

What Is The Role Of Religion/Spirituality For Youth In Treatment For Substance Misuse

Below is a brief research summary. For further detail and explanation see the report attached (with some references); including synopsis, background, methodology, findings, recommendations and a table.

Introduction: The health benefits of religion and spirituality in the drug and alcohol field are widely acknowledged, but there is a lack of research on young people in treatment for substance misuse, and religious and spiritual elements are ignored in this field in the UK. Due to the diverse definitions of these concepts it is necessary to discover and understand young people's views in order to appropriately take advantage of these added benefits.

Research method/design: A thematic analysis of semi-structured qualitative interviews lasting between approximately 30 mins – 1 hour, most about 45 minutes, seeking to find themes across the interviews rather than in just 1 or 2.

Duration of project: July 2011- May 2012

Participants: 2 females and 3 males aged 13-16 years old, with 1 from a young people's drug and alcohol service in South London and 4 from a service in the home-counties. All were White British except 1 who described herself as English Italian.

Drug/alcohol use and treatment: All 5 participants used (or had used) cannabis, and some also used alcohol and cocaine. 4 were currently receiving treatment, 1 having completed treatment within the last 12 months. All except 1 participant reported reduced levels of drug use since beginning treatment, with the remaining person reporting an increase since initial use, though this preceded the start of treatment by several months.

Findings:

- While there is common ground between religion and spirituality, which has been identified as a 'non-material dimension' and 'belief', young people in treatment differentiate religion and spirituality in ways which parallel some of the existing literature on the subject, yet with one apparently new finding: *all of the participants associated spirituality primarily with 'ghosts, spirits and the paranormal'* (see table 1).
- Spirituality appealed to more of the participants, but although there were mixed views on religion, some of which were negative, 3 of the participants expressed positive views.
- For the majority substance misuse or religion/spirituality was *not* the most important thing in life. Instead the most important themes were **belonging, fulfilment, and individual agency** (largely meaning independence and the ability to choose or make decisions).
- Religious schooling did not have a discernible positive effect in raising levels of religion, but upbringing seems more likely to be correlated with religious or spiritual involvement.
- There is partial support for low levels of religion in a young person's life being associated with increased substance use, particularly when there is a high level of spirituality.
- Young people talk about their drug use in terms of learned behaviour, positive and negative reinforcement, although with an important variation. This signifies a potential risk for development of addictive behaviour.
- Surprisingly the use of spirituality in treatment is not well supported across the data set but religion-based interventions are suggested, providing they respect client autonomy and are sensitive to clients' needs, including; education given by religious people about their beliefs and the personal benefits, as well as prayer as form of relational/therapeutic help.

- Young people in treatment also propose religion offers *comfort* and *guidance*.

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REPORT

Synopsis

This research aimed to discover the role of religion/spirituality for young people (under-18s) in treatment through conducting semi-structured interviews and performing a thematic analysis, a recognised qualitative method of capturing opinions with an under-researched group. The participants' definitions of religion and spirituality were broadly consistent with existing literature apart from the association of spirituality with the paranormal. There was greater support for using religious elements as efficacious interventions and partial support for the absence of religion, and presence of spirituality, being correlated with substance use. It is recommended to conduct further research with youth in treatment to corroborate these findings.

Background

In England alone approximately 20% of 16-24 year olds and more than one in ten 11-15 year olds reported taking drugs within the last year. Over 23,500 young people aged under-18 received drug and alcohol treatment (NHS Information Centre. http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/Statistics%20on%20Drug%20Misuse%20England%202011/Statistics_on_Drug_Misuse_England_2011v3.pdf) which has been shown to lead to long term savings (Department for Education. Research brief. Specialist drug and alcohol services for young people – a cost benefit analysis. <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RB087.pdf>).

