

**Social Reintegration of Recovering Drug-Addicts by Faith Communities – A
Review of Models and Theoretical Discourses**

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Abstract

Faith-based organisations have a long history of assisting the poor. They have been actively involved in the provision of welfare services for marginalised and vulnerable people all over the world. The list of accomplishments made by faith-based organisations is extensive and diverse. Faith-based groups have made significant contributions to the fight against HIV/AIDS, particularly in many isolated areas of African nations. In reality, several studies have shown that FBOs offer more than 50 per cent of the education and health services for the needy and the extremely poor in the most isolated regions of Africa. In actuality, the various services provided by religious organisations go well beyond simply giving aid and financial incentives to the poor and needy. They have been recognised for their contributions to development in several world regions. This article reviews models and theoretical discourses that highlight the social reintegration provisioning of faith-based organizations as they aid recovering drug addicts in returning to their normal productive functioning.

Keywords: Recovering drug addicts, models, theories, social reintegration Faith-based organisations.

Introduction

The act of providing social reintegration for recovering drug addicts by non-governmental organisations, particularly faith-based groups, has been copiously explained from different theoretical standpoints in sociology and criminology. The literature is awash with the claim that helping recovering drug addicts stay off illicit drugs completely after their successful abstinence is an important and evidence-based way to ensure that they are protected from further social exclusion and helped to avoid gravitating into the hydra-headed problems of reoffending, reconviction, and social rejection. However, the results of research like the one conducted by Keane¹ and UNODC² have repeatedly demonstrated that relying solely on clinical treatment and law enforcement to end drug addiction is ineffective. This is so because drug abusers are constantly confronted with co-occurring issues (co-morbidity) coupled with the fact that many of them are homeless and lack other welfare support.

¹Keane, M. 2007. Social reintegration as a response to drug use in Ireland: overview 5, Health Research Board, Dublin.

² UNODC, 2015. United Nations Office on Drugs and Crime, World Drug Report 2015 (United Nations publication, Sales No.E.15.XI.6).



Though a lot of scholars agree that drug addicts should embrace treatment and rehabilitation, recent research findings have shown that they also need more activities that help them build their social, economic, and institutional capital, i.e. activities that encourage social inclusion and reintegration³. The magnitude and severity of problems confronting drug addicts reflect their need to overcome compulsive drug cravings and use, but more important is the need for social support to overcome structural-level barriers which promote their social exclusion and connection with the aforementioned, researchers such as Sumnall & Brotherhood has emphasised the necessity of social reintegration programmes for recovering drug addicts ⁴.

Based on the foregoing, this article outlines relevant social theories with capacities to explain faith-based organisations' social reintegration programmes for recovering drug addicts.⁵ This work ostensibly sheds light on the core principles of some selected theories appropriate to describe the faith-based organisations' interventions aimed at assisting recovering drug addicts to experience social inclusion. At this juncture, it is crucial to review models and theoretical discourses that underline the two sociological concepts of drug addiction and social reintegration to identify the literature gaps that necessitate additional insight.

Social reintegration is a topical issue in sociological discourses. Efforts to achieve effective measures to prevent further social exclusion of recovering drug addicts and support their reintegration into society are part of the sociological enterprise. In fact, the understanding that recovering drug-addicts face numerous challenges and problems which may hinder their full reintegration into society is rife in sociology. To this end, several studies in the areas of Crime and Criminal Justice systems have shown that most offenders, particularly drug abusers and addicts in correctional homes, are confronted by a series of personal, economic and social challenges which, if not correctly tackled, might hinder their transition into the society as crime-free individuals ⁶ ⁷ Many of such studies have further shown that a vital strategy or approach to preventing recidivism among recovering drug addicts is to assist them with social reintegration measures with accompanying interventions designed to reduce recidivism. Generally, the objective of social reintegration programmes is to prevent several risk factors associated with recidivism and other problems

³Sumnall, H., & A., Brotherhood 2012. Social Reintegration and Employment: Evidence and Interventions for Drug Users in Treatment. European Monitoring Centre for Drugs and Drug Addiction, Spain.; Griffiths, T., Dandurand, Y. & Murdoch D. 2007. The Social Reintegration of Offenders and Crime Prevention. The International Centre for Criminal Law Reform and Criminal Justice Policy (Icclr). Research Report: 2

⁴ Ibid

⁵Griffiths, T., Dandurand, Y. & Murdoch D. 2007. The Social Reintegration of Offenders and Crime Prevention. The International Centre for Criminal Law Reform and Criminal Justice Policy (Icclr). Research Report: 2

⁶ Visher, C. A., L. Winterfield, and M. B. Coggeshall. 2005. "Ex-offender Employment Programs and Recidivism: A Meta-analysis." *Journal of Experimental Criminology*, 1(3), 295-315.

⁷Borzycki M & Baldry E 2003. Promoting integration: the provision of prisoner post-release services. *Trends & issues in crime and criminal justice* no. 262. <http://www.aic.gov.au/publications/tandi2/tandi262.html>

that might be facing recovering drug addicts in the forms of unemployment and the need for stable and suitable accommodation.

