

The NSDUH Report

March 23, 2007

Religious Involvement and Substance Use among Adults

In Brief

- In 2005, 30.8 percent of adults aged 18 or older attended religious services 25 or more times in the past year, 78.1 percent reported that religious beliefs are a very important part of their lives, and 75.1 percent reported that religious beliefs influence how they make decisions in their lives
- In 2005, 2.9 percent of adults who attended religious services 25 or more times in the past year used illicit drugs in the past month compared with 10.1 percent of those who attended religious services fewer than 25 times
- Adults who reported that religious beliefs are a very important part of their lives were less likely to use illicit drugs in the past month than those who reported that religious beliefs are not a very important part of their lives (6.1 vs. 14.3 percent)

Public opinion polling has shown that 63 percent of Americans were members of a church or synagogue in 2006.¹ Religiosity has been identified in other research as an important protective factor against substance use.²⁻⁴ The National Survey on Drug Use and Health (NSDUH) includes questions on religious service attendance and religious beliefs. Respondents are asked to indicate how many times in the past 12 months they attended religious services, excluding special occasions such as weddings, funerals, or other special events. Respondents also are asked whether their religious beliefs are a very important part of their lives and whether their religious beliefs influence how they make decisions in their lives.⁵ NSDUH also includes questions about use of cigarettes, alcohol, and illicit drugs during the month (or 30 days) prior to the interview. *Illicit drugs* refer to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.⁶

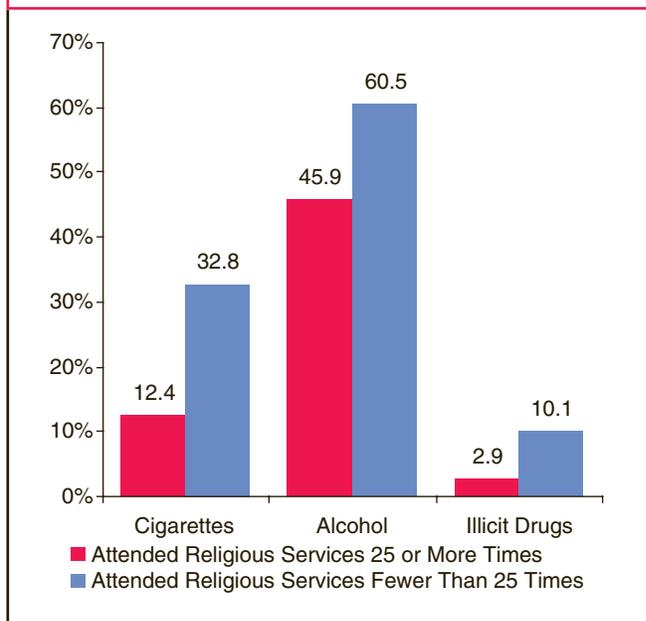
This report examines the relationships between religious service attendance and beliefs and substance use among adults aged 18 or older. All findings are based on data from the 2005 NSDUH.

Table 1. Percentages and Standard Errors of Adults Aged 18 or Older Reporting Religious Involvement, by Age Group and Gender: 2005

Age Group/ Gender	Attended Religious Services 25 or More Times in the Past Year		Religious Beliefs Are a Very Important Part of Their Lives*		Religious Beliefs Influence How They Make Decisions in Their Lives*	
	Percent	SE**	Percent	SE	Percent	SE
Total	30.8	0.42	78.1	0.32	75.1	0.34
Age						
18-25	21.6	0.43	70.6	0.44	63.5	0.45
26-34	22.6	0.74	75.8	0.69	70.0	0.75
35-64	32.3	0.61	79.1	0.47	77.2	0.48
65+	42.8	1.32	83.7	1.01	83.7	1.02
Gender						
Male	26.1	0.54	74.1	0.48	70.5	0.51
Female	35.2	0.54	81.8	0.40	79.2	0.42

Source: SAMHSA, 2005 NSDUH.