The health benefits of religion and spirituality in drug and alcohol are widely acknowledged, but there is an absence of research with people under 18 years of age in treatment for substance misuse, and religious and spiritual elements are ignored in this field in the UK (Department for Education. Research Brief. Specialist drug and alcohol services for young people – a cost benefit analysis. <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RB087.pdf>). In order to appropriately take advantage of these added benefits it is necessary to conduct investigations with the client group, and it is important to discern their “own points of view in order to understand the meaning they give to religion and spirituality in the context of an ever more rapidly changing society” (Casas, González, Figuer and Malo, 2009, p.23), due to the diverse definitions of these concepts. Therefore a qualitative approach utilising thematic analysis attempts to answer the research question; “**What is the role of religion/spirituality for youth in treatment for substance misuse?**” through 3 sub-questions:

- What is the relationship between religion and spirituality for young people in treatment? Contrasting characteristics and common threads.
- What is the relationship between young people's ‘ultimate concerns’, substance misuse and religion/spirituality?
- What is the potential relationship of religion/spirituality with young people's substance misuse treatment?

Methodology

The research was a qualitative study employing semi-structured interviews lasting between approximately 30 mins – 1 hour, most were about 45 minutes. The transcripts were then subjected to a thematic analysis aiming to produce a rich description ie. across the majority of the interviews. Two females and three males aged 13-16 years old were interviewed, four who were White British and one who described herself as English Italian. One of the participants was from a young

people's service in South London and four from a service in the home-counties. All five used (or had used) cannabis, and some also used alcohol and cocaine. Four of the young people were currently receiving treatment for drug/alcohol problems, one having completed treatment within the last 12 months. Four of them reported reduced levels of drug use since beginning treatment, with one admitting to an increase since initial use, though this is most likely explained by the escalation of use over the several months preceding treatment.

Findings

Young people in treatment differentiate religion and spirituality in ways which parallel some of the existing literature on the subject (e.g. Geppert, Bogenschutz & Miller, 2007), yet with one apparently novel finding, that all of them associated spirituality primarily with 'ghosts, spirits and the paranormal' (see table 1). This seems to be outside the bounds of mainstream research on spirituality in the UK, and probably the US.

However, there is also some commonality between religion and spirituality, which has been identified as a 'non-material dimension' and 'faith'. As previous research has suggested spirituality was appealing to more of the participants (Savage, Collins-Mayo, Mayo & Cray, 2006), but although there were mixed views on religion, some of which were negative, 3 of the participants expressed positive views.

The majority of youth interviewed did not regard substance misuse or religion/spirituality as the most important thing in life. Instead they spoke of themes which were labelled as **belonging** comprising *family* and *friends*, **fulfilment** emphasising *self-enhancement* and *happiness*, and **individual agency** *independence*, *choice/decision* and *belief*. Respectively these bear considerable resemblance to the fundamental needs of 'relatedness', 'competence', and 'autonomy' central to a motivational model entitled 'self-determination theory' (eg. Deci & Ryan, 2000).

While young people's drug use and treatment is often of a different nature to adults, predictably initiation happens in social situations. They also talk about it in terms of positive and negative reinforcement, related to the learning behaviour theory of addiction psychology (Moss & Dyer, 2010), signifying a potential risk for development of addictive behaviour. The positive reinforcement is associated with the pleasure and relaxation obtained from using substances. However, the negative reinforcement is not primarily associated with relief of withdrawal symptoms for this group of participants, but the avoidance of negative emotions precipitated by situations unconnected with substances. This concurs with Khantzian's (1999) 'self-medication hypothesis', helping us to appreciate the function of drugs and alcohol as a coping mechanism for this group.

Surprisingly the use of spirituality in treatment is not well supported across the data set but religion-based interventions are suggested, providing they respect client autonomy and are sensitive to clients' needs. The group's main suggestions are education given by religious people about their beliefs and the personal benefits, as well as prayer as form of relational/therapeutic help, supported by other studies (Sanchez & Nappo, 2008). One young person suggested a kind of religious support group.

