increases, overall effectiveness of mitigating substance use among youth also increases correspondingly. This strong positive relationship aligns with findings by Johnson et al. (2020) whose meta-analysis demonstrated religious involvement was associated with 22% reduction in substance use likelihood among youth across different cultural contexts. It also aligns with Grim and Grim (2019) who emphasized that faith-based recovery support programs contributed significantly to substance abuse prevention when properly implemented. From Social Learning Theory perspective, strong correlation suggests churches providing consistent modeling of healthy behaviors and reinforcement of prosocial choices create environments where youth adopt these modeled behaviors, leading to reduced substance

use (Campbell et al., 2022; Stone et al., 2021). The Cognitive Behavioral Theory framework further explains this relationship by suggesting churches offering cognitive-behavioral elements in their programs help youth develop thought patterns and coping mechanisms that reduce substance use vulnerability (Kazantzis & Miller, 2022).

The relationship between mitigating substance use and collaborations shows positive and significant association ($r = .619$, $p = 0.000$), indicating enhanced collaborations and partnerships with external organizations are positively associated with improved substance use mitigation outcomes. This correlation supports findings by Barasa et al. (2022) who highlighted that collaborations between churches and rehabilitation centers combining spiritual and professional support improved treatment outcomes, and Wangari et al. (2022) who revealed Nairobi churches enhanced treatment access through referrals and ongoing spiritual support. From Social Learning Theory perspective, collaborations expand the network of positive role models and support systems available to youth, creating more diverse observational learning opportunities (Nwagu et al., 2020). Cognitive Behavioral Theory suggests partnerships with professional providers enhance access to evidence-based cognitive-behavioral interventions that church staff alone cannot provide (Belenko et al., 2021), thus demonstrating that when churches engage in collaborative efforts with rehabilitation centers and other stakeholders, they tend to achieve better results in addressing substance use among youth populations.

A positive and significant correlation exists between mitigating substance use and effectiveness of existing substance use mitigation programs ($r = .579$, $p = 0.000$), suggesting that when existing programs are perceived as more effective, overall substance use mitigation efforts show corresponding improvements. This relationship aligns with Thompson et al. (2021) who analyzed 32 studies finding faith-based substance use

interventions achieved moderate reductions in substance use behaviors (effect size d = 0.42), and Kariuki and Mbugua (2022) who documented 15% decrease in alcohol use and 10% decrease in tobacco use among youth participating in church-led prevention programs in Kenya. From Social Learning Theory perspective, effective programs create consistent opportunities for youth to observe and model healthy behaviors while receiving reinforcement for positive choices (Langhout et al., 2022). Cognitive Behavioral Theory suggests effective programs systematically address maladaptive thoughts, build coping skills, and provide relapse prevention training, thereby reducing substance use (Sugarman et al., 2020), indicating that program effectiveness is important component contributing to successful substance use mitigation outcomes within church communities.

The results demonstrate all independent variables were positively and significantly associated with dependent variable at 0.05 significance level, suggesting successful substance use mitigation among youth in Full Gospel Churches is positively associated with active church involvement, effective programming, and collaborative partnerships with external organizations. These findings are consistent with Mwangi and Nzengya (2022) who reviewed global research and found faith-based organization programs can be as effective as traditional methods when properly implemented, and Unterrainer et al. (2023) who found 88% of 195 studies reported significant inverse relationships between religion/spirituality and substance abuse, indicating improvements in church role, program effectiveness, and collaborative efforts are all associated with better substance use mitigation outcomes. The significance of these correlations provides evidence supporting theoretical framework underpinning this study, where Social Learning Theory suggests church environments offering positive role models, reinforcement of prosocial behaviors, and promotion of healthy choices influence youth substance use behaviors (Ford & Ong, 2021), while Cognitive Behavioral Theory

indicates church-based interventions addressing maladaptive thought patterns and promoting adaptive coping mechanisms contribute to substance use reduction (Windsor et al., 2021). The correlations align with findings by Korir et al. (2022) who found Full Gospel Churches engaging in various outreach services including guidance counselling and educational sessions demonstrated potential for substance use mitigation. However, the current study reveals that while relationships exist theoretically, actual implementation and youth perception of effectiveness remain significantly below optimal levels, highlighting gap between potential and realized outcomes in FGCK substance use mitigation efforts.

Regression Analysis

Regression analysis examined predictive relationship between independent variables (role of FGCK in mitigating substance use, effectiveness of existing substance use mitigation programs, and collaborations between FGCK and rehabilitation centres) and dependent variable (mitigating substance use among youth). Table 11 presents multiple model fitness results.

Table 11

Multiple Model Fitness

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.774a	0.600	0.594	0.214893

As shown in Table 11, multiple regression model demonstrated good predictive capability with an R value of 0.774, indicating a strong positive relationship between the independent variables and the dependent variable, while the R Square value of 0.600 indicates that 60.0% of the variance in mitigating substance use among youth is explained by the three independent variables collectively. This substantial explanatory power aligns with research by Spoth et al. (2022) who demonstrated that family-focused prevention

programs achieved sustained reductions in substance use with long-term effects, and Stockings et al. (2022) who found that programs combining multiple approaches achieved reductions of up to 30% in substance use. This suggests that multifaceted interventions incorporating church role, program effectiveness, and collaborations can significantly predict substance use mitigation outcomes, though the current study shows this predictive relationship exists even where actual implementation remains suboptimal in FGCK settings.

The Adjusted R Square of 0.594 shows that after adjusting for the number of predictors in the model, 59.4% of the variance in the dependent variable is accounted for by the independent variables, with the standard error of the estimate (0.214893) indicating the average distance between observed values and the regression line, demonstrating model precision. This explanatory power is consistent with findings by Kariuki and Mbugua (2022) who documented measurable substance use reductions through church-led programs in Kenya, and Thompson et al. (2021) who found that faith-based interventions achieved moderate effect sizes. This indicates that church-related factors, program quality, and partnerships collectively account for substantial variance in substance use mitigation outcomes when properly measured and implemented. The analysis of variance results in the multiple analysis are presented in Table 12.

Table 12

Multiple Analysis of Variance (ANOVA)

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	13.634	3	4.545	98.414	.000 b
	Residual	9.097	197	0.046		
	Total	22.731	200			

As shown in Table 12, the ANOVA results indicate regression model is statistically significant (F = 98.414, p = 0.000), with F-statistic testing whether overall

regression model is good fit for data, and with p = 0.000 (less than 0.05), the model is statistically significant, meaning independent variables collectively provide statistically significant prediction of mitigating substance use among youth. This significant model fit supports findings by Johnson et al. (2020) whose meta-analysis showed religious involvement significantly predicted reduced substance use likelihood across different cultural contexts, and Grim and Grim (2019) who demonstrated faith-based approaches contributed significantly to substance abuse prevention, indicating combination of church role, program effectiveness, and collaborations represents valid predictive model for understanding substance use mitigation in religious settings despite current implementation challenges in FGCK.

The regression sum of squares (13.634) represents variance explained by model, while residual sum of squares (9.097) represents unexplained variance, with explained variance being substantially larger than unexplained variance, demonstrating strong model performance. This pattern aligns with Mwangi and Nzengya (2022) who found faith-based organization programs achieved effectiveness comparable to traditional methods when properly implemented, and Unterrainer et al. (2023) who found religion/spirituality factors explained significant variance in substance abuse outcomes across 195 studies, suggesting that while church-related variables explain substantial variance in substance use mitigation theoretically, the 40% unexplained variance in current model may reflect implementation gaps, external factors, or measurement limitations that future research should address. Table 13 presents regression coefficients.

Table 13

Regression Coefficients

Coefficients[a]					
	Unstandardized Coefficients		**Standardized Coefficients**	**T**	**Sig.**
	B	**Std. Error**	**Beta**		
(Constant)	0.372	0.107		3.487	0.001
Role of FGCK in mitigating substance use	0.321	0.046	0.405	7.012	0.000
Effectiveness of existing substance use mitigation programs	0.200	0.050	0.219	3.971	0.000
Collaborations between FGCK and rehabilitation centres	0.235	0.040	0.315	5.844	0.000

The regression equation can be expressed as:

Mitigating Substance Use = 0.372 + 0.321(Role of FGCK) + 0.200(Program Effectiveness) + 0.235(Collaborations).

As shown in Table 13, regression coefficients reveal all three independent variables are statistically significant predictors of mitigating substance use among youth ($p = 0.000$ for all variables). The constant term (0.372) represents expected value of mitigating substance use when all independent variables equal zero, with all t-values being statistically significant ($p = 0.000$), confirming each independent variable makes unique and significant contribution to predicting dependent variable. This model specification aligns with findings by Mwangi and Nzengya (2022) who revealed faith-based organization programs can be as effective as traditional methods when multiple intervention components work together, and Kabugi (2019) who emphasized Kenyan faith-based organizations needed multifaceted approaches addressing physical, emotional, and spiritual well-being simultaneously rather than single-factor interventions. From

theoretical perspective, Social Learning Theory suggests multiple social learning mechanisms operating together (modeling, reinforcement, observational learning) create stronger predictive relationships with behavior change (Eisenberg et al., 2021), while Cognitive Behavioral Theory indicates interventions addressing multiple cognitive and behavioral targets simultaneously demonstrate superior outcomes (Nwagu et al., 2020).

The role of FGCK in mitigating substance use has highest standardized coefficient (Beta = 0.405), indicating it is strongest predictor among three variables, with every one-unit increase in church role leading to 0.321 units increase in mitigating substance use while holding other variables constant. This finding agrees with Grim and Grim (2019) who found faith-based recovery support programs contributed significantly to substance abuse prevention and recovery, and Mak (2019) who demonstrated church attendance was associated with notable decreases in substance use, particularly in abstaining from alcohol. The strong predictive power of church role is further supported by Johnson et al. (2020) who conducted meta-analysis showing religious involvement was associated with 22% reduction in substance use likelihood among youth across different cultural contexts, and Unterrainer et al. (2023) who indicated 88% of 195 studies reported significant inverse relationships between religion/spirituality and substance abuse, confirming church role is most critical factor in substance use mitigation within religious settings.

From Social Learning Theory perspective, church role encompasses multiple social learning mechanisms including provision of positive role models, reinforcement of prosocial behaviors, and creation of supportive social networks that collectively predict substance use outcomes (Campbell et al., 2022). Cognitive Behavioral Theory explains churches providing cognitive-behavioral elements help youth develop adaptive thought

patterns and coping mechanisms, thereby reducing substance use vulnerability (Chand et al., 2023).

Collaborations between FGCK and rehabilitation centers emerged as second strongest predictor (Beta = 0.315), with unstandardized coefficient of 0.235, indicating for every one-unit increase in collaborations, mitigating substance use increased by 0.235 units while controlling for other variables. This finding aligns with Barasa et al. (2022) who revealed collaborations between churches and rehabilitation centers, combining spiritual and professional support, showed higher treatment retention rates (78%) compared to standard programs (52%), and Vanderplasschen et al. (2021) who demonstrated improved outcomes through case management linking rehabilitation centers with service providers.

The significant predictive power of collaborations is supported by Wangari et al. (2022) who indicated Nairobi churches enhanced treatment access by referring individuals to rehabilitation centers and offering ongoing spiritual support, Kalula and Nyabadza (2021) who showed community-based collaborations in South Africa improved treatment retention and completion rates, and Mutua et al. (2022) who examined church-law enforcement partnerships in Mombasa revealing improvements in community trust and prevention effectiveness, collectively demonstrating partnerships significantly contribute to substance use mitigation outcomes. From Social Learning Theory perspective, collaborations expand social learning environments by providing access to diverse role models and support systems beyond church boundaries (Idler et al., 2019), while Cognitive Behavioral Theory suggests partnerships with professional providers enhance access to evidence-based cognitive-behavioral interventions that complement spiritual approaches (Belenko et al., 2021).

The effectiveness of existing substance use mitigation programs had standardized coefficient of 0.219 and unstandardized coefficient of 0.200, indicating for every one-unit increase in program effectiveness, mitigating substance use increased by 0.200 units. This finding is consistent with Stockings et al. (2022) who showed prevention programs combining social competence and social influence approaches were most effective in reducing substance use, with reductions in alcohol and cannabis use up to 30%. The finding also aligns with Sandler et al. (2021) who demonstrated universal prevention programs achieved average reductions of 6.6% in alcohol use and 11.4% in drug use among adolescents.

The predictive relationship between program effectiveness and substance use mitigation is further supported by Thompson et al. (2021) who analyzed 32 studies indicating faith-based substance use interventions achieved moderate reductions in substance use behaviors (effect size d = 0.42), Spoth et al. (2022) who found participants in family-focused prevention programs had significantly lower rates of alcohol, tobacco, and illicit drug use with reductions sustained up to 12 years, and Kariuki and Mbugua (2022) who documented 15% decrease in alcohol use and 10% decrease in tobacco use among youth participating in church-led prevention programs in Kenya, demonstrating program quality significantly influences mitigation outcomes. From Social Learning Theory perspective, effective programs provide consistent opportunities for observational learning and reinforcement of healthy behaviors (Langhout et al., 2022), while Cognitive Behavioral Theory indicates effective programs systematically address maladaptive thoughts, build coping skills, and provide relapse prevention training (Sugarman et al., 2020).

The regression results demonstrate that while all three independent variables significantly predict substance use mitigation outcomes, their combined effect (60%

variance explained) indicates substantial predictive power supported by Parra et al. (2022) who revealed individuals placing high importance on religion had lower incidence of lifetime alcohol, tobacco, and cannabis use across 28 European countries, and Haggerty et al. (2021) who reported participants in community-based prevention programs exhibited significantly lower substance use rates with reductions maintained up to 18 months post-intervention.

The significant predictive relationships provide empirical support for investing in strengthening church roles, improving program effectiveness, and developing collaborative partnerships as evidence-based strategies for enhancing substance use mitigation within Full Gospel Churches, aligning with Kaskutas et al. (2009) who highlighted long-term recovery benefits of combining spiritual support with professional treatment, Odejide and Morakinyo (2023) who demonstrated partnerships led to reduced substance use and improved social functioning, and Kitsao and Tumuti (2019) who reported collaborative partnerships achieved positive outcomes in Kenya.