Despite the challenges associated with the problem of drug abuse and addiction, governments in many developing countries, particularly Nigeria, are yet to embrace social reintegration as a strategy to protect recovering drug addicts from social exclusion by providing them with adequate tools and opportunities needed for productive living in the society⁸. However, faith-based organisations have emerged in Nigeria to provide social reintegration complements for recovering drug addicts. The faith communities have responded by providing access to social reintegration services with the aim that this intervention will translate into successful re-insertion of recovering drug addicts in the community.

This article digs into theories and narratives that explain drug addiction and social reintegration. Indeed, the paper presents relevant models and theoretical orientations that explain the issue of drug addiction and faith-based organisations' social provisioning, known as social reintegration. As indicated above, the main task of this article is to highlight and discuss theories and postulates that guide the social reintegration provisioning of faith-based organisations. In the literature, diverse models and approaches explain drug addiction and the social reintegration programmes of faith-based organisations, and some of these are critically reviewed in this article.

Models of Drug Addiction

Providing a universally accepted explanation for why people engage in illicit drug use and eventually become drug dependent is one of the most critical challenges facing the field of drug use and addiction study. This area of human academic endeavour is not a novel enterprise, and research in the area has grown considerably. It is a fact that illicit drugs seriously harm individuals who engage in this practice. In addition, family members of drug users and abusers, including other members of society, are also not free from the clutch of social and economic costs of drug use and addiction. There is an ongoing debate among scholars and researchers regarding why people consume illicit drugs despite their noticeable grave harmful consequences on individual users and other non-users.

Moreover, contentions and contestations still exist in the literature regarding whether drug addicts are in control of their addiction or not; and whether or not they should be held accountable for their problems⁹. While certain scholars believe that drug addicts are the architects of their misfortune, based on the fact that they are rational beings and therefore are responsible for their choice that oscillates between non-drug living and drugs-filled lifestyle; others consider factors which are external to individual drug-addict as the leading cause of the problem.

⁸ Ibid

⁹ Tieu, M. 2010. Understanding the nature of Drug Addiction Bioethics Research Notes Vol 22, 7-11.

In effect, this enterprise has culminated into different models that are useful for explaining the etymology of illicit drug use and addiction. But as many and varied as the models are, no single one has shown the capacity to provide explanations sufficiently accurate and compelling enough to account fully for the processes that transform the casual consumption of illicit drugs into an uncontrolled drug craving lifestyle. The inadequacy described above has therefore climaxed in adopting different conceptual models to explain the causes of drug addiction. For this paper, four major conceptual models suggested by Walters¹⁰ will be examined.

1. The Moral Model

The moral model of addictions is an offshoot of the works of Enlightenment thinkers of the 18th century. This model has its roots in religion and is foregrounded in classical thought. The enlightenment thinkers such as John Locke and J.J. Rousseau challenged the reigning philosophy of their era that espouses that human behaviour was determined by God. The moral model refers to a choice of wrong values as the cause of drug addiction¹¹. The adherents of the model are rooted in the claim that God has given humans the power and ability to exercise free will and choose a course of behaviour through reason.

Consequently, the model purports the act of drug addiction to be the result of a rational decision that is based on a calculation of costs and benefits. The attention of this model focuses on personal choice, i.e. free will and individual autonomy. The central tenet of this model is that people engage in drug addiction because they exhibit certain moral laxity. Since the moral model has its root in religion, drug addicts are seen as morally bankrupt people who willingly violate the norms of society due to their low or lack of moral standards. Due to this assumption, drug addicts are branded as inherently wrong individuals whose harmful acts are driven by their bad values.

Dalrymple, commencing from the viewpoint of the moral model, sees drug addicts as liars and manipulators who constantly exaggerate withdrawal symptoms¹². A critical look at the moral model shows that it has little or no therapeutic value, hence its recommendation of punitive measures in the place of treatment for drug addicts. More importantly, the moral model cannot explain the efforts and contributions of faith-based organisations toward assisting recovering drug addicts to reintegrate into society successfully. In line with the basic assumption of the "moral model", drug addicts do not need many external forces to eliminate addiction and return to their normal drug-free lives. Instead, desistance from drug addiction, according to the model, only requires addicts to use their free will and individual autonomy. The model forecloses

¹⁰ Waters, Malcolm. 2000. *Modern Sociological Theory*. London: Sage Publications. What's the Big Deal? A paper presented at Nacsw Convention 2005, Grand Rapids, Michigan.

¹¹ Wilbanks, W. 1989. The danger in viewing addicts as victims: A critique of the disease model of addiction. *Criminal Justice Policy Review*, 3, 407-422.

¹² Dalrymple T. 2006. *Romancing Opiates: Pharmacological Lies and the Addiction Bureaucracy*. (1st ed.) New York: Encounter Books

social reintegration complements necessary for the social inclusion of recovering drug addicts.

