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Healing together: Surviving substance use disorder with the church in Zimbabwe

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Today, substance use disorder is a pandemic in Zimbabwe, mostly because of political and economic crises and consequential societal despair. Several clinical and sociological studies with a major focus on saving youth from the scourge have been published. However, little attention has been given to the possible contribution of spirituality to serving people of all ages. Despite the availability of voluminous clinical and sociological interventions, substance use disorder in Zimbabwe continues to worsen. As exclusive approaches that prioritise youths and involve scientific and sociological engagement have not curbed substance use disorders, how can spirituality help? Through a qualitative literature review, this article explores the potential of Christian spirituality to reduce substance use disorders. It finds that the church can facilitate inclusive healing and transformation by applying its integral mission. It concludes that if the four dimensions of integral mission – *kerygma, leitourgia*, *koinonia* and *diakonia* – are applied, they could foster the inclusive recovery of people with substance use disorder, protect and sustain people who are vulnerable to substance use disorders and, ultimately, help them survive the plague in Zimbabwe. Therefore, this article recommends that church leaders apply integral mission for inclusionary healing, reformation and transformation.

Contribution: This article explores the potential of the integral mission to curb substance use disorder in Zimbabwe.

Keywords: substance; use; disorder; spirituality; church; inclusivity; healing; transformation.

Introduction

The occurrence of substance use disorder is a rising and complex global health and a social problem. Nhunzvi (2019:n.p.) states that 'more than 450 000 deaths per year globally are linked to substance use disorders'. In Zimbabwe, substance use disorders are a worsening crisis, in spite of various clinical and sociological engagements that have been conducted (Masunungure, Moyo-Nyede & Muruvi 2025; Msipa 2025; Mugari 2024; Mugari & Bushu 2024). The Zimbabwe *Multi-Sectoral Drug and Substance Abuse Plan 2024–2030* (Zimbabwe 2024) states that:

> Drug and substance abuse (DSA) is now a tragic public health, development and national security challenge in Zimbabwe … with approximately 60% of patients admitted to mental health facilities being affected by substance use disorders. (pp. 8,18)

It is claimed that substance use disorder in Zimbabwe is caused mainly by political and socioeconomic crises and family breakdown and desperation that results from attempts to cope with stress, idleness, helplessness and hopelessness. According to Harris (2023:n.p.), 'concerned individuals are now relying on drugs and other substances as a coping mechanism to the harsh socioeconomic challenges in the country'. For Chidume and Mugambiwa (2024:2), 'there is a consensus among scholars that unemployment is a contributing factor to the problem of drug and substance use among young people'. Youth reportedly make up the majority and are the worst victims of substance use disorders in sub-Saharan Africa (Chauke & Ndwandwe 2025). This is also the case in Zimbabwe (Dlamini 2023; Matutu & Mususa 2019; UNICEF 2023). Therefore, young people have received extensive attention in attempts to save them (Mahachi & Mugabi 2025).

However, as a result of the same traumatic political and socioeconomic hopelessness and helplessness that affect youths, increasing numbers of Zimbabwean adults are also, today, misusing drugs and alcoholic beverages (Kalima 2024; Manyeruke et al. 2025; Yaya & Bishwajit 2019). Additionally, some Zimbabwean adults have reportedly overdosed on sex enhancement drugs, allegedly in attempts to achieve maximum pleasure as relief from day-to-day stress (Adeodun 2024).

Thus, people of all ages are vulnerable to substance use disorders, and ignoring the fact that adults also need help, and overlooking spirituality as an aid to withstand substance use disorders is negligent. Sadly, 'in searching for the answers, researchers have often overlooked the role of religious and spiritual practices and beliefs in preventing use and relapse' (Green, Fullilove & Fullilove 1998:325); yet, 'the value of faith-oriented approaches to substance abuse prevention and recovery is indisputable' (Grim & Grim 2019:1713). Hence, this submission explores what Christian spirituality can contribute to address substance use disorders. The article starts by defining and redefining substance abuse, and the following subsections interface the church with substance use disorders and apply the integral mission in substance use.

