

Effects of Religious Practice on Substance Abuse

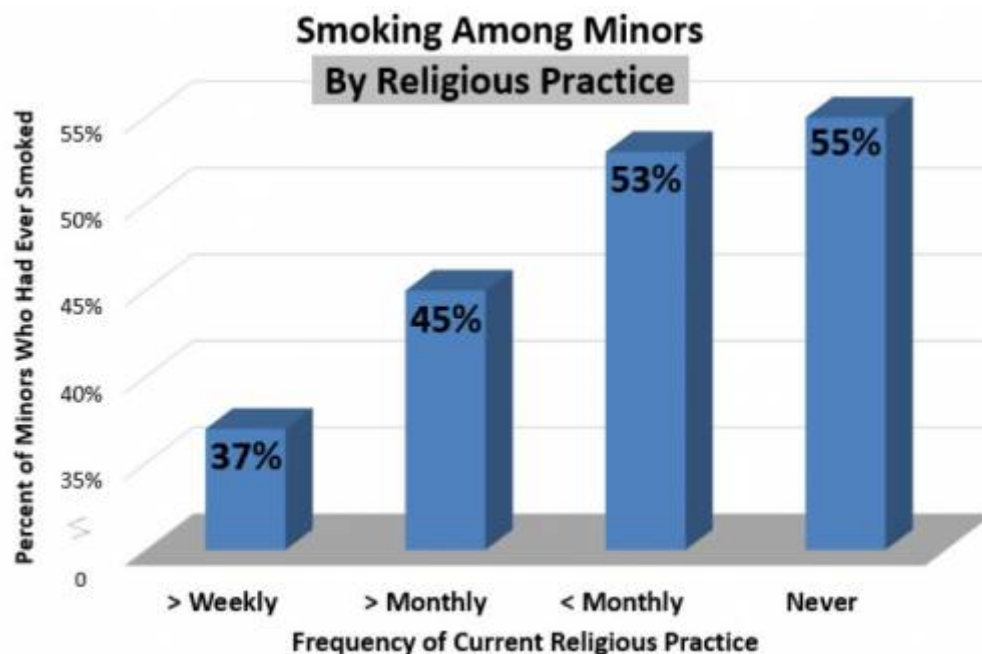
Numerous studies demonstrate a significant association between religious practice and [healthy behavioral habits](#) relating to cigarettes, alcohol, and drugs. Individuals with higher levels of religious involvement have lower rates of abuse and addiction and are more likely to find long-lasting success if they ever struggled with any of these behaviors.

1. Cigarette Use

Harold Koenig and colleagues at Duke University found that religious activity was inversely related to cigarette consumption among the elderly.¹⁾ The late Feroz Ahmed and colleagues at Howard University found the same for African-American women of childbearing age.²⁾

1.1 Related American Demographics

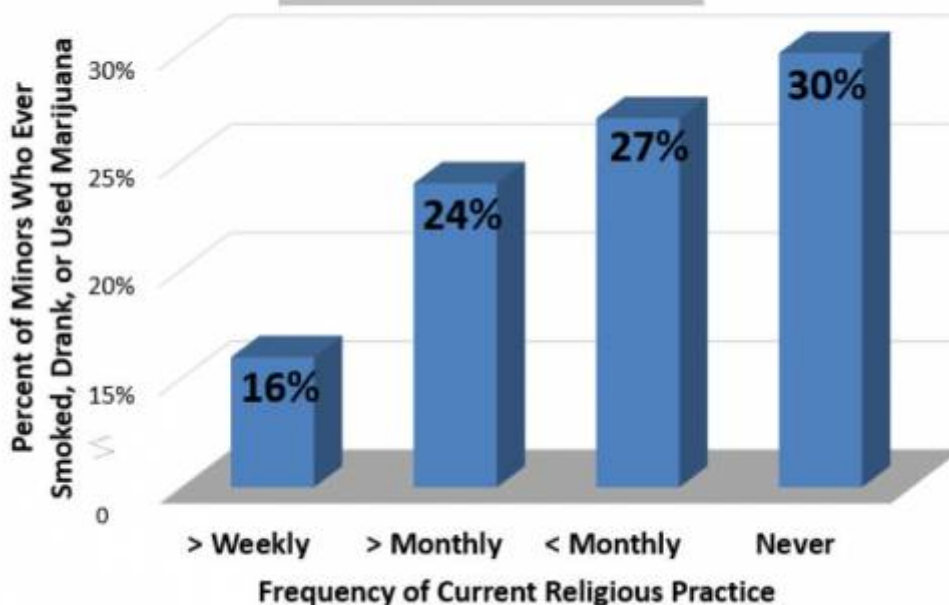
According to the National Longitudinal Survey of Youth, 37 percent of children who attended religious services weekly have smoked, compared with those who attended between one and three times a month (45 percent), those who attended less than once a month (53 percent), and those who never attended religious services (55 percent).³⁾ (See [Chart](#) Below)



