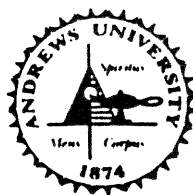


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FACTORS PROMOTING ABSTINENCE

AMONG ADVENTIST YOUTH

A Report by the Institute of Alcoholism & Drug Dependency

Andrews University

Technical Report 86-1

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FACTORS PROMOTING ABSTINENCE AMONG ADVENTIST YOUTH

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INTRODUCTION

One of the dilemmas society has always faced is how to avoid the adverse effects of alcohol and other drugs. Various methods have been used from admonition of the young to avoid drunkenness, to the legal strategy of prohibition. In recent decades, the concept of teaching youth how to drink "responsibly" or use recreational drugs "appropriately" has been promoted.

However, this approach is falling into increasing disfavor. The numbers of youth whose lives are destroyed by alcohol and other drugs has reached epidemic proportions. The rates of alcoholism and alcohol-induced fatalities alone, ignoring the effects of other drug use, have not declined through education for responsible use. So, once again we are instituting legal measures such as raising the drinking age, an approach the liquor industry labels "neo-prohibitionism" in order to protect our society.

Prevention workers are looking for better ways and means to seek a healthy society and lifestyle for individuals. The "just say no" movement, the peer intervention model using positive peer pressure techniques to promote a drug-free lifestyle, are all efforts to promote abstinence among youth. Thus, abstinence is viewed with increasing interest as the most viable strategy to avoid the damage these drugs cause.

If we accept the premise that total abstinence as a voluntary choice is a lifestyle decision of merit, how may it be fostered?

SOME ABSTAIN PRESENTLY

We should note, before continuing further, that some youth do not fit the general pattern of social use, even for alcohol, the most ubiquitous drug used by youth. In 1984, the report on

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American high school seniors found that 7% had never used alcohol. 45% had never used marijuana. 30% have never smoked. What factors motivate these youth to decide against ANY use of these drugs, even experimental use?

Baumrind has suggested that abstinent behavior in youth may be of two types: rational abstainers who choose to abstain for reasons they can logically state, and risk-avoidant abstainers who do so because of anxiety or limited ability to acquire normal, adult modes of decision-making. The latter may become hampered in adult competence because they lack, or fail to develop, the ability to take risks which will lead them to normal identity formation. Such types of abstinent behavior is not a desirable goal.

In addition to those who never try or start using, many youth make decisions to abstain after experimental use, or to quit. The Monitoring the Future research team has reported that in 1984 the trend towards reduced use of nearly all drugs (excepting cocaine and inhalants) had continued. They attribute this trend to a decision to quit use, rather than to increased numbers of those who have not started use. What influences a youth to decide to quit?

We know very little, generally speaking, about what influences promote either abstinence or quitting. However, it is a most productive area for research, since this can help us target prevention and intervention efforts more accurately.

RESEARCH ON ABSTINENCE

Before presenting some results from our own research, I would like to briefly summarize the findings of other investigators. The social relationships which the adolescent experiences are of importance in decisions about drinking. Parents and peers form the most important such relationships. Behavioral models provided by parental drinking or non-drinking along with the quality of parent-child relationships are known to be important. Adolescents with poor relationships with parents are more likely to become involved with alcohol. Considerable evidence also exists for drinking support provided by peers. Margulies, Kessler and Kandel have studied the onset of drinking among high school students. They found that RELATIVE closeness between parents and peers was more important than simple closeness. Those who were closer to peers than parents were more likely to begin drinking. Example set by parents in drinking was more important than parental attitude. The perception of number of friends who drink and best friend's attitude on drinking was found to be important. Socially active youth were more likely to start drinking. Finally, prior involvement with minor delinquent activities, and prior use of legal drugs such as tobacco, were likely to precede use of alcohol over time.

Among lifestyle values, this study found that neither church attendance, nor educational achievement affected onset: however the type of school attended appeared important. These results may be more correlated with onset of drinking among "resistant" drinkers - that

is, among those who have not begun until high school years. When the results were divided by year in high school, the relative importance of peers progressively increased, while parental influence remained rather constant. Thus, though peer influences increased nearly five times from freshman to senior years, adolescents continued to be susceptible to parental influences. Those who abstained from drinking in their senior high school year appeared to abstain, at least partly, from negative attitudes toward alcohol which they had developed.