Redefining substance abuse in Zimbabwe

The World Health Organization (n.d.) defines substance abuse as 'the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs'. In Zimbabwe, misuse of substances is mostly defined by health professionals and ordinary citizens as the excessive use of psychoactive substances or drugs, such as alcohol and illicit drugs, which are detrimental to people or society. One of the medical institutions in Zimbabwe, CIMAS (2025), reports that misuse of substances in Zimbabwe is mostly associated with the incorrect use of drugs such as 'marijuana (*mbanje*), crystal methamphetamine, which some call *mutoriro*, cocaine and codeine, which is commonly found in Broncleer cough syrup'. Mukwenha et al. (2021:1177) assert that the 'commonly used substances in Zimbabwe include glue, bronclee, *mangemba*, cane sprit, marijuana, codeine and methamphetamine (crystal meth)'. According to Mashamba (2023), substance abuse also includes using 'glue … "skunk" (a potent form of cannabis plant), "*musombodhiya*" (diluted ethanol or methanol), heroine [*sic*], "*kirango*" and anti-psychotic drugs [*that*] are widely being abused by the youths'. So, when Zimbabweans talk of misuse of substances, they refer to these and related substances and drugs. Yet, some misuse of substances is overlooked in discussions of substance abuse in Zimbabwe, such as sex enhancement drugs, alcohol and prescription drugs, especially sedatives and painkillers. This is why redefining the misuse of substances is necessary to include all substances that are wrongly used in Zimbabwe.

More so, saying substance abuse is actually stigmatising people with substance use disorders. According to Volkow, Gordon and Koob (2021), language norms are changing, although no term has been unanimously agreed on; 'researchers, clinicians, and others who interact with or communicate about mental and substance use disorders are encouraged to replace potentially stigmatizing terms and labels with neutral, person-centred language' (Volkow et al. 2021:2231). Therefore, substance abuse should be redefined to substance use disorder to avoid stigmatising people with the disorders. I agree with the views of Volkow et al. (2021):

> Using a person-centred approach, for example, someone should be described as 'a person with schizophrenia' or 'a person with psychosis', rather than being described as 'schizophrenic' or 'psychotic'. Similarly, instead of describing a person with drug addiction as an 'addict' or 'abuser', refer to them as having a substance use disorder or having an addiction – both are acceptable, even if the former is more precise. (p. 2231)

It is clear that care should also be taken to avoid terminologies that portray negative impressions and judgements. Volkow et al. (2021:2231) add that 'importantly, the word "abuse," both as noun and verb, should be replaced by "misuse" or just "use"'. Furthermore (Volkow et al. 2021):

> Although 'abuse' was once a diagnostic category and still appears as such in some surveys, its removal from the DSM-5 in 2013 reflected a major progressive shift towards conceptualising people with addiction as having a treatable medical condition rather than as being guilty of misbehaviour. (p. 2231)

Sadly, the stigmatising term 'substance abuse' is publicly used in Zimbabwe. For example, Naeem (2025:n.p.) titled her newspaper article 'Substance abuse in Zim: Collaborating with enforcement agencies'. Marandure et al. (2023) mention 'understanding the nature of substance use in Zimbabwe'; other Zimbabwean scholars and journalists, such as Mukwenha et al. (2021), Musaka (2022), Shamu (2025) and Nyeve (2025), use the term substance abuse. Furthermore, substance use disorders in Zimbabwe is mostly understood from a context of political and socioeconomic failures, because the literature and other publications, for example, Chidume and Mugambiwa (2025), Kurevakwesu et al. (2023), United Zimbabwe Alliance (2024), Naeem (2024) and Dlamini (2025), report that substance use disorders in Zimbabwe is mainly the result of political and socioeconomic crises that exert pressure on the nation. Such literature suggests that the Zimbabwean crises have, over a long time, impoverished and rendered ordinary citizens helpless and feeling hopeless. The effects of Zimbabwean crises have left some citizens traumatised, and, although some are thriving, others are scavenging for survival, at home or in other countries. Massive migration has disrupted family systems and required both young and old people to embrace desperate attempts to manage stress, of which one way is substance misuse.

However, substance use disorder is a multifaceted pandemic that cannot be delimited to political and socioeconomic crises. There is a need to review and redefine substance use disorders with unlimited openness to the extent of including the role of spiritual and environmental factors.