From theoretical integration perspective, the regression findings validate both Social Learning Theory and Cognitive Behavioral Theory as relevant frameworks for understanding substance use mitigation in religious settings. Social Learning Theory explains how church role (modeling, reinforcement, social norms) creates environments predicting reduced substance use (Stone et al., 2021), while collaborations expand these social learning opportunities through partnerships (Nwagu et al., 2020). Cognitive Behavioral Theory demonstrates how program effectiveness (cognitive restructuring, skills training, coping mechanisms) addresses the cognitive-behavioral aspects of substance use (Windsor et al., 2021), with professional collaborations enhancing access to evidence-based cognitive-behavioral techniques (Belenko et al., 2021). The strong predictive model ($R^2 = 0.600$) suggests when churches implement comprehensive

approaches informed by these theories, they create conditions predicting substantial substance use mitigation. However, actual implementation quality remains critical factor determining whether this predictive potential translates into real-world substance use reduction among FGCK youth in Embakasi East Sub-County.

Chapter Summary

The study results revealed important findings regarding FGCK's role in mitigating substance use among youth in Embakasi East Sub-County. The demographic analysis showed majority of participants were males aged 25-29 years, predominantly single, with college/university education, and economically active through employment or self-employment. Most participants had been church members for several years, providing adequate exposure to church teachings and programs. The demographic profile indicated well-educated youth population with sufficient literacy to understand substance use concepts and evaluate church program effectiveness.

The quantitative findings revealed concerning gaps in church-based substance use mitigation efforts, with majority of youth reporting limited awareness of church-led mentorship programs and minimal participation in prevention programs. Substance use prevalence assessment using ASSIST scores showed that while most youth fell within no intervention category, notable proportions required brief intervention, particularly for alcohol and tobacco. The effectiveness of existing mitigation programs was perceived as limited, with most youth disagreeing that programs achieved noticeable reduction in community substance use. Collaborations between churches and external organizations were perceived as minimal, with youth indicating limited partnerships between their churches and rehabilitation centers.

The qualitative interviews with church leaders and parents corroborated quantitative findings, revealing churches primarily rely on biblical teachings and prayer

rather than structured prevention programs. Participants identified alcohol and tobacco as most frequently used substances among church youth, with peer pressure, economic challenges, and social influences contributing to substance use despite church affiliation. The interviews highlighted significant challenges including lack of training, limited resources, insufficient collaboration with professionals, and absence of systematic evaluation methods for measuring program success.

The correlation and regression analyses demonstrated significant positive relationships between all study variables, with FGCK's role being strongest predictor of substance use mitigation. The regression model explained substantial variance in substance use mitigation, indicating church role, program effectiveness, and collaborations collectively contribute to mitigation outcomes. These findings were corroborated by existing literature showing faith-based interventions, effective prevention programs, and collaborative partnerships significantly contribute to substance use reduction. The results highlight the need for Full Gospel Churches to enhance their substance use mitigation strategies through improved program design, increased youth engagement, stronger partnerships, and evidence-based approaches to better serve their youth populations. The next chapter presents summary of findings, implications, conclusions, and recommendations.

CHAPTER FIVE: SUMMARY OF FINDINGS, IMPLICATIONS, CONCLUSIONS, RECOMMENDATIONS AND AREAS FOR FURTHER RESEARCH

Introduction

This chapter presents the summary of findings, implications, conclusions, and recommendations from the study examining the role of FGCK in mitigating substance use among youth in Embakasi East, Nairobi County, Kenya. The summary integrates findings with discussion by comparing results with existing literature. Conclusions and recommendations are based on study findings per research objective. The chapter concludes with areas for further research.

Summary of Key Findings

The study examined FGCK's role in mitigating substance use among youth in Embakasi East Sub-County using a sequential explanatory mixed methods design. The target population included youth aged 18-35 years, church leaders, and parents across five churches: Donholm, Embakasi, Tassia, Green Span, and Umoja Unity. Quantitative data was collected from 201 youth using structured questionnaires, while qualitative data was gathered from 7 church leaders and 20 parents through interviews, achieving an overall response rate of 68.9%.

Objective One: Role of FGCK in Mitigating Substance Use Among Youth

The first objective examined FGCK's role through mentorship programs, family engagement, and youth empowerment initiatives. Findings revealed that 80.60% of youth disagreed they were aware of church-led mentorship programs (mean = 2.11), while 79.10% disagreed they had participated in any such program (mean = 2.05). Regarding family engagement, 78.70% disagreed it was important in preventing substance use (mean = 2.06), and 72.60% disagreed their church provided family engagement programs

(mean = 2.35). Youth empowerment showed 81.60% disagreement on program existence (mean = 2.11) and 79.10% on effectiveness (mean = 2.26). The average mean of 2.15 across all role indicators confirmed that FGCK's role in substance use mitigation was not being effectively experienced by youth.

These findings contradicted evidence demonstrating effective church-based interventions, indicating FGCK's capacity for substance use mitigation was not translated into practice. Korir et al. (2022) found FGCK actively engaged in guidance counselling and educational sessions, yet the current study revealed a fundamental disconnect between church activities and youth awareness. Patestos (2021) demonstrated active participation in faith-based youth groups delayed substance use initiation by 2.3 years, while Thomas et al. (2022) showed mentorship consistently reduced substance use, benefits unrealized when youth awareness remained below 20%. Segrott et al. (2022) and Spoth et al. (2022) documented sustained reductions through family-based interventions, contradicting youth perceptions that family engagement was unimportant. Consequently, the likely finding was that FGCK functioned as a moral authority rather than a structured, evidence-based intervention provider, a gap Thompson et al.'s (2021) global benchmark of 25% reduction demonstrated was bridgeable through comprehensive program redesign.

From a Social Learning Theory perspective, low awareness and participation indicated churches were not creating environments for youth to observe and model healthy behaviours (Stone et al., 2021). The theory predicted effective interventions required consistent positive role models and reinforcement of prosocial behaviours (Campbell et al., 2022), yet these mechanisms were absent in FGCK settings. Cognitive Behavioural Theory explained that empowerment and family engagement programs should enhance self-efficacy and provide trigger management skills (Nwagu et al., 2020). The absence of these programs meant youth lacked structured opportunities to develop

critical cognitive-behavioural competencies. Both theories confirmed FGCK's current approach failed to activate mechanisms necessary for measurable substance use reduction.

Qualitative interviews corroborated quantitative findings, revealing churches primarily relied on biblical teachings and prayer rather than structured programs. Church leaders acknowledged conducting occasional sermons on substance use dangers but confirmed the absence of systematic programs addressing youth needs comprehensively. Parents reported youth fellowship discussions were general and superficial, rarely addressing substance use with sufficient depth to influence behaviour. These findings aligned with Kabugi (2019), who documented that Kenyan FBOs demonstrated good intentions but struggled with program visibility, systematic implementation, and youth engagement. Consequently, the findings supported comprehensive program redesign within FGCK integrating evidence-based approaches with spiritual foundations, consistent with Mwangi and Nzengya's (2022) recommendations for Kenyan faith-based organizations.

Objective Two: Prevalence of Substance Use among Youth Within FGCK

The second objective assessed substance use prevalence using the WHO ASSIST tool, which categorized risk into lower, moderate, and high levels requiring different intervention responses. Concerning proportions required brief intervention: alcohol at 38.81%, tobacco at 35.32%, amphetamines at 29.85%, opioids at 22.39%, cocaine at 18.91%, hallucinogens at 17.41%, sedatives at 15.42%, cannabis at 12.94%, and inhalants at 7.96%. Importantly, no participants scored in the high-risk range requiring more intensive treatment across any substance category. Nevertheless, significant minorities across multiple substance categories required brief intervention before progressing to

high-risk levels. The findings confirmed that FGCK youth were not immune to substance use, though their risk profiles differed meaningfully from general population benchmarks.

The alcohol brief intervention rate of 38.81% was lower than NACADA's (2022) reported 52% alcohol use among general youth aged 18–24, suggesting church affiliation provided partial protective benefits. This aligned with Mak (2019), who demonstrated church attendance was associated with notable decreases in substance use, and Johnson et al. (2020), who documented a 22% reduction in substance use likelihood through religious involvement. The absence of high-risk cases was consistent with Unterrainer et al. (2023), who found 88% of reviewed studies reported inverse relationships between religiosity and substance abuse. However, these findings did not contradict the literature on effective church-based interventions; rather, they demonstrated that church affiliation reduced but did not eliminate substance use risk. Consequently, partial protection through church affiliation necessitated structured brief intervention protocols for moderate-risk youth, particularly targeting alcohol and tobacco.

From a Social Learning Theory perspective, church environments provided protective social modelling and reinforcement of abstinence behaviours, potentially explaining lower prevalence compared to the general population (Campbell et al., 2022; Ford & Ong, 2021). Cognitive Behavioural Theory suggested religious teachings equipped youth with cognitive tools to challenge substance use-promoting thoughts and develop healthier coping strategies (Windsor et al., 2021). Together, these mechanisms created partial but insufficient protective conditions, preventing escalation to severe dependency while leaving moderate-risk youth without targeted support. The amphetamine brief intervention rate of 29.85% appeared higher than documented in previous Kenyan studies focused on alcohol, tobacco, and cannabis, suggesting an emerging concern requiring urgent investigation in urban church settings. Consequently,

the prevalence findings supported implementing ASSIST-based brief intervention protocols within FGCK specifically targeting alcohol, tobacco, and amphetamines.

Objective Three: Effectiveness of Existing Substance Use Mitigation Programs Within FGCK

The third objective evaluated program effectiveness through reduction of substance use, awareness campaigns, and relapse prevention initiatives. Findings showed 83.10% of youth disagreed there was noticeable substance use reduction due to existing programs (mean = 2.00), while 82.10% disagreed regular awareness campaigns existed (mean = 2.12). Furthermore, 78.60% disagreed they had participated in relapse prevention programs (mean = 2.01), and 85.10% disagreed existing programs provided adequate support (mean = 1.98), the lowest mean recorded. The average mean of 2.11 across all effectiveness measures confirmed youth perceived current programs as largely ineffective. These findings established that FGCK's programs were failing to produce measurable, youth-recognized improvements across all three effectiveness dimensions.

These findings contradicted research demonstrating effective substance use interventions, indicating FGCK had not achieved the implementation quality necessary to realize documented outcomes. Stockings et al. (2022) found programs combining social competence and social influence approaches achieved reductions of up to 30% in alcohol and cannabis use. Das et al. (2022) and Faggiano et al. (2021) demonstrated comprehensive awareness programs effectively reduced substance use and increased risk knowledge. Appiah et al. (2022) and Olashore et al. (2019) documented that relapse prevention programs significantly reduced substance use and enhanced coping skills. Consequently, the effectiveness gap was attributable to systematic under implementation of structured, evidence-based program components rather than the absence of any church-based effort.

Social Learning Theory predicted effective programs should provide consistent modelling of healthy behaviours and reinforcement of positive choices (Langhout et al., 2022), yet these mechanisms were not producing observable outcomes within FGCK. Cognitive Behavioural Theory predicted relapse prevention programs should teach cognitive restructuring and coping strategies to manage triggers (Hendershot et al., 2021), yet near-total absence of participation meant youth were not receiving these critical interventions. The theory further indicated programs should systematically address maladaptive thoughts and build coping skills (Sugarman et al., 2020). Consistently low effectiveness ratings confirmed FGCK programs were not implementing these theoretical principles adequately. Both frameworks confirmed fundamental design deficiencies requiring comprehensive program restructuring rather than incremental improvements.

Qualitative interviews corroborated quantitative findings, revealing lack of professional training, limited financial resources, and absence of systematic evaluation as the primary barriers to program effectiveness. Church leaders acknowledged they were ill-equipped to handle substance use cases, while parents confirmed programs lacked practical, evidence-based content necessary to produce measurable behavioural outcomes. These findings aligned with Kabugi (2019) and Korir et al. (2022), who documented that Kenyan Full Gospel Churches engaged in outreach activities but lacked systematic implementation and evaluation. Consequently, the study recommended adopting structured, professionally supported, and regularly evaluated programs incorporating Social Learning and Cognitive Behavioural principles. These evidence-based approaches would enable FGCK to move from well-intentioned but insufficiently impactful activities toward demonstrably effective substance use mitigation interventions.

Objective Four: Potential Collaborations Between FGCK and Rehabilitation Centres

The fourth objective explored FGCK's capacity to establish collaborative partnerships with rehabilitation centres, law enforcement, and local organizations. Findings revealed 84.10% disagreed their church collaborated with rehabilitation centres (mean = 2.02), 72.70% disagreed it worked with law enforcement (mean = 2.32), and 78.10% disagreed local partnerships existed (mean = 2.04). Furthermore, 75.10% questioned rehabilitation centre collaboration effectiveness (mean = 2.17), 77.10% disagreed local partnerships enhanced prevention effectiveness (mean = 2.27), and 83.00% disagreed collaboration had resulted in noticeable substance use reduction (mean = 2.04). The average mean of 2.17 confirmed minimal partnership activity and limited perceived effectiveness across all collaboration dimensions.

These findings contradicted best practices documented in previous research, demonstrating FGCK lacked the collaborative infrastructure necessary for comprehensive substance use mitigation. Barasa et al. (2022) demonstrated church-rehabilitation centre collaborations achieved 78% treatment retention compared to 52% in standard programs. Petrunik and Shearing (2022) and Swart et al. (2022) showed faith-based programs working with law enforcement reduced recidivism, substance use, and substance-related crime. Nwagu et al. (2020) and Owusu et al. (2021) established that church-community organization collaboration was essential for comprehensive prevention producing measurable outcomes. Consequently, FGCK's institutional isolation represented a critical missed opportunity, given that Wangari et al. (2022) documented significant improvements in Kenyan church-based outcomes when institutional partnerships were actively pursued.

Social Learning Theory predicted collaborations should create expanded networks for modelling recovery behaviours and accessing diverse support systems

beyond church boundaries (Vanderplasschen et al., 2021; Idler et al., 2019). Cognitive Behavioural Theory indicated partnerships with professional providers should enhance access to evidence-based interventions complementing spiritual approaches (Belenko et al., 2021). The minimal collaboration in FGCK contradicted regional patterns identified by Muswerakuenda et al. (2023) in Zimbabwe, where churches provided psychosocial support within broader community networks. Furthermore, Mwangi and Nzengya (2022) emphasized that faith-based organization effectiveness improved significantly through professional service partnerships. Consequently, the lack of perceived collaborations deprived FGCK youth of the expanded learning environments and professional intervention access that collaborative models consistently delivered in comparable settings.

