The Journey From Drug Addiction to Drug Withdrawal: A Christian Gospel Rehabilitation Program in Taiwan

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The Journey From Drug Addiction to Drug Withdrawal: A Christian Gospel Rehabilitation Program in Taiwan

Pi-Ming YEH

ABSTRACT

Background: World Drug Report estimates the number of opioid users at 53 million and identifies opioids as responsible for two thirds of the 585,000 people who died as a result of drug use in 2017.

Purpose: The purpose of this study was to analyze the testimonies of 30 people regarding their journeys from drug addiction to drug withdrawal in Taiwan.

Methods: This was a qualitative research design. The sample inclusion criteria were as follows: (a) being a drug abuser, (b) completed the Christian Gospel Drug Withdrawal Program or church-sponsored program, and (c) shared their related testimony on the Good TV television channel in Taiwan. The participants’ stories were posted in Chinese, transcribed by the author, and translated from Chinese into English. Content analysis was used to identify the major themes.

Results: Of the 30 participants, 24 were male (80%) and six were female (20%). The major themes identified in their testimonies were: (a) Using illegal drugs related to peer recognition, lack of knowledge, and temptations; (b) drug addiction was an endless pain cycle; (c) turning points related to love, repentance, and hope; (d) drug withdrawal was related to avoiding temptation and overcoming the drug withdrawal syndrome through the Holy Spirit; and (e) outcomes were faith and new life.

Conclusions/Implications for Practice: In this study, people who received the gospel drug withdrawal programs expressed that their lives had changed, they had withdrawn from drugs successfully, they had become volunteers to help others, and interactions with their family had improved. These programs may be applied in the mental health nursing profession.

Key Words: drug withdrawal, testimony, drug addiction, Taiwan, addiction recovery.

Introduction

The United Nations Office on Drugs and Crime (UNODC, 2022) reported that cannabis remains by far the world’s most used drug. An estimated 209 million people used cannabis in 2020, representing 4% of the global population (UNODC, 2022). Use remains the highest in North America, where 16.6% of the population use the drug (UNODC, 2022). An estimated 61 million people used opioids in 2020, and half of them resided in South Asia and Southwest Asia (UNODC, 2022). In the United States, drug overdoses were lethal than ever in 2021 (National Center for Health Statistics, 2023). In 2021, about 108,000 people died of drug overdoses in the United States, and about two thirds of those deaths involved fentanyl or another synthetic opioid (National Center for Health Statistics, 2023). Opioids remain the most lethal group of drugs, accounting for two thirds of deaths related directly to drugs (mostly overdoses; UNODC, 2022). Young people continue to use more drugs than adults and have higher levels of use than in past generations (UNODC, 2022).

These and other statistics support illegal drug use as an important issue worldwide. In Taiwan, more than 250,000 people reportedly use illegal drugs (Lee, 2019). Drug abuse severely impacts the physical and psychological health of users (Chiang, 2016). Moreover, the percentage of the population addicted to drugs has been associated with lower gross domestic product and higher domestic criminal activity, indicating a negative impact of drug usage on economic flourishing and societal safety (Chiang, 2016). Of the 59,897 criminals in Taiwan identified as using illegal drugs and at least 24 years old, 98.1% used heroin or morphine and 80.8% used amphetamines, methylenedioxy-methamphetamine (ecstasy), or marijuana (Chiang, 2016). Moreover, nearly half (43%) of the criminals aged 18–23 years were identified as ketamine users (Chiang, 2016).

Numerous studies have focused on the causes, prevalence, and treatments of drug abuse (Lin, 2021). However, few studies have been designed to examine the effectiveness of gospel interventions on drug withdrawal in Taiwan. Although many who receive treatments at hospitals withdraw successfully from their physical addiction, they find it difficult to withdraw...
from their psychological addiction. After their discharge from the hospital, they may return to using illegal drugs.