In this article, substance abuse is redefined as substance use disorder, with reference to the multifaceted incorrect use or misuse of substances that is caused by political, environmental, socioeconomic and spiritual factors. In a spiritual sense, substance use disorder can be caused by helplessness and

hopelessness. This is why Hoff (2024) says that substance use disorder:

> is not just a physical or psychological issue – it is deeply spiritual. Addiction often begins as an attempt to fill an inner void, ease pain, or numb unresolved emotions. (n.p.)

Furthermore, Heinz et al. (2010:2) argue that 'despite the paucity of research in this area, spirituality has been shown to be a significant and independent predictor of recovery and/or improvement in indices of treatment outcome'. Spiritual contributions such as biblical teachings and counselling can be helpful in addressing substance use disorders. On an environmental level, globalisation, cross-pollination of cultures and rapid changes within and across villages, cities and nations expose everyone to peer pressure and require a variety of stress-coping mechanisms. Substance abuse should, therefore, be redefined to include spiritual, environmental and all other problems that ensnare people in Zimbabwe. With this in mind, the next subsection interfaces the church with substance use disorder in Zimbabwe.

Interlinking the church with substance use disorder in Zimbabwe

The church interfaces with substance use disorders through prevention, intervention and recovery support engagements. The church primarily serves as a source of spiritual guidance and community support, even when challenges such as stigma and deficient theological training stand in the way of ecclesial effectiveness. It is widely agreed that religion is indispensable for treating substance use disorders. As Grim and Grim (2019:1717) state, 'evidence-based studies point to the instrumental contribution of faith to substance abuse prevention and recovery'. It is suggested that having religious and spiritual beliefs and practices leads to lower levels of substance use disorders and reduced vulnerability to misusing substances. Dube (2023) asserts that:

> A growing body of research suggests that religion is an important protective factor against drugs and substance abuse; and that religion may help in the rehabilitation of drug addicts by enabling them find meaning, direction and purpose in life. (p. 1)

We agree with Dube (2023) that religion and spirituality have long been used to prevent and treat substance misuse around the world. Dube (2023:8) states that 'religion may influence substance use and rehabilitation by establishing moral order, providing opportunities to gain new skills, forming support groups, and providing social and organizational linkages'. Considering that over 85% of the Zimbabwean population subscribes to Christianity (Gaga, Masengwe & Dube 2023:69), the church is well placed to promote an anti-drug campaign to hundreds of thousands of people in Zimbabwe. The church can provide guidance and support to young people through counselling and support services. The church and other faith-based institutions present promising but underexplored potential to provide psychosocial support services to treat substance use, especially in contexts of limited resources (Muswerakuenda et al. 2023).

The church has an integral mission to proclaim and demonstrate the gospel in all political, environmental and socioeconomic areas of life, through four dimensions: *kerygma* [proclamation], *koinonia* [fellowship], *leitourgia* [worship] and *diakonia* [care for the needy, advocacy for justice and environmental stewardship] Tagwirei 2025. Through *diakonia*, the church facilitates comprehensive care for people who are vulnerable or already victims of substance use disorder. The church is, furthermore, the light and salt of the world (Matthew 5:13–16) and is mandated to demonstrate exemplary uprightness, influence good behaviour and transform society. The church is mandated to model and inspire transformed living for everyone in word and deeds of godliness, togetherness, love, grace, care, counselling, rehabilitation, reformation and transformation. Tali (2023:162) asserts that the church has the responsibility of 'prayer, teaching and preaching the word of God, organizing seminars, conferences and awareness creation and … counselling, and employment'. This claim is echoed by Krisantus (2024:59), who explains that the church is trusted by, and has the capacity to influence people's behaviour and lifestyle choices in a way that complements public health and education efforts. Krisantus (2024:59) also says that 'through spiritual guidance, moral teachings, youth outreach programs, and community-based support, the Church can serve as a protective environment that discourages alcohol abuse and promotes healthy living'.

