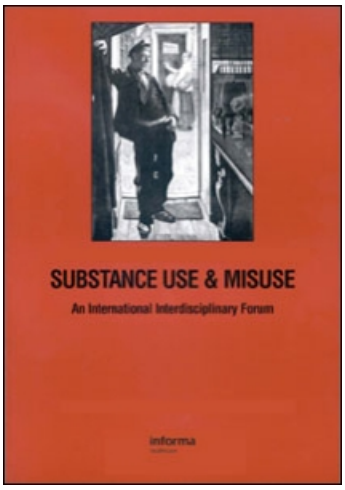

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Religiosity as a Protective Factor Against the Use of Drugs

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Religiosity

Religiosity as a Protective Factor Against the Use of Drugs

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Although many studies have suggested that risk and protective factors are related to the use of drugs, their role has not been given due importance. More attention to protective factors could make them a fundamental tool in prevention programs. Since low socioeconomic level and adolescence are known as risk factors, the aim of this study was to identify which factors would prevent Brazilian adolescents from low-income families from using drugs. A qualitative method and an intentional sample selected by criteria were adopted for this investigation. During 2003, sixty-two youngsters, ages 16 to 24 years old, 30 drug users, and 32 nonusers were administered a semistructured interview. The subjects perceived family and religiosity as important protective factors in their lives. With regard to religiosity, 81% of nonusers believed in and practiced a religion, whereas only 13% of users considered themselves as being religious. The belief in and practice of a religion were also more evident among family members of nonusers (74%) than those of users (33%). These results indicated that religion may be a relevant protective factor for the sample studied, helping the family unit in keeping youth away from drugs. The study's limitations were noted.

Keywords protective factors, risk factors, religiosity, relgion

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This study was performed at CEBRID (Brazilian Center of Information on Psychoactive Drugs) and at the Psychobiology Department of the Federal University of São Paulo.

Introduction

Various studies have posited and emphasized the risk and protective factors[1] related to the use of drugs (Newcomb, 1995), although the majority of them approached the risk factors often ignoring the protective factors (Carr and Vandiver, 2001; Huesca, Cruz, Encinas, R. O., and Pantoja, 2002), which can be of value in the design of prevention programs, once it deals with experiences lived that can avoid the first use of drugs (National Institute on Drug Abuse [NIDA], 2003). Among the posited risk factors in Brazil (De Micheli and Formigoni, 2002) are the drug trafficking in "favelas" (Brazilian slums) and their surroundings, which as permissive environments may provide greater opportunities for the use of illicit substances (Newcomb). Another risk factor is adolescence itself, considered as being a period of greater chances to begin the consumption of these substances (Dupont, 1987). In Brazil, illicit drug consumption, such as alcohol, inhalants, and even marihuana, appears to begin even earlier, occurring between ages 10 and 12 for students in the public school system (Galduróz, Noto, Fonseca, and Carlini, 2004). On the other hand, little is known with respect to the reasons that could explain the nonuse of drugs by adolescents belonging to posited risk groups. Galduróz et al. in a study conducted with Brazilian elementary and secondary school children concluded that 25% of the interviewed students used some psychoactive illicit drug at least once in their life. Conversely, the same study also revealed that 75% of these students *never used* drugs, arousing curiosity about the factors responsible for the decision not to use drugs. According to Hanson (2002), the main posited protective factors against the use of drugs includes family, a strong involvement with school and/or religious activities, and availability of conventional information on the use of drugs. Although the importance of religiosity was cited as marked in treatment and recovery of individuals dependent on psychoactive substances (Arnold, Avants, Margolin, and Marcotte, 2002; Carter, 1998; Pullen, Modricin-Talbott, West, and Muenchen, 1999), other authors also consider it an important factor in preventing the initiation of drug use among adolescents (Francis, 1997; Miller, 1998; Miller, Davies, and Greenwald, 2000; Patock-Peckham, Hutchinson, Cheong, and Nagoshi, 1998). According to these authors, religiosity is generally determined quantitatively by parameters that involve attending a "church," religious practice and belief in God, and/or obeying the rules of the professed religion. An inverse relationship was thereby proposed between the adolescent's religiosity and the initiation of drug use by him; that is, the more religious the adolescent, the less interested he would be in using drugs (Blum et al., 2003; Miller, 1998; Wills, Yager, and Sandy, 2003). Therefore, the present study investigated the beliefs of youngsters (users and nonusers of drugs) belonging to populations at risk, to determine whether certain factors, among them religiosity, would be important as a form of prevention against drug use.