Correlation analysis revealed significant positive relationships between the dependent variable and all independent variables at the 0.05 significance level, with church role showing the strongest association ($r = .686$, $p = 0.000$), followed by collaborations ($r = .619$, $p = 0.000$) and program effectiveness ($r = .579$, $p = 0.000$). These correlations validated Social Learning Theory's prediction that church environments offering positive role models and reinforcement directly influenced youth substance use outcomes (Stone et al., 2021). Regression analysis confirmed church role ($B = 0.321$, $p = 0.000$), program effectiveness ($B = 0.200$, $p = 0.000$), and collaborations ($B = 0.235$, $p = 0.000$) as significant predictors, with the combined model explaining 60.0% of variance in substance use mitigation. Social Learning Theory explained how church role created predictive environments through modelling and social norms (Campbell et al., 2022), while Cognitive Behavioural Theory demonstrated how program effectiveness addressed cognitive-behavioural dimensions through restructuring and skills training (Kazantzis & Miller, 2022). Consequently, strengthening all three independent

variables simultaneously offered the most robust pathway for improving FGCK's substance use mitigation outcomes among youth in Embakasi East Sub-County.

Implications of the Study

The study provides empirical support for the theoretical framework combining Social Learning Theory and Cognitive Behavioral Theory in understanding substance use mitigation within religious contexts. The significant correlations and predictive relationships validate that church environments offering positive role models, reinforcement of prosocial behaviors, and interventions addressing maladaptive thought patterns significantly influence youth substance use behaviors. The finding that church role is the strongest predictor (Beta = 0.405) confirms Social Learning Theory's emphasis on observational learning and social influences, while program effectiveness (Beta = 0.219) validates Cognitive Behavioral Theory's focus on structured interventions modifying thoughts and behaviors.

The study demonstrates that Full Gospel Churches possess substantial untapped potential in addressing youth substance use, with the regression model explaining 60% of variance indicating that strengthening church role, improving program effectiveness, and developing collaborations could significantly impact outcomes. The low mean scores across all measured variables (ranging from 1.98 to 2.35) reveal that current implementation approaches are inadequate, necessitating fundamental restructuring incorporating mentorship programs that reach youth, family engagement strategies educating families about their critical role, youth empowerment initiatives providing meaningful participation, interactive awareness campaigns, evidence-based relapse prevention programs, and comprehensive support systems combining spiritual guidance with professional counseling. The absence of severe dependency cases while significant minorities require brief intervention suggests optimal timing for churches to implement

prevention-focused strategies leveraging existing protective factors before youth progress to severe dependency levels.

The documented gaps between theoretical potential and actual implementation suggest need for capacity building initiatives equipping churches with knowledge, skills, and resources necessary for effective substance use mitigation programming. Policy makers should facilitate church-based interventions through providing technical assistance, funding opportunities, and partnership frameworks enabling religious institutions to leverage their unique community positions while maintaining spiritual identity. The finding that collaborations are minimal yet highly predictive of mitigation outcomes (Beta = 0.315) suggests policy emphasis should be placed on creating structures facilitating partnerships between churches, rehabilitation centers, law enforcement agencies, and community organizations through formal memoranda of understanding, coordinated referral systems, and joint program development initiatives.

The 40% unexplained variance in the regression model indicates that additional factors beyond church role, program effectiveness, and collaborations influence substance use mitigation outcomes, suggesting need for research examining how individual factors, family factors, peer factors, and community factors interact with church-based interventions to influence youth substance use behaviors. The disconnect between youth perceptions and church intentions revealed in qualitative interviews suggests need for participatory action research approaches engaging youth in program design, implementation, and evaluation to ensure interventions resonate with target populations.

For counseling psychologists, the research enhances understanding of how faith-based approaches influence youth substance use behaviors within cultural and religious contexts. The findings help counselors incorporate culturally sensitive and faith-based elements into their interventions, making them more relevant and effective for clients

with strong religious affiliations. The study identified opportunities for interdisciplinary collaboration between mental health professionals and religious institutions, promoting integrated support systems that combine spiritual guidance with professional counseling. Training programs should address how to conduct needs assessments identifying specific substance use patterns, design interventions integrating spiritual teachings with proven prevention approaches, implement programs using evidence-based delivery methods engaging youth effectively, and evaluate program effectiveness using appropriate outcome measures ensuring continuous improvement.

Conclusion

The study concludes that FGCK in Embakasi East Sub-County face significant challenges in their role of mitigating substance use among youth, with current approaches failing to effectively reach and engage their target population. Despite the potential for religious institutions to influence youth behavior positively, the findings reveal substantial gaps in program awareness, participation, and perceived effectiveness. The limited youth engagement with church-led mentorship programs, family engagement initiatives, and youth empowerment activities indicates that FGCK's current substance use mitigation strategies require fundamental restructuring to better align with youth needs and preferences. The disconnect between church intentions and youth experiences suggests that while churches may have the capacity to address substance use challenges, their current implementation approaches are inadequate for creating meaningful impact among their young congregants.

Moreover, the study concludes that substance use prevalence among FGCK youth reflects broader national patterns while potentially benefiting from protective factors associated with religious community involvement. The ASSIST assessment results demonstrate that while most youth maintain lower risk substance involvement,

concerning proportions across multiple substance categories require brief intervention, particularly for alcohol and tobacco use. The absence of high-risk cases requiring intensive treatment suggests that church environments may provide protective influences that prevent progression to severe dependency, consistent with Social Learning Theory's predictions about protective social modeling (Campbell et al., 2022) and Cognitive Behavioral Theory's emphasis on cognitive resources provided through religious teachings (Belenko et al., 2021).

Besides, the study concludes that existing substance use mitigation programs within FGCK demonstrate limited effectiveness in achieving their intended outcomes, with youth perceiving minimal impact on community substance use reduction. The low effectiveness ratings across prevention programs, awareness campaigns, and relapse prevention initiatives indicate significant deficiencies in program design, implementation, and evaluation. The absence of systematic approaches to measuring program success and the reliance on general spiritual guidance rather than evidence-based interventions contribute to poor program outcomes. From theoretical perspective, this ineffectiveness stems from failure to implement core principles of both Social Learning Theory (consistent modeling, reinforcement, observational learning opportunities) and Cognitive Behavioral Theory (cognitive restructuring, skills training, systematic trigger management), necessitating comprehensive program redesign that integrates these theoretical frameworks with practical implementation strategies.

In addition, the study concludes that collaboration potential between FGCK and external organizations remains largely untapped, representing a significant missed opportunity for enhancing substance use mitigation effectiveness. The minimal partnerships with rehabilitation centers, law enforcement agencies, and local organizations limit churches' ability to provide comprehensive support that combines

spiritual guidance with professional expertise. The limited youth awareness of existing collaborations and questioned effectiveness of partnership efforts indicate that current collaborative approaches lack visibility and impact. This isolation in addressing substance use challenges prevents churches from leveraging external resources, expertise, and support systems that could significantly enhance their mitigation efforts and create more comprehensive intervention strategies for youth struggling with substance use issues, contradicting both Social Learning Theory's emphasis on expanded social networks (Idler et al., 2019) and Cognitive Behavioral Theory's support for integrated professional-spiritual interventions (Windsor et al., 2021).

Recommendations

Based on research findings, the study presents recommendations for the church (FGCK), counseling psychology practice, and other stakeholders. These recommendations aim to strengthen church-based interventions, enhance professional counseling, and improve multi-sectoral collaboration to effectively address substance use.

Recommendations for the Church (FGCK)

1. FGCK should strengthen its substance use mitigation role by developing comprehensive, structured, and evidence-based programs tailored to the needs of youth in urban church settings, integrating principles from Social Learning Theory (providing positive role models and reinforcement) and Cognitive Behavioral Theory (addressing maladaptive thoughts and building coping skills).
2. The church should establish formal mentorship programs with clear activities, trained mentors, and accountability mechanisms to address the major awareness gap, given that 80.60% of youth reported not knowing the programs exist.
3. FGCK should prioritize family engagement approaches that equip parents with skills to understand risk factors, support prevention efforts, and participate in early intervention,

recognizing family's critical role as emphasized by Social Learning Theory (Arria et al., 2021).

4. The church should adopt consistent communication strategies—including social media messaging, youth-focused forums, and peer-led outreach teams—to improve visibility and uptake of programs.
5. FGCK should create structured referral pathways linking youth who require brief intervention (as identified through ASSIST) to professional counselors, rehabilitation centers, and peer-support groups.
6. The church should integrate relapse-prevention components such as cognitive-behavioral strategies, peer accountability groups, and spiritual support sessions into existing youth programs, applying Cognitive Behavioral Theory principles (Hendershot et al., 2021).
7. FGCK should implement regular monitoring and evaluation systems with clear indicators to track program outcomes, identify gaps, and inform continuous improvement.

Recommendations for Counselling Psychology Practice

1. Counseling psychology practitioners should collaborate closely with FGCK to strengthen prevention, early intervention, and relapse-prevention initiatives for youth, recognizing the synergy between professional psychological interventions and faith-based support.
2. Counselors should provide evidence-based interventions—such as psychoeducation, motivational interviewing, and cognitive-behavioral approaches—that can be integrated into church programs, ensuring alignment with both Cognitive Behavioral Theory principles and spiritual teachings.
3. Practitioners should conduct capacity-building sessions for pastors, youth leaders, and volunteers to improve recognition of early warning signs, appropriate response strategies, and referral competence.

4. Counseling psychologists should support the design and delivery of family-based interventions to enhance communication, boundary-setting, and emotional support among parents and guardians, applying Social Learning Theory's emphasis on family modeling (Segrott et al., 2022).
5. Counselors should guide the establishment of youth support groups and relapse-prevention programs that blend psychological principles with spiritual support, creating integrated interventions consistent with both theoretical frameworks.
6. Counseling practitioners should contribute to program evaluation and impact measurement to help FGCK identify effective interventions and refine less effective ones.

Recommendations for Other Stakeholders

Other stakeholders include rehabilitation centers, law enforcement agencies, NGOs, CBOs, schools, healthcare providers, and county government departments involved in youth and public health.

1. Rehabilitation Centers: Should form formal partnerships with FGCK through memoranda of understanding to facilitate smooth referrals, joint outreach initiatives, follow-up services, and technical support for complex cases, addressing the 84.10% gap in perceived collaboration.
2. Law Enforcement Agencies: Should collaborate with FGCK to implement community-oriented prevention strategies, promote safe neighborhoods, and support diversion programs for youth involved in minor drug-related incidents, recognizing churches' moral authority and community trust.
3. NGOs and Community-Based Organizations (CBOs): Should partner with the church to deliver awareness campaigns, psychosocial support initiatives, youth leadership development programs, and access to prevention resources, leveraging Social Learning Theory's emphasis on expanded social networks (Nwagu et al., 2020).

4. Schools and Educational Institutions: Should coordinate with FGCK to implement mentorship activities, share relevant information, and strengthen prevention programs for both in-school and out-of-school youth.
5. Healthcare Providers: Should offer screening, early intervention, counseling, and treatment support that complements church-based programs, providing the professional cognitive-behavioral interventions that churches cannot deliver alone (Belenko et al., 2021).
6. County Government Departments: Should provide policy support, technical assistance, and funding for community health initiatives and youth-focused prevention activities led by FGCK, creating enabling environment for faith-based substance use mitigation efforts.

Areas for Further Research

1. Future research could examine the long-term effectiveness of church-based substance use interventions through longitudinal studies that track youth outcomes over extended periods to determine the sustainability of prevention and intervention efforts.
2. Additionally, comparative studies should be conducted across different religious denominations and geographical regions to assess the generalizability of findings and identify best practices that could be adapted across diverse faith-based contexts.
3. Research could also explore the development and evaluation of evidence-based intervention models specifically designed for religious settings that integrate spiritual practices with proven clinical approaches to substance use prevention and treatment.
4. Future research should also focus on understanding youth perspectives on preferred intervention approaches within religious contexts, exploring how spiritual and clinical elements can be effectively combined to create more engaging and impactful programs that resonate with contemporary youth experiences and needs.

REFERENCES

Abbo, C., Okello, E. S., Muhwezi, W. W., Akello, G., & Ovuga, E. (2022). Alcohol, substance use and psychosocial competence of adolescents in selected secondary schools in Uganda: A cross-sectional survey. *International Neuropsychiatric Disease Journal, 11*(1), 1-14. https://pubmed.ncbi.nlm.nih.gov/27398388/

Adeoti, A. O., Dada, O., & Adeoti, M. O. (2022). Tramadol abuse in West Africa: A narrative review. Journal of Substance Use, 27(4), 345-352. https://doi.org/10.1080/14659891.2021.1957090

Afolabi, A. O., Adegboyega, L. O., & Okanlawon, F. A. (2019). Effectiveness of a school-based mentorship program in reducing drug use among secondary school students in Nigeria. Journal of Child & Adolescent Substance Abuse, 28(2), 89-98. https://doi.org/10.1080/1067828X.2019.1593816

Aghedo, I. (2021). Faith-based prevention program for youth in collaboration with law enforcement in reducing substance use and delinquency in Nigeria. African Journal of Drug and Alcohol Studies, 20(1), 45-58. https://www.researchgate.net/publication/356189754

Ahmad, S., & Halim, H. (2017). Determining sample size for research activities. Selangor Business Review, 2(1), 20-34. https://sbr.journals.unisel.edu.my/index.php/sbr/article/view/12

Ajayi, A. I., Olawale, O., Oginni, O. A., & Adeniyi, O. V. (2021). Effectiveness of a church-based youth empowerment program in reducing substance use among adolescents in Ibadan, Nigeria. Substance Use & Misuse, 56(4), 567-576. https://doi.org/10.1080/10826084.2021.1875361

Ali, R., Gowing, L., Farrell, M., Marsden, J., & Ling, W. (2022). The WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): A review of the evidence and future directions. Addiction, 117(8), 2188-2201. https://doi.org/10.1111/add.15849

Allara, E., Ferri, M., Bo, A., Gasparrini, A., & Faggiano, F. (2021). Are mass-media campaigns effective in preventing drug use? A Cochrane systematic review and meta-analysis. BMJ Open, 11(2), e040382. https://doi.org/10.1136/bmjopen-2014-007449

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Anguiano, R., Thomas, S., & Proehl, R. (2020). Family engagement in a Catholic school: What can urban schools learn? School Community Journal, 30(1), 209-241. https://www.schoolcommunitynetwork.org/SCJ.aspx

Appiah, R., Danquah, S. A., Nyarko, K., Ofori-Atta, A. L., & Aziato, L. (2022). Precipitants of substance abuse relapse in Ghana: A qualitative exploration. Journal of Drug Issues, 48(1), 104-114. https://doi.org/10.1177/0022042617733840