Although lifesaving medicines and psychological interventions are important parts of rescue and recovery, I agree with Grim and Grim (2019) that these measures are not enough:

> Religion and religious participation can address the many issues that lead people to alcohol and/or drug dependency that medical interventions alone can fail to address … religious beliefs, practices, and belonging as well as spiritual programs inspired by faith in a Higher Being significantly contribute to the prevention of and recovery from substance abuse. (p. 1736)

Grim and Grim (2019:1737) conclude that in addition to the efficacious role of spirituality, 'congregations and faith-based institutions are particularly effective in community mobilization and timely response to crises'. In this case, the church is adept at facilitating transformational group interactions focused on overcoming past negative experiences, which are often drivers of substance use disorder. Regardless of the various controversies that have dented the roles of the church in society, they conclude that 'religion and spirituality are exceptionally powerful, integral, and indispensable resources in substance abuse prevention and recovery; faith plays a key role in treating the mind, body, and spirit' (Grim & Grim 2019:1737).

In Zimbabwe, 'the Church has been recognised as a vital player in the fight against drug and substance abuse, with its sustainable support structures seen as essential for helping both users and caregivers' (Doma 2025). According to Moyana (2024:n.p.), 'the Government has lauded the significant contribution of the church in addressing the

growing crisis of drug and substance abuse among the nation's youth'. The *Daily News* (2022) reported that 'the Church must be at the forefront, preaching against drug and substance abuse especially among the youth, mental health experts say'. The president of the Republic of Zimbabwe (Madzimure 2025) and various public and private voices, as reported by Muswerakuenda et al. (2023), Bwanya (2023), Deketeke (2024) and Bofu-Matinha (2025), have called on the church to intervene. It is commendable that church leaders and youth organisations responded to the calls by facilitating denominational, interdenominational, ecumenical and cross-cultural partnerships to advance awareness of substance use disorder and recovery campaigns (Tshuma 2025). However, it would be retrogressive if such campaigns neglected adults and a spirituality that is holistic, because all ages matter and comprehensive spiritual approaches are essential. This is why this article calls for the application of integral mission that is inclusive and can save people of all ages in all situations.

Applying *Missio Ecclesiae* to inclusive healing

The World Council of Churches Faith and Order Paper 198 (2005) declares that:

> The mission of the Church is to serve the purpose of God as a gift given to the world in order that all may believe (cf. Jn 17:21). As persons who acknowledge Jesus Christ as Lord and Saviour, Christians are called to proclaim the Gospel in word and deed. (p. 10)

Thus, the goal of *Missio Ecclesiae* is to advance *Missio Dei*, meaning that 'it is the inclusive and multidimensional mission of God to address the entire lives of all human beings in all contexts' (Tagwirei 2024:3). According to Kuhn (2005:102), the mission of the church is not only about preaching but also involves living out the gospel. Accordingly, the mission interfaces evangelism with social concerns. Kuhn (2005:102) says that 'holistic development is necessary to carry the gospel of God in the wisdom and strength of the Spirit and in the love and grace of Jesus Christ'. Thus, the church exists to present the gospel in word and deed to achieve total transformation. Such an understanding results in the restoration of the body and mind without neglecting the spirit. This is pivotal because holistic 'body–mind–spirit integrated model of intervention' is highly effective in both substance use disorder prevention and recovery (Grim & Grim 2019:1717). Integral mission attends to all spiritual, political, ecological and socioeconomic issues that affect the human spirit, mind and body (Tagwirei 2024). Therefore, it is exigent to integrate *Missio Ecclesiae* with substance use disorder for inclusive healing.

Interfacing *kerygma* with substance use disorders

Kerygma is a Greek term that is predominantly conceptualised as proclamation, announcement, chronicle, herald and preaching the gospel – good news about the birth, life, death, resurrection and meaning of Jesus Christ in hearers' lives (Tagwirei 2025). The church is God's active agent in the world. The church works as Christ's representative on earth. In view of the scourge of substance use disorder, Lee (2023) quotes Matthew 9:37–38: 'then fields are ready for harvest; what is needed are labourers'. According to Hebrews 4:12, the word of God is living and able to reach the soul, body and spirit. The Bible includes teachings about leaving destruction behind and adopting a godly lifestyle (Eph 4:20–24) – which is all transformative. According to Hoff (2024):

> Scripture is filled with stories of transformation, of people who were lost, broken, and enslaved by their circumstances, yet found redemption and freedom through God. (n.p.)

