

**FAITH-BASED ORGANISATIONS AND COMPLIANCE WITH SOCIAL REINTEGRATION
PRESCRIPTIONS: THE NIGERIAN CASE**

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Abstract

Against the backdrop of debates and contestations in the literature on the efficacy of interventions of Faith-based organisations (FBOs) with regard to vulnerable people, this study examines the social reintegration programmes of three selected FBOs working with the recovering drug-addicts in South-western Nigeria so as to understand the level and extent of compliance of such programmes with the prescriptions and idealisations as enunciated in relevant global and national policies and institutional frameworks. Adopting an exploratory approach, the study utilised a blend of survey, key informant interviews, in-depth interviews, observation and document review to gather data. Survey data were collected from a random sample of 156 inmates of the facilities of three (3) FBOs in Oyo, Ogun and Lagos states in South-western, Nigeria. However, findings from the study indicated that there was a huge disconnect between global prescriptions on social reintegration services and what the selected FBOs offered to their inmates.

Keywords: Recovering drug-addicts, Social reintegration services, Inmates, Faith-based organisations, Nigeria

Introduction

Worldwide, a key challenge for correctional managers is the successful reintegration and preservation of family and community relationships for all drug offenders. Despite widespread claim that health and sanction-oriented approaches play a huge role in the rehabilitation of drug-addicts; studies have shown that most recovering drug-addicts face significant social adaptation issues, which include but not limited to stigmatization and ostracism, and which may impair their ability to return to formal education, acquire employment, find stable and suitable housing, and above all, build or re-build individual and social capital (UNODC, 2008; Neale and Kemp, 2010). As evinced in correctional literature, the lack of social assistance required by recovering drug-addicts to overcome social exclusion will more likely set a stage for the entanglement of such recovering drug-addicts in a cycle of failed integration, reoffending, reconviction and social rejection (Griffiths, Dandurand, Murdoch; 2007; UNODC, 2012).

Research, however, has shown that one vital and evidence-based means of ensuring that recovering drug-addicts are prevented from further social exclusion, and thereby assisted from gravitating into the hydra-headed problems of reoffending, reconviction and social rejection is to ensure they are assisted to stay off illicit drugs completely once they have succeeded in abstaining from it (UNODC, 2008; Neale and Kemp, 2010). To achieve the above, findings of studies such as Keane (2007) and UNODC (2012; 2015) have recommended social reintegration interventions. One notable reason why recommendation of social reintegration programmes is vital to the reinsertion of sobered drug offenders is the fact that drug-addicts are always faced with co-occurring or wide range of additional problems (co-morbidity) such as homelessness, joblessness and lack of skills which law enforcement and clinical treatment alone are not sufficient to tackle.

Reviewing of studies in the correctional and rehabilitation area indicates that the major problem confronting drug-addicts is how to overcome compulsive drug-craving and use; and also how to get the social support needed to overcome structural-level barriers which promote social exclusion. As a matter of fact, scholars are in agreement that sobered drug-addicts need more of activities aimed at developing their social, economic and institutional capital (activities that promote social reintegration) so as to prevent their further social exclusion and at the same time reduce recidivism (Sumnal and Brotherhood, 2012; Keane, 2007; Griffiths, Dandurand and Murdoch, 2007).

In this regard, Sumnall and Brotherhood (2012) emphasised the indispensability of social reintegration for drug-addicts that target social inclusion:

“The need for social reintegration interventions should be acknowledged in funding provision and national drug policies. Drug treatment alone cannot address the complex needs of problem drug users. Treatment alone is also not sufficient to prevent social exclusion of marginalised individuals; particularly as many problem drug users were already marginalised before they started using drugs. Without social reintegration interventions, there is a serious danger that the gains made during treatment will be undermined”(Sumnall and Brotherhood, 2012:17).

As the foregoing has revealed, social reintegration represents a major shift away from medical and correction-centred approaches to reduce the prevalence of drug use, to another approach which puts primary responsibility to reduce the social and health damage caused by the use of illicit-drugs on caregivers, quality and availability of their service, and community members (UNODC, 2012). Social reintegration interventions connote the adoption and use of a non-chemical alternative that can offset at least some of the motivations to abuse and become addicted to drugs. The overall aim of social reintegration intervention is to assist recovering drug-addicts acquire the skill sets required to succeed in the community. In line with the foregoing, social reintegration interventions are deemed effective when they address personal challenges and criminal behaviour of drug-addicts, and establish the necessary contacts and relationships in the community (Griffiths, Dandurand and Murdoch, 2007). In short, for any social reintegration programme to be seen as successful, it must understand the multivariate dynamic risk factors accompanying relapse, and makes provision for the social needs of the recovering drug-addicts.