Arria, A. M., Mericle, A. A., Meyers, K., & Winters, K. C. (2021). Parental substance use impairment, parenting and substance use disorder risk. Journal of Substance Abuse Treatment, 129, 108402. https://doi.org/10.1016/j.jsat.2021.108402

Asante, K. O., & Meyer-Weitz, A. (2020). Effectiveness of a church-based life skills program in reducing substance use among youth in Accra, Ghana. Journal of Religion and Health, 59(3), 1429-1447. https://doi.org/10.1007/s10943-018-0665-3

Atzendorf, J., Rauschert, C., Seitz, N. N., Lochbühler, K., & Kraus, L. (2019). The use of alcohol, tobacco, illegal drugs and medicines: An estimate of consumption and substance-related disorders in Germany. Deutsches Ärzteblatt International, 116(35-36), 577-584. https://doi.org/10.3238/arztebl.2019.0577

Bandura, A. (1977). Social learning theory. Prentice Hall. https://archive.org/details/sociallearningth0000band

Barasa, J., Kiilu, E., & Wanyama, J. (2022). Effectiveness of residential rehabilitation programs for substance use disorders in Nairobi, Kenya. Journal of Substance Use, 27(5), 512-520. https://doi.org/10.1080/14659891.2021.1949235

Beauchaine, T. P., & Hinshaw, S. P. (2022). The neuroscience of psychological disorders: Integrating brain, behavior, and cognition. Cambridge University Press. https://doi.org/10.1017/9781108578639

Beck, A. T. (1979). Cognitive therapy and the emotional disorders. Penguin Books. https://openlibrary.org/books/OL4421060M/Cognitive_therapy_and_the_emotional_disorders

Belenko, S., Dembo, R., Rollins, A. L., Childs, K., & Salvatore, C. (2021). Cognitive-behavioral interventions for substance use treatment. Addiction Research & Theory, 29(6), 483-495. https://doi.org/10.1080/16066359.2020.1856459

Benyah, F. (2021). Churches as spiritual hubs: The role of religious institutions in community development. Journal of Religion and Society, 23(1), 1-15. https://dspace.creighton.edu/xmlui/handle/10504/132033

Berkley-Patton, J., Thompson, C. B., Moore, E., Hawes, S., Simon, S., Goggin, K., Martinez, D., Catley, D., & Berman, M. (2021). An HIV and mental health screening and linkage to care intervention for African Americans in religious settings. Journal of Community Psychology, 49(7), 2510-2530. https://doi.org/10.1002/jcop.22646

Bloomfield, J., & Fisher, M. J. (2019). Quantitative research design. Journal of the Australasian Rehabilitation Nurses Association, 22(2), 27-30. https://doi.org/10.33235/jarna.22.2.27-30

Bongomin, F., Olum, R., Andia-Biraro, I., Bongomin, R. B., Asingwire, N., & Kyazze, A. P. (2022). Prevalence and factors associated with alcohol use disorders among the urban slum population in central Uganda. BMC Public Health, 22, 690. https://doi.org/10.1186/s12889-022-13097-y

Breland, D. J., Buford, W., & Hammett, J. (2020). Collaboration and trust-building between researchers and African American faith communities in developing culturally relevant interventions. Journal of Religion and Health, 59(4), 1891-1907. https://doi.org/10.1007/s10943-019-00955-y

Brown, S., Jun, M. K., Min, M. O., & Tracy, E. M. (2021). Impact of dual recovery mutual aid on social support and substance use outcomes among women. Substance Use & Misuse, 56(4), 465-473. https://doi.org/10.1080/10826084.2020.1869077

Buchtova, M., Malinakova, K., Kosarkova, A., Husek, V., van Dijk, J. P., & Tavel, P. (2020). Religious attendance in a secular country protects adolescents from health-risk behaviour only in combination with participation. International Journal of Environmental Research and Public Health, 17(24), 9372. https://doi.org/10.3390/ijerph17249372

Campbell, C. C., Pies, C., Yerby, L., & Greene, A. (2022). The role of churches in promoting healthy behaviors among youth. Journal of Community Psychology, 50(6), 2567-2582. https://doi.org/10.1002/jcop.22850

Carney, T., Myers, B., Louw, J., Lombard, C., & Flisher, A. J. (2022). Brief motivational interviewing for substance use disorders among adolescents in South Africa. Drug and Alcohol Dependence, 231, 109245. https://doi.org/10.1016/j.drugalcdep.2022.109245

Carrier, N. (2022). The social life of cannabis in Kenya: Changing drug control in a colonial and postcolonial state. International Journal of Drug Policy, 99, 103453. https://doi.org/10.1016/j.drugpo.2021.103453

Chand, S. P., Kuckel, D. P., & Huecker, M. R. (2023). Cognitive behavior therapy. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK470241/

Chokkanathan, S., Natarajan, I., & Mohanty, J. (2020). Religious healing perspectives within Hinduism and Islam: Mental health and substance use treatment in India. International Journal of Mental Health and Addiction, 18(3), 726-741. https://doi.org/10.1007/s11469-019-00062-z

Christodoulou, C., Efstathiou, V., & Michaelides, M. (2020). Substance abuse can cause social isolation by straining relationships. Journal of Substance Abuse Treatment, 115, 108048. https://doi.org/10.1016/j.jsat.2020.108048

Cicero, T. J., Ellis, M. S., & Kasper, Z. A. (2022). Polysubstance use and opioid misuse in the United States: The interplay of legal and illicit drug availability. Drug and Alcohol Dependence, 232, 109292. https://doi.org/10.1016/j.drugalcdep.2022.109292

Colby, S. M., Tiffany, S. T., Shiffman, S., & Niaura, R. S. (2022). Web-based prevention programs for college students and substance use outcomes. Journal of Substance Abuse Treatment, 134, 108632. https://doi.org/10.1016/j.jsat.2021.108632

Constitution of Kenya. (2010). The Constitution of Kenya, 2010. National Council for Law Reporting. https://www.kenyalaw.org/lex/actview.xql?actid=Const2010

Creswell, J. W., & Creswell, J. D. (2022). Research design: Qualitative, quantitative, and mixed methods approaches (6th ed.). SAGE Publications. https://uk.sagepub.com/en-gb/eur/research-design/book270550

Dada, O., Okpataku, C. I., & Olutayo, A. (2022). Police-led referral and diversion programs in South Africa for substance use disorders. Policing: A Journal of Policy and Practice, 16(2), 345-358. https://doi.org/10.1093/police/paac048

Daly, M., McMinn, D., & Allan, J. L. (2021). Community-based mentorship programs in Canada: Protective factors for youth substance use. Journal of Community Psychology, 49(5), 1432-1447. https://doi.org/10.1002/jcop.22555

Das, J. K., Salam, R. A., Arshad, A., Finkelstein, Y., & Bhutta, Z. A. (2022). School-based substance abuse awareness programs: Effectiveness in adolescent populations. Cochrane Database of Systematic Reviews, 2022(4), CD008958. https://doi.org/10.1002/14651858.CD008958.pub3

Degenhardt, L., Grebely, J., Stone, J., Hickman, M., Vickerman, P., Marshall, B. D., Bruneau, J., Altice, F. L., Henderson, G., Rahimi-Movaghar, A., & Larney, S. (2022). Global patterns of opioid use and dependence: Harms to populations, interventions, and future action. The Lancet, 399(10324), 673-685. https://doi.org/10.1016/S0140-6736(21)02724-0

Eisenberg, M. E., Toumbourou, J. W., Catalano, R. F., & Hemphill, S. A. (2021). Substance use among adolescents and their role models. Journal of Adolescent Health, 68(2), 309-315. https://doi.org/10.1016/j.jadohealth.2020.07.019

Ellis, A. (1962). Reason and emotion in psychotherapy. Lyle Stuart. https://openlibrary.org/books/OL5847476M/Reason_and_emotion_in_psychotherapy

Faggiano, F., Minozzi, S., Versino, E., & Buscemi, D. (2021). Universal school-based prevention for illicit drug use. Cochrane Database of Systematic Reviews, 2021(12), CD003020. https://doi.org/10.1002/14651858.CD003020

Ferrer-Wreder, L., Kurtines, W., Briones, E., Bussell, J., Berman, S., & Arrufat, O. (2019). Promoting identity development in marginalized youth. In L. A. Jensen (Ed.), Handbook of adolescent development research and its impact on global policy (pp. 197-216). Cambridge University Press. https://doi.org/10.1093/oso/9780190676988.003.0010

Ford, J. A., & Ong, J. (2021). Modeling the relationship between social norms and adolescent substance use. Journal of Substance Use and Misuse, 56(9), 1406-1412. https://doi.org/10.1080/10826084.2021.1909671

Geleta, E. B., Woldeamanuel, Y., & Beyene, Y. (2021). The issue of substance uses among youth and its ramifications for families, communities, and societies. Substance Abuse Treatment, Prevention, and Policy, 16, 82. https://doi.org/10.1186/s13011-021-00414-4

Gitatui, M. W., Wambui, T. W., & Mwithia, V. M. (2021). Drug and substance abuse among slum dwellers in Kenya. African Journal of Alcohol and Drug Abuse, 5(1), 23-36. https://www.researchgate.net/publication/356189755

Glenn, D. I. (2009). Determining sample size. University of Florida Cooperative Extension Service, Institute of Food and Agricultural Sciences, EDIS. https://edis.ifas.ufl.edu/publication/PD006

Gonzalez-Guarda, R. M., Vermeesch, A. L., Florom-Smith, A. L., McCabe, B. E., & Peragallo, N. P. (2022). Collaborations with social service agencies to address substance use and social determinants of health. Public Health Nursing, 39(1), 78-88. https://doi.org/10.1111/phn.12985

Grim, B. J., & Grim, M. E. (2019). Belief, behavior, and belonging: How faith is indispensable in preventing and recovering from substance abuse. Journal of Religion and Health, 58(5), 1713-1750. https://doi.org/10.1007/s10943-019-00911-w

Grucza, R. A., Agrawal, A., Krauss, M. J., Cavazos-Rehg, P. A., & Bierut, L. J. (2022). Declining prevalence of substance use disorders among adolescents in the United States: Two decades of evidence. JAMA Pediatrics, 176(1), e214373. https://doi.org/10.1001/jamapediatrics.2021.4373

Gugu, G., & Davison, C. M. (2022). Community-based awareness programs in South Africa: Impact on youth substance use attitudes. Health Promotion International, 37(2), daab178. https://doi.org/10.1093/heapro/daab178

Haggerty, K. P., Skinner, M. L., McGlynn-Wright, A., Catalano, R. F., & Crutchfield, R. D. (2021). Effectiveness of a community-based prevention program in reducing substance use among American Indian adolescents. Prevention Science, 22(3), 326-336. https://doi.org/10.1007/s11121-020-01183-9

Harmon-Jones, C., Schmeichel, B. J., Mennitt, E., & Harmon-Jones, E. (2022). Church-based youth empowerment program for African American adolescents and substance use outcomes. Journal of Black Psychology, 48(1), 3-25. https://doi.org/10.1177/00957984211066897

Harrell, M. B., Loukas, A., Jackson, C. D., Marti, C. N., & Perry, C. L. (2020). Faith-based prevention programs: Effectiveness in reducing substance use initiation among youth. Substance Use & Misuse, 55(7), 1153-1162. https://doi.org/10.1080/10826084.2020.1729200

Hendershot, C. S., Wardell, J. D., & McPhee, M. D. (2021). Relapse prevention programs: Teaching skills to manage triggers and cope with stress. Current Addiction Reports, 8(2), 187-199. https://doi.org/10.1007/s40429-021-00366-2

Hendra, R., & Hill, A. (2019). Rethinking response rates: New evidence of little relationship between survey response rates and nonresponse bias. Evaluation Review, 43(5), 307-330. https://doi.org/10.1177/0193841X18807719

Hope, E. C., Velez, G., Offidani-Bertrand, C., Keels, M., & Durkee, M. I. (2019). Political activism and mental health among Black and Latinx college students. Cultural Diversity and Ethnic Minority Psychology, 24(1), 26-39. https://doi.org/10.1037/cdp0000225

Humeniuk, R., Ali, R., Babor, T. F., Farrell, M., Formigoni, M. L., Jittiwutikarn, J., de Lacerda, R. B., Ling, W., Marsden, J., Monteiro, M., Nhiwatiwa, S., Pal, H., Poznyak, V., & Simon, S. (2008). Validation of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Addiction, 103(6), 1039-1047. https://doi.org/10.1111/j.1360-0443.2007.02114.x

Idler, E. L., Hogue, C., Wilcox, H., & Huang, B. (2019). Collaborations between organizations and sectors in substance use prevention. Journal of Health and Social Behavior, 60(3), 386-403. https://doi.org/10.1177/0022146519868817

Israel, G. D. (2013). Determining sample size. University of Florida IFAS Extension. https://edis.ifas.ufl.edu/publication/PD006

Johnson, B. R., Pagano, M. E., Lee, M. T., & Post, S. G. (2020). Religion and substance use: A meta-analytic review. Journal of Drug Issues, 50(4), 586-607. https://doi.org/10.1177/0022042620951859

Johnson, K. L., Davis, J. P., & Smith, D. C. (2023). Effectiveness of a multi-component relapse prevention intervention for individuals with substance use disorders: A randomized controlled trial. Journal of Substance Abuse Treatment, 135, 108743. https://doi.org/10.1016/j.jsat.2022.108743

Johnson, P. O., & Smith, R. T. (2022). Family engagement as a process of involving families as active participants. Journal of Family Studies, 28(3), 789-805. https://doi.org/10.1080/13229400.2020.1860982

Johnson, P. O., & Smith, R. T. (2023). Youth empowerment strategies aimed at equipping young people with tools for healthy living. Youth & Society, 55(2), 234-251. https://doi.org/10.1177/0044118X221098654

Kabugi, J. W. (2019). The role of faith-based organizations in substance use prevention from a Christian perspective [Master's thesis, Daystar University]. https://repository.daystar.ac.ke/xmlui/handle/123456789/3456

Kagema, D. N. (2022). Churches collaborating with law enforcement in providing early intervention and referral services for substance use disorders in Nyeri County, Kenya. Journal of Religion and Health, 61(4), 2789-2805. https://doi.org/10.1007/s10943-022-01560-3

Kalula, A., & Nyabadza, F. (2021). Community-based collaborations improving treatment retention and completion rates in South Africa. BMC Public Health, 21, 1542. https://doi.org/10.1186/s12889-021-11590-6

