

Religion and Spirituality as Protective Factors for Alcohol Use in a National Sample of Emerging Adults

Lisa R. Fortuna, MD, MPH

Amy Wachholtz, Ph.D.

Rosalie Torres–Stone, Ph.D.

UMASS Medical School

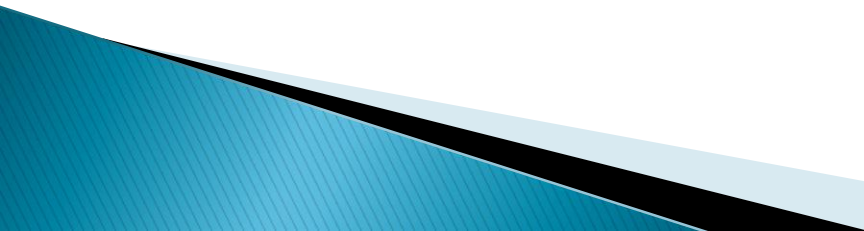
Michelle V. Porche, Ed.D.

Wellesley Centers for Women

The Rev. François Trottier, MA

St. Peter's Episcopal Church

Background

- ▶ Emerging adults at greater risk for binge drinking, impaired driving, alcohol use disorders (Brewer, 2005; Delucchi, 2008; Naimi et al., 2003).
 - ▶ Experimentation, including alcohol use, central to development during emerging adulthood (Arnett, 2000).
 - ▶ Religion and spirituality may be protective against early onset alcohol use and alcohol disorders (Bridges & Moore, 2002; Mahoney, Carels, Pargament, Wachholtz, Edwards Leeper, Kaplar, Frutchey, 2005)
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Background

- ▶ Few national studies of youth that include religiosity, spirituality and mental health
- ▶ Spiritual struggles found to shape behavior for college students, but less is known about this process for community samples
- ▶ Early onset of alcohol use associated with academic failure, unemployment, early sexual activity and sexual risk-taking
- ▶ Family and peer influences represent a “childhood risk structure” for substance abuse (Griffin, Botvin, Nichols, & Scheier, 2004; Khaylis, 2009; Timko, Sutkowi, Pavao, & Kimerling, 2008)

Research Aims

- ▶ **Aim 1:** To identify the influence of religiosity and spirituality in childhood and early adulthood *on risk for early age of alcohol use initiation and subsequent alcohol use disorders* in an ethnically and racially diverse U.S. representative sample of emerging adults ages 18–29 years.
- ▶
- ▶ **Aim 2:** To understand the association of these religious and spiritual dimensions with the development of alcohol use disorders among emerging adults who are at risk due to a history of trauma/adverse events, environmental stressors and childhood psychiatric disorders.

Methods

- ▶ Sample: Combined Psychiatric Epidemiological Surveys (CPES)
 - Subset: National Comorbidity Survey Replication (NCS-R)
 - National household survey of non-institutionalized adults 18 years and older
 - Subsample of 900 cases ages 18–29 years
 - African American, Asian, Latino, White
- ▶ Procedure: in person interviews, core protocol and psychiatric screening, conducted in participant's native/preferred language

Measures

- ▶ Alcohol Use
 - Early onset: age 15 or younger
 - Early regular drinking: 12 or more drinks per year
 - DSM alcohol abuse or dependence (Composite International Diagnostic Interview)
- ▶ Religion and Spirituality
 - Childhood religiosity, adult church attendance, beliefs guiding decision-making, religious affiliation
- ▶ Childhood Adversity
 - Family on welfare
 - Parental substance use, maternal depression
 - Neglect: often left unsupervised, hungry
- ▶ Childhood Protective Factor: both parents in home
- ▶ Demographic Controls: race/ethnicity, maternal education level

Descriptive Results

- ▶ Alcohol Use
 - 53% tried alcohol at age 15 or younger
 - 22% regular drinking at age 15 or younger
 - 14% prevalence for DSM alcohol disorder
- ▶ Use Patterns by Gender, Race, Ethnicity
 - Rates of disorder double for men (19% vs. 10%)
 - Whites had highest prevalence early regular drinking (22%) and Asians lowest (6%)
- ▶ Religiosity and Spirituality
 - 35% Childhood religiosity *very important*
 - 43% adults attend church regularly
 - 63% beliefs guide decision-making *often* or *sometimes*

Logistic Regression Results: Early Onset Drinking

Measures	Odds Ratios
Gender (male = 1)	n.s.
Race/Ethnicity	n.s.
Maternal education	n.s.
Welfare	n.s.
Paternal substance use	1.89
Maternal substance use	n.s.
Maternal depression	1.79
Neglect	n.s.
Lived with both parents	0.54
Childhood religiosity	0.56

Logistic Regression Results: Early Regular Drinking

Measures	Odds Ratios
Gender (male = 1)	1.61
African American (reference White)	0.27
Asian (reference White)	0.29
Welfare	n.s.
Paternal substance use	n.s.
Maternal substance use	2.15
Maternal depression	1.95
Neglect: unsupervised	3.53
Neglect: hungry	0.13
Lived with both parents	n.s.
Childhood religiosity	n.s.

Logistic Regression Results: DSM Alcohol Disorder

Measures	Odds Ratios
Gender (male = 1)	n.s.
African American (reference White)	0.32
Asian (reference White)	0.29
Paternal substance use	2.27
Maternal substance use	2.87
Neglect: unsupervised	0.41
Childhood religiosity	n.s.
Adult church attendance	0.21
Beliefs guide decision-making	n.s.
Early regular drinking	7.40
Childhood religiosity x gender	2.53
Adult church attendance x gender	4.89
Beliefs guide decision-making x gender	n.s.

Discussion: Drinking Patterns

- ▶ Males and whites have higher rates of early regular drinking and alcohol disorder
 - May be part of masculine socialization, identity and cultural norms
- ▶ African American and Asians have lower rates of early onset drinking and DSM alcohol disorder
- ▶ Latino higher rates of meeting criteria for abuse
 - High endorsement and experiences of the social consequences of drinking may lead to higher rates of meeting abuse criteria
- ▶ Minorities tend to support the criteria on the norm compliance subscales particularly 'avoid becoming drunk' as a marker for adulthood

Discussion: Role of Spirituality and Religion on Drinking

- ▶ Protective effect of religion/spirituality not uniform
- ▶ Childhood religiosity is associated with lower rates of early onset of drinking but not early regular drinking (an important correlate of later disorder) once it starts
- ▶ There are gender differences in the effect of both childhood and adult religiosity on the odds of having a DSM alcohol disorder
 - Male gender socialization overrides religiosity?
 - Differential influence of religiosity on males?
 - More protective for females?
 - Adult religiosity a marker of alcohol problems in subset of young males?

Next Steps

- ▶ Exploration of
 - Denominational differences (CPES) and varieties of spirituality/religiosity dimensions
 - Effect of acculturation with immigrant youth (NLAAS and NSAL)
 - Role of masculinity and gender moderated by religion/spirituality
 - Ethnic/Racial differences of the influence of spirituality/religiosity on drinking
- ▶ Increase understanding of the relationships between early adversity and religiosity/spirituality
 - association of that relationship on alcohol use problems early adulthood