In its simplest form, the concept of social reintegration is conceived to mean all supportive measures and activities that are aimed to develop human, social, economic, and institution capital of recovering drug-addicts so that they can overcome personal and structural-level barriers in the community. In measurable term, the three ‘pillars’ of social reintegration are considered to be housing, education (including vocational training), and employment (EMCDDA, 2011b).

As a concept, social reintegration is not a novel one; it has been in public domain since the early 1960s (UN, 1961). It is a widely used term that is interchangeably used as integration, re-entry, transition and resettlement. Without sounding immodest, social reintegration as a concept and a mental health modality has gained prominence in correctional services. Its popularity among caregivers and relevant international agencies has made it a standard programme currently included in national and global drug policies directives and prescriptions. indeed, social reintegration programme has become a multi-faceted intervention aimed at assisting drug-addicts with structures necessary to sustain at least a minimum living standard, become functionally productive, and more importantly be protected from social exclusion (EMCDDA, 2003).

As the above discussion has revealed, social reintegration is not the same as drug treatment and does not impact drug-addicts the same way. While drug treatments focus on current drug-addicts, its overall aim remains reducing addicts’ dependence on drugs; achieve stabilisation, and reduction of drug use (WHO, 1994; Gossop et al., 2000a; Prendergast et al., 2002; Stewart et al., 2002; WHO, 2009). However, social reintegration interventions are targeted at assisting recovering drug-addicts (Verster and Solberg, 2003) improve on non-drug related outcomes such as supporting drug treatment, preventing recidivism, and more

importantly achieving social inclusion. While drug treatment focuses on how to tackle physical and psychological signs and symptoms of illicit drugs, social reintegration is aimed at ensuring that recovering drug-addicts access the required support services necessary to avert cyclical offending or relapse (Burrows et al. 2000). As a whole, social reintegration interventions comprise of activities that have capacities to develop human, social, economic and institutional capital of recovering drug-addicts. Therefore, for drug-addicts to sustain treatment outcomes, avoid relapse and achieve social inclusion, their social reintegration must be adequately catered for (UNODC, 2008; Neale and Kemp, 2010).

By the turn of the mid-twentieth century, however, the sense of optimism that social reintegration for recovering drug-addicts would be a workable modality to return drug dependent individuals into their former productive living in the community has gained prominence, hence, the enshrining and codification of social reintegration measures in a number of international treaties, conventions, regulations and other drug control policy instruments (Sumnall & Brotherhood, 2012). This in turn has ostensibly spurred the domestication of social reintegration instruments and legal frameworks as parts of the national drug strategy and action plan of many regional and national governments in the world.

Against the aim of this study that intends to investigate how does the implementation of FBOs' programmes intersect with extant policies on social reintegration for recovering drug-addicts in Nigeria, this study presents a brief portrait of international, regional and local policies and frameworks that underlie social reintegration programmes. This is needful in order to extract a set of key criteria from existing national policies, as well as from international guidelines, on social reintegration and use this as a rubric to evaluate how the FBOs adhere to social reintegration policies and best practices.

Policies and Institutional Frameworks on Social Reintegration

The global multi-level and multi-dimensional war on illicit "drugs" has over the intervening millennia gradually culminated into the creation of international, regional, and local legal frameworks and policy documents that support adoption of social reintegration programmes as part of the broader agenda to assist in reversing the social exclusion of both current and recovering drug-addicts. In line with the above, the aim of this study has been to extract a set of key criteria from existing national policies, as well as from international guidelines, on social reintegration and use this as a rubric to evaluate how the FBOs adhere to policy and best practice. Based on this line of thought, this study presents a synopsis of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol; Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. In addition to this, the necessary searchlight is also beamed on other relevant regional and indigenous drug control policy instruments that focus on social reintegration.

The United Nations Single Convention on Narcotic Drugs (1961)

As sufficiently demonstrated in the relevant literature, the adoption of social reintegration programmes by the United Nations (UN) is a part of broader agenda to show social inclusion of recovering drug-addicts as an overarching concern of this global body. Indeed, the UN Single convention on Narcotic (1961) has identified factors such as personal degradation, disruption of the society, the deplorable socio and economic conditions of people as the leading cause of drug abuse and addiction. The Convention also underscores the unpleasant social atmosphere in which many people live as the main predisposing factor of their involvement in illicit drug use. To address addiction to narcotic drugs which is seen as a precursor to serious problems for drug-addicts; and the harbinger of the social and economic predicament for the entire human society, the United Nations Single convention on Narcotic Drugs (1961) recommends that conscious efforts must be made by member states to prevent and combat the problem of illicit drug consumption. To achieve this, the Convention recommends that all drug treatment and rehabilitation should be rooted in social reintegration.