2. Disease Model

The disease, or what is also known as the medical model, conceives drug addiction as a manifestation of the underlying biochemical disorder. It locates the cause of drug addiction in the pathological mechanism. Scholars like Ben (2007)¹³ considered drug and alcohol addiction as a form of chronic disease that occurs in people arbitrarily. According to Ward (1985), the biochemical condition resulting in drug addiction could arise from excessive drug use or be genetically determined. The disease model claims that something uncharacteristic always causes behavioural impairment in drug addicts. The model further explains how drug users lose control to regulate their drug consumption until the problem degenerates to a level that the addict cannot but apply for treatment. This model portrays drug addicts as individuals suffering from incurable diseases while the symptom is an addiction. Although the model claims that addiction cannot be cured, it recommends treatments as the only panacea to reduce the urge to use drugs. This model sees drug addiction as a brain disease.

The medical model has been criticised because it reduces human subjects to impersonal objects of clinical practice and, at the same time, takes responsibility away from the drug addicts and categorises them as victims. In the light of the explanations on the medical model exemplified above, the arguments arising from the model are not adequate to explain the efforts of the faith community in assisting drug addicts (both current and recovering) with "the three pillars" of social reintegration in the form of education/vocational training, housing, and employment. The model only locates the problem of addiction within the individuals that are drug dependent. As a matter of fact, the model does not recognise any known cure for the issue of drug addiction. It fails to explain the fact that lack of specific social elements predisposes some people to the problem of drug addiction.

3. The Psychological Model

Unlike the medical model, the psychological model of drug addiction explains internalised processes that birth to drug use and addiction. This model highlights the person-behaviour-environment interaction as the primary pathway to drug use and addiction. The thrust of the model is that drug addiction arises as a result of unmet psychological needs. Drug addicts are viewed as individuals having an underlying hidden intra-psychic conflict at a psychosexual stage of development. This model has mainly located the problem of drug addiction in the individual. Drug addiction occurs due to an attempt by drug addicts to deal with some unresolved conflict he had during his early childhood. In essence, drug addiction arises due to a particular personality trait that encourages chemical dependence.

¹³ Benn, P. 2007. Disease, Addiction and the Freedom to Resist. *Philosophical Papers*, 36(3), 465-481.

Scholars that acquaint themselves with the psychological model of drug addiction believe that abnormal personality traits cause drug addiction. To them, there is a minimum degree of the psychological imbalance that may influence addictive personality traits in individuals. This group of scholars listed varied conditions, such as lack of a coping mechanism to stress, big ego, and poor impulse control, among others, as recognisable traits of an addictive personality. The psychological model recommends behavioural and psychological therapies as appropriate treatment for drug addiction¹⁴.

The psychological model is somehow complex but understandable; however, the model has neglected the influence or place of social factors as predisposing factors of drug abuse and addiction. The model, however, in a reductionist manner, has only located remedies for drug addiction in personal and psychological therapies.

4. The Sociological Model

The emphasis on context is perhaps the trademark of the sociological construct of addiction which theorises how addictive behaviour is acquired through socialisation within the family, the peer group, the media and sub-cultural affiliation and the adoption of a deviant role. Many sociologists understand addiction as being socially and culturally constructed rather than an entity that is discrete or easily identifiable. For example, Reinerman discusses how drug users' behaviour is "forged in interaction with features of users' environments.

This model cannot over-emphasise the contribution of operant conditioning and training. It downplays the roles played by psychological factors in favour of various agents of socialisation as the determinants of drug addiction. Agents of socialisation, such as family, schools, and social relationships, are seen as significant events that shape drug addiction. The model claims that intervention of social and environmental factors would help drug addicts reduce substance abuse.

5. Social Learning Theory

In sociology, psychology and social work, social learning theory has been described as an essential theoretical orientation whose usefulness is pivotal in developing treatment and recovery programmes. Social learning theory (SLT) was propounded in 1973 by Albert Bandura to describe how thought process affects goal-oriented behaviour. Social learning theory describes the ability and capacity of individuals to learn from the social environment through interaction. According to Ward¹⁵, drug addicts will persistently abuse illicit substances even in the face of debilitating consequences associated with drug consumption, mainly because their drug use is reinforced. To Ward, the overall

¹⁴ Bentley, R. 2007. Social complexity in behavioral models. *Behavioral & Brain Sciences*, 30(1), 19.

¹⁵ Ward, D. A. 1985. Behavioural Conception. *Journal of Drug Issues*, 15, 1, 7.

objective of any treatment or recovery plan must be to eliminate "reinforcers" and introduce what he referred to as "Punisher".

In line with cardinal principles of social learning theory, individuals get addicted to illicit drugs when and if the consumption of narcotics elicits a favourable and rewarding experience for them. However, in a situation where the experience of others with drugs is neither favourable nor satisfying, the observer may likely learn from the unpleasant experience of others and abstain from drugs altogether. Social learning theory stresses that a change in the environment of a drug addict could elicit his withdrawal from illicit substances when such an individual relates with another group or groups that are not drug dependent. Social learning theory explains further how supportive and caring responses from non-drug reference groups would facilitate a drug addict to learn socially desirable behaviour that would eventually modify his maladaptive behaviour.

