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Review Article

IMPACT OF RELIGION ON SUBSTANCE ABUSE -A REVIEW

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ABSTRACT

This article reviews the impact of religion on substance abuse. In this field several studies have been done. Many researchers have been examining the association of religiousness and spirituality with substance abuse. Religiosity was measured by affiliation, religious importance (e.g., the perceived importance of religion in one's life) and religious attendance. This article concludes that religiosity is most protective for adolescents who have both high internal and high external religiosity.

Key Words:

Religion, Substance Abuse, Religious affiliation, Religious importance, Religious attendance, Internal religiosity, External religiosity.

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INTRODUCTION

Religiosity is a factor which is correlated with substance use behavior. It has been studied both as a risk and protective factor. Although there was an increase in the amount of research on the relationship between religion and substance use in the 1990s (Newcomb *et al*, 1987) yet much of the literature that recognizes religion as an important correlate of substance use focuses on the "lack" of religion as a risk factor for increased use (Newcomb *et al*, 1987; Hawkins *et al*, 1992). On the contrary, a wide body of literature also exists which suggests that young people who are more religiously engaged (e.g. attend religious services frequently, say religion is important) are less likely to use drugs than are their less religiously engaged counterparts (Johnston *et al*, 2002; Gorsuch, 1995; Brown *et al*, 2001; Wallace *et al*, 2003). According to a review by Koenig and colleagues (2012), at least 125 studies examining the association of religiousness and spirituality with tobacco use were published between 2000 and 2010. However, the majority of these studies focused on youth and young adults (Koenig, King, & Carson, 2012), and showed that religiousness and spirituality were protective against smoking (Koenig, 2011).

Religiosity is most often thought to act as a protective factor for substance use because participation in religion provides

social capital for individuals (Longest and Vaisey 2008). "Specifically for adolescents, religion can serve as an additional normative structure providing positively guided sanctions as well as a location for fostering beneficial relationships that teach adolescents prosocial behaviors" (Longest and Vaisey 2008, p. 689).

Religiosity often refers to both religious behaviors and religious attitudes (Amey *et al*. 1996). This multi-dimensional construct typically encompasses external religiosity (or public religiosity) and internal religiosity (or private religiosity) (Fiala *et al*. 2002; Nasim *et al*. 2006; Piko and Fitzpatrick 2004; Resnick *et al*. 2004; Van Den Bree *et al*. 2004). External religiosity refers to an individual's participation and involvement in religious activities, such as church attendance, while internal religiosity refers to the importance an individual places on religion through personal behaviors, such as prayer (Fiala *et al*. 2002; Nasim *et al*. 2006). For adolescents the effects of religiosity can be confounded because they are under the authority of their parents and therefore many decisions about the adolescents' religious affiliation and religious participation can be determined by their parents (Marsiglia *et al*. 2005). Religiosity, particularly external religiosity, may be more influenced by the parent's religious participation than the adolescent's individual expression of religiosity (Hodge *et al*. 2001). Many youth do not have a choice regarding attendance

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to religious services; church, synagogue or mosque attendance is often part of a family practice. In such cases, participation in religious services does not reflect an adolescent's spirituality or even a desire to participate in religious activities (Marsiglia *et al.* 2005), and the simple act of attending religious services, which can increase social networks and social ties (Smith 2003, Strawbridge *et al.* 1997; Wills *et al.* 2004), may not be enough to act as a protective factor against substance use. Attending religious services may only be protective to the degree that the adolescent has internalized religious beliefs, attitudes, and directives (Longest and Vaisey 2008).

Religiosity is most protective for adolescents who have both high internal and high external religiosity because the influence of subjective beliefs is strengthened by a community of believers linked to a set of shared religious practices (Longest and Vaisey 2008). For example, adolescents who have high external religiosity and high internal religiosity, religiosity acts as a protective factor against marijuana use. On the other hand, for adolescents who have high external religiosity and low internal religiosity, religiosity acts as a risk factor for using marijuana (Longest and Vaisey 2008). Thus, if a young person does not internalize religious teachings, the mere participation on religious services and other religion sponsored networks can increase the opportunities for prosocial outcomes but also the opportunities to be exposed and use alcohol and other drugs.