Paragraph 1 of Article 38 of the United Nations Single Convention on Narcotic Drugs (1961), states:

*“The Parties shall give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and **social reintegration** of the persons involved and shall co-ordinate their efforts to these ends”.*

It is also stated emphatically in Article 38(2) of the Single Convention:

*“the Parties shall as far as possible promote the training of personnel in the treatment, aftercare, rehabilitation and **social reintegration** of abusers of drugs”.*

The UN Convention on Psychotropic Substances of 1971

A vital reason highlighted for the adoption of this Convention was the concern of the United Nations to assist drug-addicts to achieve wellness (health and welfare) and return to their normal productive living with the society. In response to the perennially increase in the rate of drug users and its concomitant problems in many parts of the world, the UN Convention on Psychotropic Substances of 1971 recommended social reintegration as a coordinated universal necessary to protect drug addicts from further social exclusion.

In line with the above, the UN in Article 20, sections 1 and 2 of the UN Convention on Psychotropic Substances of 1971 emphasised the vital importance of social reintegration for recovering drug addicts, and this is graphically represented in Article 3(4) (d) as thus:

“the Parties may provide, either as an alternative to conviction or punishment or in addition to conviction or punishment of an offence..., measures for the treatment, education, aftercare, rehabilitation or social reintegration of the offender”.

Also, in the same Article 20, the document further stated that:

“the Parties shall take all practicable measures for the prevention of abuse of psychotropic substances and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved, and shall co-ordinate their efforts to these ends”

“the Parties shall as far as possible promote the training of personnel in the treatment, after-care, rehabilitation and social reintegration of abusers of psychotropic substances”

Indeed, the proceeding of the Convention was further strengthened in 1972 so as to perform certain roles among which social reintegration is one.

The UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances in 1988

The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances in 1988 was informed by one of the resolutions of the General Assembly of the UN, resolution 39/141 of 14th December 1984, that urged the Economic and Social Council of the UN in consonance with Article 62, paragraph 3, and Article 66, paragraph 1 of the United Nations and Council resolution Charter 9(1) of February 16, 1946, and the Narcotic Drug Commission to call for a meeting that was held in 1985 so as to prepare a draft convention envisaged to proffer solution to drug-related problems, particularly those that were not considered in the existing international instruments. Indeed, 106 countries including Nigeria participated in the deliberations that eventually led to the ratification of the Convention in Vienna.

The Convention subject to the dictates of constitutional provisions and legal framework of members, recommended that members (countries of the world) in line with Article 3 section 4b, c, and d of the Convention must ensure that:

“the Parties may provide, in addition to conviction or punishment, for an offence established in accordance with paragraph 1 of this article, that the offender shall

undergo measures such as treatment, education, aftercare, rehabilitation **or social reintegration**".

"notwithstanding the preceding subparagraphs, in appropriate cases of a minor nature, the Parties may provide, as alternatives to conviction or punishment, measures such as education, rehabilitation or social reintegration, as well as, when the offender is a drug abuser, **treatment and aftercare**"

"the Parties may provide, either as an alternative to conviction or punishment, or in addition to conviction or punishment of an offence established in accordance with paragraph 2 of this article, measures for the **treatment, education, aftercare, rehabilitation or social reintegration of the offender**".

Aside the aforementioned UN Convention and Charter, several other regional and local legal documents and frameworks have been promulgated which emphasises social reintegration as a viable option to salvage current and recovering drug-addicts from their state of social exclusion. These documents (global, regional and national), when taken together, offer compelling parameters and standards employ by countries to tackle the issue of social exclusion of current and recovering drug-addicts.

The European Union Drug Action Plan for Member States (2000-2004)

Like the UN Charters and Conventions, the European Union (EU) Drug Action Plans for member states equally recognise the relevance and necessity of social reintegration measures in assisting recovering drug addicts to achieve desistance, and at the same time address their social exclusion. The Action Plan stressed the necessity to fight the evils associated with drug abuse and addiction through four-pronged integrated approaches hinged on demand and supply reduction strategies at all levels in member states. For instance, the *specific target 2*, that is known as "*Action on demand reduction*" recommends that highest possible priority should be given to health, education and training as veritable tools to combat social exclusion of current and recovering drug-addicts. Similarly, another sub-section of specific target 2 emphasises the need for social reintegration as a tool to assist the current and recovering drug-addicts to be re-inserted successfully into the society.

"To develop training programmes related to the prevention of drug dependence aimed at developing more intensively: (i) innovative training strategies which facilitate coping with new challenges and (ii) integration mechanism that would ensure community-based training".

In fact, the action plan recommended employment, educational and vocational training programmes as the arrow head of all the initiatives highlighted as veritable means to ensure that the war against the problem of illicit drug use is successfully addressed (ECMDDA, 2012).

The Revised African Union Plan of Action on Drug Control and Crime Prevention- 2007- 2012

Unlike the EU, African Union (AU) is yet to produce any harmonised and elaborate convention which directly recommends or spells out social reintegrating measures for drug users and current addicts. In spite of this shortcoming, however, the Revised African Union Plan of Action on Drug Control and Crime Prevention strategy for 2007 to 2012 and that of 2013 to 2017 have certain provisions with a semblance of social reintegration complements.

