



**Christ Against Drug Abuse Ministry (CADAM): Complementing Care
Institution for Drug Related Cases in Epe, Lagos State, Nigeria**

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Abstract

Drug abuse has become an unignorable malaise in Nigeria, and a no respecter of institutions, no matter how revered. The challenge is enormous, and addicts are not legally compelled to seek treatment as medical institutions attend to patients on request. To complement the orthodox medical institutions, Christ Against Drug Abuse Ministry (CADAM) has emerged as a major player in the fight against abuse, addiction, and similar drug-related misdeeds through spiritual methods. The study focused on the sustainable solutions to drug abuse by evaluating the CADAM, its methods, successes, and challenges. It explores CADAM's God-centred approach through its affiliated academic and training institutions. Using the symbolic interaction theory and the statistics of intake over a 20-year period, it analysed CADAM's rehabilitation methods of psychotherapy and spiritual therapy, and its aim to reintegrate all cases back into society without casualty. Findings leading to drug abuse include peer influence, boredom, escapism, poor parental guidance, and psychological euphoria. Major consequences of the addicts studied include depression, suicide, academic failure, erratic behaviour, and low self-esteem. Major setbacks include limited funding and poor public awareness. The study therefore recommends collaborating with other NGOs and reviewing its rehabilitation methods for better efficacy and increased patronage.

Keywords: Drug, Drug Abuse, Psychotherapy, Rehabilitation, Substance.

Introduction

According to global estimates, approximately 246 million individuals were engaged in the use of illicit substances during the referenced period, with cannabis, opiates (notably heroin), cocaine, and amphetamine-type stimulants identified as the most commonly abused drugs. In the Nigerian context, the

prevalence of drug abuse remains a critical public health concern, with cannabis emerging as the most widely consumed illicit substance. Other substances of abuse include cocaine, heroin, amphetamine-based stimulants, and volatile inhalants such as glue and industrial solvents (Lyman, 2016). This is a problem of great significance because extensive research has shown that alcohol, tobacco, and marijuana are the most frequently abused drugs in many societies (Lennox and Cecchini, 2008: 134-145; Makanjuola, et al., 2007: 112-114).

Research has shown that the consequences of drug abuse are far-reaching and include social vices such as rape, robbery, and sexual promiscuity (World Health Organization, 2003). A study by Lennox and Cecchini (2006: 134-145) establishes a strong correlation between drug use and sociability, rebelliousness, and deviant behaviour. The problem of drug abuse is a global epidemic that has continued to spread due to the ease with which humans adopt vices.

The World Health Organization (WHO) has estimated that approximately 76.3 million individuals globally are affected by alcohol use disorders (Putul, 2011: 7-12). Furthermore, by the close of the 20th century, around 185 million people aged 15 years and above were reported to have engaged in drug use (WHO, 2017). Empirical evidence underscores a strong correlation between initial drug use and the subsequent development of addiction, indicating that substance experimentation often constitutes the preliminary phase in the trajectory toward dependency.

The World Health Organization (WHO) reports that substances such as alcohol and tobacco have contributed to more road traffic fatalities and loss of life than many recognized human diseases (Okeke, 2004: 44-47). Concurrently, the global drug trafficking enterprise continues to expand, while international responses remain inadequately coordinated and insufficiently robust. Despite the well-documented adverse effects of substance abuse on public health and societal well-being, epidemiological studies persistently reveal high prevalence rates of drug and alcohol consumption. Notably, the patterns and prevalence of substance use vary significantly across different national contexts, reflecting sociocultural, economic, and regulatory influences (Adeloye et al., 2019: 438-450).

In Nigeria, varying rates have been reported. In the South-West region, from 15.0% to 69.3% of members of the society, especially among the youth and young adults, reported using any psychoactive substances, including local substances such as kolanut. Alcohol remains the most consumed substance, followed by cigarettes. However, the pattern seems to be changing, with tramadol being the second most abused substance (Idowu, Aremu, Olumide, & Ogunlaja, 2018: 776). As the 2018 National Drug Use Survey revealed, in Nigeria at that time, there were around 14.3 million drug users, and close to 3 million suffered from a drug use disorder. Drug abuse among youths in Nigeria is now a common phenomenon, as recent research shows that 15-20 percent of drug addicts in South-West, Nigeria are females, while males constitute about 50-55 percent (Adeloye, 2021: 1926). However, this contradicts African way of life.

