

THE ROLE OF PASTORAL CARE IN SUPPORTING INDIVIDUALS STRUGGLING WITH NICOTINE ADDICTION

Matthew Olugbenga Abioye

The Nigerian Baptist Theological Seminary Ogbomoso (Ph.D Student)
abioyegbenga51@gmail.com, (08037124886)

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ABSTRACT

This paper centred on the role of pastoral care in supporting individuals struggling with nicotine addiction. The objectives that guided this study are to discuss factors influencing nicotine addiction, effects of nicotine addiction, the role of pastoral care in addiction support and challenges facing pastoral care in nicotine addiction recovery. The methodology adopted for this paper is secondary research as it gathered data from existing studies. The theory adopted is biopsychosocial model formulated by Engel (1977). Factors identified to be influencing nicotine addiction are genetic, parents/peers, depression/other mental illness among others. The identified effects are dizziness, sleep disturbances, change in blood flow, headache, increased risk of blood clotting and some other psychosocial effects. The pastoral care role identified includes spiritual counselling and guidance, prayer and worship as tool for recovery, community and accountability, crisis intervention and relapse prevention. Playing these roles, pastoral care giver faces challenges which bothers on psychological, spiritual, social and religious in nature. For effective pastoral care rendering, the paper came up with effective referral system, creation of Nicotine Anonymous community and rehabilitation centres among other recommendations.

Key words: role, nicotine, addiction, pastoral care, recovery, nicotine addiction,

Introduction

The use and abuse of nicotine substance is posing a serious global concern of drug abuse which is a major factor leading to drug addiction is of great concern to pastoral care ministry of the Church, hence; there is need to write on pastoral care towards drug addicted persons. Addiction is described as a compelling (not necessarily negative) behaviour that has negative consequences on the victim, and the victim is unable to stop the behavior without external assistance. Nicotine addiction falls under substance use disorder according to DSM5. Some of the causes of Nicotine addiction include age, genetics, parent and peers, depression or other mental illness and substance use, and in Africa; occupation. Its consequences include its negative effects on human cognition, health, environment, finance and it also serve as a precursor to social vices. Bible also frowns at Nicotine addiction because it destroys human body, and it also enslaves its victim in contrary to the plan of God for humanity. Pastoral care intervention towards assisting the victim is the use of pastoral care functions such as sustaining, guiding, reconciling, healing and educating pastoral care functions in order to bring them back to normalcy.

Theoretical Model

The biopsychosocial model was formulated by Engel in 1977. The model provides a comprehensive framework for understanding nicotine addiction by considering biological, psychological, and social factors that contribute to and maintain the behaviour. The model acknowledges that a combination of these factors contributes to the development, progression, and recovery from addiction. The biopsychosocial model of addiction states that genetic/biological, psychological, and sociocultural factors contribute to substance consumption and should be taken into account for its prevention and treatment (Becoña, 2002; Skewes & González, 2013). This model is relevant to this paper as it pays attention to factors influencing nicotine use, which are essential in providing essential support to persons struggling with nicotine use and addiction.

Literature Review

Concept of Pastoral Care

The word pastoral is derived from a Latin word pastor meaning "shepherd," and *pastoralis*, which means, "pertaining to a shepherd." The idea of pastoral care is from the Christian image of Jesus Christ as a shepherd tending to a flock of followers (Ungvarsky 2018) According to Clebsch and Jaekle (1994, p8), pastoral care is the ministry of the soul's cure, which involves in helping acts, done by representatives of Christian persons, directed toward the healing, guiding, sustaining and reconciling of troubled individuals whose troubles arise in the milieu of decisive meanings and concerns. Gabriel Solomon (2023) views pastoral care as the ministry relationship centred towards achieving physiological and psychological healing and growth through relevant assistance or help. Hence Pastoral care intervention has to rely on good and quality relationships between the caregiver and the cared individual if effective and positive outcomes are to be realized.

