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THE IMPACT OF RELIGIOUS AFFILIATION
WHILE GROWING UP ON SUBSTANCE USE BY
AFRICAN-AMERICAN CRACK COCAINE USERS

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and Sandra Timpson

This paper explores the relationship between church attendance while
growing up and the substance use issues reported by 159 African Ameri-
can crack cocaine users in Houston Texas. It was found that more frequent
juvenile attendance at church was associated with being less likely to suffer
withdrawal symptoms or to take drugs to avoid withdrawal. However, there
were no differences between regular, irregular and non-attendees in respect
of number of substance use issues reported or attendance at a self help group
for substance use, even though these are often faith-based. The relevance
of including questions on religious participation when young in screening
instruments to be used with adult substance abusers is questioned.

MEDIA REPORTS OFTEN INCLUDE ASSERTIONS THAT SOCIAL PROBLEMS SUCH AS SUBSTANCE MISUSE ARE ASSOCIATED WITH DECLINING PUBLIC MORALS AND THE DIMINISHING INFLUENCE OF CHURCHES AND RELIGIOUS AGENCIES. SOMETIMES THE CLAIMS GO FURTHER AND SUGGEST THAT A "DOSE" OF RELIGION IS ONE OF THE MOST EFFECTIVE WAYS OF PREVENTING DRUG AND ALCOHOL USE AMONG YOUNG PEOPLE.

Indeed, there is some evidence suggesting that adolescents who
participate in organized forms of religious expression have lower
levels of drug and alcohol use than their peers with no religious af-
filiations (Wallace and Forman, 1998). For example, religiously-affili-
ated adolescents in Utah are more likely to report non-use of tobacco,
alcohol, marijuana and other drugs compared to adolescents without
a religious affiliation (Vakalahi et al., 2000). Similarly, among youth
in two inner London boroughs, higher levels of religious involve-
ment were associated with lower levels of substance use (Karlsen et
al., 1998). Furthermore, while factors such as beliefs about the risks

involved in using cocaine, access to the drug, demographic factors (including academic achievement), family and social life were not predictive of cocaine use among Miami adolescents, those who found religion important in their lives used significantly less of this substance (Yarnold, 1999). The fact that religion was important in their lives was also the only significant factor associated with an absence of marijuana use which was identified for participants in this study (Yarnold and Patterson, 1998).

Few studies have examined the long-term effect of adolescent social ties on adult drug use. One study which did examine these effects found that for African American adolescents, ties to religious institutions were seemingly associated with a reduced likelihood of heavy drug use in adulthood (Brunswick et al., 1992). Given that regular attendance at religious services by adolescents is higher among blacks than whites in America (Markstrom, 1999), it is perhaps not surprising that rates of illicit drug use by African American adolescents have been found to be lower than the rates for white adolescents (Bachman et al., 1991).

As samples of crack cocaine users have been found to have disproportionately high numbers of African Americans (Compton et al., 1998), it may be that any effect of religious participation during adolescence has little or no influence on adult drug use. Indeed, after controlling for the effects of family and peer group, Bahr, Hawks, and Wang (1993) have concluded that the impact of religion on drug use may be minimal, even for adolescents.

The Texas Christian University (TCU) Short Assessment Form (Camacho et al., 1995; Simpson et al. 1993) was developed for use in the National AIDS Demonstration Research projects to assess the drug use and sexual risk-taking of substance misusers. Interestingly, the TCU form seeks information about adolescent church attendance. This paper considers the question of whether adolescent religious participation has any impact on the substance use of a sample of African American crack cocaine users, and considers the utility of ascertaining this information in screening instruments used to assess substance misusers.