Informal recycling among people who use drugs has been positively associated with injection drug use, public injection, methamphetamine use, difficulty finding harm reduction equipment, and police interactions (Jaffe et al., 2018). Prangnell et al. (2016) conducted a prospective cohort study in Vancouver, Canada, on 1,142 persons who had injected drugs during 2005–2013 and had not accessed any addiction treatment during the 6 months before interview (Prangnell et al., 2016). Most of the participants expressed they had the ability to access addiction treatment, with only 188 participants (16.5%) expressing difficulties in accessing this treatment (Prangnell et al., 2016). The significant factors associated with inability to access addiction treatment included binge drug use, being a victim of violence, homelessness, and never accessing addiction treatment (Prangnell et al., 2016).

Spiritual groups have been implemented in mental health units, with researchers reporting the effectiveness of these groups for people with mental illness. The identified benefits include increased hope and well-being, self-esteem, social support, and motivation toward growth and decreased depression, anxiety, and substance abuse (Carlisle, 2016; Forrester-Jones et al., 2018). Spiritual well-being has a significant and positive effect on psychological well-being. Anxiety, depression, and suicidal ideation have been shown to decrease as spiritual well-being increases (Yeh, 2018; Yeh & Waters, 2021).

There are some studies related to the efficacy of gospel interventions in helping people withdraw from drugs. For example, Black gospel music and spirituality was found to help prevent cocaine dependence relapse in African Americans living in an urban setting (Cheney et al., 2014; Franklin, 2010). Black gospel music and spirituality provide a form of social, spiritual, and emotional connection later in life that is helpful in adult recovery from cocaine dependence (Franklin, 2010). Organized religion and reliance on a personal relationship with God was found to help stop cocaine use (Cheney et al., 2014).

Few studies have examined the journey from drug addiction to drug withdrawal. The purpose of this study was to analyze the testimonies of 30 people regarding their journeys from drug addiction to drug withdrawal in Taiwan and to identify major themes.

**Methods**

**Design, Sample, and Setting**

This was a qualitative research design. The 30 participants were recruited from the Good TV True Love Blog, a gospel TV platform on which they were interviewed and shared their testimonies. The data were collected from May 2020 to November 2020. Institute review board approval was given by Missouri Western State University (MWSU IRB 3597). The sample inclusion criteria were as follows: (a) having experienced drug abuse, (b) completed the Christian Gospel Drug Withdrawal Program or church-sponsored program, and (c) having shared their testimonies on the Good TV True Love Blog. The participants’ testimonies related to their drug withdrawal experiences using gospel interventions. These stories were posted in Chinese on the Taiwan-based Good TV channel. The researcher did not contact these participants personally, as the interviews were available on public domain platforms (broadcast television and YouTube).

The definition of gospel intervention is reading the Bible, singing hymns, and praying to accomplish a task, which, in this case, was drug withdrawal. The participants received gospel interventions from different places, as described in Table 1.

**Gospel Drug Withdrawal Programs in Taiwan**

The three main facilities that use Gospel interventions to help people withdraw from drugs in Taiwan are Christian Operation Dawn Gospel Drug Withdraw (CODGDW), the Republic of China Grace Church, and Agape House at Hualien City.

**Theoretical Frameworks**

**Gospel drug rehabilitation counseling model**

First stage: 1–3 months of struggling to adapt: Participants overcome physical and mental problems and adapt to the new environment. Interventions are as follows: (a) one-on-one accompaniment to express acceptance, comfort, and encouragement; (b) sharing successful testimonies to give them hope; (c) regular life schedules (e.g., reading the Bible, singing hymns, and participating in art classes); and (d) prayer and concern for new members (CODGDW, 2021). Self-evaluation is a contemplative process where solutions are reappraised and one imagines the possibilities of change (Prochaska et al., 2002).

Second stage: 4–6 months of behavior adjustment: Through group support and observing good examples, participants gradually correct their external behavior. They establish better relationships with others and take on jobs (CODGDW, 2021; Prochaska et al., 2002).