To provide effective pastoral care a greater understanding of the nature of addiction is crucial, there are medical and moral perspectives to addiction according to Sonnia Waters

(2019, p16). The use of different pastoral care functions of sustaining, guiding, reconciling, healing and others to achieve rehabilitation and healing of the addiction is very crucial to pastoral care giver accordingly. Although these functions are listed, all of them may not be applicable at the same time, this is because every addict a pastoral care giver encounters in the context of pastoral care ministry is at various stages of addiction, and therefore will require different levels and types of support, not all of which a pastor is qualified or equipped to handle (Walter 2019, p2). In practical term, the following function are put forward as care approach to assist victims of nicotine addiction:

Understanding Nicotine Addiction

Nicotine (Formula: $C_{10}H_{14}N_2$) is a substance found in tobacco and all tobacco products including some e-cigarette liquids which are synthetically produced in laboratories (Wilson, 2022). Obviously, Nicotine consumption has been with human for a long period of time: with many of these modes of consumption leading to addiction among the people. Addiction is any thinking or behaviour that is habitual, repetitious, and very difficult or impossible to control regardless of consequences (Collins, 2002, p682; Ayankeye, 2023). Thus, nicotine addiction is a continuous use of nicotine substances regardless of its negative consequences on the victim, the victim is unable to stop on his/her own and needs external assistance to stop it.

Nicotine addiction involves compulsion, craving, consequences and uncontrolled use of nicotine substance, which are summarized as the 4-Cs of addiction (Siliconbeatchc, 2020). Compulsion use of nicotine substance connotes an irresistible urge or an uncontrollable desire for an action. Nicotine craving is a situation where nicotine use becomes as vital as food and water. When cravings become so intense it causes insomnia or a lack of appetite. The third C of addiction refers to a situation when someone continues to indulge in a habit of using nicotine substance despite been awareness of its negative consequences. The last C is loss of control over use of nicotine. At initial stage, someone starts to realize the substance use is spiraling out of control and may try to stop it. A severe addiction sets in when a person is unable to exercise any restraint, and at such stage, treatment becomes necessary.

Nicotine consumption in Nigeria is majorly through cigarette smoking, local tobacco smoking, snuffing, chewing and licking known as *Aasa mimu* in Yorubaland of Nigeria. There is vaping otherwise known as e-cigarettes whereby Nicotine extracted from tobacco is heated with flavorings and other chemicals to create an aerosol that smokers inhale (Blaha, 2023). Vaping has not been widely reported in Nigeria. The World Health Organization (WHO) estimated about 13 million smokers in Nigeria in 2012, with over 16,000 deaths attributable to smoking according to Adeloye, et al, (2019). This report suggests that a higher number of people use Nicotine since cigarette smoking is not the only means of its use. There are no data to ascertain the number of addicted persons, however, one could safely assume that there are many of them in Nigerians.

Nicotine Addicted Person: From the concepts earlier defined, a Nicotine addicted person is an individual, either male or female whose Nicotine consumption has become habitual, repetitious, and very difficult or impossible to control regardless of the awareness of its

consequences. For instance, the Nigerian Tobacco Company (NTC) was directed to inscribe it on cigarette that “Tobacco smoking is dangerous to your health” (National Tobacco Control Acts, 2015); yet, the addicts are unable to quit smoking. A Nicotine addicted person is that person when he/she needs Nicotine and cannot stop using it (Mayo Clinic, n. d).

Factors Influencing Nicotine Addiction

Nicotine is the chemical in tobacco that makes it hard to quit, therefore anyone who smokes or uses other forms of tobacco is at risk of becoming nicotine dependent. Factors that influence the use of tobacco according to Mayo Clinic (n. d.) include age, genetics, parent and peers, depression or other mental illness and substance use, and in Africa; occupation. Age: Most people begin smoking during childhood or the teen years. The younger one is when he/she begins smoking, the greater the chances that one becomes addicted. In Africa countries where Nicotine consumption by some people is through chewing or licking, or snuffing, age factor may not be applicable because the habit is prominent among the adults.

Genetics: The likelihood that one starts smoking and keeps smoking may be partly hereditary. Genetic factors may influence how receptors on the surface of one’s brain’s nerve cells respond to high doses of nicotine delivered by cigarettes or other sources.

Parents and peers: Children who grow up with parents who smoke are more likely to become smokers. Children with friends who smoke are more likely to be pressured into smoking and thereby becoming addicted to Nicotine.

Depression or other mental illness: Many studies show an association between depression and smoking. People who have depression, schizophrenia, post-traumatic stress disorder or other forms of mental illness are more likely to be smokers, and slides into addiction.

Substance use: it is almost certain that people who abuse alcohol and some illegal drugs are more likely to become smokers.

Occupation: Nicotine addiction is common among certain professions such as drivers, hunters, sailors, night watchmen, sawmillers, security agents, minners and some students. These categories of persons take nicotine to stay awake while some believe that smoking has the capacity to drive away evil spirits (Odejobi, 2023). It could be inferred that farmers who have access to tobacco and others sources of nicotine may develop addiction to it.