Hence, Dairo, to examine how the beliefs of Africans affect their morality, opined that the African man's actions and behaviour must not precipitate calamity for him, his family and or for society at large (Dairo, 2014). In essence, there is a need to combat it via rehabilitation.

Drug rehabilitation represents a multidimensional therapeutic process that integrates medical and psychotherapeutic interventions to address dependency on psychoactive substances, including alcohol, prescription medications, and illicit drugs such as cannabis, cocaine, heroin, and amphetamines. Its principal aim is to assist individuals in reducing or eliminating substance use and dependence, thereby alleviating the associated psychological, legal, financial, social, and physical consequences—particularly those arising from chronic or severe abuse. As noted by Watson (2022), effective rehabilitation seeks not only to achieve abstinence but also to facilitate holistic recovery and reintegration into society through sustained therapeutic engagement. Hence, it plausible to explore the involvement of an alternative care institution like CADAM.

Christ Against Drug Abuse Ministry (CADAM) functions as a faith-based rehabilitation centre that integrates psychotherapeutic methodologies with Christian spiritual practices in the treatment of individuals struggling with substance abuse (Olubayo, 2019). CADAM's rehabilitation framework is structured into two distinct six-month phases: the *treatment* phase and the *rehabilitation* phase. The initial treatment phase is characterized by strict residential confinement, during which beneficiaries are completely isolated from external influences. Within this controlled environment, participants engage in a regimen of structured responsibilities—including cooking, cleaning, laundry, farming, and other communal tasks—rotated systematically to promote cooperation, discipline, and adaptability. Bed spaces, duties, and group assignments are also rotated to assess interpersonal tolerance and emotional resilience. In addition to these behavioural conditioning exercises, beneficiaries receive intensive doctrinal instruction rooted in the unaltered teachings of the Holy Bible. They are further required to participate in daily devotions, Sunday worship services, and are encouraged to preach, all of which are designed to instil discipline, moral consciousness, and self-regulation. Crucially, during this phase, access to external environments, individuals, or stimuli that may provoke relapse or drug cravings is strictly prohibited, ensuring a therapeutic setting conducive to foundational recovery (Olubayo, 2019).

The last six months, which is the final phase known as rehabilitation, are quite more relaxed than the first because at this point, students or beneficiaries are accorded a level of trust. They can now go out more often, they can now gradually be allowed to relate with society, gradually re-integrated, and their level of discipline and self-control is tested. They are carefully and gradually exposed to the environment where they can readily see the drugs for which they had been rehabilitated. Furthermore, over the last six months, beneficiaries have been taught different entrepreneurial skills and vocations, including shoemaking, tailoring, and carpentry. They also learn responsibility, adaptability, and Christian ethics and morals (Olubayo, 2019).

The role of Christ Against Drug Abuse Ministry (CADAM) of the Redeemed Christian Church of God (RCCG) in addressing drug abuse involves a multi-faceted approach that integrates spiritual, educational, and community-based strategies. The primary goal is to provide support, rehabilitation, and prevention initiatives to combat drug abuse within and beyond the church community. However, despite the efforts of the organization, it seems the vice is spreading its tentacles wider every day. Hence, the burden for this research.

Statement of the Problem

The alarming rate at which Nigerians engage in drug abuse is a cause for concern. It is a social menace that has caused severe havoc in society. Despite this, several youths still engage in it. The percentage of youths with mental struggles exceeds the percentage among older people, due to drug abuse. This is particularly unexpected because youthfulness should normally be associated with hope, optimism, and sometimes even an overestimation of one's potential. Yet, many youths have dropped out of school due to their involvement in drugs (Ajibulu, 2011). Despite the measures put in place to eradicate this menace, it appears that the situation is worsening daily. Though efforts have been made by scholars to research the contributions of CADAM to the rehabilitation of drug addicts in Nigeria, the efforts are still minimal. To be precise, in a work titled: Nigerian Pentecostal Megachurches and Development: A Diaconal Analysis of the Redeemed Christian Church of God, Adedibu acknowledges that the RCCG has contributed significantly in the area of health and well-being of Nigerians in general. He thereby recognized Christ Against Drug Abuse Ministry (CADAM) as one of the health establishments of RCCG (Babatunde Adedibu, 2023) that has immensely helped in stabilizing the health of Nigerians. Apart from this, no research has focused on the methods employed by the agency to achieve its goal.