Third stage: 7–12 months of attitude improvement: Through the education of faith and the practice of daily life, participants’ lives are changed. Use counseling classes to help new members recognize the problems in their lives and how to improve their lives (CODGDW, 2021; Prochaska et al., 2002).

Fourth stage: 13–18 months of life renewal: Students are assisted to implement beliefs and guided in drawing up plans for when they leave the village and return to society (CODGDW, 2021).

Fifth stage: the maintenance period: They leave the village at the end of the program. In maintenance, efforts are focused on increasing and securing gains, preventing relapse, and attaining an improved lifestyle (Hanson & Guthel, 2004). Clients are referred to join the church and connect with a faith group to continue learning to increase the chances for a successful return to family and society (CODGDW, 2021).

**Data Analysis Procedure**

The video recordings of the interviews of the 30 participants were transcribed verbatim by the author and then translated.
Table 1
Sociodemographic Information of the Participants and Duration of Videos (N = 30)

<table>
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<tr>
<th>Variable</th>
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<tbody>
<tr>
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<td>0.96</td>
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<td>Range</td>
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<tr>
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<tr>
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<tr>
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<tr>
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<td>Relatives</td>
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<td>Suicidal ideation or suicidal attempts?</td>
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<td></td>
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<td>36.7</td>
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<tr>
<td>No</td>
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<td>3.3</td>
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<td>13.3</td>
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<tr>
<td>Gangster, gambling, and jail</td>
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<td>20.0</td>
</tr>
<tr>
<td>KTV or night club or dancing hall</td>
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<td>16.7</td>
</tr>
<tr>
<td>Illegal drug seller, gangster, and jail</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Staff or business owner</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Singer</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Male sex worker</td>
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<td>3.3</td>
</tr>
<tr>
<td>Beggar/homeless</td>
<td>1</td>
<td>3.3</td>
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</tbody>
</table>
(continues)
from Chinese to English. Both thematic and structural analytical strategies were used (Ravitch & Carl, 2020). Describing the relationships and comparing similarities and differences in the data are tasks made for thematic analysis (Ravitch & Carl, 2020). Using a theme reflects important notions in the data that helps readers to understand as a generalized feature of a data set (Ravitch & Carl, 2020). Themes were identified using the underlying patterns of the experiences observed in the interviews. Structural analysis was used to place the experiences into the social context of the individual being interviewed and to assist in analyzing the way the story was told (Riessman, 2008).

The analysis was conducted in the following steps:

Step 1: Watch the video recording (noting vocabulary, vocal intonation, and body language).

Step 2: Write narrative summaries for each participant (structural analysis: how they told their story).

Step 3: Translate these 30 interviews from Chinese to English.

Step 4: Record key verbatim quotes in each interview story.

Step 5: Look for themes.

Step 6: Document themes between participants looking at similarities and differences among participants.

Step 7: Identify exemplar narratives.

Step 8: Color code themes for each participant based on documented themes.

Exemplar narratives were found to best illuminate the analytic findings. Combining thematic analysis and structural analysis allowed for comparisons within the interview and across cases (Ravitch & Carl, 2020).

The interviews were sourced from the Good TV channel, a highly reputed TV program in Taiwan. Study rigor was measured using two factors: credibility and dependability. The definition of credibility is the confidence in the truth value of the data and its interpretation. There are two steps to achieve credibility. First, carry out the study in a way that enhances the believability of the findings. Second, take steps to show credibility to external readers (Polit & Beck, 2021). Good TV station won the International Television Ministry Award presented by National Religious Broadcasters, the world’s largest Christian communicators (Good TV, 2021). The definition of dependability is the stability of data over time and over different conditions (Polit & Beck, 2021). As these study findings may be repeated with the same participants in the same context, this study may be considered dependable.