Based on the preceding, social learning theory emphasises that individuals become addicted to illicit drugs through association and learning and that learned behaviour can only be reversed by unlearning the process through which such anti-social behaviour was internalised. In accordance with the postulations of social learning theories from scholars such as Bandura (1977),¹⁶ Skinner (1978)¹⁷ and Akers (1998)¹⁸, drug addiction is a behaviour pattern that is formed and shaped by the environment and situational factors through learning. To recover from drug addiction, drug addicts, in line with the theory, must change their environment and the situational factors that occasioned the learning of such maladaptive behaviour. In short, the theory advances that drug addicts must learn from their associates (primary and secondary groups) how not to use drugs to cope with environment-induced stress. The theory finally proposes social support, social inclusion and cognitive restructuring as essential ingredients for recovery.

The theory, in line with one of its core assumptions, depicts the attempts of faith-based organisations to assist recovering drug addicts in unlearning maladaptive behaviour of drug addiction while (drug-addicts) participating in the social reintegration programmes alongside other non-drug users (ex-drug-addicts and care staff) within the facilities of the selected FBOs.

In conclusion, the strength of the theory of social learning lies in its ability to explain how current drug addicts can be helped to quit illicit drug consumption and achieve desistance through learning from drug-free individuals that can be found within and outside the facilities of FBOs. Also, the theory has been criticised as being too psychological and too far constraining due to an essential constituent of the theory that emphasises that anti-social behaviour is transferred through a learning process. Based on this, social learning theory is most appropriate for understanding prevention and treatment programmes. It cannot adequately explain how FBOs provide social reintegration complements,

¹⁶ Bandura, A. 1977. *Social learning theory*. Englewood Cliffs, New Jersey: Prentice Hall.

¹⁷ Skinner, B.F. (1978). *Reflection on behaviourism and society*. Englewood Cliffs, New Jersey: Prentice Hall

¹⁸ Akers, R. L. 1998. *Social Learning and Social Structure: A general Theory of Crime and Deviance*. Boston, MA: Northeastern University Press.

and it is also grossly inadequate as far as the assessment of the correctional programme is concerned.

6. Psychoanalytic Theory

The psychoanalytic theory of Freud emphasises how certain underlying psychological defects in individuals influence their symptomatic behaviour. The theory is hinged upon the claim that early behaviour and man's unconscious processes are the determinants of an individual internal world¹⁹. Howard argues from a psychoanalytic perspective that how individual experiences himself and others and how he relates to the external world, coupled with his psychological adjustment, is majorly influenced by conflicts in his inner world. Freud's psychoanalytic model stresses that human behaviour is always influenced by unconscious psychological processes. The theory illuminates how human thoughts, ideas, worries, fear, memories etc., operate instinctively to determine human behaviour, which includes drug addiction. From this viewpoint, psychoanalysts claim that individuals are addicted to illicit drugs due to their hidden, unconscious psychological motives. In other words, drug addiction, is a symptom of an underlying internal psychological conflict at a psychosexual stage of human development. psychoanalysts, drug addiction is a problem embedded within the individual. The act of abusing illicit drugs develops when an individual has failed in an attempt to deal with the fixation that arose from past unresolved childhood conflicts/crises.

Consequent to the failure of the individual to successfully resolve some childhood crises, the individual later in life develops the habit of drug taking as a coping mechanism to current environmental conditions. The assumption above explains why psychoanalysts always strive to uncover the cause of a problem by comparing past and present. From this, psychoanalysts view drug addiction as a means to escape from specific underlying emotional issues, hence, their adoption of counseling as a panacea to the problem of drug addiction. The therapy based on this theory attempts to assist drug addicts by encouraging them to locate the 'disconnect' between the addict's present behaviour and frustration and/or deprivations he might have experienced during his stage of childhood.

This theory helps provide explanations for how faith-based organisations assist current drug addicts in achieving desistance from drug-filled living and lifestyle. In line with a core assumption of psychoanalytic theory, drug abuse and addiction is caused by individual attempt or resolve to suppress the intrapsychic problem. The affected individual engages in drug use as a coping mechanism for his trouble. This explains why psychologists, psychiatrists, and care staff in faith-based organisations (Psychologists and social workers) always ensure that they discover the underlying problems that cause drug addiction in an individual. This is done before a drug addict is subjected to counseling and other religious programmes.

¹⁹ Howard, B, L. 2010.. Mourning and Psychosis: A Psychoanalytic Perspective. The international journal of Psychoanalysis: 91(6).