Item number (ix) under the section for strategies in sub-section (2.2) and item (iv) of recommended action under priority area in section 2.4 unequivocally recommend social reintegration.

"Member States to establish, and strengthen existing institutions and to consider non-custodial measures, where appropriate, aimed at rehabilitating offenders,

particularly drug offenders, young offenders and children in conflict with the law, as well as focussing on alternatives for imprisonment based on best practices” (Section 2.2 (ix))

and,

“Member States to develop political, social and economic policies focussing on the integration of marginalised groups, such as urban youth, ethnic and religious minorities” (2.4 (iv)).

In addition to this, Article 30 of the African Charter on Human and Peoples’ Rights stipulates the promotion and protection of human rights of Africans and the social reintegration of offenders into society. The Charter recommends that all offenders (including recovering drug-addicts) serving imprisonment or other sanctions should be empowered to develop the potentials necessary to assist them live a drug-free life in the future. In addition, the charter recommended that all rehabilitative programmes for offenders should target social reintegration and social development of offenders. The Charter among other things recommends the following: literacy and skills acquisition that are linked to employment opportunities for offenders; civic and social education; access to psychological and social support; and development of halfway houses in conjunction with civil society organisations.

Nigeria’s National Drug Control Master Plan (NDCMP)

In spite of the adoption of the three National Drug Control Plans (NDCMP of 1999, 2008, and 2015) Nigeria still lacks practicable and comprehensive extant rules and regulations that foreground social reintegration for current and recovering drug-addicts. Nigeria, no doubt, is a signatory to all the UN and AU conventions, treaties, and drug control strategies. As a matter of fact, It has over the years promulgated drug and crime control legislations (see NDLEA Acts of 1989 No. 48, 1990 No. 33, 1992, No. 15, 1995, No. 3 1999, No. 62) which in theory recognises social reintegration of recovering drug-addicts. However, none of the three NDCMP’s recommends social reintegration as part of the agenda or appropriate programmes needed to ensure the reinsertion of recovering drug-addicts into the community. In place of social reintegration programmes, all the three Nigeria’s National Drug Control Master Plans only recommend law enforcement and treatment programme as the only workable alternatives to achieving drug desistance. As a matter of fact, stabilisation of drug addicts and reduction in drug use and other associated harm are the only focus of all the NDCMPs.

In consonance with the positions of the three NDCMPs, the NDLEA Act also favours law enforcement and medical approach as the appropriate methods to tackle drug problems in the country. Aside this, the NDLEA Act Cap. P.4 1992 No.15 (3b & c) empowers the counselling unit of NDLEA in conjunction with the Federal Ministry of Health in Nigeria to provide after-care rehabilitation, social reintegration, education, and welfare for recovering drug-addicts. The provision is stated as thus:

“The counselling unit shall, in collaboration with the Federal Ministry of Health have responsibility for (a). Campaigns, seminars and workshops aimed at educating the public on the danger of narcotic drugs and psychotropic substance, thereby stimulating interest in and awareness about drug-related problems: (b). **After-care rehabilitation, social reintegration and education of addicts: c. The promotion of the welfare of convicts**”(NDLEA Act, Cap. P.4 1992 No.15 (3b & c)).

This provision (Cap. P.4 1992 No.15 (3b & c)) is, however, the only one that considers social reintegration for both current and recovering drug-addicts.

Methods

This is an exploratory study that was conducted among the inmates of three selected faith-based organisations that offer social reintegration programmes for recovering drug-addicts in South-western, Nigeria. This study evaluated the programmes of Christ Against Drug Abuse Ministry (CADAM), Lagos; Word Communication Ministry (WOCOM), Ibadan; and Wellspring Rehabilitation Centre, Lagos. The study adopted questionnaire survey, in-depth and key informant interviews to generate quantitative and qualitative data from participants in the study. With the aid of self-design questionnaire, information on how reintegration interventions of the selected faith-based organisations are implemented was collected from the sampled inmates. Structure questionnaire was used throughout to sample the opinion of the eligible inmates that participated in the data collection exercise. The requirement for inclusion of inmates into the study was based on having participated in the reintegration programme of any of the selected FBOs for at least six months and the fact that a participant must have attained the official age of 18 years. All the inmates who met the criteria highlighted above and also indicated their willingness to participate in the study by completing the informed consent forms were involved in the data collection exercise. A total number of 156 inmates participated in the study. Of the 156 inmates that participated in the study, CADAM produced total number of 66 (61 male and 5 female), WOCOM 36 (34 male and 2 female), while 54 inmates consisting of 51 male and 3 females represented Wellspring.

