Background

- Alcohol abuse disorder has a lifetime prevalence rate of 13.2% (Kessler et al., 2015).
- Over half of these cases are diagnosed by the early 20s, and three-quarters by age 30 (Kessler et al., 2015).
- Early influences on ETDA (Ethanol consumption) highest in later adolescence (Weinberger et al., 2007).
- Religion is protective against ETDA abuse (Michalak, Trocki, & Bond, 2007).
- Religion/Spirituality is protective against alcohol use among emerging adults from multiple racial/ethnic backgrounds (Pargament, Stoeber, Wachholtz, Edwards, et al., 2005).
- Religious/spiritual variables positively impact health behaviors and alcohol use in 84% of studies (Rew & Wang, 2006).

Children & Adult Influences

- However, little is known about:
  - the relationship among stressors, childhood and adult religious variables, and lifetime prevalence of alcohol abuse among diverse ethnic groups.
  - the role among childhood and adult religiosity and lifetime alcohol abuse (LAA).

Hypotheses

1. Childhood and adult religiosity/spirituality will be protective factors against LAA.
2. Male gender, SES factors, childhood adversity and parental substance use will be risk factors for LAA.

Theoretical Model

- Religion/spirituality influences are cross-generational through childhood religiosity and parental support.
- Childhood religiosity as moderated by adult internal religiosity/spirituality.
- Childhood adversity (e.g., income level, race/ethnicity, parental status).
- Parental variables (e.g., education level, marital status).
- Childhood and adult religiosity/spirituality impact age-related drinking patterns.
- Childhood and adult religiosity/spirituality impact LAA among diverse ethnic groups.

Data & Sample

- 4583 respondents with complete data included from the NCS-R.
- Lifetime Alcohol Abuse Prevalence: Role of Childhood and Adult Religion

Measures

- Outcome: Any lifetime diagnosis of Alcohol Abuse or Abuse Defined by the NCS-R/DSM criteria.
- Childhood Religiosity/Spirituality
- Adult Religiousness/Spirituality
- Childhood adversity (e.g., income level, race/ethnicity, parental status).
- Demographic factors

Results

- Significant findings included from the NCS-R.
- Religious/spiritual factors positively impact health behaviors and alcohol use in 84% of studies (Rew & Wang, 2006).

Discussion

- Childhood and adult religiosity/spirituality positively impact health behaviors and alcohol use in 84% of studies (Rew & Wang, 2006).
- Childhood religiosity as moderated by adult internal religiosity/spirituality.
- Childhood adversity (e.g., income level, race/ethnicity, parental status).

Next Steps

- Integrate the NSAL and NLAAS data from the CPES to establish a national longitudinal sample.
- Targeted interventions.

References