Source: National Longitudinal Survey of Youth (1997)

The same federal survey shows that 16 percent of adolescents who worship at least weekly have ever smoked, used marijuana, or drank under age, followed by those who attend religious services at least once a month (24 percent), those who attend less than once monthly (27 percent), and those who never attend religious services (30 percent).⁴⁾ (See [Chart](#))

Smoked, Drank, or Used Marijuana as a Minor By Religious Practice



Source: National Longitudinal Survey of Youth (1997)

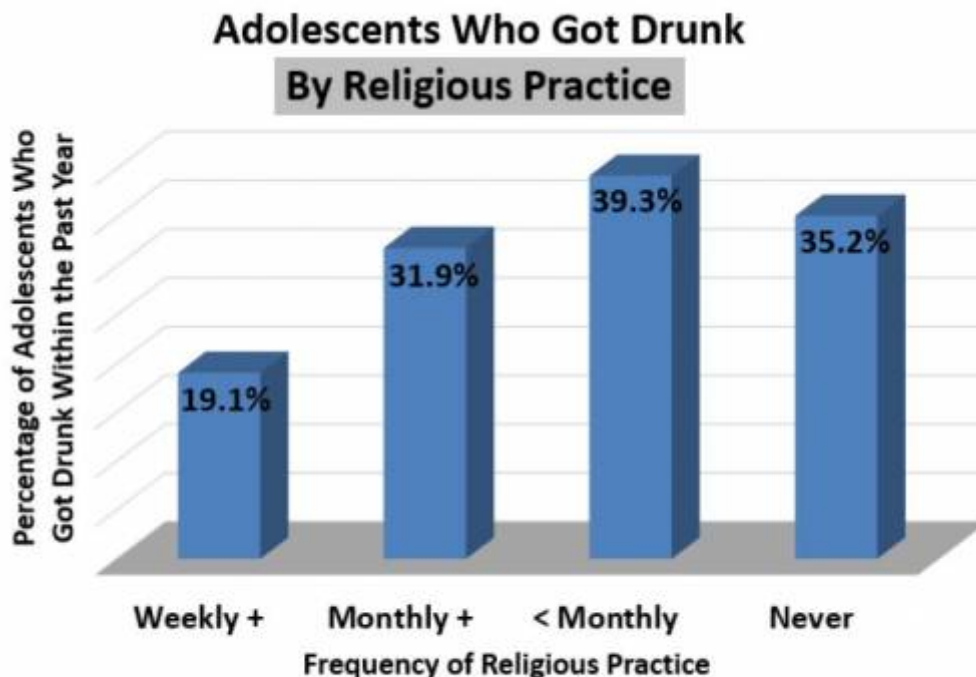
2. Alcohol Abuse

Decades of research indicate that a higher level of religious involvement is associated with a reduced likelihood of abusing alcohol⁵⁾ or drugs.⁶⁾ The relationship between religious practice and the avoidance or moderate use of alcohol is well documented, whether or not denominational tenets specifically prohibit the use of alcohol.⁷⁾

Adolescents,⁸⁾ psychiatric patients,⁹⁾ and recovering addicts¹⁰⁾ all show lower rates of alcohol abuse the more frequently they engage in religious activities. For adolescents, higher levels of religious practice by their mothers are related to significantly lower rates of alcohol abuse, even after controlling for religious denomination and the adolescents' peer associations—two factors that also influence the level of drinking.¹¹⁾