While the survey targets inmates that were currently participating in the FBOs' intervention programmes, in-depth and key informant interviews were conducted among purposively selected ex-inmates and key managers respectively. Questions that bordered on what each FBO offered as complements of social reintegration programmes for inmates, the nature of what is offered, the quality and how often these complements are offered were asked through KIIs and IDIs. The investigation, however, generated rich insights into the phenomenon of study. The data collection exercise took place in Ibadan and Lagos between April and June, 2016. In essence, qualitative data generated were used to complement survey findings.

For the in-depth understanding of the programme, 12 in-depth (IDIs) of male and female ex-inmates from the 3 FBOs were conducted. 4 IDI sessions were conducted in each of all the three FBOs so as to get the inmates' subjective description and individual assessment of how reintegration programmes are implemented in the selected FBOs. In addition, 12 KIIs were conducted among the key managers and Careers in the selected faith-based organisations. The participants for the 12 KII sessions were selected using criterion-based purposive sampling. The 12 key informants were selected based on their knowledge and experience in relation to how social reintegration programmes are operated in the selected faith-based organisations. In-depth interviewees consisted of 9 males and 3 females.

Instruments

Questionnaire for Inmates

Structured questionnaire was the main survey instrument used for the collection of quantitative data from the study population. A set of questionnaire was constructed for all the inmates in the three selected FBOs. Questionnaire survey was relevant for the study and the sample was equally large to accommodate the relevant statistical analysis. The questionnaire consisted of 34 questions and was divided into eight modules in relation to the aim of the study. It consists of both open and close-ended questions. The modules range from inmates' socio-demographic variables, types of educational programmes of FBOs, forms of vocational programmes, housing programmes, employment services, and inmates' evaluation of reintegration programmes offered by the FBOs. Questions were organised in a logical sequence in the sense that questions were thematically arranged. In a bid to pre-test the survey instrument used for collection of quantitative data for the study, a focus group discussion session that consisted of nine inmates (male) was organised in CADAM. All the inmates that participated in the focus group discussion were encouraged to complete the questionnaire individually. This was followed by focus group discussion session where the same questionnaire was used as focus group discussion guide. This was done so as to ascertain the clarity of the

questions, clarity of responses of inmates, how the participants interpreted the questions and their general views on the contents of the questionnaire. As a follow up to the validation of survey instrument, every defective item discovered in the instrument were modified accordingly.

Data Analysis

Qualitative data that emerged from key informant and in-depth interviews were analysed through ethnographic summaries and content analysis so as to complement the findings from the survey. The exercise of analysis began with transcription of the recorded responses of the participants. This was followed by a thematic presentation of the whole data collected in line with the aim and objectives of the study. The various themes that emerged from the data were synthesized to produce a portrait that accounts for linkages between the global prescriptions of social reintegration intervention for recovering drug-addicts and what the selected FBOs offered so far. For quantitative analysis, data generated from the open and closed-ended questions in survey were analysed with the aid of the Statistical Package for Social Sciences (SPSS v20). Univariate analysis of simple frequencies and percentages was used in describing the socio-demographic characteristics of the participants. Socio-demographics of respondents were analysed to show the responses of inmates about the social reintegration complements of each of the selected FBOs. The specific socio-demographics selected for the analysis included age, sex, education, religion, marital status and occupation before their enlistment in the programme. They were all presented in tabular form.

Ethical Consideration

This study as a social survey sampled three faith-based organisations that offer social reintegration programmes for recovering drug-addicts in southwestern Nigeria. At the proposal stage, the work was submitted to the University of Fort Hare Ethical Review Committee for ethical approval, and it was duly approved in 2016 by the Research Ethic Committee of the university under the protocol number REC-270710-028-RA Level 01 with the Certificate Reference Number AK101SFALO01.

Prior the commencement of the study, the researcher sought and got permission from the administrative headquarters of the three selected FBOs. In addition to this, copies of research instruments to be used for data collection were deposited at the headquarters of the three FBOs. In consonance with the principles of informed consent and voluntary participation, all the participants were duly and fully informed about the aim of the study before the commencement of data collection exercise. In addition to this, participants were all reminded of their rights to withdraw from the exercise whenever they feel like doing so. All the participants that completed and returned the consent forms were the ones involved in the data collection exercise. This step was taken to show that participants were not coerced to participate in the exercise. In addition to this, verbal consent was also obtained from them. As part of the measures taken to ensure confidentiality and anonymity of the study participants, the researchers ensured they did not in any way include in the study anything that could reveal the identity of the participants.