These findings agree with those of Jessor and Jessor, an earlier study, but are important because they considered parental models as well as use of other legal drugs. Other investigators have confirmed relationships between students' drinking patterns and those of their parents. Straus and Bacon found that 92% of college students who came from homes where both parents drank were drinkers, compared to 58% from homes where neither parent drank.

Studies of religious factors have produced variable results. Denominations who promote norms of abstinence appear to have fewer drinkers than exists denominations where moderation is allowed. However, the incidence of drinking problems among those who do drink may be higher. Some studies have found no relationship between religion and drinking. Various study approaches account for some of this variability.

Religiosity may be defined in terms of denominational preference or affiliation, or it may be defined as personal piety. Schlegal and Sanborn studied "proscriptive" or fundamentalist Protestants who have an abstinence norm with students affiliated with "prescriptive" denominations who permit alcohol use under controlled conditions. Fewer students from fundamentalist churches drank compared to from more liberal churches, or non-church affiliated.

Differences in drinking connected to religious affiliation may be primarily related to socialization factors. If the community of faith proscribes or stigmatizes the user, and if children are raised to believe that use is inappropriate for members of the group culture, then religion may be only a social strategy. Some evidence suggests that for alcohol and tobacco, drugs with legal and general social acceptance, religion does differentiate non-use from use. But for illicit drugs which are generally socially disapproved or outlawed, religion loses any specific further effect.

A study by Burkett, however, suggests that belief systems do develop within religious communities, which deter drinking within the community. Belief that drinking is a sin was found to deter its use, and adolescents who adopted this belief, tended to prefer abstinence while those who did not believe it, preferred light drinking.

INSTITUTE RESEARCH PROJECT

The Institute of Alcoholism and Drug Dependency at Andrews University is particularly interested in the phenomenon of abstinence. We have recently undertaken research on prevalence of substance use among a

predominantly abstinent religious community, the Seventh-day Adventist Church. Included in this project has been a special focus on factors which promote decisions to never use, or to quit use of addictive chemicals. This presentation will share some of our findings on factors which promote abstinence within a general social environment which proscribes alcohol and drug use.

Seventh-day Adventists have traditionally held a strong belief in the value of abstinence from all harmful substances such as alcoholic beverages, tobacco, and addictive drugs. This belief stems from the conviction that whatever harms the body will be harmful to the spiritual well-being of the person as well.

Prospective members are expected to discard any use of alcohol or tobacco before joining the church: if a person is known to use, he will be expected to quit if he wishes to remain a member in good standing. Adventist schools prohibit the use or presence of alcoholic beverages, tobacco, or narcotic drugs on school premises, and generally discipline any student found to be involved.

Compared to other religious groups, such a consistent church abstinence position means that socialization against drug usage of any kind is unusually strong among Adventists. Probably only Mormons approximate this degree of expectation in a religious community in the Western world. However, two reasons for further research appear noteworthy:

1. Abstinence among Adventists may be due primarily to such social influences and induce abstinent behavior that is related to risk-avoidance. Such abstinence is not a desirable outcome of adolescent development. What factors within such a religious community foster rational abstinence decisions?
2. Adventists are not immune to media influences which glamorize use of alcohol, or other chemical crutches. Thus some alcohol and drug usage occurs in the process of adolescent experimentation. What influences prevent such experimental use from progressing? Some researchers think that when youth from a highly fundamentalist community do use, they are at higher risk of developing dependency. What factors will be protective against such effects?

ADVENTIST YOUTH STUDY

The research reported here was carried out in the summer of 1985 among youth from 71 randomly selected churches in the U.S. and Canada. TABLE 1 presents the description of respondents. Although the survey approach protected the anonymity of respondents, the distribution system utilized pastors or other church leaders to reach youth. Since youth who attend regularly were more likely to receive questionnaires, the results are biased in favor of underestimation.

Alcohol, tobacco, and caffeine were the drugs for which present usage was most often reported, shown in TABLE 2. Alcohol is reported being

used by 12% of the youth and tobacco by 8%. Few youth appear to be involved with hard drugs or street drugs. Caffeine, used by nearly two-thirds, is a useful contrast drug because although the church discourages its use, caffeine does not carry the same proscriptive stigma that alcohol and tobacco have. It is more socially acceptable, therefore, and its use may reflect this difference.