Method

Respondents were recruited between mid-June and mid-July 2000 in Houston, Texas, by snowball sampling recruitment among participants who had previously participated in studies conducted
by some of the authors. Participation was limited to African Americans who were at least 18 years old, reported smoking crack cocaine or injecting an illicit substance in the 48 hours before being screened, and reported having heterosexual sex at least once during the previous seven days. All study participants were informed about the intent of the study, were told that their participation was voluntary, and were informed that they could refuse to answer specific questions if they agreed to participate. Once written informed consent had been obtained, participants were asked to provide a urine sample. Using ONTRACK test sticks, the sample was tested for the presence of cocaine or opioid metabolites to verify recent drug use. Trained research assistants working in private offices near the recruiting location collected data, using the TCU Short Assessment Form. Administration of the questionnaire survey took less than an hour and included questions about respondents' sociodemographic background, physical and psychological health, substance use and sexual behavior. The questionnaire included one question about religious participation during adolescence. Participants were paid a small monetary gratuity (US $20) for their time. The relevant University Human Subjects Review Board approved the study.

Results

The respondents for this study were 159 African-American crack users, of whom 137 were male and 22 were female. They had a mean age of 39.7 years, ranging from 18 to 61 years old, and a third (31.6 percent) were co-habiting with a spouse or sexual partner. Half the sample (47.2 percent) lived on the street or in a shelter, another third (32.1 percent) in someone else's house or apartment, and 18.9 percent in their own house or apartment. Three quarters (74.8 percent) had graduated from high school and half (47.2 percent) had been employed at some time during the previous six months. Modal use of crack in the past 30 days was daily (64.1 percent). Marijuana use was also common with 81.1 percent reporting use within the last 30 days, with one-third (32.7 percent) using this daily. Other drugs were used infrequently in the same time period, the next most common being tranquilizers and sedatives, which were used by 21.4 percent of respondents during the previous 30 days, and opiates, which were used by 16.4 percent.

Three quarters (74.2 percent) of respondents reported attending church of religious services at least weekly while growing up, with
13.2 percent reporting such participation once or twice a month, 5.7 percent just a few times a year, and 6.9 percent seldom or not at all. These four groups were compared in relation to a set of issues associated with substance use that was derived from the definitions of substance dependence and substance use in the *DSM-IV* (American Psychiatric Association, 1994).

**Table 1: Substance Use Issue by Church Attendance While Growing Up**

<table>
<thead>
<tr>
<th>Substance use issues</th>
<th>At least weekly (N=118)</th>
<th>1-2 times per month (N=21)</th>
<th>A few times a year (N=9)</th>
<th>Seldom or never (N=11)</th>
<th>Total (N=159)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever use larger amounts of drugs or used them for longer than intended</td>
<td>83.1</td>
<td>90.5</td>
<td>77.8</td>
<td>81.8</td>
<td>83.6</td>
</tr>
<tr>
<td>Ever tried to cut down on drugs but unable to do so</td>
<td>87.3</td>
<td>85.7</td>
<td>77.8</td>
<td>90.9</td>
<td>86.8</td>
</tr>
<tr>
<td>Spent a lot of time getting drugs, using them or recovering from their use</td>
<td>83.9</td>
<td>81.0</td>
<td>77.8</td>
<td>90.9</td>
<td>83.6</td>
</tr>
<tr>
<td>Have to increase the amount of a drug to get the same effects as before</td>
<td>71.2</td>
<td>76.2</td>
<td>88.9</td>
<td>90.9</td>
<td>74.2</td>
</tr>
<tr>
<td>Ever kept taking a drug to avoid withdrawal or avoid getting sick*</td>
<td>38.1</td>
<td>42.9</td>
<td>55.6</td>
<td>72.7</td>
<td>42.1</td>
</tr>
<tr>
<td>Get sick or have withdrawal when quitting or missing taking a drug*</td>
<td>43.2</td>
<td>47.7</td>
<td>44.4</td>
<td>81.8</td>
<td>46.5</td>
</tr>
<tr>
<td>Often spend less time at work, school or with friends in order to use drugs</td>
<td>72.9</td>
<td>76.2</td>
<td>77.8</td>
<td>81.8</td>
<td>74.2</td>
</tr>
<tr>
<td>Ever been unable to work, go to school or care for children due to drug use</td>
<td>63.6</td>
<td>66.7</td>
<td>77.8</td>
<td>63.6</td>
<td>64.8</td>
</tr>
<tr>
<td>Substance use issues</td>
<td>At least weekly (N=116)</td>
<td>1-2 times per month (N=21)</td>
<td>A few times a year (N=9)</td>
<td>Seldom or never (N=11)</td>
<td>Total (N=159)</td>
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<tr>
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</tr>
<tr>
<td>Ever caused an accident or become a danger to others due to drug use</td>
<td>32.2</td>
<td>33.3</td>
<td>55.6</td>
<td>54.5</td>
<td>35.2</td>
</tr>
<tr>
<td>Have emotional or psychological problems due to drug use</td>
<td>61.9</td>
<td>71.4</td>
<td>55.6</td>
<td>54.5</td>
<td>62.3</td>
</tr>
<tr>
<td>Have problems with family, friends, work or police due to drug use</td>
<td>57.6</td>
<td>71.4</td>
<td>55.6</td>
<td>63.6</td>
<td>59.7</td>
</tr>
<tr>
<td>Have physical health problems due to drug use</td>
<td>43.2</td>
<td>42.9</td>
<td>33.3</td>
<td>36.4</td>
<td>42.1</td>
</tr>
</tbody>
</table>