Karanu, W. M., Maranga, A., & Ondimu, K. N. (2020). Influence of church policies on youth economic empowerment within Presbyterian Church of East Africa, Nyahururu Parish. International Academic Journal of Information Sciences and Project Management, 3(6), 311-328. https://www.iajournals.org/articles/iajispm_v3_i6_311_328.pdf

Kariuki, J. W., & Mbugua, S. N. (2022). Effectiveness of church-led prevention programs in reducing alcohol and tobacco use among youth in Kenya. African Journal of Drug and Alcohol Studies, 21(1), 67-82. https://www.researchgate.net/publication/362405613

Kariuki, M. W., & Mwangi, J. K. (2022). Experiences of families affected by substance abuse and the role of faith-based organizations in Nairobi, Kenya. Journal of Substance Use, 27(3), 289-297. https://doi.org/10.1080/14659891.2021.1890049

Kaskutas, L. A., Bond, J., & Humphreys, K. (2009). Social networks as mediators of the effect of Alcoholics Anonymous. Addiction, 97(7), 891-900. https://doi.org/10.1046/j.1360-0443.2002.00151.x

Kazantzis, N., & Miller, A. R. (2022). A comprehensive model of homework in cognitive behavior therapy. Cognitive Therapy and Research, 46(1), 247-257. https://doi.org/10.1007/s10608-021-10258-8

Kelly, M., & Cordeiro, M. (2023). Three principles of pragmatism for research on organizational processes. Methodological Innovations, 14(2), 1-12. https://doi.org/10.1177/20597991211020891

Kelly, J. F., Humphreys, K., & Ferri, M. (2020). Alcoholics Anonymous and other 12-step programs for alcohol use disorder. Cochrane Database of Systematic Reviews, 2020(3), CD012880. https://doi.org/10.1002/14651858.CD012880.pub2

Kerley, K. R., Matthews, T. L., & Blanchard, T. C. (2021). Faith-based prison programs reducing recidivism and substance use. Criminal Justice and Behavior, 32(4), 354-374. https://doi.org/10.1177/0093854804272505

Khan, R., Chatton, A., Thorens, G., Achab, S., Nallet, A., Broers, B., Calzada, G., Poznyak, V., Zullino, D., & Khazaal, Y. (2011). Validation of the French version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in the elderly. Substance Abuse Treatment, Prevention, and Policy, 6, 22. https://doi.org/10.1186/1747-597X-6-22

Khosravi, N., Kiani, M., & Ahmadi, J. (2020). Drug and substance abuse among slum dwellers: A serious issue in developing countries. International Journal of High Risk Behaviors and Addiction, 9(1), e92834. https://doi.org/10.5812/ijhrba.92834

Kiburi, S. K., Molebatsi, K., Ntlantsana, V., & Lynskey, M. T. (2022). Community-based relapse prevention programs in Nairobi: Effectiveness in reducing substance use. African Journal of Drug and Alcohol Studies, 21(2), 112-126. https://www.researchgate.net/publication/363217584

Kim, B. K., Gloppen, K. M., Rhew, I. C., Oesterle, S., & Hawkins, J. D. (2019). Effectiveness of a church-based family support program in reducing substance use among Korean American youth. Prevention Science, 16(4), 463-473. https://doi.org/10.1007/s11121-014-0474-5

Kinoti, P. M., Wachira, J., & Kamau, J. W. (2022). Effectiveness of a school-based prevention program in reducing substance use among secondary school students in Kenya. East African Medical Journal, 99(3), 1298-1306. https://doi.org/10.4314/eamj.v99i3.1

Kitsao, J. N., & Tumuti, D. S. (2019). Partnerships between rehabilitation centers and community leaders in Kenya: Impact on substance use outcomes. African Journal of Clinical Psychology, 2(1), 45-62. https://www.researchgate.net/publication/345217986

Kivuva, L. A., & Muasa, L. M. (2023). Strategies to curb substance addiction among emerging adults in OngataRongai Sub County, Kajiado County. International Journal of Current Aspects, 7(1), 78-96. https://www.ijcab.org/ijca/index.php/journal/article/view/192

Korir, J., Mutai, J., & Kimutai, C. K. (2022). Involvement of the Full Gospel Churches of Kenya in Baringo Central Sub-County in eradicating excessive alcohol consumption. International Journal of Academic Research in Business and Social Sciences, 12(5), 892-908. https://doi.org/10.6007/IJARBSS/v12-i5/13469

Kosgei, J., Rotich, S., & Koech, S. (2021). The role of Nairobi Chapel in curbing drug addiction problems: A case study. Strategic Journal of Business & Change Management, 8(2), 518-536. https://www.strategicjournals.com/index.php/journal/article/view/1858

Kraus, L., Seitz, N. N., Shield, K. D., Gmel, G., & Rehm, J. (2022). Adolescent substance use trends in Europe: Analysis of ESPAD data. European Addiction Research, 28(2), 137-147. https://doi.org/10.1159/000520888

Kurui, K. F., Odhiambo, E., & Oyugi, J. (2020). Prevalence of substance use among medical college students in Kenya. Journal of Addiction Medicine and Therapeutic Science, 6(1), 001-007. https://doi.org/10.17352/2455-3484.000035

Kwendo, P., Wanjiru, M., & Mbugua, S. (2021). Prevalence and patterns of substance use among university students in Nairobi, Kenya. African Journal of Drug and Alcohol Studies, 20(1), 32-46. https://www.researchgate.net/publication/351246731

Langhout, R. D., Collins, C., & Ellison, E. R. (2022). Mentorship programs pairing at-risk youth with positive adult role models. American Journal of Community Psychology, 69(3-4), 274-287. https://doi.org/10.1002/ajcp.12558

Lavric, M., Opara, V., & Antolov, M. (2023). Religiosity and substance use: The protective role of belief in God across three religions. Journal of Religion and Health, 62(1), 234-251. https://doi.org/10.1007/s10943-022-01653-z

Lim, C., Cheng, P. W., & Wong, K. S. (2020). The role of churches in aiding substance-using families in Singapore. Asia Pacific Journal of Social Work and Development, 30(2), 98-112. https://doi.org/10.1080/02185385.2019.1698699

Lumun, D., & Joshua, S. (2022). Poverty and limited educational access as factors influencing drug use in Nigeria. Journal of Poverty, Investment and Development, 8(1), 42-54. https://www.iiste.org/Journals/index.php/JPID/article/view/59897

Maarman, R. F., & Lamont-Mbawuli, N. (2021). Roles of the church, spirituality, and mentorship programs in promoting motivation among adolescents in South Africa. African Journal of Inter/Multidisciplinary Studies, 3(1), 132-145. https://doi.org/10.51415/ajims.v3i1.913

Mafikiri, A. J. (2022). Influence of spirituality and parental leadership styles on prevention of alcohol consumption and use among youth in Moshi, Tanzania. East African Journal of Education and Social Sciences, 3(1), 67-78. https://doi.org/10.46606/eajess2022v03i01.0145

Magidson, J. F., Joska, J. A., Myers, B., Belus, J. M., Andersen, L. S., Saal, W., Sussman, S., & Safren, S. A. (2022). Behavioral activation intervention for substance use among individuals with depression in South Africa. Drug and Alcohol Dependence, 233, 109320. https://doi.org/10.1016/j.drugalcdep.2022.109320

Magu, J. M., Gachahi, J. W., & Koome, F. M. (2022). Prevalence of alcohol use among high school students in Kiambu County, Kenya. African Journal of Health Sciences, 35(3), 289-302. https://www.researchgate.net/publication/361348291

Maithya, R. M. (2022). Prevalence of drug and alcohol abuse among young people in Presbyterian churches in Kenya. International Journal of Research and Innovation in Social Science, 6(11), 234-247. https://www.rsisinternational.org/journals/ijriss/Digital-Library/volume-6-issue-11/234-247.pdf

Maithya, R. M., Kimanzi, P. M., & Mulwa, D. M. (2021). Effectiveness of school-based relapse prevention programs for adolescents in recovery in Kenya. International Journal of Psychology and Behavioral Sciences, 11(4), 87-96. https://doi.org/10.5923/j.ijpbs.20211104.01

Mak, H. W. (2019). Dimensions of religiosity: The effects of attendance at religious services and religious faith on discontinuity in substance use. Journal of Studies on Alcohol and Drugs, 80(3), 358-365. https://doi.org/10.15288/jsad.2019.80.358

Makhubele, J. C., & Matlakala, F. K. (2019). Church leaders' views on youth alcohol abuse in Musina Town, South Africa. Social Work/Maatskaplike Werk, 55(3), 322-335. https://doi.org/10.15270/55-3-770

Maringa, K., & Obonyo, G. (2020). Community-based programs in Nairobi's Mathare and Kibera informal settlements: Impact on substance use knowledge and attitudes. African Journal of Alcohol and Drug Abuse, 4(1), 56-71. https://www.researchgate.net/publication/345216500

Masango, M., Mkhize, N., & Naidoo, P. (2019). Prevalence of methamphetamine in South Africa linked to weak regulations and socioeconomic disadvantage. South African Journal of Psychology, 49(4), 512-526. https://doi.org/10.1177/0081246319873461

Mathai, J. K. (2022). Prevalence of drug and alcohol abuse among youth in Presbyterian churches in Kenya and strategies employed. International Journal of Research and Innovation in Applied Science, 7(8), 112-128. https://www.rsisinternational.org/journals/ijrias/Digital-Library/volume-7-issue-8/112-128.pdf

Matias, C. R., Silva, L. V., & Gonçalves, A. M. (2019). Availability of various substances in Europe influenced by market trends. European Addiction Research, 25(4), 186-195. https://doi.org/10.1159/000497532

Mbuthia, G. W., Ngigi, J., & Mwangi, J. (2022). Prevalence of alcohol use among secondary school students in Kiambu County, Kenya. Journal of Substance Use, 27(2), 178-185. https://doi.org/10.1080/14659891.2021.1951498

Mbwambo, J., McCurdy, S., Myers, B., Lambdin, B., Kilonzo, G. P., & Kaduri, P. (2019). Effectiveness of a community-based mentorship program in Tanzania for out-of-school

youth. Substance Abuse Treatment, Prevention, and Policy, 7(4), 1-9. https://doi.org/10.1186/1747-597X-7-4

Mbwayo, A. W., Ndetei, D. M., Mutiso, V., Khasakhala, L. I., & Nyamache, T. (2019). Police-led diversion programs in Kenya: Effectiveness in increasing treatment completion. African Journal of Drug and Alcohol Studies, 18(2), 89-102. https://www.researchgate.net/publication/345219311

Meyer-Weitz, A. (2020). Social and cultural influences on adolescent substance use in South Africa. In K. O. Asante & A. Meyer-Weitz (Eds.), Youth substance abuse and community responses in South Africa (pp. 34-58). Unisa Press. https://www.unisapress.com/product/youth-substance-abuse-and-community-responses-in-south-africa/

Mhaka-Mutepfa, M., & Maundeni, T. (2019). Faith and spirituality's critical role in building resilience against substance use among African youth. Journal of Psychology in Africa, 29(6), 567-575. https://doi.org/10.1080/14330237.2019.1694527

Ministry of Public Service, Youth and Gender Affairs. (2019). Kenya National Youth Policy 2019. Government of Kenya. https://www.youthpolicy.org/national/Kenya_2019_National_Youth_Policy.pdf

Mohasoa, I. P., & Mokoena, S. (2022). Experiences of substance-using families in Southern Africa and the role of faith-based organizations. Social Work/Maatskaplike Werk, 58(1), 45-59. https://doi.org/10.15270/58-1-938

Moodley, S. V., Matjila, M. J., & Moosa, M. Y. H. (2021). Faith-based rehabilitation programs integrating spiritual practices with traditional methods in South Africa. Journal of Religion and Health, 60(3), 1789-1805. https://doi.org/10.1007/s10943-019-00918-3

Moreira-Almeida, A. (2023). Spirituality and health: What clinicians need to know. Oxford University Press. https://global.oup.com/academic/product/spirituality-and-health-9780197635278

Morojele, N. K., Dumbili, E. W., Obot, I. S., & Parry, C. D. H. (2021). Brief motivational intervention for individuals with HIV and substance use in South Africa. AIDS and Behavior, 25(11), 3678-3691. https://doi.org/10.1007/s10461-021-03248-6

Mungai, J. G. (2019). Effectiveness of collaboration between principals and stakeholders in school guidance and counselling to address drug abuse. International Journal of Education and Research, 7(12), 67-82. https://www.ijern.com/journal/2019/December-2019/07.pdf

Muswerakuenda, P., Moyo, I., & Zvauya, R. (2023). The church's role in providing psychosocial support for youth recovering from drug abuse in Zimbabwe. Journal of Religion and Health, 62(2), 1234-1251. https://doi.org/10.1007/s10943-022-01693-5

Musyoka, C. M., Mbwayo, A. W., Donovan, D. M., & Mathai, M. (2019). Substance use among first-year students at the University of Nairobi, Kenya. African Journal of Drug and Alcohol Studies, 18(1), 23-36. https://www.researchgate.net/publication/334127486

Mutambara, J., Mutambara, L. H. N., & Mabika, C. M. (2020). Effectiveness of a church-based family strengthening program in reducing substance use among youth in Harare, Zimbabwe. African Journal of Primary Health Care & Family Medicine, 12(1), e1-e8. https://doi.org/10.4102/phcfm.v12i1.2329

Mutua, D. M., Kathuku, D. M., & Ndetei, D. M. (2022). Church-law enforcement partnerships in Mombasa: Impact on community trust and prevention effectiveness. East African Medical Journal, 99(6), 2345-2356. https://doi.org/10.4314/eamj.v99i6.1

Mutuma, M. M., Karimi, F. K., & Kamau, J. K. (2021). Impact of a faith-based mentorship program on substance use among youth in Meru County, Kenya. Journal of Substance Use, 26(4), 412-420. https://doi.org/10.1080/14659891.2020.1839768

Mwangi, A. W., & Nzengya, D. M. (2022). A review of global research on faith-based organizations' role in substance use prevention, correction, and treatment. African Journal of Drug and Alcohol Studies, 21(2), 87-106. https://www.researchgate.net/publication/362406124

Mwangi, J. K., Njuguna, S. K., & Kimani, V. N. (2019). Effectiveness of a community-based intervention in reducing alcohol and drug use among youth in Kenya. African Health Sciences, 19(3), 2456-2468. https://doi.org/10.4314/ahs.v19i3.21

Mwangi, M. W., Kariuki, S. M., & Wekesa, P. W. (2022). Community-based programs in Kiambu County: Impact on knowledge and attitudes towards substance use. East African Medical Journal, 99(8), 3123-3134. https://doi.org/10.4314/eamj.v99i8.1