A less precise estimate of drug use is the opinion of youth about use by their peers. TABLE 3. This shows that a small, but significant, fraction of Adventist youth do have numerous peers involved in use. This poses grounds for concern for future abstinence direction, as such peer influences may counteract and alter the abstinence value system which the church presently has.

Use tends to vary with age: past use incidence climbs as the respondents become older. Pre and early teens report relatively little use of any kind: by college age, 17% report non-experimental use of alcohol.

These rates are significantly below those of non-Adventist youth as reported in the Monitoring the Future project. When compared on a similar age basis, Adventist youth use drugs at a rate 20-30% that of other high school seniors. Thus, this group is being influenced by socialization influences through church affiliation, in agreement with the findings of other studies. Furthermore, because of the high prevalence of abstinence, they should be a productive group to study about decisions favoring abstinence.

Data on prevalence were analyzed by various demographic factors. Being a baptized or "official" church member did not appear to make any protective difference. Perhaps non-baptized members consider they are Adventists, or at least are treated as part of the community of faith.

However, attendance at a church-operated school (FIGURE 1) showed protective trends for every drug except caffeine. Statistical analysis of these data is incomplete.

Participation in religious experiences was evaluated. Some experiences, such as church service attendance may have primarily a socializing impact. Others, such as personal prayer, reading the Bible or other devotional literature, or personal witnessing to one's faith, may be connected with personal piety and thus personal choices and commitments. FIGURE 2 shows participation rates in these various experiences. Participation was greatest for religious service attendance. Personal prayer was third in prevalence. Attendance at church social events was fourth. Indicators of other personal devotional activity were under 30%.

These factors were analyzed against use of different drugs by Pearson chi square or by multiple regression techniques. TABLE 4 shows those relationships which were statistically related to drug avoidance. The four factors in religious participation which were statistically related to alcohol, tobacco, marijuana,

and caffeine avoidance were participation in family worship, attendance at Sabbath School, personal prayer, and attendance at church-sponsored social events.

Other factors were significant for alcohol, tobacco, or caffeine but a different pattern was evident for marijuana. Certain experiences such as participating in temperance contests, reading temperance magazines such as LISTEN and WINNER, were not related to avoidance perhaps because so few youth reported involvement with these activities. Using this statistical technique we cannot determine whether such low-participation activities have a protective effect.

When religious experiences were tested by multiple regression techniques for their protective effects, some very interesting findings emerged. (TABLE 5) On a ranked basis family worship was the most predictive variable tested, whether for past or present use of drugs. For past use, participation in temperance contests (poster or oratorical), though done by very few youth, was highly protective. Personal witnessing was also significant. The fourth variable, attendance at the church's study activity, Sabbath school, was important as well. Three out of four variables were ones involving personal choices, rather than general social expectations.

Factors important as predictors for avoidance of present use, were again, family worship, attendance at church social events, personal prayer and reading of other devotional literature, and reading of temperance literature. The last four reflect personal decisions. Although church social events might be considered a socialization variable, it might also have elements of personal choice since youth have many other social options such as television, or personally devised parties and entertainment. Of the six variables, five had elements of distinctly personal choice.

The importance of family worship needs to be highlighted. This activity occurred among only 27 percent on a "regular" basis. Yet it was the single most predictive variable for abstinence past or present. This activity is one which parents have direct responsibility to initiate and conduct. Perhaps family worship is a strategy of power which has been overlooked in many households, even those of this quite conservative denomination.

Youth were asked about reasons for use or non-use of drugs. FIGURE 3 shows the reasons cited for using drugs. Two reasons for predominant: enjoying a good time with friends, and curiosity. Risk-taking behavior is characteristic of competent adolescents, and curiosity would be related to such behavior. Other reasons, such as to go along with my friends supplement the peer influence factor. Few students cited reasons which could be associated with rebellion, or precursors of dependency.