Consequences of Nicotine Addiction

Wilson (2022) explains that Nicotine creates a temporary feeling of well-being and relaxation, and increases heart rate and the amount of Oxygen the heart uses. As nicotine enters the body, it causes a surge of chemicals *endorphins* that help to relieve stress, pain and improve mood. The body quickly absorbs nicotine into the bloodstream so it can reach the brain. Nicotine levels peak quickly after entering the body, so the feelings of reward are short-lived. This can create a cycle of people continuing to smoke to keep feeling the pleasurable sensations. Wilson observed further that Nicotine also increases levels of *dopamine*, a neurotransmitter; that is part of the brain’s reward system and creates feelings of pleasure and reward. The release of *dopamine*

reinforces a person's behavior of taking nicotine. Frequent use creates changes in the way the brain works in relation to self-control, stress and learning. Long-term changes can lead to Nicotine addiction and withdrawal syndrome even when a person is not smoking.

(a) Effects on human health: Consequences of addiction can be far-reaching as it harms a person's physical, mental, emotional, financial, social, and professional health. The impact of addiction on relationships can be downright devastating (Siliconbeachte, 2020). Nicotine can affect various systems throughout the body as it may cause dizziness, light-headedness, sleep disturbances, change in blood flow, headache, increased risk of blood clotting and pressure, change in heart rhythm, shortness of breath, peptic ulcer, diarrhoea. Others include dry mouth, nausea, tremor, joint pain and indigestion or heartburn. Certain nicotine products may also have specific side effects. Some of the noticeable effects on human health are immediate while some take place later in life.

According to the American Cancer Society, side effects of nicotine patches include: skin irritation, aching muscle or stiffness. Side effects of nicotine gum may include hiccups bad taste in the mouth, interaction with some other drugs or medications such as *benzodiazepines* thereby rendering them less effective. Smoking causes damage to almost every organ in the body and increases the risk of severe health problems, including heart disease, stroke and lung cancer. Nicotine on its own is not carcinogenic (cancer-causing), however; tobacco contains chemicals that are carcinogenic (Wilson, 2022). Obviously, people who are addicted to nicotine are indirectly predispose to cancer. In summary, medical effects of nicotine include the immediate and toxic effects on the cardiovascular system, respiratory system, gastrointestinal system, immunological system, ocular system, renal system, reproductive system – males, reproductive system – female (Mishra et.al, 2015). Effects of nicotine on human health are so grievous, yet people who are addicted, still find it difficult to stop its consumption without external assistance.

(b) Effects on Environment and Finance: Tobacco odour becomes perceivable in the home, office, clothes and other personal effects of the victim. Tobacco causes tooth plague, tongue and mouth colouration, and bad breath. Cigarette smoking causes environmental pollution thereby forcing non-smokers to inhale nicotine smoke. Nicotine consumption has financial implications on the victims and family members; an addicted person would not mind selling off his/her possessions in order to buy the substance. The money spent to buy tobacco, cigarette, and other nicotine containing substances could have been spent on something more profitable to the body and family members, but desire for nicotine would not allow it. Ajeigbe (2017, p69) asserted that addiction places financial stress on its victims.

(c) Effects on other addictions and social vices: Nicotine addiction can also lead to other addictions and social vices some of which are being experienced in the society nowadays. Cook (2006, p50) viewed drug abuse and alcoholism as a “problem which normally leads to a range of other vices”. Therefore, some of the prevalent social vices within human society nowadays could be traced to nicotine addiction. Obviously, there are many harmful effects of Nicotine addiction. Having discussed some the effects, there is need to examine the biblical perspective on addiction.

Biblical Perspectives on Addiction

The Bible condemns all forms of addictions despite the fact that no specific mention of substance abuse was made (Dunnington 2011, p24). There are two schools of thought according to (Walter 2019, p16): the medical perspective which views addiction as a disease, the result of genetics, brain chemistry and the likes, and the moral perspective which view addiction as result of sin, lack of willpower and lack of relationship with God. Odunlami (2017, p51–52), opined that root cause of addiction is most often when one yields to temptation like Adam and Eve in the garden of Eden. If one reads the Bible *“When the woman saw the fruit of the tree was good for food and pleasing to the eye, and also desirable for gaining wisdom, she took some and ate it. She also gave some to her husband, who was with her and he ate it”* (Gen. 3: 6 NIV), one will agree with her position. If the Bible frown at the first couple for yielding to temptation by “giving it a trial” definitely Bible still frowns at addiction since addiction always begins with a trial.