Clarification of Concepts

Two concepts are essential in this paper. These are the concepts of drug and drug abuse as explained below:

Drug

The term "drugs" can encompass various meanings depending on the context. Broadly speaking, "drug" refers to any chemical compound that elicits physiological effects upon introduction into the body. Corroborating this, Sussman and Ames (2009) define a drug as a "substance that can be taken into the human body and, once taken, alters some processes within the body". This may be utilized for medical purposes, recreational activities, or as part of ceremonial rituals. In a medical context, drugs primarily pertain to pharmacological preparations or products employed for the diagnosis, treatment, or prevention of diseases. This category encompasses prescription medications, over-the-counter drugs, and diverse therapeutic modalities. In a recreational context, drugs may denote substances consumed for their psychoactive effects, offering pleasurable sensations or altering perception.

Examples include alcohol, cannabis, cocaine, ecstasy, and others. The term "drugs" is frequently associated with substance abuse, signifying the misuse or excessive use of substances, resulting in detrimental health or societal consequences. It is crucial to acknowledge that the term "drugs" is all-encompassing, encompassing a wide range of substances with varying effects and legal statuses.

A drug is defined as a chemical substance administered to elicit a specific biological response within a living organism. Drugs may serve therapeutic purposes—when used pharmaceutically—or may be consumed for non-medical, often psychoactive, effects, commonly referred to as recreational use. The nature and extent of a drug's biological impact are influenced by several factors, including its molecular composition, dosage, and route of administration. While some drugs consist of a single active compound, others comprise a complex amalgam of multiple bioactive ingredients. These constituents may be chemically synthesized or derived from natural sources, including plants (herbal), marine organisms, animals, microbes, or through advanced biotechnological methods such as genetic engineering (BiologyOnline, 2019).

Drugs can be classified in various ways; however, a fundamental categorization distinguishes between legal and illegal substances. Legal drugs refer to those that are lawfully manufactured, distributed, and consumed—typically under regulatory oversight for medical or recreational purposes. These include prescription medications and controlled substances like alcohol and tobacco in many jurisdictions. In contrast, illegal drugs are substances whose production, sale, or use is prohibited by law. These illicit substances may further be classified based on their potential to induce physiological and psychological dependence. For instance, drugs such as amphetamines, cocaine, depressants, and narcotics are associated with a high potential for dependency, whereas substances like cannabis and certain hallucinogens are generally linked to lower dependency profiles. Importantly, the clinical severity and addictive potential of illegal drugs vary considerably, necessitating a nuanced understanding of their pharmacological and social impact.

Drug Abuse

Drug abuse has been defined through multiple perspectives, often emphasizing its deviation from medically or culturally sanctioned use. According to Haladu (2003: 86–94), citing the National Agency for Food and Drug Administration and Control (NAFDAC, 2000), drug abuse refers to the excessive and continuous self-administration of substances in a manner that disregards medically or culturally acceptable norms. It entails the consumption of drugs to a degree that compromises both health and social functioning. Similarly, *The World Book Encyclopedia* (2004) characterizes drug abuse as the non-medical utilization of substances in ways that impair an individual's capacity to lead a healthy and productive life. In alignment with this view, Manbe (2008) describes it as the excessive, maladaptive, or addictive consumption of drugs for purposes unrelated to legitimate medical treatment. Abdulahi (2009: 156–166) further

posits that drug abuse encompasses arbitrary dependency or misuse of substances, often in the absence of professional medical assessment or authorization. In essence, drug abuse can be understood as the unlawful or injudicious overuse of psychoactive substances that results in detrimental consequences for both the individual and society.

Berk (2004: 235) defines drug abuse as the improper and harmful use of a drug that can result in health issues or impede a person's social and other activities. Abdullahi (2009) perceives drug abuse as an instance where a specific drug is administered without prior diagnosis and prescription by medical professionals. Drug abuse transpires when the use of a drug is medically unnecessary, not endorsed by a health practitioner, illicitly prohibited, and socially unacceptable. While a substance may be deemed socially acceptable, it becomes drug abuse when consumed excessively.