Methods

A qualitative methodology, which permitted an in-depth investigation of the phenomena, was used. Intentional case samples used in qualitative studies are rich in information about

[1]The reader is reminded that the concepts, risk and protective factors, and processes are often noted in the literature without in any way helping one to adequately understand their dimensions (linear, nonlinear), their "demands," the critically necessary conditions that are necessary for either of them to operate (begin, continue, become anchored and integrate, change as de facto realities change, cease, etc.) or not; and whether their underpinnings are theory-driven, empirically based, individual, and/or systemic stake-holder-bound, based on "principles of faith." It is necessary to adeqautely know what is necessary—endogenously as well as exogenously—for these processes to carry out what they are posited to do. This is necessary to clarify if these terms are not to remain as yet additional shibboleths in a field of many stereotypes. Editor's note.

the issue being studied (Bryman and Burgess, 1994; Patton, 1990; Taylor and Bogdan, 1998). Sixty-two adolescents and young adults of both sexes, between 16 and 24 years of age, of low social status who never used psychoactive drugs (group of nonusers [NU]) or who were daily and uncontrolled users of these drugs (group of users [U]), especially marijuana, cocaine, and crack were recruited. Low social status was defined by the location and type of housing ("*favela*" or surrounding shanties) and on having attended or currently attending public elementary or secondary school. The sample size (62 subjects) was considered to be sufficient when further interviews became redundant, reaching the point of theoretical saturation; that is, the information gathered was repetitive and the data obtained did not contribute to additional understanding (Bryman and Burgess, 1994; Taylor and Bogdan; World Health Organization [WHO], 1994). The sample was recruited by means of the chain referral technique or snowball sampling method (Biernacki and Waldorf, 1981).

Instruments Utilized

Semistructured interviews, guided by a questionnaire, were utilized as the investigational tool. The questionnaire contained some previously standardized questions and others that were developed in the course of the interview. The interviews were anonymous and were conducted at an appropriate location for this type of intervention (neutral and safe). They were identified with an alphanumerical code indicating by order: initial of the name, age, and gender of the interviewee (Female or Male); and **U** for user and **NU** for nonuser. Excerpts of the interviewees' comments are transcribed under the Results and Discussion discussion (indicated in italics) to allow for a better understanding of the data.

Results and Discussion

Sociodemographic Data

Single subjects living with their families predominated in both groups (see Table 1). A large majority of the user group was not inclined to get permanent employment ($n = 24$), preferring getting paid for informal jobs aimed mainly at obtaining drugs, mostly activities linked directly to drug trafficking (e.g., small drug dealers). Nonusers were also involved with informal jobs, although less frequently and without ties to drug trafficking. They delivered pamphlets, took care of cars, sold natural products, and so forth, to supplement their family income. As shown by other authors, "heavy" drug users focused their resources and energies on the acquisition and consumption of drugs, avoiding commitments such as responsible work (Miller, 1998; Nappo, Galduróz, and Noto, 1996).

Protective Factors

All of interviewees were asked about possible protective factors (Hanson, 2002) which a person used to avoid trying drugs (not necessarily the interviewee), even when in the middle of a place subject to rules imposed by drug traffickers, such as favelas and their surroundings. Such factors were not previously suggested to the interviewees, leaving the reply open. Coincidently, both the factors cited and their order of importance were similar between the two groups (Table 2). The results referring to family and religiosity topics are mentioned next, emphasizing religiosity as an issue that is not often approached in the literature by a qualitative focus.

Table 1
Selected Sociodemographic Data Characteristics

	NU ($n = 32$)	U ($n = 30$)
Sex		
Male	16 (50.0%)	15 (50.0%)
Female	16 (50.0%)	15 (50.0%)
Age bracket		
16–19	16 (50.0%)	11 (36.7%)
20–24	16 (50.0%)	19 (63.3%)
Civil status		
Single	26 (81.3%)	21 (70.0%)
Married	02 (6.3%)	03 (10.0%)
Separated	04 (12.4%)	06 (20.0%)
Living with whom?		
Family	27 (84.4%)	24 (80.0%)
Others	05 (15.6%)	05 (16.7%)
Alone (a)		01 (3.3%)
Education		
Elementary school	08 (25.0%)	13 (43.3%)
Incomplete high school	08 (25.0%)	07 (23.3%)
Complete high school	14 (43.8%)	09 (30.0%)
College	02 (6.2%)	01 (3.4%)
Student status (current)		
Yes	17 (53.1%)	07 (23.3%)
No	15 (46.9%)	23 (76.7%)
Working		
Yes[a]	13 (40.6%)	6 (20.0%)
No[b]	19 (59.4%)	24 (80.0%)

[a]Included are those interviewees who performed a paid activity that was regularly registered.
[b]Included are those interviewees who were unemployed or who performed paid activities that were not registered, that is, considered as informal jobs.