**Results**

There were 24 male (80%) and six female (20%) participants in this study. The mean age was 50.93 ($SD = 10.47$, range: 26–65) years. The average length of time for the interviews was 52 minutes and 25 seconds ($SD = 0.96$ minutes, range: 50–54 minutes). The average number of words for each English transcription was $M = 2534.93$ ($SD = 677.80$; Table 1). The main themes identified were as follows: (a) using illegal drugs: peer recognition, lack of knowledge, and temptations; (b) drug addiction: an endless pain cycle; (c) turning points: love, repentance, and hope; (d) drug withdrawal: avoiding the temptations and overcome drug withdrawal through the intervention of the Holy Spirit; and (e) outcomes: faith and new life (Figure 1).

**Illegal Drug Use Related to Peer Recognition, Lack of Knowledge, and Temptations**

Reasons for using illegal drugs included (a) peer pressure; (b) stressors; (c) lack of knowledge; (d) environment; (e) the
thrill of hallucinogenic experience; (f) to escape reality; (g) feeling able to control the illegal drugs, but being controlled by the addictive power of the drugs; (h) feelings of power/hero qualities; (i) no cost to try at a friend's invitation; and (j) curiosity. The illegal drugs the participants used for their first experience with drugs included heroin, marijuana, amphetamine, opium, glue, and suikang. The mean age at which the participants tried illegal drugs for the first time was 19.67 (SD = 4.92, range: 13–35) years.

The people who used drugs said that it was okay. They said not to worry, and that I would not become addicted. This is just for fun. Would you like to try it?

I wanted to be a hero. I wanted to be a part of the gang and to be recognized by them, so I accepted their invitation to use the drug. I thought that I would not become addicted. I used heroin.

My family moved to northern Thailand. It was very easy for people to get the heroin in that environment. My friends taught me how to smoke it. I thought I could control its use, but, actually, the drug controlled me and not the other way around.

When my mom passed away, I felt angry that God did not listen to my prayers. When I went home, I took down the crucifix, and broke the cross, and

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**Figure 1**

Diagram of Categories, Themes, and Subthemes of the Journey From Drug Addiction to Drug Withdrawal
put it in the trash can. I told my family “not to talk to me about Jesus Christ and God anymore.” I joined a band and my friends in the band used drugs to get high. The music we played dealt with death, violence, sex, and worshipping idols. I used marijuana.

When I was in high school, I had wrong values and wanted to be different from others. I rebelled and experimented with dangerous things. My friend told me there was one thing that would make me very happy and my friend provided me with drugs.

Drug Addiction Was an Endless Pain Cycle

Some impacts of using illegal drugs on the participants' lives included (a) destroyed relationships with friends and family; (b) inability to quit the drug addiction leading to physical and spiritual pain and suffering, especially psychological addiction; (c) losing the ability to work and losing jobs; (d) using inappropriate ways to get money to buy drugs; (e) suicidal thoughts; (f) hallucinations and a loss of reality; (g) isolation; and (h) life-threatening.

Twenty-four participants (80%) expressed that it was very painful to undergo withdrawal from heroin. They said that it seemed like 10,000 ants biting them. It was hard to quit heroin because of the strong addictive power of that drug. Heroin is called the king of toxic drugs.

I used amphetamines. I had hallucinations and delusions. I thought I could control myself enough to use these drugs. I could hear strange sounds and became very suspicious. I always felt someone was watching me. I isolated myself in one room and disconnected with the outside world after I started using amphetamines.

I needed to shoot up illegal drugs ten times a day. I had 300 needle holes every month. One day, I injected illegal drugs in my groin and then watched TV. I felt dizzy and looked down and saw that I was bleeding a lot. I may have injected the drugs into an artery or into a previous wound that had not healed, causing a significant loss of blood. Another time, when I removed the needle from my forearm, blood just sprayed out for one to two meters. I was shocked and begged God to save me and give me another chance. Actually, I said that every day. It didn't work. I still craved the drugs and felt like shooting up in the church restroom. I thought I was in a different world from those church members.