Drug abuse is a societal ill that has pervaded all sectors of modern society. It has affected both rural and urban areas and has impacted individuals from all walks of life, including the economically disadvantaged and the wealthy, as well as males and females of all ages. However, it is most prevalent among young people, particularly in dormitories and in educational and technical institutions. Thus, drug abuse, often referred to as substance abuse, constitutes a pervasive global challenge with significant implications for public health and societal well-being (Ogunsola & Fatusi, 2016: 29). It involves the recurrent use of psychoactive substances—legal or illegal—in quantities or through methods that pose harm to both the user and those around them. When individuals persist in consuming alcohol or other substances despite experiencing detrimental consequences, a diagnosis of substance dependence may be applicable. Chronic and compulsive usage can lead to the development of tolerance—requiring increased doses to achieve the same effect—and may result in withdrawal symptoms upon cessation or reduction of use. According to Foster (2004: 78–79), cannabis remains the most frequently consumed illicit drug in Nigeria. Other commonly abused substances include cocaine, heroin, amphetamine-type stimulants, and volatile inhalants and solvents, such as glue.

Theory

The theory adopted for this study is Symbolic Interaction Theory

Symbolic Interaction Theory:

Symbolic Interaction Theory, as advanced by sociologists such as Blumer, Becker, Goffman, Denzin, and Hochschild (2016: 123–126), provides a nuanced lens through which human social behaviour can be examined. The theory posits that human interactions are not merely reactive but are mediated by the meanings individuals ascribe to actions, objects, and events. In contrast to mechanistic or behavioural explanations, symbolic interactionism suggests that individuals do not respond directly to external stimuli but rather interpret and assign meaning to such stimuli before responding. Thus, interaction is

fundamentally symbolic and interpretative, shaped by shared meanings and communicated through language, gestures, and other social symbols. According to this perspective, society exists and functions because individuals possess the capacity to construct and communicate symbolic meanings. People engage with one another, and with their environments, based on the interpretations they develop through socialization. A core tenet of the theory, the principle of significance, holds that human actions toward people or objects are determined by the subjective meanings attributed to them.

When applied to the phenomenon of drug abuse, symbolic interactionism illuminates how societal understanding and individual interpretation contribute to substance use behaviours. Blumer's foundational principles are particularly relevant in contextualizing the misuse of psychoactive substances in Nigeria. Although psychoactive drugs are globally recognized as pharmacological agents intended primarily for therapeutic use, acting on the central nervous system to alter perception, mood, cognition, and behaviour, the meanings attributed to these substances often diverge culturally and socially.

In Nigeria, for instance, despite legal prohibition, psychoactive substances are frequently utilized both recreationally and as non-prescribed remedies for perceived ailments. This behaviour reflects a misalignment between institutional definitions of drugs and locally constructed meanings. Individuals who misuse these substances do so not purely out of defiance but based on the interpreted roles these drugs play in alleviating emotional distress, enhancing performance, or facilitating social belonging. This interpretative flexibility underscores how drug dependency and abuse are not merely biochemical phenomena but are embedded within the symbolic frameworks through which users define their experiences and choices.

Thus, symbolic interactionism provides a powerful tool for understanding how drug abuse is socially constructed, how meanings around drug use evolve, and why interventions must account for the symbolic realities and social narratives of users.

Christ Against Drug Abuse Ministry

Christ Against Drug Abuse Ministry (CADAM) is a faith-based non-governmental organization operating under the auspices of the Redeemed Christian Church of God. Established in 1991, the ministry's primary objective is to provide care and rehabilitation for individuals suffering from drug addiction for males and females. In 1996, CADAM initiated the Residential Rehabilitation Program, which has since become a cornerstone of its operations. CADAM is deeply rooted in Christian principles and values, with a strong emphasis on the role of faith in God as the primary catalyst for addiction recovery. Its name itself reflects this conviction, highlighting the transformative power of God in overcoming the bonds of addiction that sever the connection between individuals and their spiritual beliefs.

Christ Against Drug Abuse Ministry (CADAM) was established under the guidance of Pastor Ezekiel Odeyemi at the Ladipo Oluwole Parish of the First Born Family of the Redeemed Christian Church of God, Ikeja. Initially known as the Drug Addicts Rehabilitation Ministry, it assumed the acronym CADAM in 1996. CADAM's primary focus rests on offering treatment and rehabilitation services to both male and female drug addicts across numerous nations worldwide. Subsequently, in 2003, the ministry established Triumph House, a Women's Wing, which presently operates from a more favourable location in Poka. CADAM admits drug victims twice a year, specifically in March and September (<https://faadeboye.com/ministries/cadam/>).