Results and Discussion

Table 1 Socio-demographic Characteristics of Study Participants

		CADAM (N=66)		WOCOM (N=36)		Wellspring (N=54)	
Parameter	Scale of measurement	Freq	%	Freq	%	Freq	%
Sex	Male	61	92	34	94	51	94
	Female	5	8	2	6	3	6
Highest level of Education	Primary	4	6	3	8	4	7
	Secondary	16	24	15	42	29	54
	Diploma	36	55	18	50	19	35
	H/Diploma University	10	15	-	-	2	4
Religion	Christianity	49	74	22	61	41	76
	Islam	17	26	14	39	13	24
Marital Status	Single	29	44	19	53	21	39
	Married	10	15	5	14	9	17
	Separated/Divorced	27	41	12	33	24	44
Age	18-20	2	3	1	3	2	4
	21-30	23	35	8	22	21	39
	31-40	16	24	20	56	12	22
	41-50	15	23	5	14	15	28
	51-60	8	12	2	5	4	7
	61+	2	3	-	-	-	-
Occupation held before enlistment in programme	Agriculturalist	2	3	-	-	1	2
	Business	21	32	10	28	14	26
	Artisans	17	26	14	38	18	33
	Commercial Driving	20	30	9	25	16	30
	Civil service	3	4	2	6	4	7
	Drug Baron	2	3	-	-	-	-
	Military	1	2	1	3	1	2

In Table 1, socio-demographic variables of the participants in the study are provided. Data was collected from 156 inmates from the three selected faith-based organisations that offer social reintegration programmes for recovering drug-addicts in the South-western part of Nigeria. As display in the table, information regarding the participants' socio-demographic characteristics such as age, sex, educational attainment, religion, occupation, etc were obtained.

Analysis of survey data indicates that there were more male inmates in the three selected FBOs. Male constitutes over 90% of the total population of all the inmates. This discovery, however, supports the assertion in the literature that males are more likely than female to abuse drugs (NIDA, 2000). In all, the participants have varied educational statuses that range from primary to tertiary education. The only noticeable pattern in the educational attainment of the participants is the fact that more than three-quarters (85%) had secondary school leaving certificates and Ordinary National Diploma.

In a similar fashion, the analysis of socio-demographic variables of respondents did show a noticeable pattern on religion across the three selected faith-based organisations. Majority of the inmates claimed to be adherent of Christianity before their enrolment in the programmes. One other noticeable observation is the fact that

the sampled FBOs mandated conversion to Christianity as a pre-condition for acceptance and inclusion as enrollee into the programme. In terms of the marital status of participants, a significant number (44%) were unmarried, 16% were married, while 40% were either widowed or separated. A ranking of the proportion of respondents by their occupation shows that artisans (37%) had more representation than any other occupation among the respondents. Respondents who claimed they were businessmen and women constituted 29%, while the commercial motor drivers were also 29%. However, 6% of the respondents were civil servants, 2% were into Agriculture related activities, and 1% indicated they were Drug barons, while another 1% indicated they were military officials.

Table 2 Faith-Based Organisations' Social Reintegration Programmes

FBOs' Educational Services	CADAM (N=66)		WOCOM (N=36)		Wellspring (N=54)	
	Freq	%	Freq	%	Freq	%
FBOs provide formalised educational opportunities for all recovering drug-addicts						
*Strongly Agree	-	-	3	8	1	2
*Agree	3	5	1	3	-	-
*Neutral	4	6	3	8	2	4
*Disagree	59	89	29	81	51	94
Participation in Spiritual Education is mandatory						
*Strongly Agree	66	100	4	94	52	96
*Neutral	-	-	2	6	2	4
Compulsory vocational training for recovering drug-addicts is a cardinal programme of FBOs						
*Strongly Agree	56	84	-	-	11	20
*Agree	7	11	34	94	42	78
*Neutral	3	5	2	6	1	2
*Strongly Disagree	-	-	-	-	-	-
The vocational needs of recovering drug-addicts are explicitly addressed by FBOs						
*Strongly Agree	5	8	1	3	1	2
*Agree	-	-	1	3	1	2
*Neutral	4	6	2	6	3	6
*Strongly Disagree	57	86	32	88	49	90
FBOs provide accommodation for discharged recovering drug-addicts						
*Strongly Agree	-	-	-	-	-	-
*Agree	-	-	-	-	-	-
*Neutral	-	-	4	11	3	6
*Strongly Disagree	66	100	32	89	51	94
FBOs assist recovering drug-addicts to seek and secure employment						
*Strongly Agree	5	8	-	-	-	-
*Agree	-	-	-	-	-	-
*Disagree	-	-	-	-	4	7
*Strongly Disagree	61	92	36	100	50	93