However, this theory is limited in that it only considers the intra-psychic process of an individual in determining the cause of the addiction problem at the expense of other environmental and social factors. It does not account for how a lack of opportunities and tools can influence individuals to go into the maladaptive behaviour of drug addiction. The theory cannot account for the provision of the social needs of recovering drug addicts. It is, however, insufficient to explain the contribution of FBOs in the social reintegration of recovering drug addicts because it failed to consider how individuals and their environments are closely and intimately knitted together. The theory does not recommend the need for drug addicts to change their environment and associate with the non-drug-using population. The theory in its therapy does not indicate that treatment plans vary in efficacy and that no single treatment is completely effective. It also failed to suggest that interventions can fail to achieve their aim because not all drug addicts are amenable to treatment.

7. Differential Association Theory

Differential Association theory was propounded by Eldwin Sutherland, a symbolic interactionist, a leading figure of the Chicago school, and a sociologist reputed for his sterling contribution to bringing criminology under the discipline of sociology²⁰. In 1947, Sutherland developed his Differential Association Theory based on the concept of "associationism". He centred this theory on the broad assumption that criminal behaviour is learned and that criminals learn in interaction with other people through communication. He established further that the principle of learning any criminal behaviour takes place within an intimate personal group.

A thorough examination of Sutherland's differential association theory brings to mind the existing connection between his theory and Gabriel Tarde's concept of imitation. According to Tarde, individuals imitate the behaviour of others based on the proportion and intensity of relationships between the parties in question²¹. In line with Tarde's concept of 'imitation', Sutherland, in his differential association theory, asserts that the learning process and the volume or content of what is learnt are critical to understanding criminal behaviour²². In view of the above, Sutherland's theory of differential association has provided the basis for sociologists and psychologists to anchor the treatment, rehabilitation and social reintegration of criminals such as drug abusers and addicts. In line with a strand of his theory that stresses that the behaviour, attitude and belief that individual exhibits are not only traceable to the individual alone but should also be seen as the products and properties of the whole group to which the individual belongs. In this light, if an individual's behaviour is seen as a substantial part of the group/s he associates with, any meaningful attempt to change or modify such person's behaviour must be

²⁰ Lainer, M.M and Henry, S. 2004. Essential Criminology Second edition, Westview Press, Boulder21Sutherland, E.H 1949. White Collar Crime, Holt, Rinehart and Winston, New York

²¹ Ibid

²² Sutherland, E.H 1949. White Collar Crime, Holt, Rinehart and Winston, New York

closely directed at the group²³. From this viewpoint, a proper and deeper understanding of Sutherland's Differential Association theory is that individuals become criminals mainly because they have been isolated or they lack the privilege to associate with a group with pro-social behaviour patterns.

In other words, individuals become criminals by frequently mingling with people of questionable character, especially in their places of employment, residence, or positions or social standing²⁴. Based on this theory, it is expedient that the criminal must be encouraged or taught how to become a member of an anti-criminal group to redeem a criminal. Alternatively, the anti-social group must be entirely changed²⁵. In addition, other valuable materials such as recreational facilities and employment opportunities must be provided to attract criminals away from the anti-social or pro-criminal group.

From the above explications of the theory of differential association by Eldwin Sutherland, drug addicts became dependent on illicit drugs based on the frequency, meaningfulness and intensity of their relationships with other current drug users. As a matter of fact, their favourable definition of drug taking as a positive event has reinforced their commitment and resolve to abuse drugs despite its negative and debilitating consequences compulsively. At this stage, however, drug addicts are socially excluded from mainstream society, which has consequently robbed them of the power to extricate themselves from the quagmire of drug addiction and its associated problems. In order to assist recovering drug addicts to be re-included in mainstream society and also be helped to return to their normal productive functioning, faith-based organisations have come to their aid with social reintegration programmes. In line with one of the assumptions of Sutherland's differential association propositions, drug addicts are encouraged by FBOs' staff to become part of the pro-social group by luring them out of their criminal group with the promise of providing tools and opportunities which are crucial social reintegration complements.

In conclusion, Sutherland's differential association theory has been of tremendous use in explaining faith-based organisations and the social reintegration of recovering drug addicts in the south-western region of Nigeria. Apart from the fact that the foundation of this theory is rooted in sociology, it adequately explains some factors that motivated drug abusers to depend on illicit substances despite their debilitating consequences.

8. Structural-functionalism

Structural Functionalism is the significant mid-20th-century development of Functionalism that emerged from the reading by Talcott Parsons of the work of Max Weber, Emile Durkheim, Herbert Spencer, Alfred Marshall and Vilfredo

²³ Cartwright, D. 1951. "Achieving Change in People: Some Applications of Group Dynamics Theory," *Human Relations*, IV, 381-92.

²⁴ Sutherland, E.H 1949. *White Collar Crime*, Holt, Rinehart and Winston, New York

²⁵ Vold, G. 1951. *Criminology at the Crossroads*, *J. Crim. L. & Criminology* 155.

Pareto²⁶. It is one of the dominant theories in the disciplines of anthropology and sociology. Structural-functionalism, a dominant theoretical perspective in British social anthropology from 1930 to 1960, was initially propounded in opposition to evolutionism. As a theory, structural Functionalism originated significantly from the ideas of Emile Durkheim, while it gained its methodological strengths and nuances from the contributions of Malinowski.