Figure 1. Percentages of Adults Aged 18 or Older Reporting Past Month Substance Use, by Past Year Religious Service Attendance: 2005



Source: SAMHSA, 2005 NSDUH.

Religious Involvement among Adults

In 2005, 30.8 percent of adults aged 18 or older (an estimated 67 million persons) attended religious services 25 or more times in the past year, 78.1 percent (168 million persons) reported that religious beliefs are a very important part of their lives, and 75.1 percent (162 million persons) reported that religious beliefs influence how they make decisions in their lives.

Females were more likely than males to report all three types of religious involvement (Table 1). The percentages of adults reporting that their religious beliefs are a very important part of their lives and the percentage reporting that religious beliefs influence how they make decisions increased with each age category. For example, 70.6 percent of young adults aged 18 to 25 reported that religious beliefs are a very important part of their lives compared with 83.7 percent of older adults aged 65 or older. Adults aged 65 or older were more likely to attend religious services 25 times or more in the past year than adults in all other age groups.

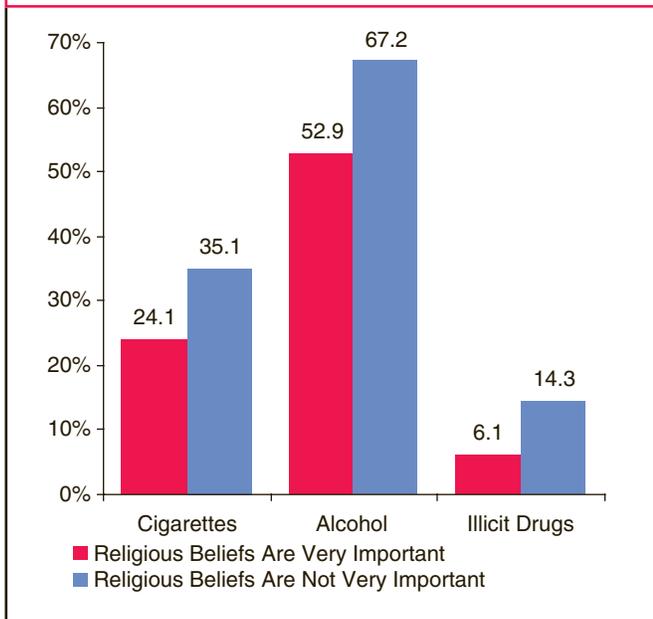
Religious Service Attendance and Substance Use

In 2005, adults aged 18 or older who attended religious services 25 or more times in the past year were less likely to have used cigarettes, alcohol, or illicit drugs in the past month than adults who attended religious services fewer than 25 times in the past year (Figure 1). For example, 2.9 percent of adults who attended religious services 25 or more times in the past year used illicit drugs in the past month compared with 10.1 percent of adults who attended religious services fewer than 25 times in the past year.

Importance of Religious Beliefs and Substance Use

Adults aged 18 or older who reported in 2005 that religious beliefs are a very important part of their lives were less likely to have used cigarettes, alcohol, or illicit drugs in the past month than adults who reported that religious beliefs are not a very important part of their lives (Figure 2). For example, 6.1 percent of adults who reported that religious beliefs are a very important part of their lives used illicit

Figure 2. Percentages of Adults Aged 18 or Older Reporting Past Month Substance Use, by Whether or Not Religious Beliefs Are a Very Important Part of Their Lives*: 2005



Source: SAMHSA, 2005 NSDUH.

drugs in the past month compared with 14.3 percent of adults who reported that religious beliefs are not a very important part of their lives.