Because young people in treatment use drugs as a coping mechanism it is not surprising they would support the use of religious prayer as a coping mechanism. The function of prayer as a coping mechanism has garnered increasing support (Janssen, de Hart & den Draak, 1990) specifically in relation to addiction recovery (Sanchez & Nappo, 2008). It is clear from this analysis young people with existing religious involvement can be encouraged to talk to God through prayer, and religion also offers *comfort* and *guidance*.

There is partial support for low levels of religious variables being correlated with increased substance use (e.g. Karlsen, Rogers & McCarthy, 1998), but it was not imagined that contrary findings about the risks associated with the *presence* of spirituality combined with *absence* of religion (Smithline, 2000) would be borne out to some extent in the accounts and lifestyles of two of the youth who were interviewed.

Religious schooling did not have a discernible positive effect in raising levels of religion, and may even be associated with a disinterest in this area, due to the participants not identifying themselves as religious despite three of them attending religious primary schools. However, upbringing seems to offer more promise in terms of a correlation with religious or spiritual involvement.

Recommendations

Conducting research with substance using youth is particularly costly in terms of the time required and future work will need to take this into account and factor in extra time in the planning stages. Alternative approaches to incentivise the young people to take part should also be discussed with service staff well in advance of recruitment.

One of the most difficult aspects of researching under-16s is obtaining parental permission, possibly because of their lack of motivation or a disinterested family. On the other hand young people under the age of 16 can be considered competent to consent to treatment for substance misuse, without involving their parents, especially where this does not require substitute prescribing or related methods (Department of Health. Publications. Seeking consent: working with children. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4067204.pdf). Often young drug and alcohol users do not want to their parents to know about their substance misuse and consequently do not give consent for treatment services to inform them. Research ethics need to be sufficiently flexible to allow treatment professionals and researchers to assess competence without the involvement of parents otherwise it may result in significantly restricting investigations of an under-represented group like this.

While this work deliberately targeted under-18s in treatment, it is worth bearing in mind the extension of the transitions of adolescence into the early 20s to get a more rounded picture of the situation for modern youth (Desrosiers, Kelley & Miller, 2011).

This thesis has made a start in investigating an under-researched area but there are a number of recommendations arising for further work as follows:

- Work with a greater number of youth in treatment, with more diverse drug use, and in different geographical and cultural contexts, in an attempt to substantiate these findings or generate new results.
- Study young people in a treatment context who are explicitly religious/spiritual to shed some additional light on the findings.
- Carry out a number of focus groups to discover how young people talk about these issues with peers.
- Explore and determine the effect of religious schooling on religious involvement.
- Research the content of education and methods of development of spirituality in non-religious schools.
- Investigate ways to enhance religious involvement as a protective factor for vulnerable youth including exploring the role of the family rather than religious schools.
- Develop a religious/spiritual support group as part of a young people's treatment service.

- Finally, conduct alternative qualitative analyses which contribute to theoretical development.

Table 1: Religion and spirituality: Contrasting and common themes

<p>CHARACTERISTICS OF RELIGION</p> <ul style="list-style-type: none"> • belief system <i>concepts, stories, instruction and rules</i> • religious affiliation <i>lifestyle, paraphernalia (including symbols and artefacts), ceremonies and traditions, religious community,</i> • a transcendent being/God <i>constant presence, personal/human qualities help, support and guidance</i> 	<p>CHARACTERISTICS OF SPIRITUALITY</p> <ul style="list-style-type: none"> • uncertainty <i>unfamiliarity, ambiguity</i> • experience <i>individual/small group, spiritual practices, curiosity about the unknown</i> • ghosts, spirits and the paranormal <i>the dead (past ones and loved ones), the afterlife</i>
<p>COMMON GROUND BETWEEN RELIGION AND SPIRITUALITY</p> <ul style="list-style-type: none"> • non-material dimension • communication with the spirit(s) <ul style="list-style-type: none"> • belief • need for authentication 	

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