Turning Points Related to Love, Repentance, and Hope

The turning points that caused these participants to enter the gospel withdrawal programs were as follows: (a) being touched by love; (b) being reached through prayer; (c) realizing there was no other way to solve their problems; (d) the introduction of family, missionaries, and friends to the programs (or churches); (e) feeling regret, shame, and repentance; (f) being saved by a miracle; (g) realizing their lives were in danger; and (h) having gospel messages shared to them by missionaries or pastors while in jail.

My parents accepted me no matter what I did. They forgave me and helped me quit drugs. My father looked for many ways to help me quit drugs, like medicine or hospital programs. I participated in the Operation Dawn Program, but I failed. I had been sent to jail three times. My mom brought me to church and I was baptized for the second time, because I wanted to please my mom. Although I cried when I sang the hymns because God touched my heart, I still craved the drugs and felt like shooting

My mother loves me and kept praying for me. I felt so embarrassed. I was so bad and my mom still loved me.

My mom said Jesus Christ loved me and that I needed Jesus’ love.

My mom (or sister, friend) brought me to this gospel drug withdrawal program.

I tried to shoot myself to end my life. I put the gun into my mouth, but the bullet did not come out. I think that God saved my life.

In Tai Don Jail I met an angel from God “Mrs. Luo.” Mrs. Luo taught me about the power of the Bible and shared the Gospel with me.

While in jail, I met a missionary named Ya Hua. She shared Bible stories with people in the jail every week and sang hymns with us. One hymn, “A Whole New Person,” touched my heart very much. I decided to withdraw from drugs after I got out of jail. I did not want to use drugs again. I wanted to throw away all of my drugs, because there was no meaning in my life when I used them.

I tried so many ways to withdraw from drugs, but I failed. My parents and my whole family were so sad. My sister found a gospel flyer and there was a testimony about how a person withdrew from drugs successfully. There was a phone number on that flyer. My sister asked me “Would you like to try this?” She helped me call the number, and then I
was accepted into the program at the Blessing Home where I am now living.

The Strategies of Drug Withdrawal Included (a) Avoiding Temptations and (b) Overcoming the Drug Withdrawal Syndrome Through Prayer and the Holy Spirit

Participants in the gospel drug withdrawal programs shared similar journeys. (a) Initially—from about 1 week to 1 month—they experienced drug withdrawal syndrome, which was very painful and would not allow them to fall asleep. (b) Volunteers and pastors stayed with them and prayed for them 24 hours a day for 1 week. (c) Participants learned to kneel down and pray, which helped them fall asleep. That was a miracle for them. (d) They were now living in a new environment without illegal drugs or medications. (e) These were all free programs to help people who wanted to withdraw from drugs. (f) They read the Bible and gospel books, wrote down bible verses, and sang hymns. (g) In the first year, these participants still wanted to escape from that environment. (h) It took at least 2 or more years to feel comfortable enough without drugs to follow the Holy Spirit’s leading. (i) The participants were trained and became volunteers (or pastors) themselves to help and serve other people with drug addictions. (j) They expressed repentance and regret, and then they were finally able to forgive themselves. Their sin bondage was released. (k) Participants truly appreciated their parents, families, the church members, and all those who had helped them and provided love, patience, forgiveness, and encouragement along the way.

During the first month, I suffered from withdrawal syndrome. It was very painful and I could not fall asleep.

Volunteer brothers stayed with me and prayed for me for twenty four hours a day for an entire week.

I learned to kneel down and pray, and then I could fall asleep. That was a miracle for me.

I lived in a new environment where there were no illegal drugs or medications (an isolation environment).

One day, I pointed to the Bible and said, “Jesus, if you are really God, please heal my insomnia and help me have a good sleep.” I was able to sleep well that night. All my previous ids could not give me a good sleep, but Jesus did. My insomnia was healed by Jesus Christ.

I had many special miraculous experiences from Jesus Christ, for example: hell and heaven.

I was fighting and arguing with Jesus Christ, but in the end, I surrendered and obeyed God’s direction and Jesus Christ won. I know God’s way is the best way.