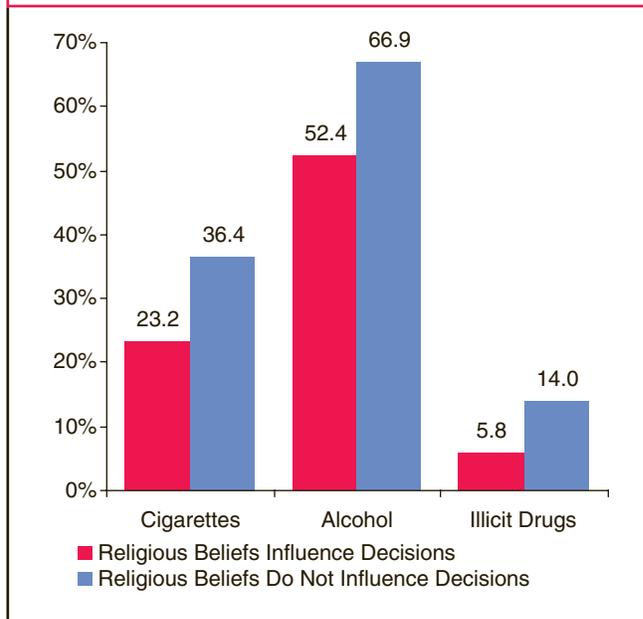
Religious Beliefs' Influence on Decisions and Substance Use

Adults aged 18 or older who reported in 2005 that religious beliefs influence how they make decisions in their lives also were less likely to have used cigarettes, alcohol, or illicit drugs in the past month than adults who reported that religious beliefs do not influence how they make decisions (Figure 3). For example, 5.8 percent of adults who reported that religious beliefs influence how they make decisions in their lives used illicit drugs in the past month compared with 14.0 percent of adults who reported that religious beliefs do not influence how they make decisions.

End Notes

- 1 The Gallup Organization. (2007). *Religion*. Retrieved January 31, 2007, from <http://www.gallup.com/content/?ci=1690&pg=2>
- 2 National Center on Addiction and Substance Abuse at Columbia University. (2001, November). *So help me God: Substance abuse, religion and spirituality*. New York: Author. [Available as a PDF at <http://www.casacolumbia.org/supportcasa/item.asp?ciD=12&PID=127>]
- 3 Wallace, J. M., Myers, V. L., & Osai, E. R. (2004). *Faith matters: Race/ethnicity, religion and substance use*. Baltimore, MD: The Annie E. Casey

Figure 3. Percentages of Adults Aged 18 or Older Reporting Past Month Substance Use, by Whether or Not Religious Beliefs Influence How They Make Decisions in Their Lives*: 2005



Source: SAMHSA, 2005 NSDUH.

Foundation. [Available as a PDF at <http://www.aecf.org/publications/browse.php?filter=21> and http://www.aecf.org/publications/data/1_04_585_faith_matters_report.pdf]

- 4 Kendler, K. S., Gardner, C. O., & Prescott, C. A. (1997). Religion, psychopathology, and substance use and abuse: A multimeasure, genetic-epidemiologic study. *American Journal of Psychiatry*, 154, 322-329.
- 5 Response options for both questions were (1) strongly disagree, (2) disagree, (3) agree, and (4) strongly agree. For this report, responses of agree/strongly agree were grouped into the "yes" category, and responses of strongly disagree/disagree responses were grouped into the "no" category.
- 6 NSDUH measures the nonmedical use of prescription-type pain relievers, sedatives, stimulants, or tranquilizers. Nonmedical use is defined as the use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs. Nonmedical use of stimulants includes methamphetamine use.

Figure and Table Notes

- * Respondents are asked whether their religious beliefs are a very important part of their lives and whether their religious beliefs influence how they make decisions in their lives. Response options for both questions were (1) strongly disagree, (2) disagree, (3) agree, and (4) strongly agree. For this report, responses of agree/strongly agree were grouped into the "yes" category, and responses of strongly disagree/disagree responses were grouped into the "no" category. Adults with unknown or missing data were excluded from the analysis.

** SE = Standard Error.

Suggested Citation

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Research findings from the SAMHSA 2005 National Survey on Drug Use and Health (NSDUH)

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2005 data are based on information obtained from 45,774 persons aged 18 or older. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on NSDUH used in compiling data for this issue is available in the following publication:

Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.oas.samhsa.gov>.

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2002 to 2005 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.



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