As Table 1 indicates, adult African American crack cocaine users who were religious participants when young had few differences from other adult African American crack cocaine users. Interestingly, more frequent church attendance while growing up was associated with being less likely to suffer withdrawal symptoms or to take drugs to avoid withdrawal.

Since the 12 items in Table 1 formed a scale with a coefficient alpha of .85, with only moderate inter-item correlations, a score of the number of substance use issues reported by respondents was computed. Analysis of variance revealed no differences in these mean scores when compared to juvenile religious attendance (F(3,155) = .57, n.s.), with an overall mean of 7.9 substance use issues.

Finally, because many self-help groups regarding substance use issues (e.g., Narcotics Anonymous, Cocaine Anonymous) have a religious basis, we examined the question of whether attendance at such groups was associated with earlier church attendance. However no such association was revealed by chi-square analysis ($\chi^2 (3) = 1.38$, n.s.) with 58.5 percent of respondents reporting attendance at these self help groups.
Discussion

Overall, this study found few differences between African American crack cocaine users who were regular church attendees in their adolescence from those who attended less often or not at all. However, we should not discount the possibility that the findings reported here are an artefact of the methodologies employed in collecting and analysing the data.

First, the sample is small and non-random, with most respondents coming from a traditionally African American neighborhood close to the project street-front office in Houston. Second, the recruitment process was likely to have attracted heavy-using, long-term crack users. Third, this sample included a far higher proportion of male cocaine users than has been found in community wide studies which have identified the extent to which adults have used cocaine (Ensminger et al., 2002). This is critical given longitudinal research which has identified differential predictors of adult cocaine use between males and females (Ensminger et al., 2002). Furthermore, the use of cross-sectional data limits the ability to infer any causality between the variables explored in this paper. In addition, as the sample is not a probability sample, the extent to which the findings from this study can be generalized to other crack cocaine users is limited. These are limitations found in much of the published research on crack cocaine users.

Notwithstanding these caveats, our results are perhaps unsurprising given studies finding that within a year of finishing school, many persons cease regular participation. For example, Tacey (2000) reported that in Australia, more than 90% of students ceased regular participation in organised religion. Once religious participation has ceased, drug and alcohol use of students who come from religious backgrounds where drug and alcohol use was proscribed may cease to differ from that of their peers who grew up in more tolerant environments (Amoateng and Bahr, 1986).

Religious participation in adolescence may reflect the religious beliefs of parents rather than young people themselves who may have no desire to engage in these activities (Hodge et al., 2001; Wallace and Forman, 1998). Also consistent with our data is the previous finding that religious participation has been found not to be associated with attitudes about sexual activity among African American adolescent girls (Belgrave et al., 2000).