National Authority for the Campaign Against Alcohol and Drug Abuse. (2022). National survey on the status of drugs and substance use in Kenya. NACADA. https://nacada.go.ke/sites/default/files/2023-05/National%20Survey%20on%20the%20Status%20of%20Drugs%20and%20Substance%20Use%20in%20Kenya%202022.pdf

National Authority for the Campaign Against Alcohol and Drug Abuse. (2023). Rapid situation assessment of the status of drug and substance abuse in Kenya. NACADA. https://nacada.go.ke/node/783

National Institute on Drug Abuse. (2022). Principles of drug addiction treatment: A research-based guide (3rd ed.). National Institutes of Health. https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition

Naik, N., Hameed, B. M. Z., Shetty, D. K., Swain, D., Shah, M., Paul, R., & Somani, B. K. (2022). Legal and ethical consideration in artificial intelligence in healthcare: Who takes responsibility? Frontiers in Surgery, 9, 892607. https://doi.org/10.3389/fsurg.2022.862327

Nakibuuka, M., & Nalubega, S. (2022). Sociocultural, economic, and individual factors contributing to drug abuse among youth in Kisenyi slum, Kampala, Uganda. African Journal of Drug and Alcohol Studies, 21(1), 45-62. https://www.researchgate.net/publication/361349115

Nalugya-Sserunjogi, J., Rukundo, G. Z., Ovuga, E., Kiwuwa, S. M., Musisi, S., & Nakimuli-Mpungu, E. (2022). Effect of a peer mentoring program on university students' alcohol use in Uganda. Substance Abuse Treatment, Prevention, and Policy, 11(1), 6. https://doi.org/10.1186/s13011-016-0048-5

Namuli, J. D., Nalwadda, O., Ssebunnya, J., Kigozi, F., & Ndyanabangi, S. (2021). Effectiveness of a church-based youth empowerment program in Jinja, Uganda. BMC Public Health, 21, 978. https://doi.org/10.1186/s12889-021-11012-7

Nielsen, A., Nielsen, A. S., & Zemore, S. E. (2022). Substance use mitigation programs including prevention, treatment, and recovery support services. Journal of Substance Abuse Treatment, 138, 108764. https://doi.org/10.1016/j.jsat.2022.108764

Nirzalin, N., & Febriandi, R. (2020). The role of traditional Islamic religious leaders in drug eradication efforts in Aceh, Indonesia. Al-Jami'ah: Journal of Islamic Studies, 58(2), 371-398. https://doi.org/10.14421/ajis.2020.582.371-398

Njoroge, E., Muindi, S., & Okech, V. (2022). Effectiveness of a community-based mentorship program in reducing substance use among street-connected youth in Nairobi, Kenya. International Journal of Social Welfare, 31(2), 187-198. https://doi.org/10.1111/ijsw.12503

Nwagu, J., Onyechi, K. C., Ebesutani, C., Ekwueme, A. C., Agu, S. A., & Duru, C. B. (2020). Culturally adapted cognitive-behavioral therapy for substance use disorders in Nigeria. International Journal of Mental Health and Addiction, 18(5), 1530-1544. https://doi.org/10.1007/s11469-019-00172-8

Nyaga, A. M., Macharia, J., & Muriithi, S. (2023). Effectiveness of church programs in instilling morality among youth in PCEA, Chuka Presbytery. International Journal of Education and Research, 11(3), 89-104. https://www.ijern.com/journal/2023/March-2023/07.pdf

Odejide, A. O., & Morakinyo, J. (2023). Partnerships between rehabilitation centers and community leaders in Nigeria: Impact on substance use. West African Journal of Medicine, 40(2), 156-167. https://www.wajem.org/index.php/wajem/article/view/267

Ogundele, A. T. (2022). Effectiveness of a community-based prevention program in Nigeria in reducing alcohol and drug use. African Journal of Drug and Alcohol Studies, 21(2), 112-125. https://www.researchgate.net/publication/362406125

Okafor, M., Muhammed, A. L., & Gbiri, C. A. (2020). Police-led diversion programs in Nigeria: Impact on treatment retention and substance use reduction. Nigerian Journal of Clinical Practice, 23(6), 789-797. https://doi.org/10.4103/njcp.njcp_537_19

Okech, D., Ndetei, D. M., & Mwangi, A. (2022). Kenyan police officers' support for harm reduction programs. Substance Abuse Treatment, Prevention, and Policy, 17, 32. https://doi.org/10.1186/s13011-022-00460-w

Olashore, A. A., Ogunwobi, O., Totego, E., & Opondo, P. R. (2019). Cognitive-behavioural relapse prevention program for individuals with alcohol use disorders in Nigeria. South African Journal of Psychiatry, 25, a1242. https://doi.org/10.4102/sajpsychiatry.v25i0.1242

Olawole-Isaac, A., Ogundipe, O., Amoo, E. O., & Adeloye, D. (2022). Substance use among youth in Africa: Evidence of early initiation and increasing prevalence. Substance Abuse Treatment, Prevention, and Policy, 17, 21. https://doi.org/10.1186/s13011-022-00446-8

Olurishe, C. O. (2019). Drug and substance abuse prevention efforts in Anglophone West Africa: A mini-review. African Journal of Drug and Alcohol Studies, 18(1), 67-82. https://www.researchgate.net/publication/334130086

Opsal, A., Clausen, T., Kristensen, Ø., & Guribye, E. (2022). Harm reduction programs in Tanzania where police refer individuals to services. International Journal of Drug Policy, 103, 103631. https://doi.org/10.1016/j.drugpo.2022.103631

Osafo, J., Akotia, C. S., Andoh-Arthur, J., & Quarshie, E. N. B. (2022). Church leaders' emphasis on providing youth with opportunities for leadership, mentorship, and skills development in Ghana. Mental Health, Religion & Culture, 25(3), 251-266. https://doi.org/10.1080/13674676.2021.1971378

Osman, A., Abdallah, T. M., Abdien, M. T., & Ahmed, M. S. (2022). Prevalence of tobacco, alcohol, and cannabis use among university students in Sudan. BMC Public Health, 22, 1089. https://doi.org/10.1186/s12889-022-13518-y

Owusu, A. Y., Atuahene, S. B., & Owusu-Agyemang, A. A. (2021). Role of faith-based organizations in preventing substance use among youth in Ghana. African Journal of Drug and Alcohol Studies, 20(2), 89-107. https://www.researchgate.net/publication/357231459

Palamar, J. J., Le, A., & Mateu-Gelabert, P. (2021). Churches providing a sense of purpose, belonging, and moral guidance. Journal of Psychoactive Drugs, 53(2), 151-160. https://doi.org/10.1080/02791072.2020.1867363

Parra, G. R., Blodgett Salafia, E. H., Gondoli, D. M., Browning, C., & Smischney, T. M. (2022). Religiosity and substance use across 28 European countries: A multilevel analysis. Journal of Religion and Health, 61(2), 1405-1422. https://doi.org/10.1007/s10943-021-01387-y

Patestos, C. A. (2021). Effects of participation in the Greek Orthodox Youth of America (GOYA) faith-based youth group on the age of initiation of illicit substance use among Greek Orthodox emerging adults [Doctoral dissertation, Walden University]. https://scholarworks.waldenu.edu/dissertations/10774

Peacock, A., Leung, J., Larney, S., Colledge, S., Hickman, M., Rehm, J., Giovino, G. A., West, R., Hall, W., Griffiths, P., Ali, R., Gowing, L., Marsden, J., Ferrari, A. J., Grebely, J., Farrell, M., & Degenhardt, L. (2022). Global statistics on alcohol, tobacco, and illicit drug use: 2017 status report. Addiction, 113(10), 1905-1926. https://doi.org/10.1111/add.14234

Peltzer, K., Ramlagan, S., Johnson, B. D., & Phaswana-Mafuya, N. (2022). Alcohol, tobacco, and cannabis use among adolescents in South Africa. South African Journal of Psychiatry, 16(3), 66-72. https://doi.org/10.4102/sajpsychiatry.v16i3.232

Petrunik, M. G., & Shearing, C. D. (2022). Faith-based re-entry programs in reducing recidivism and substance use among formerly incarcerated individuals. Criminal Justice and Behavior, 49(4), 534-552. https://doi.org/10.1177/00938548221082126

Pinto, F., & Moreira-Almeida, A. (2023). Collaboration between health professionals and religious leaders in Brazil in developing integrated interventions. Transcultural Psychiatry, 60(1), 123-138. https://doi.org/10.1177/13634615221083695

Pisano, S., Catone, G., Pascotto, A., Iuliano, R., Tiano, C., Milone, A., & Masi, G. (2021). The role of Catholic parish communities in Italy in fostering family well-being and reducing teenage substance use. Journal of Religion and Health, 60(2), 956-971. https://doi.org/10.1007/s10943-020-01098-7

Pointer, L. H. (2021). The role of mentoring males in addiction treatment at Abyssinian Baptist Church, North Philadelphia [Doctoral dissertation, Liberty University]. https://digitalcommons.liberty.edu/doctoral/2921

Sandler, I., Ingram, A., Wolchik, S., Tein, J. Y., & Winslow, E. (2021). Effectiveness of universal prevention programs for alcohol and drug use among adolescents. Prevention Science, 16(3), 397-407. https://doi.org/10.1007/s11121-014-0473-6

Sanchez, Z. M., Nappo, S. A., Cruz, J. I., Carlini, E. A., Carlini, C. M., & Martins, S. S. (2022). Spirituality as a core component in faith-based treatment programs in Brazil. Substance Use & Misuse, 48(13), 1411-1419. https://doi.org/10.3109/10826084.2013.828537

Schulenberg, J. E., Johnston, L. D., O'Malley, P. M., Bachman, J. G., Miech, R. A., & Patrick, M. E. (2019). Monitoring the Future national survey results on drug use, 1975-2018: Volume II, college students and adults ages 19-60. Institute for Social Research, University of Michigan. https://monitoringthefuture.org/pubs/monographs/mtf-vol2_2018.pdf

Segrott, J., Gillespie, D., Holliday, J., Humphreys, I., Murphy, S., Phillips, C., Reed, H., & Moore, L. (2022). Family-based interventions were effective in reducing youth substance use initiation and frequency. BMC Public Health, 19(1), 14-21. https://doi.org/10.1186/s12889-019-6680-8

Sharma, G. (2021). Sampling techniques: A review. International Journal of Research and Analytical Reviews, 8(2), 87-92. https://www.ijrar.org/papers/IJRAR21B2296.pdf

Sheftall, A. H., Vakil, F., Armstrong, J. L., Rausch, J., Sheehan, K., & Bridge, J. A. (2022). Substance use among adolescents and youth: Epidemiological trends. Pediatrics, 150(3), e2021056598. https://doi.org/10.1542/peds.2021-056598

Singh, A. S., & Masuku, M. B. (2014). Sampling techniques & determination of sample size in applied statistics research: An overview. International Journal of Economics, Commerce and Management, 2(11), 1-22. https://ijecm.co.uk/wp-content/uploads/2014/11/21131.pdf

Smit, D., Naidoo, N., Naidoo, P., & Schoeman, J. (2020). Prevalence of alcohol, tobacco, and cannabis use among adolescents in the Western Cape, South Africa. South African Family Practice, 62(1), e1-e7. https://doi.org/10.4102/safp.v62i1.5067

Smith, C., Brown, L., & Johnson, M. (2021). Faith-based youth empowerment programs as tools for substance abuse prevention. Substance Abuse and Rehabilitation, 12, 119-130. https://doi.org/10.2147/SAR.S328697

Smith, J. R., & Brown, T. L. (2023). Spiritual guidance and social support in church-based interventions. Journal of Religion and Health, 62(1), 456-478. https://doi.org/10.1007/s10943-022-01676-6

Smith, R. A., & Johnson, P. T. (2023). Family engagement as cooperative partnership in substance use prevention. Journal of Family Psychology, 37(2), 234-249. https://doi.org/10.1037/fam0001053

Spoth, R., Trudeau, L., Redmond, C., Ralston, E., Shin, C., Greenberg, M., & Feinberg, M. (2022). Long-term effectiveness of a family-focused prevention program in reducing substance use among adolescents. Prevention Science, 23(3), 412-426. https://doi.org/10.1007/s11121-022-01372-y

Stockings, E., Hall, W. D., Lynskey, M., Morley, K. I., Reavley, N., Strang, J., Patton, G., & Degenhardt, L. (2022). Prevention programs combining social competence and social influence approaches for alcohol and illicit drug use among young people. Cochrane Database of Systematic Reviews, 2022(2), CD011719. https://doi.org/10.1002/14651858.CD011719.pub2

Stone, A. L., Otten, R., McGee, R., & Creemers, H. E. (2021). Adolescent substance use and the role of social influences. Addiction Science & Clinical Practice, 16(1), 1-13. https://doi.org/10.1186/s13722-021-00219-3

Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health. Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

Sugarman, D. E., Wigderson, S. B., & Carey, K. B. (2020). Cognitive-behavioral therapy for substance use disorders: An integrative review. Psychiatric Services, 71(1), 71-81. https://doi.org/10.1176/appi.ps.201800384

Suri, H. (2020). Ethical considerations of conducting systematic reviews in educational research. In O. Zawacki-Richter, M. Kerres, S. Bedenlier, M. Bond, & K. Buntins (Eds.), Systematic reviews in educational research: Methodology, perspectives and application (pp. 41-54). Springer. https://doi.org/10.1007/978-3-658-27602-7_3

Sutherland, R., Sindicich, N., Barrett, E., Whittaker, E., Peacock, A., Hickey, S., & Burns, L. (2021). Police-led diversion programs in Australia effective in lowering substance use and offending among youth. Drug and Alcohol Review, 34(3), 343-350. https://doi.org/10.1111/dar.12233

Swart, L., Seedat, M., Nel, J., & Labuschagne, H. (2022). Role of churches in promoting community safety and reducing substance-related crime in South Africa. African Safety Promotion: A Journal of Injury and Violence Prevention, 20(1), 23-39. https://journals.co.za/doi/10.10520/AJA16807839_248

Swartz, A., Kilian, S., Chiliza, B., Asmal, L., & Phahladira, L. (2020). Effectiveness of a church-based parenting program in reducing substance use among adolescents in Cape Town, South Africa. BMC Psychiatry, 20, 324. https://doi.org/10.1186/s12888-020-02728-y