Reasons for abstinence or quitting, were also solicited, using the question: "Some reasons for not using drugs or stopping use are listed. How much of an influence on you is each one?" The answers could range from NO INFLUENCE to A GREAT DEAL OF INFLUENCE using a 4 point scale. TABLE 6 shows the response for the highest category, A great deal of influence. Three factors led the others in being important: Want to be in control of my life, Concern for my health, and My commitment to Christ. The next highest grouping dealt with concern for future events such as job, children, or academic achievement. Not wishing to disappoint parents was also a major influence, but fear of trouble with rules, fear of parents, and the law were less persuasive. The cost of using drugs had a minor influence. Surprisingly, so did the non-use of peers.

DISCUSSION

These findings may be of great significance in planning for programs and strategies to prevent drug use and abuse. The longitudinal research of Baumrind on onset of drug use offers some supporting validation for these findings. While substance abuse literature shows that traditional, conservative upbringing has a shielding effect on early exposure to illicit drugs, such an upbringing may also fail to provide a viable long-range strategy for preparing adolescents who can fill responsible adult roles.

Control attempts by one person over another arouses forces to resist. The adolescent is particularly susceptible to be resistant to efforts to control him or her, since they are seeking their own identity. Such a drive to independence is appropriate during adolescence. Drug prevention efforts which assist an adolescent in perception of drugs as causing loss of control, i.e. drug dependency, are more promising than efforts which rely on emphasizing physical danger or authority threat.

Today, youth are aware that they face an uncertain, and economically hazardous world. They are less likely to jeopardize their ability to earn a living or to achieve security in such a world. Concern for health, as well as for future occupation potential, grade achievement, etc. offer reasons for abstinence which appear appealing.

Commitment to Christ was third in rank, but nonetheless very high. Approximately 75% gave this reasons as having some influence. This suggests that rational abstinence is a choice many in this religious community are making because of religious conviction, beyond socialization alone. In another section of the questionnaire, youth responded to an agree-disagree question on their understanding of God's plan. 95% said that they agreed that God wants them to take good care of their body by avoiding alcohol, tobacco, and drugs. Thus, a positive commitment to health as a response to a spiritual conviction may be highly protective against onset of drug use, as well as assist in the

decision to quit.

The low influence of non-using peers raises the question of whether positive peer pressure against drug use is present, or just poorly perceived by Adventist youth. The impact of such peer activities may be overshadowed by general social factors within the church community, or such non-using peers may be passive about their abstinence. Since peer pressure is important as a factor in encouraging use among those who did use, and other research suggests that positive peer pressure is potentially helpful in prevention, the use of such positive peer pressure among Adventist youth may be an overlooked, underutilized strategy.

CONCLUSIONS

For members of conservative religious communities, our research suggests that spiritual decisions may have an additive effect to the general social expectations of the group. They also suggest some influences to which youth are responsive that may be incorporated into planning for prevention. Such influences are in harmony with adolescent developmental stages which can lead to competent, rationally abstinent adults.

For those who are not part of such religious communities, these findings affirm the value of religious experiences in both socialization and personal development. They particularly highlight the importance of the family in developing such personal religious values. Finally, they suggest that community prevention efforts which overlook the churches and their social systems, may be omitting a powerful weapon from the arsenal of preventive strategies against the impact of drugs on our society.

REFERENCE:

Baumrind, D. "Familial antecedents of adolescent drug use: a developmental perspective", in ETIOLOGY OF DRUG ABUSE. N.I.D.A. Research Monograph Series 56. (1985).

Burkett, S.R. "Religiosity, beliefs, normative standards, and adolescent drinking," J. STUDIES ALCOHOL 41:662-671 (1980).

Johnston, L.D., O'Malley, P.M., and Bachman, J.G. "USE OF LICIT AND ILLICIT DRUGS BY AMERICA'S HIGH SCHOOL STUDENTS: 1975-1984. N.I.D.A., DHHS Pub. No. (ADM) 85-1394. (1985).

Margulies, R.Z., Kessler, R.C. and Kandel, D.B. "A longitudinal study of onset of drinking among high-school students", J. STUDIES ALCOHOL 38:897-912 (1977).

Schlegel, R.P., and Sanborn, M.D. "Religious affiliation and adolescent drinking", J. STUDIES ALCOHOL 40:693-703 (1979).

Straus, R. and Bacon, S.D. "Drinking in college". New Haven:
Yale University Press: (1953).