Odunlami (2017, p51–52) viewed addiction as sin, to her “addiction is sin and sin must not be given a recovery weakening rationale”. However other scholars do not agree with this position, for instance, Walter (2019, p16) argues that addiction is a combination of both medical and moral sicknesses, otherwise called “soul–sickness”. Defining soul sickness further she said: “a soul–sickness arises from many interacting vulnerabilities and progresses into one all–encompassing condition of pains, addiction is not a sin, rather, it is a spiritual bondage”. This position was illustrated by the event of Mark 5: 1–20 with assertion that “the Gerasene’s possession helps us to better imagine the suffering of the addict’s soul in distress. In this soul–sickness the addict is possessed by his behaviour. His actions are not completely his own.” It was further observed that an addicted person can no longer access the beauty of God’s creation or his/her own belovedness as a child of God Walter (2019, p106). From both positions, addiction could be said to be soul–sickness and soul–sickness is also a sin as it results in affecting smooth relationship with the Creator.

The Bible also frowns at addiction because addiction destroys human body, *“Don’t you know that you yourselves are God’s temple and that God’s spirit dwells in your midst? If anyone destroys God’s temple, God will destroy that person: for God’s temple is sacred, and you together are that temple.”* (1Corinth. 3:17–18 NIV). The human body is created by God, the creator, the sustainer and the owner, human is to keep the body in trust for God. Misuse of the body through addiction can lead to the destruction of the body, hence, addition of any form should be avoided (Odunlami, 2017, p54). Addiction enslaves its victims and makes them unable to be in control, example is Esau who sold his birthright (Genesis 25: 32–34, Hebrews 12:16). The Bible makes it clear that God has called human to freedom and not slavery.

Also, addiction forces man to “worship” these objects of attachment, thereby shifting attention away from God, thus making idolators of its victims (May 2007, p2). Meanwhile, God desires human absolute attention and worship (Exodus 20:3) but addiction competes with God. Jesus Christ reminded Satan while being tempted that human is to worship God alone

(Matt. 4:10), therefore; the Bible is against addiction because it competes with God in the lives of its victims. From all indications, an addicted person needs external assistance because he/she is unable to assist self, therefore it becomes incumbent on the pastoral care giver to render the assistance.

The Role of Pastoral Care in Addiction Support

The primary aim of pastoral care is to promote emotional, spiritual, and social healing, restoration and wholeness. Thus, it addressing the emotional, spiritual, and social needs of individuals struggling with nicotine addiction. To achieve this healing, restoration and wholeness in nicotine addict the following pastoral care approach are essential:

Spiritual Counseling and Guidance

Spiritual counseling can be used to helping a nicotine addicted person to transcend situations or events that enhance nicotine use (Oyedele 2011, p48). The counseling centres on building line against threats or situations that motivate substances use and helping the individual to work through addictive habit by supporting the person through transformative words. The counseling also focuses on relieving the addict of his abnormal reasoning by offering hope through proper and godly way of reasoning that will debunk thought of nicotine use. In addition, the spiritual counselling centres on helping the addict to reconstruct his or her life by building a positive life (Oyedele 2011, p48). Spiritual guidance is a technique that help the addict to mobilise resources within the addict by exposing them to the factors that triggering nicotine use (Ogundipe 2014, p78). The pastoral caregiver provides advice that will help the addict to make meaningful health decisions rather than turning to nicotine use. The guidance can be provided through pastoral admonition and health talk, for church members to learn about the consequences of nicotine use on the user wellbeing and relationship.

Prayer and Worship as Tools for Recovery

Prayer and Worship are essential tools in recovery from addiction, which provides a connection to a higher power and a source of guidance and motivation during difficult times. Therefore, through prayer the pastoral caregiver can lead the addict into reconciling with God through confession (Oyedele 2011, 48). Worship can be utilized by pastoral caregiver to lead the addict to repentance and genuine confession, leading to holistic reconciliation of the addict with self, fellow humans and God. (Odunlami 2007, p55). Prayer can be used to enhance divine healing from addiction by restoring an addict to wholeness and helping him or her to advance beyond his or her previous behaviour (Ogundipe 2014, p78) The pastoral caregiver can utilize the exorcism during worship to enhance the healing individual suffering from addictive behaviour, since in Africa some addiction is considered as spiritual problem that requires spiritual response through prayer of deliverance (Odunlami 2021, p9). Through worship the pastoral caregiver can educate addicts by providing preventive measures and strategies to overcome addictive behaviour. In addition, information on the causative factors, and effects can be made available to church members through and during worship.

