



## Spirituality

### A Vital Strength In The Journey Of Recovery

**A**mong the various interventions prevalent to address alcohol and tobacco addiction, it is a well known fact that spiritual interventions to complement the scientific / medical interventions have shown encouraging results when compared to other models. This has been the learning since the time when the Alcoholic Anonymous (AA) was founded way back in 1935 by Dr Bob and Bill Wilson. The 12 steps of recovery were built upon the spiritual principles laid down by Rev Frank ND Buchman in the four absolutes (honesty,

purity, unselfishness and love) and the vital spiritual insights of Rev Dr Samuel Shoemaker, both of whom played a great part in making the AA, spiritually active and relevant in the journey of recovery. Dr Bob & Bill Wilson were not just influenced by the spiritual stalwarts of their time, but they importantly took up a spiritual exercise in the form of reading the Bible, doing quiet time and gaining spiritual strength from the Bible (Sermon on the Mount, James, 1 Cor. 13

were some of the key portions that helped them).

Much can be achieved through the lessons of the past, if we are convinced today to give it a try in making the spiritual approach

along with the medical, relevant in addressing addiction. Particularly in the hospital set up, if this secret is understood and the medical team accordingly is inspired to adopt a spiritual exercise that helps them introduce spirituality in their work, definitely we will see a change in the rate of recovery. This issue carries a live example from the

experiences in Zimbabwe, which I am sure is a learning for addressing alcoholism and tobacco addiction in our country as well. Our gratitude to Dr Ross G Cooper, based in UK, who brought this vital point to our attention.

*Substance abuse necessarily involves the abuse, the violation, of the essence of man. The abuse of the self is presupposed in the abuse of substances. Hence, without the spiritual resources of inspired wisdom and discipline, material resources can turn demonic in the hands of man. The cultivation of higher wisdom and discernment towards the life affirming enjoyment of God-given material resources, rather than world-renunciation, is the need of the hour.*

- Rev. Valson Thampu, "The dream and the Dragon...the truth about substance abuse", TRACI, 1994

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# Learnings from Young adults addicted to alcohol and/ tobacco in Zimbabwe

## Introduction

Cigarette smoking in Africa largely replaced the traditional pipe and mostly it is the men who smoked, although the advent of advertising has seen a dramatic rise in the number of women smokers (Taha and Ball, 192). Comparisons of alcohol and tobacco usage amongst sub-populations in Africa have been reported (Cooper and Khan, 2). The harmful effects of alcohol and nicotine (Cooper, 2, 2) on renal function were investigated (Cooper et al., 199 a,b Cooper and Musabayane, 1999, 2 Musabayane et al., 1999, 2 a,b Prasada Rao et al., 1999). A study on the concurrent intake of nicotine and ethanol was done (Cooper, 2a) to find out how a Christian nurse would diagnose, initiate an appropriate and effective treatment regime and counsel a patient with alcohol and/ tobacco problem. The aim of the current article is to explore the literature available concerning the intake and/ abuse of alcohol and tobacco in Zimbabwean adolescents and young people and propose Christian and practical perspectives towards service and motivation of nurses during intervention strategies.

## Alcohol use

In Zimbabwe the commonly consumed traditional beers include a seven-day beverage called doro rematanda, a by-product of this seven-day beer called muchaiwa, and a one-day drink called chikokiyana (Saungweme et al., 1999). Mean alcohol concentration in traditional beer was .1 g/1ml vs. 2. g/1ml in the muchaiwa and 3. g/1ml in chikokiyana (Saungweme et al., 1999).

1. African beer consumption was significantly higher in cirrhotic patients than in teetotallers (Wicks et al., 19). **Alcohol consumption is more directly related to social anthropology** (Bah, 1993).

2. **ales between 15 and 19 years old were more likely to have experimented with alcohol and cigarette usage** (Gwede et al., 2011). One study showed that subjects in their lifetime would consume 1, of traditional beer with possible implications on iron overload (Moyo et al., 1999).

3. A study was conducted to identify **alcohol use amongst secondary school teachers where beer drinking was found to be high amongst men identifying negative influences on the habits of students** (idem et al., 1999b).

The use of alcohol (and tobacco) increased with increasing socio-economic status an increase in lifetime alcohol prevalence amongst rural students and increased frequency of alcohol (and cannabis) use among boys (idem and Acuda, 1999 a). Drug use increased with age particularly in urban schools and involved both sexes (Acuda and idem, 1999).

4. An assessment on 25 secondary school pupils in Zimbabwe showed that 1 had used alcohol during the last week prior to the questionnaire administration (Munodawafa et al., 1992). Approximately 3 said they would use alcohol in the next year, and **reported that their parents would also use their allowance thereof** (Munodawafa et al., 1992).

5. An interesting study on **cultural orientation investigation using determination of language mass media and music references revealed two distinct factors of western and Zimbabwean orientation the latter being associated with a lower use of alcohol** (idem and Acuda, 1999 b).