CADAM operates with a visionary mandate to become the premier centre for drug abuse prevention, drug addiction rehabilitation, and aftercare services. In order to accomplish this mandate, CADAM seeks to identify, prevent, and combat the multifaceted causes and effects of drug abuse through the development of effective programs and services. This unwavering commitment stems from CADAM's dedication to emancipating individuals, families, and communities from the detrimental impact of drug abuse and addiction, thereby enhancing their social well-being. CADAM offers a comprehensive One-Year Rehabilitation Program, conducted in state-of-the-art facilities located in Epe, Lagos State, and Abeokuta, Ogun State, Nigeria. Additionally, the Redemption Camp serves as a nurturing environment for caregivers and recovering addicts, who are referred to as "Beneficiaries."

Epe Centre, known as Enoch and Folu Adeboye Rehabilitation Centre

At CADAM, all beneficiaries are guided in the ways of the Lord, with a focus on spiritual discipleship and Christian religious knowledge as the foundation of our teachings. They receive comprehensive instruction from the pulpit in the spacious chapel on designated days, namely Tuesday, Thursday, and Sunday, as well as during special events. Furthermore, all beneficiaries are provided with nutritious meals served daily in the dining hall, with special attention given to their dietary needs. For beneficiaries who successfully complete Phase 1 of the program, CADAM offers skills acquisition training as part of Phase 2. This training equips them with various vocational skills that can be of commercial benefit in their post-rehabilitation lives. The training encompasses a wide range of disciplines, including laundry services, photography and videography, barbering and hairdressing, ankara accessories and bead making, soap making and cosmetics, tailoring, leatherwork, information and communication technology (ICT), and home economics.

Abeokuta Centre known as Moji Balogun Rehabilitation Centre

The Moji Balogun Rehabilitation Centre, established in June 2019, is a faith-based drug rehabilitation facility operated by CADAM. This centre primarily caters to individuals with mild substance use disorder, particularly students from various tertiary institutions and workers from diverse organizations. The centre offers an intensive three-month residential drug treatment and rehabilitation program within a clean, safe, and comfortable environment. The

residential facility consists of well-appointed and spacious en-suite rooms. The centre's dedicated staff includes a full multidisciplinary team comprising clinical psychologists, social workers, a chaplain, a maintenance officer, and a cook. Services rendered by the facility are individual psychological therapy, group psychological therapy, urine drug test, psychological evaluation and personality assessment, feeding- 3 meals per day, accommodation (1 person per room), vocational training, and recreational activities.

CADAM, as a faith-based NGO, is committed to the treatment and rehabilitation of drug addicts, providing them with comprehensive care and support. Through these various programs and facilities, CADAM strives to restore the beneficiaries' connection with God, empowering them to overcome the bonds of addiction and lead fulfilling lives. Since its inception in 1991, CADAM has achieved noteworthy milestones, using various methods. A survey of the intakes and the methods employed to handle their challenges are presented below:

A Survey of CADAM Intakes from 1996 to 2024

Year Range	No. of Intakes	Av/ Intake	Status of Intakes at Entry Point	Status of Intakes after 6 Months (Phase 1)	Status of Intakes after 12 Months (Phase 2)	Stages of Rehabilitation from Entry to Exit	Post-graduation Sustainability empowerment programme
1996-2005	672	67.2	Erratic, Bug-infested, Uncouth	Fairly sober Healthy	Sober, Visionary, Purposive and Healthy.	Detoxification, Therapies, Spiritual and Cognitive Occupational,	Acquire skills under Federal Ministry of Labour and Skill Empowerment
2006-2015	1784	178.4	Haggard, Indecisive, Louse	Fairly sober Healthy	Sober, Visionary, Purposive and Healthy.	Physiological, and Psychological Social, and Academic therapies	Trade Certificate of Competence for TTCC Grade 2,
2016-2024	1848	231	Psychotic, Dirty	Fairly sober Healthy	Sober, Visionary, Purposive and Healthy.		Bible College/ Redeemed College of Mission (RCM)