Indeed, structural-functionalism, according to many scholars, is seen as an old theory; however, the theory has been updated many times, hence its global, multi-factorial, and broad focus and its capability to incorporate assumptions of interventions, therapy strategies, programme context and implementation, all in one. It is regarded by researchers in rehabilitation as an appropriate theory to explain reintegration due to its strength in combining principles underlying rehabilitation and reintegration, the aetiology of offending behaviour and treatment, and what guides effective interventions²⁷. In recent times, criminologists and sociologists have recognised the need to adopt structural-functionalism theory to explain issues based on the criminality-rehabilitation-desistance continuum due to its inherent predictive-explanatory powers regarding how and why people change or "what works".

The basic assumption of this theory explains how the relationships among the parts of society are created and how these parts are functional (meaning having beneficial consequences to the individual and the society) and dysfunctional (meaning having adverse effects). It focuses on consensus, social order, structure and function in society. The structural-functionalist theory sees society as a complex system whose parts work together to promote solidarity and stability. One of the claims of the theory is that human social lives are guided by social structures, which are relatively stable patterns of social behaviour²⁸.

In no small measure, structural Functionalism has contributed to our understanding of how different parts of societal structures fit together and how each part contributes to the stability of the whole society²⁹ (Brym & Lie, 2010). According to the theory, however, all social institutions are structured to provide for the needs of society³⁰ (Andersen & Taylor, 2006). Talcott Parsons was a crucial American advocate of Functionalism best recognised for identifying how various institutions must work together for the smooth operations of society³¹ (Brym & Lie, 2010). Robert Merton, another important functionalist, postulated the functional unity of society by implying that all

²⁶ Walters, G. (1999). *The Addiction Concept: Working hypothesis or self-fulfilling prophecy?* Boston: Allyn & Bacon.

²⁷ Ward, T. and Maruna, S. 2007. *Rehabilitation*. London: Routledge.

²⁸ Macionis, J. J. (1997). *Sociology*. Sixth Edition. Upper Saddle River, New Jersey: Prentice Hall.

²⁹ Brym R. J. and Lie, J. 2010. *Sociology. Your compass for a new world*. 2nd ed. Belmont: Cengage Learning.

³⁰ Andersen, M.L. and Taylor, F. T. 2006. *Sociology. Understanding a diverse society*. 4th ed. Belmont: Thomson Higher Education.

³¹ Brym R. J. and Lie, J. 2010. *Sociology. Your compass for a new world*. 2nd ed. Belmont: Cengage Learning.

standardised social and cultural beliefs and practices are functional for society as a whole and individuals in society. This postulation implies that various body parts of society must show a high level of integration³².

In Durkheimian sociology, Structural Functionalism is central. Like many other functionalists, he underscores the problem of order and the positive contributions of social institutions, explaining their existence in terms of their functional importance³⁰(Pope, 1975).³³ a vanguard figure of structural Functionalism in contemporary anthropology and sociology, Durkheim bequeathed "the first systematic formulation of the logic of a functionalist approach in sociology"³⁴ (Coser & Rosenberg, 1969:610). In his Structural-functionalist perspective of 1948, Durkheim analysed religions as integrated systems of beliefs and practices relative to sacred things which unite one moral community, that is, all those who adhere to it. From this perspective, the religious-related activities of faith-based organisations are viewed as fulfilling essential collective social functions that include the promotion of self-discipline, social cohesion, and well-being³⁵ (Alpert, 1961). Religious practices reinforce the underlying belief system and promote the integration of the individual into the collective.

As attested to above, this paper aims to explain how FBOs assist in the social reintegration of recovering drug addicts with the aid of some related theories. However, the relevance of the social reintegration efforts of FBOs is dependent on how well FBOs can help recovering drug addicts to be successfully reintegrated into the community and avoid further criminality.

Corroborating the assertion and stance that social reintegration of recovering drug addicts is a sine-qua-non for their social inclusion and desistance from crime, Rakia³⁶ opines that the significance of social reintegration for recovering drug addicts cannot be overemphasised as their successful social inclusion into the community depends mainly on the availability of material, psychological, and social support at the time of release into the society. The absence of this, he concluded, may make recovering drug addicts have a challenging time breaking the cycle of relapse. The lacuna created due to government policy orientation to drug problems has, among many other factors, necessitated the participation of FBOs in the social reintegration of recovering drug addicts.

Thus, the absence of national policy orientation to drive social reintegration programmes for recovering drug addicts in many developing countries such as Nigeria and the fact that there are no governmental agencies saddled with this responsibility have made the social reintegration services of FBOs unavoidable

³² Ritzer, G. 1996. *Sociological Theory*. 4thed. New York: The McGraw-Hill Companies, Inc.

³³ Pope, W. 1975. Durkheim as a Functionalist. *The Sociological Quarterly*, Vol. 16, No. 3 (Summer, 1975), pp. 361-379

³⁴ Coser, Lewis A. and Bernard Rosenberg (eds.) 1969. *Sociological Theory: A Book of Readings*. (3rd. ed.) New York: The Macmillan Company.