Table 2
Frequency of Protective Factors Cited by Interviewees

Protective Factors	NU ($n = 32$)	U ($n = 30$)
(1) Family	25 (78.1%)	21 (70.0%)
(2) Religiosity	24 (75.0%)	15 (50.0%)
(3) Information	19 (59.4%)	14 (46.7%)
(4) Perspectives of future	16 (50.0%)	14 (46.7%)
(5) Personality/Conscience	11 (34.4%)	14 (46.7%)
(6) Self-esteem	5 (15.6%)	4 (13.3%)
(7) Fear	8 (25.0%)	7 (23.3%)
(8) Nonuser friends	2 (6.3%)	1 (3.3%)

Family. This was the most frequently cited factor by both groups, furnishing, according to the interviewees, essential elements such as support, affection, and protection. Among U interviewees, nine (30%) reported the absence of adequate family structure in their homes, characterized by the lack of love, unity, and support and attention from their parents, showing that a dysfunctional family acts as a negative influence, making it easy for adolescents to involve themselves with drugs (Blum et al., 2003; Hoffman, 1993; Newcomb, 1995; Piko, 2000).

Religiosity. For a better comprehension of the importance of religiosity as a protective factor, it is necessary to define the terms *religiosity* and *spirituality*. As proposed by Sullivan (1993), spirituality is a unique and individual characteristic that may or may not include a belief in "God" and that is responsible for linking the "me" with the universe and with others. It engulfs the necessity to seek well-being and growth. In the present study, spirituality is well expressed as a protective factor through citations relative to perspectives of the future and self-esteem. Religiosity, according to Miller (1998), consists of the belief in and practice of the fundamentals proposed by a religion. Religiosity was the second protective factor most cited by the NU and U interviewees. Based on the definitions of primary, secondary, and tertiary preventions (Bucher, 1988), NU attributed to religiosity an important role as a primary preventive factor; that is, religiosity kept them away from initiating drug use. On the contrary, U attributed to religiosity importance as a secondary or tertiary protective factor, helping them to quit drug use or at least to make drastic reductions in it, exposing them to less harm.

> The important thing is that religion helps a person to develop his or her character, to learn certain things so that he or she can make better choices. (F23MNU)
> I think religion shows what is happening, so they see that it is not right to use drugs, that it is wrong. It alters a person's mind when he or she begins to go to church, it changes you. (A20FU)

In addition, religiosity was associated with producing a belief in the existence of a "Supreme Being," whose laws are for the well-being of the individual. It is also considered as "source of strength," suggesting physical and mental caring, associated with the nonuse of drugs, factors directly related to the spirituality of being. "If you have faith, if you believe in yourself, believe in God, you are not going to be a user. I know that, it comes from the person, it comes from faith in each one of us . . . "(F18FU).

In regard to the NU, the majority of the 25 interviewees who perceived the family as a protective factor also pointed out the importance of religion, showing that interrelated concepts were involved. This possibility led to the investigation of the frequency of belief in and practice of a religion by the interviewees, as well as by their family members.

Religion in the Family of the Interviewee. Table 3 shows that the majority of family members of NU and U believed in some religion (NU = 29; U = 25), of which the Catholic religion was the most frequently cited. However, the practice of the religion professed was a factor that differed between the groups. Whereas 74% of the religious family members of NU practiced the chosen religion, only 34% of the family members of U practiced it.

"All of us, 3 sisters, were educated learning to pray. Everybody knows all the prayers and we pray everyday and he (dad) always told us to pray when we had problems" (D22FNU).

Religion of the Interviewee. With regard to the interviewee (Table 4) 96.9% of NU believed in some religion, and about 81% of them practiced it. For them, religiosity often

Table 3
Belief, Practice, and Type of Religion Professed by Family Members of Interviewees

	Family members	
	NU = 30[a]	U = 30
Religion		
With religion	29 (90.6%)	25 (83.3%)
Without religion	01 (3.1%)	05 (16.7%)
Practicing[c]		
Yes	22 (73.3%)	10 (33.3%)
No	07 (23.3%)	15 (50.0%)
Religions accepted[b,d]		
(1) Catholic	14 (48.3%)	19 (76.0%)
(2) Evangelist/Protestant	09 (31.0%)	05 (20.0%)
(3) Spiritualism	04 (13.8%)	01 (4.0%)
(4) Umbanda	02 (6.9%)	0
Religions practiced[e]		
(1) Catholic	08 (57.1%)	07 (36.8%)
(2) Evangelist/Protestant	08 (88.9%)	03 (60.0%)
(3) Spiritualism	04 (100%)	0
(4) Umbanda	02 (100%)	0

[a] We could not consider the data of two nonuser interviewees because they were abandoned at infancy and then lived in institutions that cared for orphans and abandoned children. Therefore, the interviewees did not live with family and had no knowledge of the religious belief and practice of the family of origin.