I realized I had destroyed my previous life. I sincerely regretted what I had done. Because of God’s blessing, God gave me a second chance and allowed me to serve God by helping others. My life has meaning now. God opened my eyes to see other people’s needs. God let me know that he will provide and that we must do His work. This is the biggest thing that I learned from the drug withdrawal program. God is in charge.

Outcomes Were Faith and New Life

After drug withdrawal through gospel interventions, the participants’ new lives were more productive. They had successfully withdrawn from drugs, become practicing Christians, and shared new lives. The participants were able to help others overcome their drug addictions. As they helped others and continually forgave themselves, they developed very good relationships with their families. The participants made new friends and started full-time jobs or businesses.

What are their lives like now?

These 30 participants all withdrew from drugs successfully. All became practicing Christians and started new lives. Many are helping other people quit drugs and other addictions. Six of the original participants are preachers and pastors now. Eleven of them are missionaries. Other participants have become counselors, both in jail and in everyday life. Ten of them reported that they have been filled with God’s love and they use that love to forgive their enemies and to help others. Seventeen of them are married and have children. They have wonderful and supportive families. These 30 participants now have good communication with their families and enjoy their new lives.

The participants encourage others to battle their addictions.

If you know anyone addicted to drugs, please do not give up on them. If you are using drugs, please do not give up on yourself. If you believe, you will see God’s glory. If you believe, God will provide a miracle in you. God helped me and He will help you, too.

Although I do not know why I have so many difficulties in my life, I thank God for saving my life from the death pit. God loves me so much. He gives me strength and joy. I have friends who are now going through withdrawal from drug abuse who thought it was impossible for God to love them. God does love them and God will give them and everyone who asks what they need to live a good life. With God and through Jesus Christ they will be saved.

Therefore, if anyone is in Christ, the new creation has come: The old has gone, the new is here! (2 Corinthians 5:17)

Because the Gospel is the power of God that brings salvation to everyone who believes.... (Roman 1:16)
Discussion

Using gospel activities to withdraw from drug addiction is a long-term process and a continual journey. During this journey, many people have experiences that connect them to God or some higher power. This is called “spirituality” (Dalmida et al., 2012). Spirituality is a gift from God that instills a person with grace to have a new life (Dalmida et al., 2012). Suffering and illness can draw people closer to God (Dalmida et al., 2012). Spiritual well-being is significantly and positively related to having a positive personality, using problem-focused coping strategies, and having a higher level of psychological well-being (Yeh & Waters, 2021). Monroe and Jankowski (2016) examined the effectiveness of a prayer intervention in promoting change in perceived attachment to God and psychological distress. Their results indicate that, after a receptive prayer intervention, participants expressed experiencing increased perceived closeness with God (Monroe & Jankowski, 2016). They also found that individuals with higher perceived closeness with God or the Holy Spirit at post-test had increased positive affect and lower psychological distress (Monroe & Jankowski, 2016). McCrory et al. (2022) conducted a systematic review and meta-analysis of 26 studies comprising 779 individuals, with results indicating that music interventions (including gospel music) are associated with statistically and clinically significant positive changes in mental well-being and health-related quality of life (McCrory et al., 2022). Waterreus et al. (1994) found that older adults with depression who received a gospel intervention for 3 months experienced significantly more improvement in their depression symptoms than their peers in the control group. Ashraf et al. (2021) examined 300 patients with depression who had used herbal medicine (97.35%) followed by prayer therapy (23.89%) as a complementary alternative medicine intervention. In this study, all 30 participants (100%) successfully withdrew from their drug addiction. Their life experiences were consistent with the review of literature. After they had completed the gospel intervention, they received the gift of the Holy Spirit and showed new life. They were able to sleep and maintain regular life activities as well as establish good interactions with other people.