Education is arguably one of the three pillars of social reintegration programmes. In line with the recommended and prescribed educational programme, its availability must be such as to provide another opportunity for the recovering inmates to learn or upgrade literacy or numeracy skills. Another distinguishing feature of such prescribed educational programme is the fact that its completion will result into labour market-relevant vocation qualification recognised by the competent authorities. Its main importance hinges on assisting recovering drug-addicts to return to productive living by increasing their employability. Thus, education is a precondition necessary for protecting recovering drug-addicts from further social exclusion. Education was an important strategy adopted in the selected FBOs. However, the findings of the study as shown in Table 2 reveal that the only form of education provided for inmates by the FBOs was religious or spiritual education. For instance, 81% of inmates in CADAM, 89% in WOCOM, and 94% in Wellspring claimed that the selected FBOs only provide spiritual education. There was an increased focus on religious education without provision for what is termed as educational reengagement. The term academic reengagement refers to the opportunity given to recovering drug-addicts to catch up on lost schooling. The offer is made available for inmates who abandoned schooling or have poor literacy skills but are still interested in honing their education. Where such provision exists, special arrangement is made for such inmates to complete their education in state recognised school or institution where they participate in examinations and other forms of assessment for the award of nationally accepted certificates. The opinion of majority of survey respondents that FBOs only provide spiritual education and rarely provide formal education also reverberates in the narratives of the key informants. One of such discussion is presented below.

According to a key informant at Wellspring:

“The ministry basically provides spiritual education for inmates; there are plans to extend this to formal education in future when funds are available”.

MALE/KII/WOCOM

Another respondent stated that:

“it is a fact that this Ministry cater for all the needs of our beneficiaries. It is the responsibility of the mission to ensure that they are all adequately taken care of. The mission provides everything for them except schooling”. **FEMALE/KII/CADAM**

The vocation training programmes of the selected FBOs is also addressed in Table 2. It is a generally accepted belief among scholars whose interests centre on social reintegration that one of the essential ingredients for a successful reversal of social exclusion of recovering drug-addicts is skill acquisition - a set of practical skills and understanding necessary for securing employment. Of the study participants, all were of the opinion that the selected FBOs have provision for vocational training programmes for all inmates. According to the findings of the study, 95% of respondents in CADAM, 94% in WOCOM, and 98% in Wellspring respectively maintained that vocational training is part of the cardinal programmes of the FBOs. The twist, however, in the vocational training programmes of the three FBOs is that the programmes were beset with challenges such as inadequate and obsolete tools and equipment, lack of menu of choice, short duration of skills learning, and lack of specialised staff to provide training. Of all the challenges facing FBOs' vocational training programme, the respondents identified lack of menu of options as the most demotivating factor for recovering drug-addicts. Also, a significant number of recovering inmates in sampled FBOs considered most of the available vocations within the facilities as unpopular and outdated and not money-spinning. In fact, the findings of the study revealed that none of the FBOs provides vocational training programmes that lead to certification. IDIs with ex-inmates also supported the fact that vocational training programmes of the selected FBOs were deficient in many areas. In the words of a participant:

One of the challenges facing vocational training programmes in this ministry is the fact that inmates do not have the liberty to follow their hearts concerning the type of skill they want to acquire or learn. Inmates are indirectly forced to learn one out of the two or three available vocational programmes in the centre. Another common problem is

absence of specialised trainers or professionals to anchor some of our training sessions.

MALE/IDI/EX- inmates/CADAM

Another participant averred that:

In Wellspring Ministry, the vocational training programme is known as empowerment programme and this takes place at Gilgal camp. One major problem facing our programme is the inadequate duration or period allocated for the acquisition of skills.

MALE/IDI/WELLSPRING/EX-inmates

Also Table 2 addresses the reaction and responses of the selected faith-based organisations in assisting inmates to overcome homelessness and other housing needs. In spite of the fact that provision of accommodation is part of the global prescriptions for successful social reintegration programmes for recovering drug-addicts, the findings from the study show that none of the sampled FBOs offered rent arrears assistance or outright provision of housing arrangement as part of their strategies. Data from quantitative investigation as shown in Table 2 indicates that the selected faith-based organisations did not have any plan regarding temporary housing or emergency accommodation for the inmates. Neither the inmates who were at the verge of becoming homeless at the expiration of their social reintegration programmes within the facilities of the FBOs, nor the homeless ex-inmates are considered for any temporary accommodation solution. 100% of inmates in CADAM, 89% in WOCOM, and 94% in Wellspring attested to the fact that FBOs rendered no assistance as far as addressing the accommodation needs of inmates are concerned. As a matter of fact, the narratives from key informant interviews conducted in the three selected faith-based organisations showed that none of the FBOs had the funds or financial clout required to address the accommodation needs of the inmates.

A Key informant had this to say:

We do not provide accommodation for discharged recovering drug-addicts due to constraints such as lack of fund, space and many others. Family members are contacted to take custody of their wards. Also, we do not assist inmates with money to take care of accommodation problem.

WELLSPRING/Key Informant

Another respondent said:

This ministry mainly recruits drug-addicts from the streets in conjunction with some other supporting ministries. These ministries (supporting) always take a significant number of them over from us after the successful completion of their programme.