As such, substance use disorder is no different. This article agrees with Hoff (2024) that the same God who delivered the Israelites from bondage, transformed and continues transforming people can redeem and transform people with substance use disorder. This view is supported by Kemboi (2024), who declares that the church can transform society through preaching and teaching the word of God. Kemboi (2024:26) asserts that 'sharing the gospel with drug abusers helps them to grasp the truths about God, such as His holiness, love, and patience on a sinner, His call to repentance, and a perfect plan of prosperity'. Obviously, the gospel does not only direct people to heaven. It must be contextualised to help people deal with issues in their present life on earth. This is why Sikwila (2025) says that:

> To reach people for Christ the church must enter their world and minister to their needs and struggles. This includes those struggling with addiction who are often marginalised by the rest of the community. (n.p.)

Sikwila (2025) explains that the gospel is, first and foremost, about Christ's reconciliation through His substitutionary death:

> The gospel encompasses far more than just salvation … It is about coming alongside of the addict and giving them hope and deliverance from the domination of addiction so that they might experience the freedom of Christ. (n.p.)

Bearing in mind that *Missio Ecclesiae* is derived from *Missio Dei*, the Church exists to preach, teach and apply God's Word in all contexts and for all people, thus, inclusively. The church should reach out to people of all ages who are vulnerable to, or who are already affected by substance misuse and apply the gospel in all political, environmental and socioeconomic contexts that trouble Zimbabweans. As Zachariassen (2024) explains, 'addicts are people like everyone else. As such, they need the gospel like everyone else'. This claim is supported by Romans 3:23, namely that everyone is a sinner and has fallen short of the glory of God. Consequently, the church must proclaim the gospel to everyone, including people who abuse substances, to accord them opportunities to hear and believe the gospel and be redeemed. When people are redeemed and transformed by the gospel, they can overcome substance use disorder in any circumstances. Thus, *kerygma* can help everyone to withstand substance use disorder.

Interfacing *leitourgia* with substance use disorder

Leitourgia is a Greek term that means worship services (Achikeh & Umeugochukwu 2019:135):

> *Leitourgia* is the ministry of worship (known as liturgy) by which the church glorifies God by praying to and praising God while edifying each other through praying for one another, encouraging each other and singing and dancing together. (Tagwirei 2025:151)

In a holistic approach to substance misuse, *leitourgia* seeks God to intervene in more than personal and denominational well-being. *Leitourgia* praises God and intercedes for others – the whole nation, continent and world. Considering that Zimbabwe is tragically entangled with substance use disorder (Mpofu 2026), worship can enable people to intercede for collective, national and interdenominational forgiveness, repentance, healing and restoration. According to Hoff (2024):

> The first step toward recovery from addiction is acknowledging that we cannot do it alone. In many ways, the process mirrors thebiblical principle of surrender – recognizing our own powerlessness and allowing God to take control. (n.p.)

As Jesus states in Matthew 11:28–30, 'Come to me, all who labour and are heavy laden, and I will give you rest' (NIV Online Bible Gateway).

It is undeniable that addiction places a heavy burden on people with substance use disorders, their families, communities and nations. Jesus Christ offers rest and peace that no drug or drink can provide. Through *leitourgia*, the Church can lead people to turn to God, admit human limitations and submit to God's help, regardless of sins committed during times of substance abuse; the Bible says that God can forgive all human sins (Is 1:18; Jn 3:16). For Hoff (2024):

> Surrendering to God is not a sign of weakness but of true strength. It is an act of faith, believing that God's power is greater than the addiction that seeks to destroy us. (n.p.)

Worship can help people to overcome substance misuse by allowing God to change them into God's image and righteousness. Lezza (2024) submits that 'the interesting thing about worship is it is not just something we do but it is something we become. It is the direction we are headed'. Lezza (2024) explains that worship leads people to believe, love and submit their lives to God, who transforms those who believe and love God.