The roles of the Holy Spirit in transforming the participants’ experiences of drug withdrawal are described in the following. Thirteen participants had many special miraculous experiences from Jesus Christ. For example, they saw hell and heaven; after his prayer, Participant 19 quit using drug and smoking, and Participant 23 saw a vision in heaven, Jesus Christ, and angels. Twenty-three participants expressed that God listened to and answered their prayers. They felt they were accepted and loved by other people, so they had the strength to love others. They found a way when they had no way. They saw the light and meaning in their lives. When they had difficulties, church cell-group friends and pastors encouraged them to study the Bible and prayed for them. They felt peace and joy as well as served in the church. They had a regular life schedule. They felt there was strength to help them have a new life, knew this was the life they wanted, and wanted follow this new life. In answering the question “What is drug withdrawal through the Gospel?”, the participants said, “Don’t depend on yourself, do not depend on medications, and only trust Jesus Christ to achieve drug withdrawal.”

It is very difficult to use a longitudinal observation research design and an experimental research design to examine a person’s journey from drug addiction through drug withdrawal. In this study, a qualitative research design was used to examine 30 testimonies from individuals whose journeys took them from drug addiction through drug withdrawal. Analyzing videos of testimonies is an effective method to find an effective gospel intervention for drug withdrawal. Fullwood et al. (2016) used YouTube videos to examine information related to using synthetic cannabinoids. There are a limited number of studies analyzing the testimonies of individuals going from drug addiction through drug withdrawal. Therefore, this study provides findings that fill this gap.

In this study, we found that the gospel intervention activities included reading the Bible, writing down Bible verses, singing hymns, sharing God’s love by serving others, and praying. These activities helped the participants withdraw from drug addiction, find meaning in their lives, and help other people. Most of the participants were invited by their friends to use illegal drugs for the first time. This finding is consistent with previous studies (Lin, 2021; UNODC, 2022). They did not know these drugs were or how much they would negatively impact their bodies. Moreover, they thought that they would be able to stay in control and not be controlled by the illegal drugs. Therefore, information related to illegal drugs should be included in formal education programs at all levels so all can make more-educated choices. Most previous studies have focused on the risk factors and the increase in crime among drug users (Chiang, 2016; Lin, 2021; UNODC, 2022). Few studies have been designed to explore personal experiences to highlight how illegal drugs impact lives in Taiwan.

A turning point is a very important moment in a person's life. When a person realizes they are out of options because of drug abuse and do not have any way to solve their problems, they lose hope. People struggling with drug abuse regained that hope when people provided them information about the gospel drug withdrawal programs. The love and support of family and friends are very important for individuals to return to living healthy and productive lives. Reflection, acknowledging regret, repenting, and experiencing forgiveness are all important to overcoming drug addiction and going through withdrawal.

Many of the participants felt they experienced miracles to help them escape drug addiction. Franklin (2010) indicated that gospel music and spirituality provide a form of social, spiritual, and emotional connection later in life that appears helpful in adult recovery from cocaine dependence.

In the journey from drug addiction to recovery using gospel intervention, the participants expressed both repentance and regret. They felt that love, patience, forgiveness, and encouragement received from family, friends, and others who
helped them were very important sources of support for their successful journey through drug withdrawal. The findings of this study are consistent with those of Shen et al. (2018), who found that social networks provide clients with emotional support and that positive close relationships are significant factors for reducing the risk of recurrent drug use among clients going through drug withdrawal programs. Cheney et al. (2014) indicated that belief in God’s will helps stop substance use, concluding that using culturally sensitive interventions helps reduce substance use and promote successful drug withdrawal (Cheney et al., 2014).

Limitations
This study has a few limitations. First, the sample size was small. Second, all of the participants had successful experiences going through drug withdrawal in the gospel drug withdrawal programs. Those who did not successfully withdraw from drugs were not included. Third, the sample was limited to Taiwanese citizens. In the future, the sample size and scope should be expanded, and testimonies should be taken from individuals in different countries.

Conclusions
This study provides powerful testimonies to support the effectiveness of gospel drug withdrawal programs and church-sponsored programs in helping people through drug withdrawal. The methods used in gospel intervention programs may be used in mental health nursing. Early education on the dangers of drug abuse and the negative impact of illegal drugs on quality of life is very important to prevent drug addiction.

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