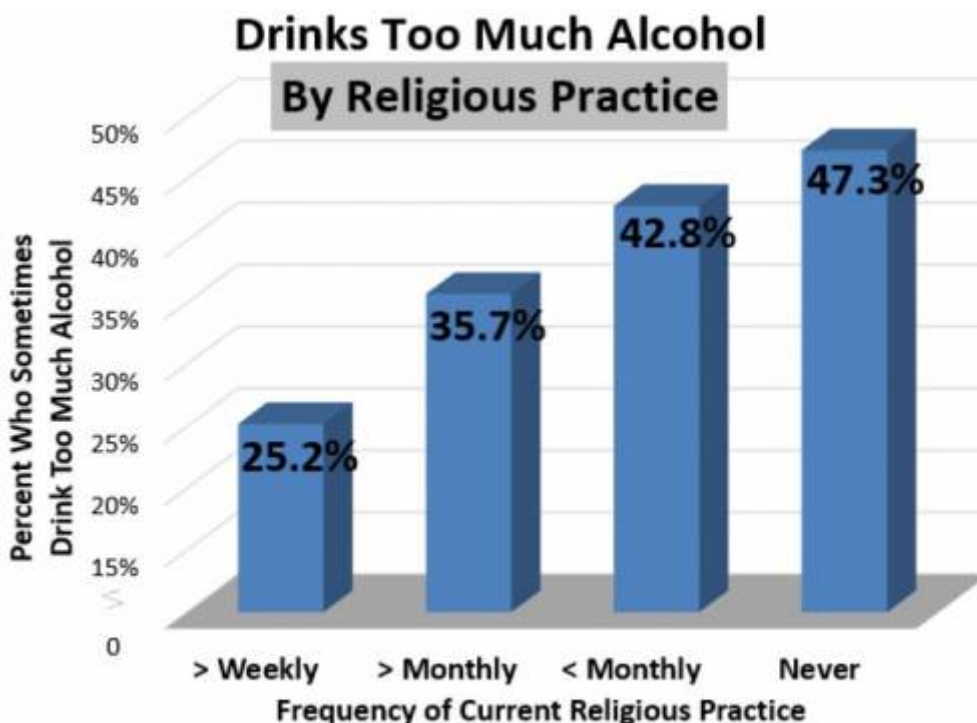
2.1 Related American Demographics

Youth who worship at least weekly are far less likely to get drunk than those who worship less frequently. According to the National Longitudinal Study of Adolescent Health (Wave I), 19 percent of students in Grades 7-12 who attended religious services at least weekly got drunk in the past year, compared to 32 percent who worshiped at least monthly, 39 percent who worshiped less than monthly, and 35 percent who never worshiped.¹²⁾ (See [Chart](#))



Source: National Longitudinal Study of Adolescent Health, Waves I. Adolescents Grades 7-12.

Similarly, adults who attend religious services at least weekly are less likely to report that they sometimes drink too much alcohol, compared to those who worship less frequently.¹³⁾ (See [Chart Below](#))



Source: General Social Survey, 1972-2006

3. Drug Abuse

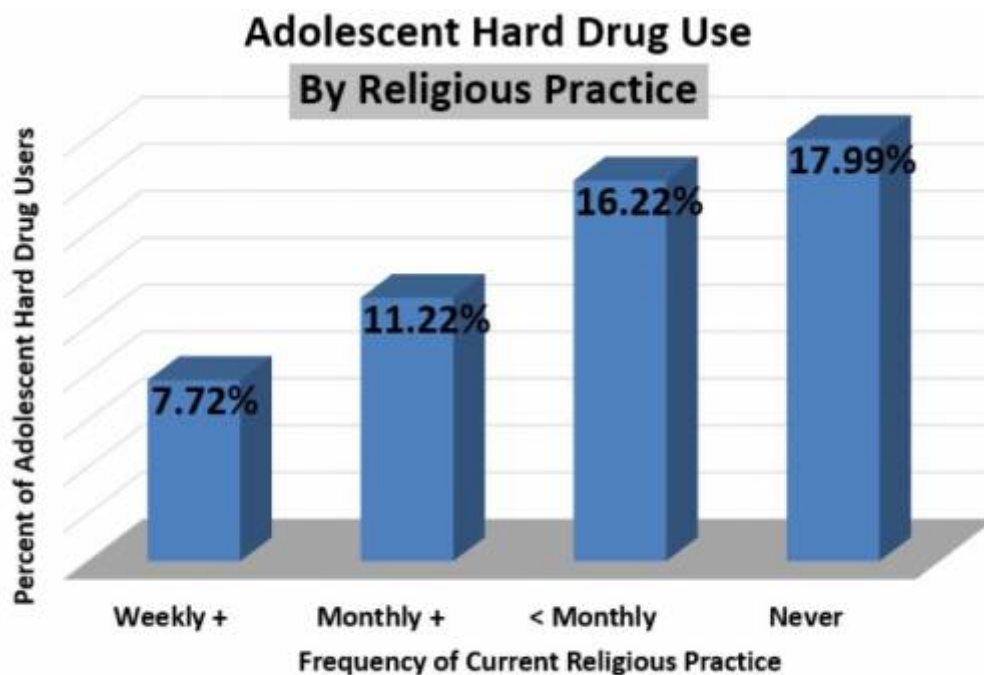
Just as with alcohol, religious practice has for some time predicted significant reduction of substance