The table above depicts Christ Against Drug Abuse Ministry (CADAM)'s intake survey between 1996 and 2024. The survey shows a steady increase in the number of individuals (beneficiaries) undergoing rehabilitation, rising from 672 in 1996–2005, 1784 between 2006–2015 and 1,848 in 2016–2024. Across all three periods, the initial status of intakes reveals significant distress, ranging from erratic and unkempt behaviors in the early years to more severe psychological states like psychosis in recent times. However, a consistent pattern emerges of progressive improvement: within six months (Phase 1), most individuals reach a state of relative sobriety and health, and by 12 months

(Phase 2), they generally become sober, visionary, purposive, and healthy. The stages of rehabilitation have evolved from basic detoxification and cognitive therapies to a broader range of occupational, psychological, physiological, social, and academic interventions. After-care has also developed, from basic skill empowerment programs to formal certifications and academic and spiritual paths such as Bible College and Redeemed College of Mission (RCM), indicating a holistic and increasingly structured approach to long-term recovery and sobriety.

CADAM Rehabilitation Methods

In Nigeria, the journey towards mental illness, which includes substance dependence, necessitates initial recourse to rehabilitation. In its efforts to achieve its major goal of rehabilitating drug victims, CADAM employs a plethora of methods. These include:

- (i) Christ-Centred Approach/Spiritual Therapy: CADAM utilizes spiritual therapy as a means of rehabilitating individuals who have fallen victim to drug abuse. This form of therapy, often referred to as a "Christ-centred approach," aims to address various ailments, including drug addiction, where the afflicted individual grapples with feelings of failure in the eyes of God. By seeking reconciliation with God through sobriety and prayer, the individual endeavours to overcome their drug dependency. CADAM, with its extensive history in treating substance abuse victims, operates within the framework of spiritual therapy (Chinedu, 2009).
- (ii) Street Evangelism/Family Involvement: CADAM also effectively reaches drug addicts on the streets, with some being brought in by their loved ones.
- (iii) Residential Rehabilitation Programme: CADAM engages in a residential rehabilitation programme. To expatiate on this, the centre is open to both male and female drug addicts, though housed separately.
- (iv) Psychotherapy: When it comes to the initiation of the program, CADAM starts by addressing addicts' personal and health care.
- (v) Re-integration Approach: CADAM also provides vocational training for mature individuals as part of their re-integration into society.

Recently, there has been considerable empirical discussion regarding the appropriateness of this centre (Onifade, 2013). This study, therefore, aims to consider the appropriateness of these methods.

Challenges Confronting CADAM in the Execution of its Anti-drug Abuse Efforts in the Society

S/N	QUESTIONS	N=127	SA	A	D	SD
1.	Insufficient fund to finance the agency	127	44	25	36	22
		100%	34.65%	19.69%	28.35%	17.32%
2.	Lack of commitment and manpower from people in charge of the agency	127	34	38	30	25
		100%	26.77%	29.92%	23.62%	19.69%
3.	Negative perception regarding the credibility and relevance of the agency	127	36	49	22	20
		100%	28.35%	38.58%	17.32%	15.75%
4.	Abuse of the available resources for the implementation of the programme of the agency	127	46	39	18	24
		100%	36.22%	30.71%	14.17%	18.90%
5.	Lack of cooperation between the agency and other stakeholders	127	42	43	26	16
		100%	33.07%	33.86%	20.47%	12.60%

Source: Field Survey, 2023

From the table above, 69 respondents (54.33%) agreed that insufficient funds to finance the agency are a challenge confronting CADAM in executing its anti-drug abuse efforts. In addition, when asked whether lack of commitment and manpower from people in charge of the agency is a challenge confronting CADAM in executing its anti-drug abuse efforts, 72 respondents (56.69%) agreed with the assertion. In addition to the aforementioned, 85 respondents (66.93%) agreed with the assertion that negative perception regarding the credibility and relevance of the agency is a challenge confronting CADAM in executing its anti-drug abuse efforts.

Also, it can be deduced from the table above that 85 respondents (66.93%) agreed that abuse of the available resources for the implementation of the programme of the agency is a challenge confronting CADAM in executing its anti-drug abuse efforts. Lastly, 85 respondents (66.93%) agreed lack of collaboration between the agency and other stakeholders is a challenge confronting CADAM in executing its anti-drug abuse efforts.