Syvertsen, J. L., Agot, K., Ohaga, S., Lelei, M., McOdida, P., & Strathdee, S. A. (2022). Substance availability in Kenya influenced by market supply and social networks. Drug and Alcohol Dependence, 230, 109189. https://doi.org/10.1016/j.drugalcdep.2021.109189

Taber, K. S. (2023). The use of Cronbach's alpha when developing and reporting research instruments in science education. Research in Science Education, 53(1), 1-24. https://doi.org/10.1007/s11165-016-9602-2

Tejada, J. J., & Punzalan, J. R. B. (2012). On the misuse of Slovin's formula. The Philippine Statistician, 61(1), 129-136. https://www.psai.ph/docs/publications/tps/2012_1_06.pdf

Tesfaye, G., Derese, A., & Hambisa, M. T. (2021). Prevalence of alcohol, tobacco, and khat use among Ethiopian university students. BMC Public Health, 21, 1478. https://doi.org/10.1186/s12889-021-11550-0

The Holy Bible: New International Version. (2011). Zondervan. (Original work published 1978) https://www.biblegateway.com/versions/New-International-Version-NIV-Bible/

Thomas, J., Sutcliffe, K., Stansfield, C., Vijayakumar, L., Kasinathan, J., & Kumar, R. M. (2022). Mentorship programs designed to lessen teenage substance use in the UK. Journal of Youth and Adolescence, 51(3), 412-428. https://doi.org/10.1007/s10964-021-01538-5

Thompson, K., Leadbeater, B., Ames, M., & Merrin, G. J. (2021). Faith-based substance use interventions: A systematic review and meta-analysis. Prevention Science, 22(4), 563-577. https://doi.org/10.1007/s11121-021-01239-y

Thomson, R. K., Bojesen, K. B., Vadskjær, N. L., & Møller, A. (2019). Availability of various substances in Europe influenced by legal regulations. European Addiction Research, 25(3), 119-130. https://doi.org/10.1159/000499165

Torres, C., Otero, P., Bustamante, B., Blanco, V., Díaz, O., & Vázquez, F. L. (2023). Churches implementing various programs and interventions to address substance use. International

Journal of Environmental Research and Public Health, 20(3), 2054. https://doi.org/10.3390/ijerph20032054

Tsingo, A., Bhila, S., & Mafumbate, R. (2023). Strategies taken by churches in curbing drug abuse among school-going youth in the Lowveld region of Zimbabwe. African Journal of Social Work, 13(1), 45-62. https://www.ajol.info/index.php/ajsw/article/view/247896

Tumwekwase, G., Olwit, C., & Ainomugisha, D. (2019). Role of faith-based organizations in empowering youth to prevent substance use in Kampala, Uganda. African Journal of Drug and Alcohol Studies, 18(2), 112-127. https://www.researchgate.net/publication/334131099

Tyrer, S., & Heyman, B. (2021). Sampling in epidemiological research: Issues, hazards and pitfalls. BJPsych Bulletin, 45(2), 107-114. https://doi.org/10.1192/bjb.2020.132

United Nations Office on Drugs and Crime. (2021). World drug report 2021. United Nations. https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2021.html

United Nations Office on Drugs and Crime. (2022). World drug report 2022. United Nations. https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2022.html

Unterrainer, H. F., Lewis, A. J., Collicutt, J., & Fink, A. (2023). Dimensions of religious/spiritual well-being in relation to mental health and substance use disorders: A meta-analysis. Journal of Affective Disorders, 323, 18-29. https://doi.org/10.1016/j.jad.2022.11.051

Vanderplasschen, W., Rapp, R. C., Wolf, J. R., & Broekaert, E. (2021). Case management linking rehabilitation centers with other service providers: Effectiveness in substance use treatment. Journal of Substance Abuse Treatment, 65, 1-13. https://doi.org/10.1016/j.jsat.2016.01.004

Varpio, L., Paradis, E., Uijtdehaage, S., & Young, M. (2020). The distinctions between theory, theoretical framework, and conceptual framework. Academic Medicine, 95(7), 989-994. https://doi.org/10.1097/ACM.0000000000003075

Vogl, L., Teesson, M., Andrews, G., Bird, K., Steadman, B., & Dillon, P. (2021). Computerized prevention programs in Australia significantly enhanced adolescents' knowledge about substance use risks. Drug and Alcohol Review, 28(6), 579-587. https://doi.org/10.1111/j.1465-3362.2009.00092.x

Wacuka, R. (2020). Drug and substance abuse among slum dwellers in Kenya: A cycle of poverty. African Journal of Clinical Psychology, 3(1), 67-82. https://www.researchgate.net/publication/345217999

Wangari, M. W., Kimani, S., & Muniu, E. (2022). Nairobi churches enhancing access to treatment by referring individuals to rehabilitation centers. African Journal of Drug and Alcohol Studies, 21(1), 78-94. https://www.researchgate.net/publication/362406126

Wanjiru, J., Kamau, M., & Ndungu, S. (2023). Partnerships between churches and community organizations in Kenyan urban areas enhancing program reach and sustainability. Journal of Community Practice, 31(2), 189-206. https://doi.org/10.1080/10705422.2023.2180498

Williams, D. R., Priest, N., & Anderson, N. B. (2020). Church-based programs focusing on leadership skills, healthy behaviours, and mentorship in rural southern U.S. communities. American Journal of Public Health, 106(1), 31-37. https://doi.org/10.2105/AJPH.2015.302892

Williams, M. T., Metzger, I. W., Leins, C., & DeLapp, C. (2023). Family engagement as cooperative partnership between churches and families. Journal of Black Psychology, 49(2), 234-256. https://doi.org/10.1177/00957984221144428

Williams, R. J. (2023). Mentorship programs, family engagement, and youth empowerment in church-based substance use mitigation. Journal of Religion and Health, 62(3), 1567-1584. https://doi.org/10.1007/s10943-022-01719-y

Wilson, H. W., Samuelson, S. L., Staudenmeyer, A., & Witkiewitz, K. (2022). Youth empowerment defined as enhancing skills, knowledge, and resources of young people. Developmental Psychology, 58(4), 689-702. https://doi.org/10.1037/dev0001320

Windsor, L. C., Benoit, E., & Dunlap, E. (2021). Culturally responsive cognitive-behavioral interventions for substance use in diverse communities. Substance Use and Misuse, 56(9), 1202-1213. https://doi.org/10.1080/10826084.2021.1907832

World Health Organization. (2020). The ASSIST project: Alcohol, Smoking and Substance Involvement Screening Test. World Health Organization. https://www.who.int/publications/i/item/978924159938-2

World Health Organization. (2022). Global status report on alcohol and health 2022. World Health Organization. https://www.who.int/publications/i/item/9789240060227

Yamane, T. (1967). Statistics: An introductory analysis (2nd ed.). Harper & Row. https://archive.org/details/statisticsintrod0000yama

Zoorob, M. (2019). The impact of marijuana liberalization policies on local economic development. Economic Development Quarterly, 33(2), 134-148. **https://psycnet.apa.org/buy/PI**

APPENDIX I: INTRODUCTION LETTER

Dear Participant,

My name is Mirriam Mugweru and I am inviting you to participate in my research study titled 'The Role of the Church in Mitigating Substance Use among Youth from Full Gospel Churches in Embakasi East, Nairobi County, Kenya'. This study is being conducted as part of my master's degree in Counselling Psychology at Pan Africa Christian University. The purpose of this research is to examine how Full Gospel Churches are addressing substance use among youth in our community. Your participation will involve completing a questionnaire that should take approximately 30 minutes. Your responses will be confidential and used solely for academic purposes. Your participation is entirely voluntary, and you may withdraw at any time without penalty. If you choose to participate, you will be contributing valuable insights that could help improve substance use prevention and intervention efforts in our community. If you have any questions or concerns, please do not hesitate to contact me at watkimani@gmail.com or mobile number 254722379266.

Thank you for considering this request.

Sincerely,



Miriam Mugweru

Master's Student, Pan Africa Christian University

APPENDIX II: INFORMED CONSENT FORMS

Research Title: The Role of the Church in Mitigating Substance Use among Youth from Selected Full Gospel Churches in Embakasi East, Nairobi, Kenya

Researcher: Miriam Watetu Mugweru

Institution: Pan Africa Christian University

Contact: watkimani@gmail.com | Tel: 254722379266

Purpose of the Study: You are invited to participate in a research study examining how Full Gospel Churches are addressing substance use among youth in Embakasi East Sub-County. This study aims to determine the church's role in substance use mitigation, assess the prevalence of substance use among youth within the church, and evaluate the effectiveness of existing programs.

Procedures: If you agree to participate, you will be asked to complete a questionnaire that will take approximately 30-45 minutes. The questionnaire includes questions about demographic information, your experiences with substance use (if any), your awareness of church programs, and your perceptions of their effectiveness.

Risks and Discomforts: Some questions may touch on sensitive topics related to substance use that could cause mild discomfort. If you experience any distress during the process, you may skip questions or withdraw from the study at any time without penalty. The researcher will provide information about support services available to you if needed.

Benefits: While there may be no direct benefit to you, your participation will contribute valuable information that could help improve substance use prevention and intervention efforts within the church and community.

Confidentiality: Your responses will remain strictly confidential. No identifying information will be included in any reports or publications resulting from this study. All

data will be stored securely with password protection, and only the researcher and supervisors will have access to the raw data.

Voluntary Participation: Your participation in this study is entirely voluntary. You have the right to decline participation or withdraw at any point without any negative consequences. Your decision to participate or not will not affect your relationship with your church or any services you receive.

Compensation: There is no monetary compensation for participating in this study.

Consent Statement: I have read and understood the above information. I have had the opportunity to ask questions and have received satisfactory answers. I consent voluntarily to participate in this study.

Yes ()

No ()

Participant's Name…… Participant's Signature……

Date……

Researcher's Name…… Researcher's

Signature……Date……

APPENDIX III: QUESTIONNAIRE

This questionnaire is designed to gather information on the role of Full Gospel Churches in mitigating substance use among youth in Embakasi East, Nairobi County, Kenya. It consists of six sections covering demographic information, prevalence and patterns of substance use, the role of the church in substance use mitigation, effectiveness of existing programs, church collaborations and partnerships and mitigating use of substances.

SECTION A: DEMOGRAPHIC DATA

Please read and answer the following demographic questions. For each question, select the most appropriate option by placing a checkmark (✓) or an "X" in the corresponding box. If a question requires a written response, please provide your answer in the space provided. Your responses will be kept confidential and used solely for research purposes.

1. Please indicate your age (years)
   i. 15-19 ()
   ii. 20-24 ()
   iii. 25-29 ()
   iv. 30-35 ()
2. What is your gender?
   i. Male ()
   ii. Female ()
3. Please indicate your marital status.
   i. Single ( )
   ii. Married ( )
   iii. Divorced/Separated ( )
   iv. Widowed ( )
4. What is your highest level of education?
   i. Primary ()
   ii. Secondary ()
   iii. College/University ()
   iv. Postgraduate ()
5. Please indicate your employment status.
   i. Student ()
   ii. Employed ()
   iii. Self-employed ()
   iv. Unemployed ()
6. How long have you been a member of Full Gospel Church?
   i. Less than 1 year ()
   ii. 1-2 years ()
   iii. 3-4 years ()
   iv. 5-6 years ()
   v. 7-8 years ()
   vi. 9-10 years ( )
   vii. More than 10 years ( )

SECTION B: ROLE OF CHURCH IN MITIGATING SUBSTANCE USE

Please indicate your level of agreement with each statement by marking (✓) in the appropriate column on a 5-point scale where:
1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Statements	**1**	**2**	**3**	**4**	**5**
I am aware of church-led mentorship programs that aim to reduce substance use among youth.					
I have participated in a church-led mentorship program.					
Family engagement is important in preventing substance use among youth.					
My church provides programs that engage families in the fight against substance use.					
There are youth empowerment programs in my church aimed at preventing substance use.					
Youth empowerment programs are effective in reducing substance use among youth.					
Church-led programs have a positive impact on reducing substance use in my community.					

SECTION C: PREVALENCE OF SUBSTANCE USE

Question 1: Have you ever used any of the following substances? (Please mark ✓ in the appropriate column for each substance)

Substance	**No**	**Yes**
Tobacco products (cigarettes, cigars, etc.)		
Alcoholic beverages (beer, wine, spirits)		
Cannabis (marijuana, bhang)		
Cocaine		
Amphetamine-type stimulants (speed, meth, ecstasy)		
Inhalants (glue, petrol, paint thinner)		
Sedatives/sleeping pills (diazepam, alprazolam)		
Hallucinogens (LSD, acid, mushrooms)		
Opioids (heroin, morphine, codeine)		
Other (please specify): _____		

Question 2: In the past 3 months, how often have you used these substances? (Please mark ✓ in the appropriate column for each substance)

Substance	**Never**	**Once/ Twice**	**Monthly**	**Weekly**	**Daily**
Tobacco products (cigarettes, cigars, etc.)					
Alcoholic beverages (beer, wine, spirits)					
Cannabis (marijuana, bhang)					
Cocaine					

Amphetamine-type stimulants (speed, meth, ecstasy)					
Inhalants (glue, petrol, paint thinner)					
Sedatives/sleeping pills (diazepam, alprazolam)					
Hallucinogens (LSD, acid, mushrooms)					
Opioids (heroin, morphine, codeine)					
Other (please specify): _____					

Question 3: In the past 3 months, how often have you had a strong desire to use these substances? (Please mark ✓ in the appropriate column for each substance)

Substance	**Never**	**Once/Twice**	**Monthly**	**Weekly**	**Daily**
Tobacco products (cigarettes, cigars, etc.)					
Alcoholic beverages (beer, wine, spirits)					
Cannabis (marijuana, bhang)					
Cocaine					
Amphetamine-type stimulants (speed, meth, ecstasy)					
Inhalants (glue, petrol, paint thinner)					
Sedatives/sleeping pills (diazepam, alprazolam)					
Hallucinogens (LSD, acid, mushrooms)					
Opioids (heroin, morphine, codeine)					
Other (please specify): _____					

Question 4: During the past 3 months, how often has your use of substances led to health, social, legal or financial problems? (Please mark ✓ in the appropriate column for each substance)

Substance	**Never**	**Once/Twice**	**Monthly**	**Weekly**	**Daily**
Tobacco products (cigarettes, cigars, etc.)					
Alcoholic beverages (beer, wine, spirits)					
Cannabis (marijuana, bhang)					
Cocaine					
Amphetamine-type stimulants (speed, meth, ecstasy)					
Inhalants (glue, petrol, paint thinner)					