6. Other surveys determined that male students set significantly higher levels of alcohol consumption (McMaster et al., 1999) than females, both of which stated inappropriate reasons for alcohol use (McMaster and Keshav, 1999).

## Tobacco use

1. A study of the incidence of lip cancer was presented in 1 cases in Zimbabwe with a **admittance rate of smoking and alcohol amongst patients** (Chidonga, 2005).

2. Examination of the clinical records of 2 patients with oral malignant neoplasms showed that **of the patients admitted tobacco and alcohol consumption of whom were males** (Chidonga, 2005). In men, the risk of tobacco-associated incidence of oesophageal cancer rose 5. times amongst smokers of 15 g/day, and in women . times vs. those who never smoked (Icaino et al., 1995). It was not clear, however, if there was any delineation of age.

3. **aternal biomass smoke exposure may also have adverse effects resulting in reduced birth weights** (Mishra et al., 2005). Many current smokers want to quit however, very few are able to attend a cessation programme (Warren et al., 2005).

Most young people recall being taught about the dangers of smoking in school, but **advertising ensured they got hooked**. Certainly other factors like peer pressure, parental and relative examples and smoking depicted in TV and films would have a bearing on the young mind of adolescents. Others suggest impartial feelings that there is **insufficient anti tobacco advertising to combat the dangers in of tobacco use** (Warren et al., 2005). Rural secondary school pupils showed an 1.5 prevalence rate of tobacco usage (n1) (Khan and Arnott, 1999). Zimbabwean women have a higher prevalence of hypertension even in the absence of tobacco usage (Mufunda et al., 2005).

## Christian Word counselling

Discussions with administrators on four pastoral websites, 1 active Christian leaders and/ pastors, two

Catholic chaplains, and one Church of England chaplain, revealed scriptures from both the Old and New Testament that could be used by the Christian nurse when ministering to or counselling the patient. Success rates with combined Word and supportive therapy in persons aged 9-21 are on average 52% (2008), and 21-30 years 55% (2008) at Northside Community Church in Harare, Zimbabwe.

✦ It was suggested that, although teenagers may not always want to listen, one should tell them anyway and then give it/leave it with God to work in their hearts. Clearly the need for prayer prior to the session is essential.

✦ One pastor suggested the use of a statement stating, May we by Gods Grace burn for Christ and be such a light in the places God has placed us, that God would be glorified and the flames of His Spirit never be put out (Inspired by Bishop Hugh Atimer c. 1155-1555 speaking to Bishop Nicholas Ridley c. 1525-1555) (Anonymous, 2008).

✦ Some patients say that God created the molecules in alcohol and tobacco, and therefore there is nothing inherently wrong with partaking of them. There is, however, more to it than that, as emphasised by another Christian leader who reiterated that **alcohol and tobacco consumption and eating are not inherently wrong in themselves from a Christian perspective the motivation and treatment of drug abuse should be in line with Gods blessing**

✦ A Catholic chaplain suggested that Christian ideas about **respect for the human person and therefore the human body particularly regarding abuse thereof should be mentioned**

An e-mail discussion with a Christian in the USA revealed that he regarded addictions as a complex system of undesirable behaviours that affect people at many levels. We know people seek medication and counselling help for combating addictions, with varying levels of success. People have to have good support systems for quitting and staying free of addictions and this is integral to better programs that deal with addictive behaviours. If an

alcoholic or smoker, for instance, is sincere about being free of the habit, that person will often need to change some friends or acquaintances. Being accountable to people who are likewise committed to a good resolution, is important. There are many insightful scriptures in Proverbs about the outcomes for fools and their companions people with addictive issues are certainly being fooled in some areas of their lives. Facing up to root causes of particular behaviours e.g. peer pressure, dealing with stress, loneliness, guilt, etc. usually is therapeutic, and can help with the prognosis for resolving or managing the issue. God heals both instantly and by degree over a period of time, and having a Word therapy program is vital - provided the individual is willing to consider Gods authority, ability and willingness to make them whole, from the inside out.

### Other methods of counselling, success rates and motivation of nurses

Organisations like Toc-Man and Alcoholics Anonymous (AA) have also contributed significantly to treating alcohol and tobacco use and abuse. Most patients diagnosed with alcohol or tobacco use problems in Zimbabwean outpatient hospital are referred to these two organisations. Indeed AA, has a non-specific promotion of belief in a higher power and its emphasis on the group process, i.e. twelve step / person centred approach. Other methods include a non-spiritual approach that emphasises the individuals capability to find a personal pathway to sobriety, exemplified by Rational Recovery (Brown et al., 2008). There is also a faith-based method, built on a religious understanding of alcoholism, of which Celebrate Recovery is a prominent example, based upon Christianity (Brown et al., 2008). **Most communities offer a variety of approaches to clinicians who are aware of these differences are in a good position to help patients make intelligent choices among the competing recovery philosophies**

Medication has shown limited efficacy and consistency in the treatment of drug addiction including alcoholism and tobacco usage

(Eidbreder and Agan, 2008). Neuro-chemical systems can be significantly altered by repeated exposure to drugs of abuse. These long-term molecular and neurochemical changes might, in turn, explain the compulsive seeking and taking of the drug as well as the risk of relapse (Eidbreder and Agan, 2008).