Other Challenges Confronting CADAM in Executing Anti-Drug Abuse Efforts

S/N	STATEMENT
1.	Spiritual attacks
2.	Bad leadership
3.	Insufficient basic amenities in the centre
4.	Authoritarian dictatorship
5.	Insufficient accommodation for students and beneficiaries of CADAM

Source: Field Survey, 2023

From the responses in table 16, it is evident that aside those listed in Section B part of the questionnaire, CADAM in executing its anti-drug abuse efforts, was still confronted with the challenges of spiritual attacks, bad leadership, lack of some basic amenities in the centre, authoritarian dictatorship and lack of accommodation to accommodate its students and beneficiaries.

Success Record of CADAM

In spite of the above challenges confronting CADAM, the alternative care centre, with its unique approaches, can still boast of the achievements below:

CADAM's Rehab Centre in Nigeria stands as the sole facility that has been consistently providing its services to beneficiaries for the past twenty-seven (27) years.

CADAM spearheaded the notion of granting university students a second chance following a positive substance abuse test. Presently, CADAM has established collaborations with 15 private Nigerian universities.

CADAM has successfully graduated approximately two thousand beneficiaries from its centre and has equipped them with diverse vocational training. Many of these individuals have since attained sobriety and are thriving in their respective endeavours.

In the year 2000, Christ Against Drug Abuse Ministry (CADAM) was awarded a \$5,000 grant by the Drug Abuse Prevention Centre (DAPC) under the auspices of the United Nations. This funding was strategically deployed to establish a vocational training centre in Akute, Ogun State, aimed at enhancing the rehabilitation and reintegration prospects of recovering substance users.

Furthermore, in 2002, the Director General of CADAM, Dr. Dokun Adedeji, received the prestigious Cadbury Schweppes Chairman's Award—also valued at \$5,000—in recognition of outstanding employee-led community engagement initiatives with CADAM. This accolade underscored both the organizational commitment to social responsibility and the impact of CADAM's rehabilitation programs.

Through visits to schools, churches, higher institutions, and other organizations, CADAM has successfully raised awareness. Additionally, its World Drug Day Campaigns have contributed to this effort (<https://faadeboye.com/ministries/cadam/>)

Conclusion

This study concludes that CADAM is a ministry arm of the Redeemed Christian Church of God in charge of drug abuse. The aim of CADAM is to eradicate the abuse of drugs in society through a God-centred approach and an alternative to the orthodox medical practice. In combating drug abuse in society, CADAM pulls drug addicts from the streets, while some are brought to the centre by their

loved ones or parents in order for them to overcome drug abuse by treating the addict through the rehabilitation programmes of the ministry. Also, drug abuse imposes a lot of negative effects on the victims, which will finally result in death if not curbed early. In the bid to combat drug abuse in society, CADAM, as a rehabilitation centre, reaches out to people of the society, not limited to the Redeemed Christian Church of God, which established the centre. In doing this, the centre carries out awareness programmes, provides counselling and therapy, and also partners with other agencies, stakeholders, and NGOs that are involved in anti-drug activities and programmes.

Recommendations

The study recommends the following:

1. The Redeemed Christian Church of God should allocate more funds to the running of CADAM. Also, it was recommended that CADAM should solicit more funds outside RCCG, and also embark on activities that can generate more funds for the centre.
2. CADAM should embark on community sensitization and outreaches to educate and orient members of the society on the dangers associated with drug abuse and the activities of CADAM so as to stir the interest of family members of people battling with drug abuse in enrolling in the agency.
3. To encourage collaboration and enhance impact, the study suggested that CADAM should partner with other agencies, stakeholders, and NGOs involved in anti-drug campaigns and activities in order to widen their scope of operation and also reach out to a large number of people.
4. CADAM should intensify efforts in educating the illiterate rehabilitated addicts, and beef up efforts on giving vocational training to the educated ones. Also, there should be a separation between wild addicts and calm ones to avoid bad influence among the addicts, while more professionals should be employed to sharpen their existing methods of capturing people and the method of rehabilitating victims, especially, their talk-inclined therapy.
5. Parents should curb any manifestation of drug abuse or other forms of crime in their children before things get out of hand. In addition to this, parents were counseled to instill the fear of God in their children and wards as early as possible.
6. The government should join forces with NGOs, church-owned, and private rehabilitation centres to minimize drug abuse.

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