Adolescent attachments and commitment to social institutions
such as the family and school have been found to have little or no impact on adult cocaine use (Ensminger et al., 2002). This is consistent with our findings of a lack of association between frequency of adolescent church attendance and extent of cocaine among adult crack cocaine users in Texas. Although church involvement has previously been found to delay onset of drug use (Johnson et al., 1998), for the participants in this study, exposure to religious teaching has not proved to an effective long-term drug prevention program (cf. Wallace and Forman, 1998). In some churches, preventing drug misuse involves little more than issuing proscriptions against drug and alcohol use, despite this approach being known to have only limited effectiveness (Spooner and Hall, 2002). Moreover, the extent to which substance use is proscribed varies considerably between different faith groups (Gorsuch, 1995; Miller, 1998). Hence, knowing only that an individual was a teenage church attendee seems to be insufficient information concerning what religious or moral message a particular church presented about drugs.

Our finding that more frequent church attendance while growing up was associated with being less likely to suffer withdrawal symptoms or to take drugs to avoid withdrawal is somewhat curious. This is especially so, given that we were unable to find any association between religious participation and having problems due to drug use, efforts made to obtain drugs or to reduce substance use, or attendance at self-help groups. One could speculate that the lingering influence of adolescent church attendance results in smaller amounts of substances being ingested, hence less physical dependence. However, even if subsequent research could establish why church attendance during adolescence resulted in less physical withdrawal, how such knowledge could be applied to treatment settings is not readily apparent.

Although Miller (1998) provides a cogent case for drug researchers to collect data about the religious dimension, we would question the relevance of including data about adolescent church attendance in assessments of adult substance misusers. Over-reporting of church attendance among adults occurs frequently (Chaves & Cavendish, 1994; Hadaway et al., 1993). Furthermore, even if church attendance is ascertained, information about religious affiliation and beliefs may be more appropriate predictors of drug misuse (Bahr et al., 1993). Religious affiliations differ as to the extent they act as protective factors against drug use (Amoateng and
Bahr, 1986; Vakalahi et al., 2000). The actual past or current affiliations of respondents in this study are unknown. Moreover, religious affiliations often change over the lifetime. Finally, while religious beliefs can have an impact on illicit drug use, drug use in turn can have an impact on religiosity (Benda and Corwyn, 2000).

Research has found that individuals moving from prescriptive to nonproscriptive religions increase their alcohol use, and those moving to prescriptive religions moderate their alcohol consumption. Evidently, alcohol use moves to reflect the norms of the faith community (Beeghley et al., 1990). Thus data on current religious affiliation and/or beliefs is more likely to be predictive of current drug use than data about past involvements, if in fact an association between religion and drug use can be established for African American crack cocaine users.

In writing this paper, we recognize the potential for religious commitment or participation to be a valuable resource for drug users who are seeking to reduce their consumption of illicit substances or to resolve problems which are associated with their substance use. However, in order for this to occur, assessment instruments need to be seeking information which can assist social workers in linking clients with the most appropriate resources. As the authors of one widely used social work textbook have noted:

Assessment—the collection and processing of data to provide information for use in making decisions about the nature of the problem and what is to be done about it—is a cognitive, thinking process; it involves thinking about data that have been collected. The outcome of assessment is a service plan, which provides a definition of the problem for work, objectives or solutions to be achieved, and an action plan to accomplish the objectives. (Compton and Galaway, 1999, p. 253)

While the need for pertinent assessment tools applies to all aspects of social work, this is particularly so for those working with crack cocaine users. A remaining challenge is to identify just how religious involvements could act as a resource for crack cocaine users seeking to reduce their substance use or to resolve problems associated with their drug usage. Clearly far more research is required, and it is our hope that this paper stimulates further research and debate on this issue.
REFERENCES


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