[b] The religions accepted by the family, according to the interviewee, was the religion of greatest relevance within the family nucleus.

[c] The frequencies of *practicing* a religion are relative to the total number of the sample.

[d] The frequencies of *religions accepted* are relative to the total of families WITH RELIGION, within each one of the groups.

[e] As frequencies of the *religions practiced* are relative to the religions corresponding to section RELIGIONS ACCEPTED.

results from their own volition as a means to achieve spiritual realizations or to resolve personal problems. In contrast to the religious involvement of NU, only 13.3% of the U ($n = 4$) practiced religion, justifying it as a way to lose interest in drugs, corroborating the findings by Arnold et al. (2002), Pullen et al. (1999), and Carter (1998), who emphasized the role of religiosity in the treatment of drug dependents.

As observed previously among the family members of the interviewees, the Catholic religion was the most cited religion by both groups, but the least practiced proportionally. Among the NU, the Evangelist/Protestant religion was the most cited and practiced corroborating findings of Patock-Peckham et al. (1998), who observed that religious adolescents were less apt to use drugs and to manifest alcohol dependency, and, when compared to other religions, those who practiced a Protestant religion were even less apt to be users. Conversely, the great majority of the sample's drug users did not report having a religion. As mentioned by Miller (1998), drugs can be seen as the "Supreme Being" for drug addicts, the same place that God has for the religious people.

Table 4
Belief, Practice, and Type of Religion Professed by Interviewees

	Interviewees	
	NU ($n = 32$)	U ($n = 30$)
Religion		
With religion	31 (96.9%)	10 (33.3%)
Without religion	01 (3.1%)	20 (66.7%)
Practicing[a]		
Yes	26 (81.3%)	04 (13.3%)
No	05 (18.7%)	06 (18.8%)
Religions accepted[b]		
(1) Catholic	12 (38.7%)	05 (50.0%)
(2) Evangelist/Protestant	10 (32.3%)	01 (10.0%)
(3) Spiritualism	03 (9.6%)	02 (20.0%)
(4) Umbanda	02 (6.5 %)	0
(6) Daime	0	01 (10.0%)
(7) Syncretic[c]	04 (12.9%)	01 (10.0%)
Religions practiced[d]		
(1) Catholic	09 (75.0%)	02 (40.0%)
(2) Evangelist/Protestant	09 (90.0%)	0
(3) Spiritualism	03 (100%)	01 (50.0%)
(4) Umbanda	02 (100%)	0
(6) Daime	0	01 (100%)
(7) Syncretic[c]	03 (75.0%)	0

[a]The frequencies of *practicing* a religion are relative to the total number of the sample.
[b]The frequencies of the *religions accepted* are relative to the total number of interviewees WITH RELIGION, within each one of the groups.
[c]If the interviewees believed in the principles and postulates of two or more religions, creating their own "religion," derived from a mixture of pre-established concepts, this fact was considered syncretism.
[d]The frequencies of the *religions practiced* are relative to the religions corresponding to the section RELIGIONS ACCEPTED.

Conclusions

The pilot study findings can be viewed as indicating that consumption of psychoactive substances by adolescents can be prevented even in environments characterized by an abundance of risk factors. This prevention is made possible by the presence of protective factors in the life of the individual. In this investigation, family structure and religiosity were perceived as being the most important protective factors, playing a special role in the spirituality and religiosity of the interviewee's life. Spirituality was noted by all the NU interviewees and was regarded as a preoccupation with maintaining well-being and self-preservation. The arousal of this spirituality appeared to be intimately associated with religiosity, because the major part of the NU interviewees believed in and practiced a particular religion. On the contrary, as a result of little spirituality in this group, the majority of U noted neither indications of religiosity nor even belief in a religion, facts that could

justify the absence of the valuation of life. Curiously, the same group cited religiosity as an important protective factor. Religiosity, as a relevant aspect for the interviewees, also appears to occupy an important role for structure in the family, as seen by the importance of the religious belief and practice among NU family members. In view of these results, further studies are needed to understand the ways in which religiosity operates as a protective factor against the use of drugs, verifying whether it acts by itself or indirectly by the outgrowth of some other factor.