Nurses need a team approach that revises their understanding of alcohol and tobacco dependency and the methods used to treat it. It, however, also depends on the economic situation, ones livelihood and nutritional status. It is also sometimes difficult for nurses to be motivated to act because of fairly high figures, in previous studies, of 30% of the participants open for counselling were not yet ready to change their habits and 20% were not yet ready to seek professional help (Freyer et al., 2008). This presents an opportunity for addiction counsellors, hospital physicians or nurses to actively offer counselling (Freyer et al., 2008). Indeed, **nurses estimated their alcohol related competence as lower than working with many other health related life styles due to a lack of practical skills lack of training in suitable intervention techniques and insufficient working environments** (Geirsson et al., 2005). All of these elements must be considered when planning secondary alcohol prevention programs in primary health care.

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### About the Author



Dr RG Cooper holds a DPhil in Medical Physiology, currently working as a senior lecturer at Birmingham City University, UK. He has done extensive research and published several articles on tobacco and/or alcohol intake and nutrition. He attends the Slade Road Evangelical Church, Erdington, Birmingham.

## NEWS

### NCCI Policy on HIV & AIDS

A series of preparatory meetings after the National Consultation held in March at CC, Bangalore, took place to draft the National policy on HIV & AIDS. The Programme Coordinator was part of the Core group that actively took up the responsibility of planning the consultation and drafting the policy to be presented at the NCCI Assembly that met from May 15, 2002. Two draft committee meetings took place - one at INSA, Bangalore, from April 10, 2002 and the other from April 15-17, 2002 in Kolkata.



The Core Committee members included Rt Rev DK Sahu (Gen Secy, NCCI), Dr Vijay Aruldas (Gen Secy, CMAI), Rev PBM. Basaiawmoit. (Chairperson, Commission on Life, NCCI), Dr Evangeline Rajkumar (UTC, Bangalore), Dr Daisy Dharmaraj (Advisor on HIV/AIDS for NMB of the UCI), Mr Paulus Samuel (Red in Kind), Ms Edwinna Pereira (INSA, Bangalore), Ms Sagarika Chetty (Executive Secy, Commission on Life, NCCI) and Fr Thomas Ninan (Programme Coordinator, HIV & AIDS Policy, CMAI). The Policy was presented at the NCCI Assembly on May 1, 2002 and was unanimously accepted by the Assembly. The Policy thus becomes a stepping stone in the history of the NCCI and the 29 affiliated churches and other related agencies thus making a beginning to effectively respond to HIV/AIDS pandemic through its different areas of involvement - Mission, Health, Education and Church Life. For details about the policy write to- [sagarikachettyrediffmail.com](mailto:sagarikachettyrediffmail.com) or [thomas.ninancmαι.org](http://thomas.ninancmαι.org).

### Central Education Board Meeting in Bangalore

The CEB of CMAI met at Shikshanti Nilayam, Bangalore, for its Annual Review meeting on June 2, 2002. The meeting was convened by Mr AP Berry, who is also the Sectional Secretary of Allied Health Professionals section of CMAI. All training programs of CMAI that are of the duration of one year and more comes under the purview of the CEB of CMAI. Hence, the one year PG Diploma course on Addiction and Counselling Therapies conducted by TRADA comes under CEB. The Counselling and Addiction Therapies Training Committee (CATTC) Convenor, Sr Dr Joan Chunkapura, Director, TRADA represents the Committee in the meeting. Due to illness, Sr. Joan requested Fr Thomas Ninan to represent her at the CEB where he presented the CATTC report for the last financial year. Following are the participants who have successfully completed the 1 year PG Diploma Course in Counselling and Addiction Therapies this year -

1. Mr Jose Cyriac, Kottayam, Kerala - [josemoncyriacrediffmail.com](mailto:josemoncyriacrediffmail.com)
2. Ms Praisya Samuel, Kottayam, Kerala
3. Mr Zhosha oeyie, Kohima, Nagaland - [meloscheroyahoo.co.in](mailto:meloscheroyahoo.co.in)
4. Ms Alphonsa George, Pathanamthitta, Kerala - [cutemuthyyahoo.co.in](mailto:cutemuthyyahoo.co.in)
5. Mr Nitin Tewari, Ambala Cantt, Punjab - [nitin.tewarigmail.com](mailto:nitin.tewarigmail.com)
6. Sr Silly C Mathew, TRADA, Bangalore - [tredavsnl.net](http://tredavsnl.net)

CMAI warmly welcomes the new diploma holders to the CACSAN network and looks forward to their fruitful contribution.

### Announcement

Dear Reader,

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### Addiction News

A CMAI publication on substance abuse and alcoholism



Christian  
Medical  
Association of  
India

#### Published by

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Plot no. 2, A-3 Local Shopping Centre  
Janakpuri, New Delhi 110 058  
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Printed at: Seema Printing Press