Community and Accountability

Building a community that nurtures recovery addict with the necessary support to overcome the behaviour by creating Nicotine Anonymous (NA) group, with the aim to build a fellowship of people who come together to solve their addictive behaviour. Having such community can help addicts to rebuild their life without using nicotine. Addicts will be encouraged to take responsibility for their behaviours and choices through this community (Marcovitz, et al., 2020). In addition, building accountability is absolutely necessary for the addict to make a change in their life. Having a community to hold the addict accountable and provide encouragement will inspire the addict to stretch themselves in ways they were not able to in the past. Marcovitz, et al. (2020) asserted that when the addict has made commitments and is held responsible by their community, he/she will be motivated to work hard to achieve a healthful, sober life.

Crisis Intervention and Relapse Prevention

Crisis intervention and relapse prevention are crucial components of recovery from nicotine use. Crisis intervention focuses on immediate support during a crisis, while relapse prevention involves strategies to prevent future episodes. Relapse prevention (RP) is a self-management treatment approach in which individuals who are trying to change their behaviors are taught how to anticipate and cope with the problem of relapse. Relapse prevention combines behavioral skills training, cognitive interventions, and lifestyle change strategies (Guenzel and McChargue, 2023). Because it includes both behavioral and cognitive components, it is similar to other cognitive-behavioral treatment strategies. To achieve effective relapse the pastoral caregiver can utilize the referral approach, which remains an integral pastoral care function. This is because various stages of addiction require different levels and types of care some which a pastor is not qualified or equipped to handle (Walter 2019, p2). In such cases where the professional competency of a pastoral caregiver is not productive, such addicted person should be referred to another caregiver. Since the addicted person's welfare is of the utmost importance here, referral may need to be made in the case of nicotine addiction for de-intoxication and re-orientation in either psychiatric or medical hospitals (Ayankeye 2013, p20). The addicted person may need the help of a psychologist, or quite often a medical specialist. In whatever case, the pastoral caregiver should readily make referral.

Challenges Facing Pastoral Care in Nicotine Addiction Recovery

Pastoral care faces significant challenges in nicotine addiction recovery because of the interplay of social, spiritual and psychological factors. Pastoral caregiver can experience difficulties in addressing highly ingrained behaviours, dealing with withdrawal symptoms, and controlling difference in spiritual beliefs linked to substance use. In addition, since nicotine addiction is a physical dependence, which involves strong psychological elements such as emotional triggers and habit formation (Waters, 2019).

The pastoral caregiver needs to help the addict to develop coping mechanisms for cravings by addressing issues such a shame, guilt and remorse that are common in Addiction.

Another challenge that may be faced by Pastoral caregiver is social challenges which is in helping the addict to find support networks, rebuild connections, and participate in healthy social activities (Benz, 2015). The pastoral caregiver may face the challenge of difference in the interpretations of religious scriptures and traditions concerning addiction, which can create confusion and conflict. Pastoral caregiver may face the challenge of creating a safe and supportive environment if the addict displays the feeling of fear of judgement when sharing their struggles. Pastoral caregiver can face the challenge of referral or identifying the appropriate medical or pharmacological (Pratt, 2024)

Conclusion

This paper has been able to portrayed addiction as a compelling (not necessarily negative) behaviour that has negative consequences on the victim, and the victim is unable to stop the behavior without external assistance. Nicotine remains one of the most commonly abused drugs in Nigeria often leading its victims into addiction. Age, genetics, parents and peer, substance use, depression or mental illness, occupation and availability are some of the predisposing factors for nicotine addiction. Although, nicotine may have its advantages, the adverse effects on human health, environment and finance, leading to other addictions and social vices outweighs the perceived advantages. Also, the Bible views addiction as yielding to temptation, sin, soul-sickness and idolatry, hence victims of addiction need pastoral care attention.

Recommendations

Based on the data gathered it is essential to recommend the following:

1. Pastoral caregivers should not hesitate to make use of referral so that such addicted persons could be handled by a more competent caregiver.
2. Pastoral counselors need to be sensitive to the diverse perspectives on addiction in order to offer guidance that aligns with the individual's spiritual beliefs.
3. Pastoral caregiver should create a community such as Nicotine Anonymous (NA) in order to enhance accountability among the addicts.
4. Churches and communities should provide a support system for the addict in order to enhance their rehabilitation and recovery process.
5. There should be collaborative efforts between the church and Government agencies so as to curb drug use/ abuse, and in provision of effective rehabilitation centres that will enhance the recovery of addicts.

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