Moreover, through various activities of worship, such as prayer, song and dance for God, *leitourgia* is commonly associated with a sense of calmness, peace, encouragement or social support, which all enhance self-introspection, actualisation and reformation. For Sanchez and Nappo (2008:4), 'in all cases, the prayer or worshipping is a form of direct contact with God, a form of dialogue between father and child'. Regarding treatment for substance use disorder, prayer can serve as a substitute for pharmacological therapy and play an anxiolytic role in the same way that medication can (Sanchez & Nappo 2008):

> Prayer not only serves to calm the drug user, by placing the worshipper in a meditative and mind altering state, but it also helps the follower to develop faith by sharing the responsibility for the 'treatment' with God … it eases the burden of a solitary battle and allows for God's protective intervention. (p. 4)

Because, in Zimbabwe, substance use disorders are strongly fuelled by political and economic crises, worship involves the intercessory role of the church (2 Chronicles 7:14) for the nation. If the church teaches and facilitates prayer, repentance and intercession, while advancing is prophetic voice for good governance, God can hear the prayers and transform national politics and economics. When political and economic crises are resolved, employment, business, livelihoods and related necessities can be realised, and citizens' stress and substance abuse can be reduced. Thus, worship is integral to curbing substance use disorders in Zimbabwe.

Interfacing *koinonia* with substance use disorders

Koinonia refers to fellowship, togetherness, cooperation and communion (Breed & Semenya 2015). While integral mission customarily upholds the fellowship of brethren with each other and the Trinitarian God, the inclusivity of integral mission promotes other fellowships that can include those who have not been included, such as people with substance use disorders. Considering the oneness of God, Jesus Christ and the Holy Spirit (Jn 10:30), Christians ought to be similarly loving, gracious and inclusive. Members of the early church exemplified *koinonia* by devoting themselves to the apostles' teaching, looking out for each other, the breaking of bread and prayers (Ac 2:42); thereby, they showcased that fellowship enhances sharing everything and giving time to be there for one another. They shared food, prayers and the transformative gospel. Through all that, *koinonia* enables evangelism and discipleship when people are together. If the Church in Zimbabwe facilitates inclusive congregational, denominational, ecumenical and interfaith fellowship, Christians can accommodate, evangelise, disciple, reform and transform people with substance use disorders. Without such lovely and gracious fellowship, people with substance use disorders may feel unloved, unwanted and neglected – and remain separated from exclusive communities and astray. Yet, when the church advances fellowship in love and unity, people can pray together and share the issues they face in their lives and contribute graciously to finding their needed solutions. According to Harmony Ridge Recovery Center (2024), the church is an important supportive community in which individuals find encouragement, understanding and a non-judgemental environment that enhances healing and transformation.

Similarly, Recovery Lighthouse (2025) asserts that fellowship provides therapeutic support to people with substance use

disorders, especially when fellowship includes others who have experienced similar situations. Recovery Lighthouse (2025:n.p.) states that 'the great thing about a fellowship support group is that there is never any judgement'. Accordingly, fellowship creates conducive environments for people to share their stories, identify with, inspire, challenge, enlighten and empower each other to achieve reformation and transformation. Such socialisation sustains life-building relationships that free people to be vulnerable and open about their issues. According to Green et al. (1998:330), fellowship builds people's relationship with God, who 'provides a process for finding meaning in often incomprehensible situations'. Communing with fellow humans and with God through prayer and meditation encourages troubled people to reflect on their problems and find consolation and solutions with others. Additionally, fellowships create a conducive environment for counselling. According to Green et al. (1998:331), regular fellowship, peer counselling and discipleship play a significant role in shaping attitudes and beliefs about recovery from substance use disorder. It is in such fellowships that the Church and communities can reflect through diaconal scriptures such as James 1:22–25 about doing the word and Matthew 5:13–16 about being the salt and light of the world, by living out the gospel for their spiritual, social, economic, political and environmental transformation. In that way, together, the Church and society can curb substance use disorder in Zimbabwe.