These qualitative study's findings of generalizability are limited to the populations studied.

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RÉSUMÉ

Bien que beaucoup d'études aient suggéré que les facteurs de risque et de protection sont en rapport avec l'usage de drogues, on n'a pas donné l'importance dûe à ce sujet. Plus d'attention portée aux facteurs de protection pourrait les rendre d'importants outils au développement des prévention efficaces. Comme le niveau économique et social bas ainsi que l'adolescence sont reconnus comme des facteurs de risque, l'objectif de ce travail a été d'identifier, entre des adolescents de familles ayant de bas revenus, quels serainet les facteurs qui les empêcheraient d'utiliser des drogues. Pour cela, lors de cette recherche, une méthodologie qualitative ainsi qu'un échantillon intentionnel sélectionné par critères ont été adoptés. Ainsi, pendant l'année 2003, soixante deux jeunes, d'âges compris entre 16 et 24 ans (30 utilisateurs de drogues e 32 non-utilisateurs) ont été soumis à une entrevue semi-structurée. La structure familiale et lapratique de la religion ont été, respectivement, le premier et deuxième facteurs protecteurs les plus cités par l'échantillon. Concernant la pratique de la religion, 81% des non-utilisateurs croient et pratiquent une religion, alors que seulement 13% des utlisateurs se considèrent religieux. La différence entre la croyance et la pratique de la religion ont été encore plus évidents entre les membres de la famille des non-utilisateurs (74%) que entre les utilisateurs (33%). Ces résultats indiquent que la religion serait un facteur protecteur pertinent dans l'échantillon étudié, en aidant l'unité familiale à garder les jeunes éloignés de l'usage de drogues.

RESUMEN

Aunque muchas investigaciones científicas han sugerido que los factores de riesgo y protección están relacionados al consumo de drogas, no se le ha dado importancia a su verdadero papel. Una atención mayor a los factores protectores podría hacer de ellos herramientas importantes para el desarrollo de programas de prevención eficientes. Como el bajo nivel socioeconómico y la adolescencia son reconocidos como importantes factores de riesgo con respecto al consumo de drogas, el objetivo de esta investigación ha sido identificar, entre adolescentes de familias de bajos ingresos, cuáles serían los factores que les impedirían consumir drogas. En esta investigación se adoptaron la metodología cualitativa y una muestra jóvenes, de edades entre 16 y 24 años (30 consumidores de drogas y 32 no consumidores) fueron sometidos a una entrevista semi-estructurada. La estructura familiar

y la religiosidad fueron, respectivamente, el primero y segundo factores protectores más citados por la muestra. Con respecto a la religiosidad, 81% de los no consumidores tenían fe y practicaban alguna religión y sólo 13% de los consumidores se consideraban religiosos. Tener una creencia y la práctica religiosa fueron más evidentes entre los miembros de las familias de no consumidores (74%) que entre los de las de consumidores (33%). Así, estos datos indican que la religión sería un factor protector relevante en la muestra estudiada, ayudando la unidad familiar a mantener los jóvenes lejos del consumo de drogas.

RÉSUMÓ

Embora muitos estudos tenham sugerido que os fatores de risco e proteção estejam relacionados ao uso de drogas, não tem sido dada devida importância a seu papel. Maior atenção aos fatores protetores poderia torná-los importante ferramenta ao desenvolvimento de eficientes programas de prevenção. Como o baixo nível socioeconômico e a adolescência são reconhecidos como fatores de risco, o objetivo deste trabalho foi identificar, entre adolescentes de famílias de baixo poder aquisitivo, quais seriam os fatores que os impediria de usar drogas. Para isso, nessa investigação, adotou-se metodologia qualitativa e amostra intencional selecionada por critérios. Assim, durante o ano de 2003, sessenta e dois jovens, de faixa etária entre 16 e 24 anos (30 usuários de drogas e 32 não-usuários) foram submetidos à entrevista semi-estruturada. A estrutura familiar e a religiosidade foram, respectivamente, o primeiro e segundo fatores protetores mais citados pela amostra. No que concerne à religiosidade, 81% dos não-usuários acreditavam e praticavam alguma religião, enquanto que apenas 13% dos usuários consideravam-se religiosos. A diferença quanto à crença e a pratica da religião foram ainda mais evidentes entre os membros familiares de não-usuários (74%) que entre usuários (33%). Em vista disso, esses resultados indicam que a religião seria um fator protetor de relevância na amostra estudada, auxiliando a unidade familiar a manter os jovens afastados do uso de drogas.

THE AUTHORS

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