Sinha, N. (author) examined the relationship between religiosity and substance abuse among university student of Magadh University. It was hypothesized that there would be significant association between Hindu and Muslim University students in relation to substance abusers. The obtained X^2 value 0.18 is not significant even at .05 level of confidence. It means there is no association between religion and drug abuse. This non-significant result is probably due to religious beliefs and practices served as protective factor to prevent adolescents involving in drug abuse. Religion and religious organizations are served to promote pro-social effect and develop resilience especially for those high-risk adolescents who lacked to positive influences from external environment. The finding is on the line of finding of Ahmad, Khalique & Khan (2009). Strong religious commitment consistently relates to lower rates of alcohol use and misuse across religious affiliation (Burazeri & Kark, 2010; Gartner *et al.*, 1991; Gorsuch, 1995; Michalak *et al.*, 2007).

Simbee (2012) found that perception of religion as not being important (31%) was more associated with substance abuse those who felt it was important ($p < 0.01$). He also found that slightly higher use of substances by Christians (14.7%) when compared to Muslims (13.0%) could be due to the fact that social drinking is allowed in Christianity. The findings show that the perception of religion as important (irrespective of affiliation) was highly associated with substance use ($p < 0.01$) but not the frequency of attendance $p = 0.154$. In general the findings in this study are consistent with what is already known from previous studies (Newcomb *et al.*, 1987; Gorsuch, 1995; Brown *et al.*, 2001; Wallace *et al.*, 2003) which suggest that young people who are more religiously/spiritually oriented and for whom religion is important are less likely to use drugs than their less religiously engaged counterparts.

Gorsuch (1995) examines variations by race in the relationship between religiosity and desistance from substance abuse. This study examines levels of religious involvement of Black and White drug treatment clients. In addition, it empirically tests whether religious involvement exerts differential effects on Black and White clients' recovery from substance abuse. It was found that Black clients reported higher levels of religious involvement (measured by church attendance) than did White clients. Data indicated that religious behavior at 1-year follow-up was positively associated with Black clients' recovery from substance abuse. In contrast, religious behavior was not a significant predictor of White clients' desistance from substance abuse.

Malhotra *et al.* (1978) reported that Hindus were more prone to drug addiction (82%) and alcoholism (64%) than the followers of other religion. From the study of Dube and others (1978) it was revealed that Hindus were highly associated with drug use (63%) than Muslims (40%). Juyal (2000) reveal that Hindu religion was found to be major risk factors for substance abuse behavior among students. Qadri, Goel, Singh, Ahluwalia, Pathak, Bashir (2013) found that proportion of Hindu was maximum (73.10%) followed by Sikhs (19.94%) and Muslims (5.98%). But Dube, Chaudhary, Mahajan, *et al.* (2015) found that increasing trend in prevalence of alcohol abuse was seen from religion wise cases of Sikhs community were 94.41%. But Akhter (2012) revealed that proportion of Muslims was maximum (72%) followed by Hindu (26.7%), Christian (2%) and Buddhist (2%) in Bangladesh. Ningombam, Hutin & Murhekar (2011) found that children belonging to Hindu or Jain religion were less likely to be substance users than others (OR 0.5, 95% CI 0.4-0.7). Deressa & Azazh (2011) found that about 63% and 20% of the sample were Orthodox and Protestant Christians, respectively, followed by Muslim (14%).

The relationship between religious preferences and drinking practices has been considered at length by researchers in several cultures (Mullen, Blaxter and Dyer 1986; Francis and Mullen, 1993; Mullen and Francis 1995; Engs, Hanson, Gliksmann and Smythe, 1990). Engs & Mullen (1999) have shown that the extent of an individual's involvement in a religious group is adversely related to his/her drinking. Although this relationship has been shown to hold across religious denominations, the strength of the association varies. In particular, differences between Protestant and Catholic groups have been noted. Schlegel and Sandborn (1979) discovered, from a sample of high school students who attended church, that fundamental Protestants were less likely to drink than were liberal Protestants or Roman Catholics. Nusbaumer (1981) from a sample of the U.S. population in 1963 and 1978 found that Catholics recorded abstention rates much lower than Presbyterians. Indeed Jessor and Jessor (1977) have suggested that: "Persons affiliated with religious groups that either formally or informally encourage abstinence from alcohol are more likely to be abstainers than persons affiliated with religious groups that are more permissive or liberated about drinking." Causal factors given for these findings are varied and range from group pressure and a "selected out" process for Presbyterian religious groups (Mullen, Williams and Hunt 1996), to ideas about the frequency of confession as practiced by the Catholic church (O'Carroll 1997). Some studies have hypothesized that Roman

Catholicism has acted as a proxy for lower social economic class (Abbotts, Williams, Ford, Hunt and West 1997). However, studies which have controlled both for social class and religion have still found persistent, though reduced effects, for religion (Mullen, Williams and Hunt 1996).