abuse.¹⁴⁾ In a comprehensive review of the academic literature on religion and substance abuse, Byron Johnson of Baylor University and his colleagues reported that, in the vast majority of studies, participation in religious activities was associated with less drug abuse. Even in cases in which individuals used drugs, the more religious were less likely to develop long-term problems.¹⁵⁾ All of the factors related to a decrease in drug use—[good family relations](#), doing well in school, having friends who do not use drugs, and having anti-drug attitudes—had an even more powerful deterrent effect when teenagers were also religious.¹⁶⁾ The more dangerous the drug, the more religious practice deterred its use.¹⁷⁾

Just as religious practice and belief deter drug abuse, religion also has a positive effect in the treatment of drug addiction. In 1994, a seven-year follow-up study of Teen Challenge, a faith-based drug addiction program, found that the program’s graduates had significantly changed their behavior, in contrast to those who had dropped out.¹⁸⁾ A Northwestern University study¹⁹⁾ also found that Teen Challenge participants were more likely to remain sober and to maintain employment than were peers in control groups.²⁰⁾

3.1 Related American Demographics

Similarly, according to the National Longitudinal Study of Adolescent Health, adolescents who worship at least weekly are less likely to use hard drugs than those who worship less frequently. Whereas only 8 percent of students in Grades 7-12 who worship at least weekly have ever used hard drugs, 18 percent of those who never worship admit using hard drugs.²¹⁾ (See [Chart](#))



Source: National Longitudinal Study of Adolescent Health, Wave I. Adolescents Grades 7-12.

¹⁾ Harold G. Koenig, Linda K. George, Harvey J. Cohen, Judith C. Hays, David B. Larson, and Dan G. Blazer, “The Relationship Between Religious Activities and Cigarette Smoking in Older Adults,” *Journals of Gerontology: Medical Sciences* 53A, no. 6 (November 1998): M426-M434.

²⁾ Feroz Ahmed, Diane R. Brown, Lawrence E. Gary, and Frough Saadatmand, “Religious Predictors of Cigarette Smoking: Findings for African American Women of Childbearing Age,” *Behavioral Medicine* 20, no. 1 (Spring 1994): 34-43