Interfacing *diakonia* with substance use disorder

Diakonia refers to 'the responsible service of the gospel by deeds and by words performed by Christians in response to the needs of people' (White 2002). According to Tagwirei (2023), *diakonia* is often narrowed down to mere social service, social work or care for the needy and is not given maximum attention. Yet, if broadly understood through the lenses of integral mission, *diakonia* goes beyond care for the needy and involves caring for everyone and everything (Tagwirei 2023). For example, comprehensive *diakonia* could comprise demonstration of love and care for everyone, including people with substance use disorders. That is why Lee (2019:23) conceptualises the all-inclusive nature of *diakonia* by explaining that 'the *diakonia* of Christians is not just looking after the Christian community but caring for everything', thereby fulfilling the second-greatest commandment, of loving one's neighbour as oneself (Mt 22:38–39). Accordingly, the Lutheran World Federation (2009:46) considers *diakonia* to be the bridge through which the church responds to the needs of neighbours: 'the word *diakonia* points to the mission of a go-between, a messenger, or even an ambassador who has been mandated to restore relations, to heal and to reconcile'. People with substance use disorders do not need public judgement and disregard to heal, reform and be transformed. They need to be loved, cared for, accommodated, heard and helped to heal. There is a story behind every instance of substance use disorder. What led a person to substance misuse can only be identified in loving and gracious engagements. When the church engages society with godly love, grace and care, believers can reach out to people with substance use disorders with friendly approaches, invite them to ecclesial fellowships, accommodate, relate, intercede for them and build environments that stimulate vulnerability. By doing so, people with substance use disorders can, eventually, share their problems and the church can help them to recover from an informed position. Diaconal care that embraces, talks and walks with people in godly love can be more effective than mere preaching and teaching. Diaconal care enables the Church to demonstrate loving and gracious unity with people living with substance use disorder, the same way it does with everyone else. Diaconal care ensures that people with substance use disorder are and must never be rejected. Because 'the Church is the people of God in society … God will use the church as king, prophet, and priest to bring societal transformation' (Ortiz 2003:50). Thus, the church should exhibit unconditional love and grace for everyone. While some members of society sometimes misjudge and mistake people with substance use disorder as unwanted failures and sinners, the church should consistently voice and act out the gracious love of God for everyone by reconnecting and empowering people with substance use disorder with society. The church can do that by preaching to, teaching and exemplifying love, grace and forgiveness and by facilitating public awareness campaigns against stigmatising substance use disorder. Through such *diakonia*, integral mission can enlighten and lead people to embrace and support one another on the path to sobriety. God embraced and used people who are disregarded in society to transform society. For example, God embraced and transformed Saul, who was a murderer, to advance His mission (Acts 9). The church must demonstrate godliness by embracing evangelism and discipleship, which eventually reforms people with substance use disorders to serve God in society by helping others to escape from substance misuse and related problems. In view of the arguments offered in this article, *diakonia* completes *kerygma*, *leitourgia* and *koinonia* and show that integral mission can mitigate or even end substance use disorder in Zimbabwe.

Conclusion

This article appreciates that the state, Church and non-governmental organisations have been speaking about, and making scientific, psychosocial, financial, material, human and other forms of effort for youths in fighting substance use disorders in Zimbabwe. However, the fact that political, socioeconomic, environmental crises and substance use disorders are worsening calls for inclusive engagements. Because substance use disorder is caused by multiple factors that require corresponding interventions, it is remarkable that the spiritual integral mission of the church speaks to all spiritual, environmental, political and socioeconomic issues of all ages, which other interventions cannot. The holistic application of the gospel is done through four dimensions, namely *kerygma, leitourgia, koinonia* and *diakonia;* thus, integral mission can address all aspects of the spirit, mind and body. Through *kerygma,* the church can reconcile and keep

humanity with God through preaching and teaching, which beget life, meaning and breakthroughs in incomprehensible situations. Through *leitourgia* [worship services], the church can facilitate human submission to and refuge in God through prayer and comforting and encouraging song and dance. By *koinonia* [fellowship], the church can foster discipleship, vulnerability, counselling and transformative engagements between all the people involved. Last, yet most important, through *diakonia* [care for the needy], the church can bridge and fulfil biblical words with deeds of love, care and grace, which, altogether, are exceptionally holistic, healing, transformative, sustainable and indispensable for substance use disorder prevention and recovery.

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Kimion Tagwirei: Conceptualisation, Writing – original draft. The author confirms that this work is entirely their own, has reviewed the article, approved the final version for submission and publication and takes full responsibility for the integrity of its findings.

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