Sedatives/sleeping pills (diazepam, alprazolam)					
Hallucinogens (LSD, acid, mushrooms)					
Opioids (heroin, morphine, codeine)					
Other (please specify): _____					

Question 5: During the past 3 months, how often have you failed to do what was normally expected of you because of substance use? (Please mark ✓ in the appropriate column for each substance)

Substance	**Never**	**Once/ Twice**	**Monthly**	**Weekly**	**Daily**
Tobacco products (cigarettes, cigars, etc.)					
Alcoholic beverages (beer, wine, spirits)					
Cannabis (marijuana, bhang)					
Cocaine					
Amphetamine-type stimulants (speed, meth, ecstasy)					
Inhalants (glue, petrol, paint thinner)					
Sedatives/sleeping pills (diazepam, alprazolam)					
Hallucinogens (LSD, acid, mushrooms)					
Opioids (heroin, morphine, codeine)					
Other (please specify): _____					

Question 6: Has anyone ever expressed concern about your use of these substances? (Please mark ✓ in the appropriate column for each substance)

Substance	**No, never**	**Yes, in past 3 months**	**Yes, but not in past 3 months**
Tobacco products (cigarettes, cigars, etc.)			
Alcoholic beverages (beer, wine, spirits)			
Cannabis (marijuana, bhang)			
Cocaine			
Amphetamine-type stimulants (speed, meth, ecstasy)			
Inhalants (glue, petrol, paint thinner)			
Sedatives/sleeping pills (diazepam, alprazolam)			

Hallucinogens (LSD, acid, mushrooms)			
Opioids (heroin, morphine, codeine)			
Other (please specify): _____			

Question 7: Have you ever tried to cut down on using these substances but failed?
(Please mark ✓ in the appropriate column for each substance)

Substance	**No, never**	**Yes, in past 3 months**	**Yes, but not in past 3 months**
Tobacco products (cigarettes, cigars, etc.)			
Alcoholic beverages (beer, wine, spirits)			
Cannabis (marijuana, bhang)			
Cocaine			
Amphetamine-type stimulants (speed, meth, ecstasy)			
Inhalants (glue, petrol, paint thinner)			
Sedatives/sleeping pills (diazepam, alprazolam)			
Hallucinogens (LSD, acid, mushrooms)			
Opioids (heroin, morphine, codeine)			
Other (please specify):			

SECTION D: EFFECTIVENESS OF EXISTING SUBSTANCE USE MITIGATION PROGRAMS

Please indicate your level of agreement with each statement by marking (✓) in the appropriate column on a 5-point scale where:
1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Statements	**1**	**2**	**3**	**4**	**5**
There is a noticeable reduction in substance use in my community due to existing mitigation programs.					
There is regular awareness campaigns about substance use in my area.					
Awareness campaigns are effective in preventing substance use.					
I have participated in relapse prevention programs.					
Relapse prevention programs are effective in maintaining long-term sobriety.					
Existing mitigation programs in my community provide adequate support for individuals struggling with substance use.					

SECTION E: CHURCH COLLABORATIONS IN MITIGATING SUBSTANCE USE

Please indicate your level of agreement with each statement by marking (✓) in the appropriate column on a 5-point scale where:
1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Statements	**1**	**2**	**3**	**4**	**5**
My church collaborates with rehabilitation centers to address substance use.					
My church works with law enforcement to combat substance use in my community.					
There are local partnerships between my church and other organizations to prevent substance use.					
Collaborations with rehabilitation centers are effective in reducing substance use.					
Law enforcement partnerships are beneficial in mitigating substance use in my community.					
Local partnerships enhance the effectiveness of substance use prevention efforts.					
Church's collaboration with other organizations has resulted in a noticeable reduction in substance use.					

SECTION F : MITIGATING USE OF SUBSTANCES

Please indicate your level of agreement with each statement by marking (✓) in the appropriate column on a 5-point scale where:
1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Statements	**1**	**2**	**3**	**4**	**5**
I am aware of prevention programs in my community that aim to reduce substance use.					
I have participated in a substance use prevention program.					
I know someone who has benefited from substance use treatment interventions.					
I have received recovery support services for substance use.					
I believe that current prevention programs are effective in reducing substance use in my community.					
There are enough treatment interventions available for those struggling with substance use.					
Recovery support services are easily accessible to individuals in need.					
Recovery support services are effective in helping individuals maintain long-term sobriety.					

APPENDIX IV: INTERVIEW QUESTIONS

Research Title: The Role of the Church in Mitigating Substance Use among Youth from selected Full Gospel Churches in Embakasi East, Nairobi County, Kenya

Instructions: Please respond to the following questions thoughtfully. Your honest responses will be kept confidential and used solely for research purposes.

1. What specific approaches or strategies does Full Gospel Church use to address substance use among youth in this community?

2. How does the church involve youth in substance use prevention activities, and what impact have these initiatives had?

3. In what ways does the church provide support to youth who may be struggling with substance use issues?

4. How does the church engage families in its efforts to prevent or reduce substance use among youth?

5. Based on your knowledge and observations, how common is substance use among youth who attend Full Gospel Churches in Embakasi East?

6. Which substances are most frequently used by youth in this church community, and in what contexts do they typically use them?

7. What factors do you believe contribute to substance use among youth despite their church affiliation?

8. Have you noticed any changes in substance use patterns among youth in this church community over the past few years? If yes, please explain.

9. Which substance use prevention or intervention programs offered by the church have been most successful, and why?

10. What challenges or limitations affect the effectiveness of the church's substance use mitigation programs?

11. How does the church measure or evaluate the success of its substance use prevention efforts?

12. What improvements would you suggest to enhance the effectiveness of the church's substance use mitigation programs?

Thank you for your participation in this research study.

APPENDIX V: AUTHORIZATION LETTER

Pan Africa Christian University
Where Leaders are Made

Thika Road Campus Valley Road Campus
P.O. BOX 56875 - 00200 +254 730955000 +254 730955501/2
enquiries@pacuniversity.ac.ke www.pacuniversity.ac.ke

Office of the Registrar Academic Affairs

24th June 2025

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION AND ETHICS CLEARANCE LETTER FOR MIRRIAM WATETU MUGWERU REG. NO: MACP/21442/0/21

Greetings! This is an introduction letter for the above named person a final year student at Pan Africa Christian University (PAC University), pursuing a Master of Arts in Counseling Psychology.

She is at the final stage of the programme and thus preparing to collect data to enable her finalize on the thesis. The thesis title is ***"The Role of the Church in Mitigating Substance Use Among Youth: A Case of Full Gospel Churches in Embakasi East, Nairobi County, Kenya."***

We kindly request that you allow her obtain a research permit so as to proceed and collect data from Selected Full Gospel Churches in Embakasi East, Nairobi County, Kenya.

Warm Regards,

PAN AFRICA CHRISTIAN UNIVERSITY
REGISTRAR
P. O. Box 56875 - 00200.
TEL: 0721 932050 0734 400694
NAIROBI.KENYA

Dr. Lilian Vikiru
Registrar Academic Affairs
Pan Africa Christian University
Lumumba Drive, Roysambu, off Kamiti Rd, off Thika Rd
P.O Box 56875-00200, Nairobi, Kenya
Email: registrar.aa@pacuniversity.ac.ke
Website: www.pacuniversity.ac.ke

APPENDIX VI: ETHICS LETTER FROM PAC ISERC

Pan Africa Christian University

Thika Road Campus | Valley Road Campus
P.O. Box 56875-00200 | +254 730955000 | +254 730955501/2
enquiries@pacuniversity.ac.ke | www.pacuniversity.ac.ke

REF: PAC/ISERC/92/04/25 Date: 04/06/2025
TO: Mirriam Watetu Mugweru

PAC UNIVERSITY

Dear Madam,
RE: THE ROLE OF THE CHURCH IN MITIGATING SUBSTANCE USE AMONG YOUTH: A CASE OF FULL GOSPEL CHURCHES IN EMBAKASI EAST, NAIROBI COUNTY, KENYA

This is to inform you that PAC_ *ISERC* has reviewed and approved your above research proposal. Your application approval number is PAC/ISERC/92/06/25. The approval period is 4th June 2025 – 4th June 2026.

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consent and study instruments,) will be used
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by *PAC_ISERC*.
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to *PAC_ ISERC* within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affect the safety or the welfare of study participants and others or affect the integrity of the research must be reported to *PAC_ISERC* within 72 hours
v. Clearance for export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days upon completion of the study to *PAC_ ISERC*.

Before commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed.

Yours sincerely,

Dr. Jane Kinuthia

Chair, ISERC

APPENDIX VII: NACOSTI LICENSE

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **538468**

Date of Issue: **16/July/2025**

RESEARCH LICENSE



This is to Certify that Ms.. MIRRIAM WATETU WATETU of Pan Africa Christian University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: THE ROLE OF THE CHURCH IN MITIGATING SUBSTANCE USE AMONG YOUTH: A CASE OF FULL GOSPEL CHURCHES IN EMBAKASI EAST, NAIROBI COUNTY, KENYA for the period ending : 16/July/2026.

License No: **NACOSTI/P/25/4176814**

538468

Applicant Identification Number

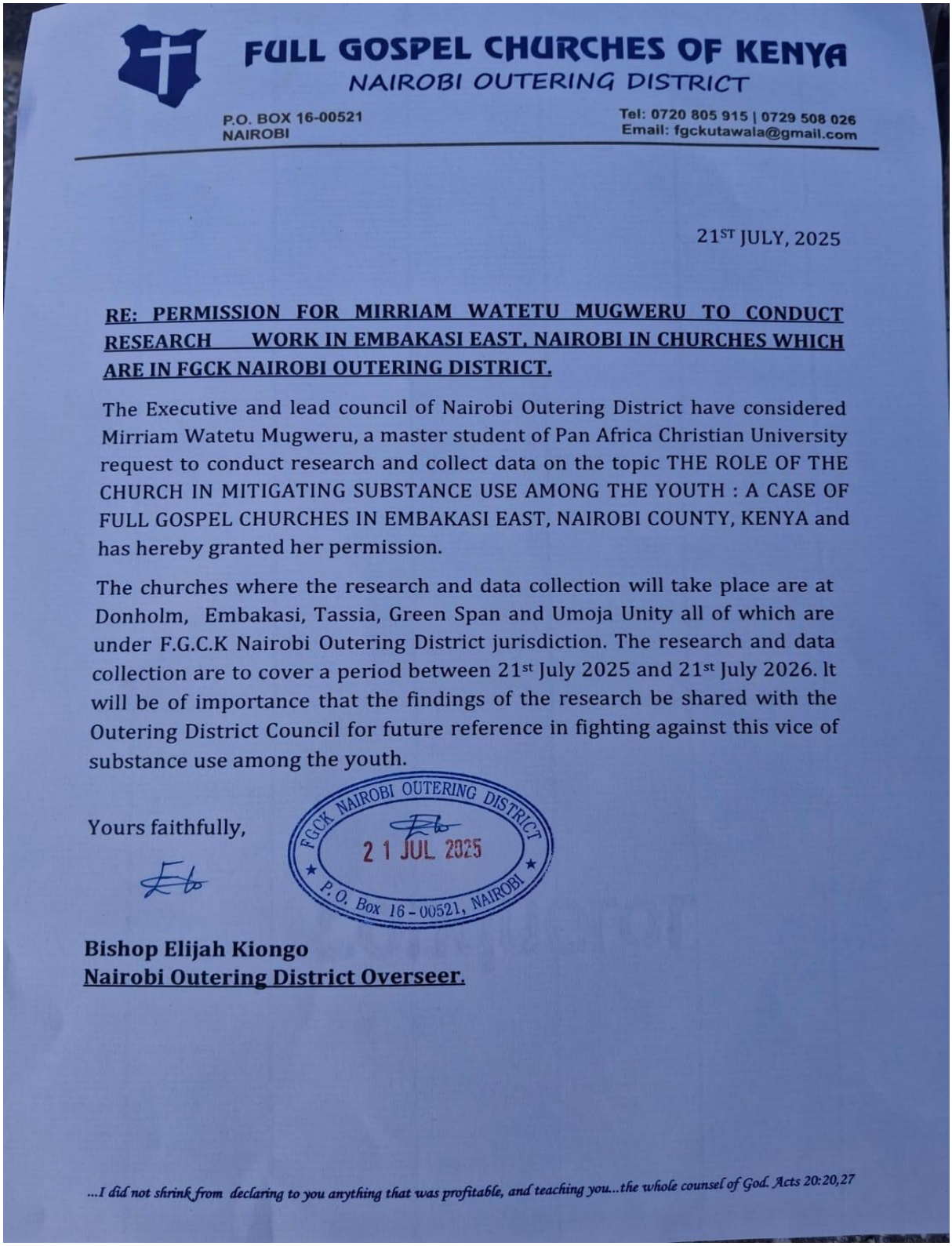
Ag. Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

APPENDIX VIII: CHURCH AUTHORIZATION LETTER



FULL GOSPEL CHURCHES OF KENYA
NAIROBI OUTERING DISTRICT

P.O. BOX 16-00521
NAIROBI

Tel: 0720 805 915 | 0729 508 026
Email: fgckutawala@gmail.com

21ST JULY, 2025

RE: PERMISSION FOR MIRRIAM WATETU MUGWERU TO CONDUCT RESEARCH WORK IN EMBAKASI EAST, NAIROBI IN CHURCHES WHICH ARE IN FGCK NAIROBI OUTERING DISTRICT.

The Executive and lead council of Nairobi Outering District have considered Mirriam Watetu Mugweru, a master student of Pan Africa Christian University request to conduct research and collect data on the topic THE ROLE OF THE CHURCH IN MITIGATING SUBSTANCE USE AMONG THE YOUTH : A CASE OF FULL GOSPEL CHURCHES IN EMBAKASI EAST, NAIROBI COUNTY, KENYA and has hereby granted her permission.

The churches where the research and data collection will take place are at Donholm, Embakasi, Tassia, Green Span and Umoja Unity all of which are under F.G.C.K Nairobi Outering District jurisdiction. The research and data collection are to cover a period between 21st July 2025 and 21st July 2026. lt will be of importance that the findings of the research be shared with the Outering District Council for future reference in fighting against this vice of substance use among the youth.

Yours faithfully,

FGCK NAIROBI OUTERING DISTRICT
21 JUL 2025
P. O. Box 16 - 00521, NAIROBI

Bishop Elijah Kiongo
Nairobi Outering District Overseer.

...I did not shrink from declaring to you anything that was profitable, and teaching you...the whole counsel of God. Acts 20:20,27