A clear inverse relationship between church attendance and several types of drug use has been reported among young people (Burkett and White, 1974; Linden and Currie, 1977; Higgins and Albrecht 1977; McIntosh, Fitch, Wilson and Nyberg, 1981; Nelson and Rooney, 1982; Elifson *et al* 1983; Hadaway, Elifson and Peterson 1984; Adalf and Smart 1985; Sloane and Potvin 1986). Khavari and Harmon (1982) in a general population study found those who considered themselves not religious consumed more alcohol, and were more likely to smoke, use marijuana and amphetamines.

However, much of the research accomplished with religion and religiosity tends to be compartmentalized into either research on alcohol, or research on tobacco, or research on illegal drugs, but not on all three groups together. There is a lack of information as to possible religious related factors which may act as a protective factor to prevent young people from engaging in the use of various recreational drugs.

Adlaf & Smart (1985) studied 2,066 Canadian Adolescents and found that Catholic students were less likely than Protestants or nonaffiliated students to have used marijuana, nonmedical or hallucinogenic drugs during the previous year. • Level of religiosity and church attendance variables both had strong negative relationships with drug use though both groups were users: (60% vs 80% for alcohol; 6% vs 39% for marijuana; 2% vs 22% for hallucinogenics; and 10% vs. 20% for medical drug use). • Hadaway *et al* (1984) explored relationship of religion and drug use among 23,000 high school students in 21 public schools in Atlanta, GA. The study showed a significantly negative relationship in drug usage/attitudes & religiosity.

Lorch & Hughes (1985) studied 13,878 Colorado adolescents and found church membership was inversely related to alcohol and drug usage. • Of six variables studied - "church attendance" yielded the highest correlation and "importance of religion" was the second highest.

Amey *et al* (1996) surveyed a random national sample of 11,728 senior high students around the country. • Religiosity was measured by affiliation, religious importance and religious attendance. The use of various substances: cigarettes, alcohol, marijuana, other drugs including LSD, cocaine, amphetamines, barbiturates, heroin, other narcotics and inhalants. • Religious involvement was inversely related with use of all substances. The odds ratio, Church attendance for cigarettes (29% lower); for alcohol (45% lower); for marijuana (33% lower); for other drugs (21% lower).

Cahalan and Room (1972) study of 2,746 adults found that more abstainers than infrequent, moderate, or heavy drinkers participated in church activities. • A later study by same authors found two religious variables were significant: conservative Protestant affiliation and attendance at religious services. In Protestant denominations that favored abstinence, there were a high percentage of abstainers, but those who did drink, drank heavily. There were many heavy drinkers among

Catholics and liberal Protestants. Among Jewish, most drank a little, but few drank heavily.

Koenig, *et al* (p 172, HRH): "Young persons who attend religious services regularly, who report that religious is very important in their lives, and who belong to a denominations that prohibit or discourse drug use are less likely to be involved with drugs than those who are less religious."

Khavari and Harmon (1982) examined data from 4,853 persons surveyed. They reported a "powerful relationship" between degree of religious believe and the consumption of both alcohol and psychotropic drugs - marijuana, hashish, amphetamines and tobacco. All were significantly higher in the non-religious group.

Interestingly, in Koenig's study, alcohol disorders were more common among those who frequently watched/listened to religious television or radio programs.

Burkett (1980) surveyed 323 high school students to correlate attitudes about drinking with religiosity measures' including the belief drinking was a "sin." In the study, Protestants who were highly religious tended to believe drinking was a sin and were significantly more likely to abstain from drinking alcohol.

CONCLUSION

Religiosity is a factor which is correlated with substance abuse in many sense, religious affiliation, religious importance and religious attendance. Religiosity is most often thought to act as a protective factor for substance abuse, but some time act as risk factor. Religious beliefs and practices served as protective factor to prevent adolescents involving in drug abuse. Religion and religious organizations are served to promote pro-social effect and develop resilience especially for those high -risk adolescents who lacked to positive influences from external environment. Religiosity often refers to both religious behaviors and religious attitude. Religiosity is most protective for adolescents who have both high internal and high external religiosity because attending religious services may only be protective to the degree that the adolescent has internalized religious beliefs, attitudes and directives.

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