³⁵ Alpert, H. 1961. *Emile Durkheim and his sociology*. New York: Russell & Russell

³⁶ Rakia, J. 2005. Improving the employment rates of ex-prisoners under parole. *Federal probation* 69, 7-14

and timely as far as protecting recovering drug-addicts from further social exclusion, and supporting them in their reintegration efforts by assisting in the provision of efficient and adequate opportunities and tools suitable for them and their social environment is concerned. The contribution of FBOs as described above is in tandem with basic assumptions of structural Functionalism that all social institutions are structured to provide for the needs of the society³⁷.

Specifically, social reintegration measures of faith-based organisations for recovering drug-addicts help strengthen the integration of society and provide stability and order required for the survival of the society. Structural-functionalists describe "functions" as a part of maintaining order and stability within the society³⁸.

At its most general level, the concept of functions is proposed to capture the idea that objects and actions can be understood in terms of their functions. System maintenance is a vital functionality feature, and some systems have the specific functions of maintaining the system³⁹ (Ransome, 2010). The contributions of FBOs can be understood in terms of the social reintegration services/functions they render for recovering drug addicts. As a result of their assistance to recovering drug addicts, FBOs can meet their psychological and social needs. This feat of FBOs is clearly in line with the conclusion of Rogers⁴⁰ (2010) that for a society to function well, such society must meet specific societal needs like social, physical, security and economic needs of its members and institutions.

As stated in preceding section, structural functionalism is not without its weaknesses; this, however, underscores the fact that FBOs can be dysfunctional and behave in a way that can be adverse to the interests of recovering drug addicts or society as a whole. Dysfunctions could arise when FBOs perform below expectations, abuse the rights of recovering drug addicts or use them for other purposes that negate social reintegration. In the Durkheimian sense, FBOs are dysfunctional if and when they fail to bring order and stability to society through their social reintegration role.

For this article, the structural Functionalism of Emile Durkheim has helped explain the role and contributions of faith-based organisations in assisting recovering drug addicts to be successfully reintegrated into society. However, the theory has failed to provide adequate insights into how recovering drug addicts could evaluate the social provisioning programmes of faith-based organisations. Thus, the postulations of structural Functionalism in general, and that of Durkheim, in particular, are incapable of grasping the real complexities existing within relationships between faith-based organisations and recovering

³⁷ Andersen, M.L. and Taylor, F. T. 2006. *Sociology. Understanding a diverse society*. 4th ed. Belmont: Thomson Higher Education

³⁸ Ferrante, J. 2011. *Sociology. A global perspective*. 8th ed. Belmont: Cengage Learning.

³⁹ (Ransome, 2010).

⁴⁰ Rogers, A. T. 2010. *Human behaviour in the social environment*. 2nded. New York: Routledge.

drug addicts as far as social reintegration activities of the latter are concerned. This inadequacy highlights the need for a secondary theory.

8. Expectancy Disconfirmation Theory

Expectancy Disconfirmation Theory (EDT) was based on Festinger's 1957 Cognitive Dissonance Theory. This theory (EDT) predicts and explains the clients' satisfaction from the difference between the expectation of clients and experience in perceived products or services⁴¹. Better still, the theory offers that clients initially form expectations or what is also known as belief probabilities of attribute occurrence, and post-usage observations about the services or performance before making a comparison between initial expectations and performance, known as disconfirmation of expectations⁴².

Expectations define the clients' anticipations about the performance of products and services. The perceived performance investigates the clients' experience after using products or services that can be better or worse than clients' expectations. This confirmation is the difference between the client's initial expectation and observed actual performance. In related literature, disconfirmation is divided into three types positive disconfirmation, negative disconfirmation and simple disconfirmation. When the actual performance of a specific product or service cannot meet the client's expectations, negative disconfirmation will occur and lead to clients' dissatisfaction. Positive disconfirmation leads to the clients' satisfaction if the perceived performance of a specific product or service can exceed the clients' satisfaction⁴³. Finally, when there is no difference between clients' expectations and the actual performance of a specific product or service, perceived performance equals expectation; thus, simple confirmation occurs.

Spreng, MacKenzie & Olshavsky⁴⁴ (1996) posit that expectations, coupled with perceived performance, will lead to post-purchase satisfaction. This effect is mediated through positive or negative disconfirmation between expectations and performance.

⁴¹ Spreng, R. A., T. J. Page. 2003. A test of alternative measures of disconfirmation. *Decision Sciences* 34(1) 31-62.; Patterson, P. G., L. W. Johnson, R. A. Spreng. 1997. Modelling the determinants of customer satisfaction for business-to-business professional services. *Journal of the Academy of Marketing Science* 25(1) 4-17; Oliver, R. L. 1980. A cognitive model for the antecedents and consequences of satisfaction. *Journal of Marketing Research* 17 460-469

⁴² Bhattacharjee, A. 2002. Individual trust in online firms: Scale development and initial trust. *J. Management Inform. Systems* 19(1) 213-243; Patterson, P. G., L. W. Johnson, R. A. Spreng. 1997. Modelling the determinants of customer satisfaction for business-to-business professional services. *Journal of the Academy of Marketing Science* 25(1) 4-17; Oliver, R. L. 1980. A cognitive model for the antecedents and consequences of satisfaction. *Journal of Marketing Research* 17 460-469

⁴³ Pizam, A. (ed). 2005. *International encyclopaedia of hospital management*. Burlington: Butterworth-Heinemann.