- ³⁾ Patrick F. Fagan and Scott Talkington, "'Ever Smoked before the Age of 17' by Current Religious Attendance and Structure of Family of Origin," Mapping America Project. Available at <http://marri.us/wp-content/uploads/MA-104.pdf>
- ⁴⁾ Patrick F. Fagan and Scott Talkington, "'Ever Smoked, Drank, or Use Marijuana as a Minor' by Current Religious Attendance and Structure of Family of Origin," Mapping America Project. Available at <http://marri.us/wp-content/uploads/MA-112.pdf>
- ⁵⁾ John Gartner, David B. Larson, and George Allen, "Religious Commitment and Mental Health: A Review of the Empirical Literature," *Journal of Psychology and Theology* 19, no. 1 (Spring 1991): 6–25.
- ⁶⁾ Deborah Hasin, Jean Endicott, and Collins Lewis, "Alcohol and Drug Abuse in Patients with Affective Syndrome," *Comprehensive Psychiatry* 26, no. 3 (May–June 1985): 283–295.
- ⁷⁾ Achaempong Y. Amoateng and Stephen J. Bahr, "Religion, Family, and Drug Abuse," *Sociological Perspectives* 29 (1986): 53–73, and John K. Cochran, Leonard Beghley, and E. Wilbur Block, "Religiosity and Alcohol Behavior: An Exploration of Reference Group Therapy," *Sociological Forum* 3, no. 2 (Spring 1988): 256–276.
- ⁸⁾ Marvin D. Free, Jr., "Religiosity, Religious Conservatism, Bonds to School, and Juvenile Delinquency Among Three Categories of Drug Users," *Deviant Behavior* 15, no. 2 (1994): 151–170.
- ⁹⁾ David A. Brizer, "Religiosity and Drug Abuse Among Psychiatric Inpatients," *American Journal of Drug and Alcohol Abuse* 19, no. 3 (September 1993): 337–345.
- ¹⁰⁾ Stephanie Carroll, "Spirituality and Purpose in Life in Alcoholism Recovery," *Journal of Studies on Alcohol* 54, no. 3 (May 1993): 297–301.
- ¹¹⁾ Vangie A. Foshee and Bryan R. Hollinger, "Maternal Religiosity, Adolescent Social Bonding, and Adolescent Alcohol Use," *Journal of Early Adolescence* 16, no. 4 (November 1996): 451–468.
- ¹²⁾ This chart draws on a large national sample (16,000) from the National Longitudinal Study of Adolescent Health. This work was done by the author in cooperation with former colleagues at The Heritage Foundation, Washington, D.C.
- Patrick F. Fagan, "Religious Attendance and Drinking," Mapping America Project. Available at <http://marri.us/wp-content/uploads/MA-16-18-154.pdf>
- ¹³⁾ This chart draws on data collected by the General Social Survey, 1972–2006. From 1972 to 1993, the sample size averaged 1,500 each year. No GSS was conducted in 1979, 1981, or 1992. Since 1994, the GSS has been conducted only in even-numbered years and uses two samples per GSS that total approximately 3,000. In 2006, a third sample was added for a total sample size of 4,510.
- Patrick F. Fagan and Althea Nagai, "'Sometimes Drinks Too Much Alcohol' by Religious Attendance," Mapping America Project. Available at <http://marri.us/wp-content/uploads/MA-85-87-177.pdf>
- ¹⁴⁾ Barbara R. Lorch and Robert H. Hughes, "Religion and Youth Substance Use," *Journal of Religion and Health* 24, no. 3 (September 1985): 197–208.
- ¹⁵⁾ Byron R. Johnson, Ralph Brett Tompkins, and Derek Webb, "Objective Hope—Assessing the Effectiveness of Faith-Based Organizations: A Systematic Review of the Literature," Manhattan Institute for Policy Research, Center for Research on Religion and Urban Civil Society (2002). Available at http://www.manhattan-institute.org/pdf/crrucs_objective_hope.pdf. Accessed June 30, 2005.
- ¹⁶⁾ Byron R. Johnson, "A Better Kind of High: How Religious Commitment Reduces Drug Use Among Poor Urban Teens," Manhattan Institute for Policy Research, Center for Research on Religion and Urban Civil Society Report no. 2000–2. Available at http://www.manhattan-institute.org/html/cr_12.htm. Accessed December 6, 2006.
- ¹⁷⁾ Edward M. Adlaf, "Drug Use and Religious Affiliation: Feelings and Behavior," *British Journal of Addiction* 80, no. 2 (June 1985): 163–171.
- ¹⁸⁾ Roger D. Thompson, "Teen Challenge of Chattanooga, Tennessee: Survey of Alumni," University of Tennessee at Chattanooga, (1994).
- ¹⁹⁾ Aaron T. Bicknese, "The Teen Challenge Drug Treatment Program in Comparative Perspective," doctoral dissertation, North-western University, (1999).
- ²⁰⁾ A recent review of the sociological literature on drug treatment and rehabilitation by Byron Johnson,

now at Baylor University's Department of Sociology and Anthropology, gives cause for both optimism and caution: "Our review of the literature on faith-based [interventions] reveals two very basic facts. First, what we do know about their effectiveness is positive and encouraging. Faith-based organizations appear to have advantages over comparable secular institutions in helping individuals overcome difficult circumstances (e.g., imprisonment and drug abuse). Second, although this literature is positive, it is also limited." Byron R. Johnson, Ralph Brett Tompkins, and Derek Webb, "Objective Hope—Assessing the Effectiveness of Faith-Based Organizations: A Systematic Review of the Literature," Manhattan Institute for Policy Research, Center for Research on Religion and Urban Civil Society, (2002). Available at http://www.manhattan-institute.org/pdf/crrucs_objective_hope.pdf Accessed June 30, 2005.

²¹⁾ This chart draws on a large national sample (16,000) from the National Longitudinal Study of Adolescent Health. This work was done by the author in cooperation with former colleagues at The Heritage Foundation, Washington, D.C. Patrick F. Fagan, "Religious Attendance and Adolescent Use of Hard Drugs," Mapping America Project. Available at <http://marri.us/wp-content/uploads/MA-7-9-151.pdf>

This entry draws heavily from [95 Social Science Reasons for Religious Worship and Practice](#) and [Why Religion Matters Even More: The Impact of Religious Practice on Social Stability](#).

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