WELLSPRING/Male Key Informant

In a bid to assess whether the selected FBOs have programmes in place to tackle the barriers that prevent recovering drug-addicts from securing employment or whether they have specific interventions that provide supportive work environment for inmates after the completion of their programmes; the findings of this study showed that faith-based organisations are largely ineffective as far as providing supporting system needed to foster employment creation is concerned. 92% of inmates in CADAM, 100% in WOCOM, and 93% in Wellspring asserted that the FBOs had no such provision, whether specific or general to facilitate employment for recovering drug-addicts.

Results presented in Table 2 are indicative of the fact that none of the three FBOs was involved in programmes capable of assisting recovering drug-addicts to secure employment. The results showed that none of the selected faith-based organisations had any employment-related intervention targeted at assisting inmates in job search activities.

This is what an inmate said:

This organisation runs on trust. The organisation does not provide employment for its clients; neither does it seek job opportunities elsewhere for its beneficiaries. In

fact, it is even part of the policies of this organisation not to serve as guarantor for all clients **IDI/MALE/ CADAM**

The narrative of a respondent at CADAM was quite similar to that of another in Wellspring: Wellspring does not provide job opportunities for its beneficiaries. The organisation neither assists in the provision of jobs for clients nor provides monthly allowance.
WELLSRPING/Male In-depth Interviewee

Table 3FBO’s Social Reintegration Strategies: Linkages with Global/National Policies

SOCIAL REINTEGRATION INDICATORS	FAITH-BASED ORGANISATIONS			POLICIES IMPLEMENTATION PRESCRIBED
	CADAM	WOCOM	WELLSPRING	
Educational Programmes	-Mainly spiritual educational programmes -Absence of formalised education	-Compulsory spiritual education for all inmates. -Absence of formalised education	-Availability of spiritual education only. -Dearth of formalised education for recovering drug-addicts	-None of the global, regional, sub-regional, and national drug control policies recommend spiritual education at the expense of formalised one. Formalised education is recommended to assist recovering drug-addicts overcome low levels of literacy and numeracy Formalised Education is recommended so as to increase the employability of socially-excluded populations.
Vocational Training	-Compulsory vocational training with inadequacies such as: Limited choice of vocations; Lack specialised staff to provide training; lack of training facilities; inadequate duration	Compulsory vocational training with inadequacies such as: Lack of specialised staff to provide training; lack of training facilities; inadequate duration	It involves all recovering drug-addicts -Limited choice of vocations Lack specialised staff to provide training	-Wide varieties of vocational training programmes that support employment finding strategies, increase self-efficacy and raise commitment to work. - Vocational training that will develop skills specific to particular fields or occupations.

Accommodation	Not Applicable	Not Applicable	Not Applicable	-Stable and suitable accommodation – a necessity. -Temporary housing -Emergency accommodation - Transitional housing (Half-way houses and supported housing) are also recommended.
Employment	Does not assist in recovering drug-addicts in seeking employment Occasionally retain recovering addicts as drug Careers. Provide financial support for female recovering drug-addicts.	Does not assist in seeking employment Does not retain recovering addicts as Careers. Occasionally Support individual businesses with meagre funds.	Does not assist in seeking employment Occasionally retain recovering drug-addicts as Careers. Does not support individual businesses either financially or materially	Supported employment Provision of Financial Assistance Provision of adequate tools and equipment

Conclusion

In this study, the analytical attempt for comparing faith-based organisations' social reintegration programmes for recovering drug-addict in South-Western Nigeria with the global and national policies guiding re-entry programmes for recovering drug-addicts, is to ascertain whether or not the programmes of the FBOs comply with the relevant prescriptions and guidelines. However, as the findings of the study have revealed, the educational plans and programmes of the sampled FBOs did not specifically address the formalised educational needs of recovering drug-addicts. Only the spiritual educational needs of recovering inmates were met. The educational strategies of the sampled FBOs were not fully consistent with the preferred global and national educational development for recovering inmates. Indeed, the highly spiritualised educational provisioning of the selected FBOs did not comply with the global social reintegration policies and prescriptions.

In the same vein, the evaluation of vocational programmes of the selected FBOs as shown in this study is not fully consistent with the global and regional prescriptions on social reintegration complements necessary for the inclusion of recovering drug-addicts into the society. The several weaknesses inherent in the vocational training programmes of the selected FBOs are indicators that the programmes might not adequately improve the employability of recovering drug-addicts as expected. With the above, vocational training programmes of the selected faith-based programmes have not totally complied with global policies and prescriptions guiding how skills acquisition programmes should be organised for recovering drug-addicts. Similarly, available evidence from both quantitative and qualitative data has shown that the inclusion

plans of the selected faith-based organisations have nothing to address homelessness and the problem of unemployment of inmates and ex-inmates. In conclusion, the social reintegration programmes of the selected FBOs have largely recorded little success as far as the provision of social reintegration complements such as education, vocational training, accommodation, and employment, which are elements necessary for the prevention of social exclusion and promotion of social reintegration are concerned.

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