⁴⁴ Spreng, MacKenzie & Olshavsky (1996)

If a service out-performs expectations, positive disconfirmation and post-purchase satisfaction, will result. If a service falls short of expectations and has negative disconfirmation, the client will likely be dissatisfied.

The Expectancy Disconfirmation Theory involves a subjective before-and-after evaluation of service after consumption or utilisation. Before using a product or service, a client has certain expectations. These expectations become a basis against which to compare actual performance and experience. After consuming the product or experiencing the service, clients determine how well the product measures up to their initial expectations and so decide whether product performance is better than, equal to or worse than expected ⁴⁵. In a competitive marketplace where businesses compete for customers/clients, customer satisfaction is seen as a key differentiator; this has become an essential element of business strategy⁴⁶.

Expectancy Disconfirmation theory has been employed in this study to investigate the satisfaction or dissatisfaction of recovering drug addicts with social reintegration programmes of faith-based organisations, mainly as it concerns addressing their housing, education, vocational, and employment needs crucial reintegration complements. In this article, from the theory of Expectancy Disconfirmation, FBOs are portrayed as the producer of service (social reintegration), while recovering drug addicts are depicted as the clients' patronising social reintegration services rendered by FBOs. However, this theory (EDT) predicts and explains the satisfaction of recovering drug addicts from the difference between their expected performance and the perceived performance of social reintegration services offered by FBOs.

Central to this study is the understanding that the level or extent of satisfaction or dissatisfaction that recovering drug addicts derive from reintegration services of FBOs is a measure of how products and services produced by FBOs meet, surpass or fall short of their expectations.

In other words, if the reintegration services of FBOs out-perform the expectations of the recovering drug addicts, there is positive disconfirmation, resulting in satisfaction of recovering drug addicts, which could automatically lead to more patronage of services of FBOs by a new set of drug users and addicts. On the other hand, if the social reintegration services of FBOs fall short of the expectation of the recovering drug addicts, there is negative disconfirmation, resulting in dissatisfaction with the services of FBOs, which could lead to low patronage of the programme. Measuring recovering drug addicts' satisfaction against their expectations provides the basis for assessing

⁴⁵ Spreng, R. A., T. J. Page. 2003. A test of alternative measures of disconfirmation. *Decision Sciences* 34(1) 31-62.; Patterson, P. G., L. W. Johnson, R. A. Spreng. 1997. Modelling the determinants of customer satisfaction for business-to-business professional services. *Journal of the Academy of Marketing Science* 25(1) 4-17; Oliver, R. L. 1980. A cognitive model for the antecedents and consequences of satisfaction. *Journal of Marketing Research* 17 460-469; Pizam, A. (ed). 2005. *International encyclopaedia of hospital management*. Burlington: Butterworth-Heinemann.

⁴⁶ Oliver, R. L. 1980. A cognitive model for the antecedents and consequences of satisfaction. *Journal of Marketing Research* 17 460-469

FBOs' social reintegration programme, which indicates how successful an organisation is at providing services or products to the end-users.

In line with the central focus of this study, expectancy disconfirmation theory has helped explain the effectiveness of social reintegration programmes offered by faith-based organisations for recovering drug addicts. The theory has provided helpful explanations for how recovering drug addicts perceive the social reintegration provisioning of the selected faith-based organisations, as revealed above. Still, expectancy disconfirmation theory has been inadequate in this study to proffer explanations for the first two research questions. Still, it is found adequate in addressing the third research question.

Conclusion

The aim of this paper is to advance a sound theoretical underpinning upon which the social provisioning of faith-based organisations for recovering drug addicts can be hinged. In order to achieve this, the article has reviewed models and theories relevant to drug addiction and social reintegration programmes offered by faith-based organisations. To achieve this, origins, proponents, usefulness and core assumptions of related and relevant theories for this study were discussed. As highlighted in the chapter, no single theory has been found to be appropriate and adequate enough to illuminate exhaustively explanations required for the understanding of the faith-based organisation-operated social reintegration programmes for the sampled recovering drug-addicts. While structural-functionalism of Durkheim has been of immense use in providing explanations on the system maintenance function of the selected faith-based organisations, EDT is also useful in explaining the dynamics of understanding whether social reintegration programmes offered by FBOs for the recovering drug-addicts are effective or not. To offset the inherent limitation in the two theories adopted for the study, both were infused with related theories and models to provide a more robust and balanced explanations for the understanding of social reintegration programmes of FBOs.