TABLE 1. DESCRIPTION OF YOUTH RESPONDENTS

NUMBER RESPONDING	801
MALES	48%
FEMALES	52%
BAPTIZED SDA, %	81
AGES	
12-13 YEARS, %	25
14-17 YEARS, %	40
18-23 YEARS, %	28
24 YEARS & OLDER, %	6
ETHNIC BACKGROUND	
ASIAN, %	5
BLACK, %	21
HISPANIC, %	4
WHITE, %	64
OTHER, %	6
PRESENT SCHOOL EXPERIENCE	
IN SDA SCHOOLS, %	41
IN NON-SDA SCHOOLS, %	42
NOT IN SCHOOL %	17

BECAUSE OF ROUNDING, TOTALS MAY NOT EQUAL 100%

TABLE 2. PRESENT USE OF ADDICTIVE CHEMICALS BY SDA YOUTH

PERCENT RESPONDENTS, N = 801			
	NOT USING	SOCIAL USE*	REGULAR USE**
ALCOHOL (BEER, WINE, LIQUOR)	88	10	2
CIGARETTES AND TOBACCO	93	4	4
MARIJUANA	97	2	0
COCAINE	100	0	0
HEROIN	100	0	0
AMPHETAMINES (UPPERS)	99	1	0
BARBITURATES (DOWNERS)	99	1	0
TRANQUILIZERS (VALIUM, LIBRIUM)	99	1	0
PSYCHEDELICS (LSD, ACID, Mescaline)	99	1	0
CAFFEINE (COFFEE, TEA, COLA, PILLS, ETC.)	36	20	44

*SOCIAL USE = 1-3 TIMES PER MONTH.

**REGULAR USE = 1-3 TIMES PER WEEK OR MORE OFTEN.

TABLE 3. COMPARISON OF DRUG PREVALENCE DATA FOR ADVENTISTS
AND AMERICAN HIGH SCHOOL SENIORS*

	PERCENT RESPONDENTS	
	ADVENTIST YOUTH AGE 14-17 N = 303 PRESENT USE	HIGH SCHOOL SENIORS CLASS OF 1984 N = 15900 USE IN LAST 30 DAYS
ALCOHOL	15	67
CIGARETTES OR TOBACCO	9	29
MARIJUANA	4	25
COCAINE	0	6
HEROIN	0	0.3
AMPHETAMINES (UPPERS)	1	8
BARBITURATES (DOWNERS)	1	2
TRANQUILIZERS	1	2
PSYCHEDELICS	0	3

TABLE 4. RELIGIOUS EXPERIENCES FOR WHICH PARTICIPATION IS
ASSOCIATED WITH DRUG ABSTINENCE OR MINOR PRESENT USE

	ALCOHOL	TOBACCO	MARIJUANA	CAFFEINE
FAMILY WORSHIP	X	X	X	X
ATTEND SABBATH SCHOOL	X	X	X	X
ATTEND CHURCH SERVICES	X	X		X
PERSONAL PRAYER	X	X	X	X
READ THE BIBLE	X	X		X
READ MRS. WHITE'S WRITINGS	X			X
READ ADVENTIST MAGAZINES	X	X		X
TELL SOMEONE ELSE ABOUT YOUR FAITH	X	X		X
TEMPERANCE CONTESTS				X
READ LISTEN OR WINNER MAGAZINES				
ATTEND CHURCH-SPONSORED SOCIAL EVENTS	X	X	X	X

X = GREATER PARTICIPATION SIGNIFICANTLY RELATED TO DRUG
ABSTINENCE OR LOW USE.

TABLE 5. RELIGIOUS EXPERIENCES ASSOCIATED WITH DRUG AVOIDANCE

PAST USE: ALL DRUGS COMBINED

1. FAMILY WORSHIP
2. TEMPERANCE CONTESTS
3. TELL SOMEONE ELSE ABOUT YOUR FAITH
4. ATTEND SABBATH SCHOOL

PRESENT USE: ALL DRUGS COMBINED

1. FAMILY WORSHIP
2. ATTEND CHURCH-SPONSORED SOCIAL EVENTS
3. PERSONAL PRAYER
4. READ ADVENTIST MAGAZINES
5. READ MRS. WHITE'S WRITINGS
6. READ LISTEN OR WINNER MAGAZINES

TABLE 6

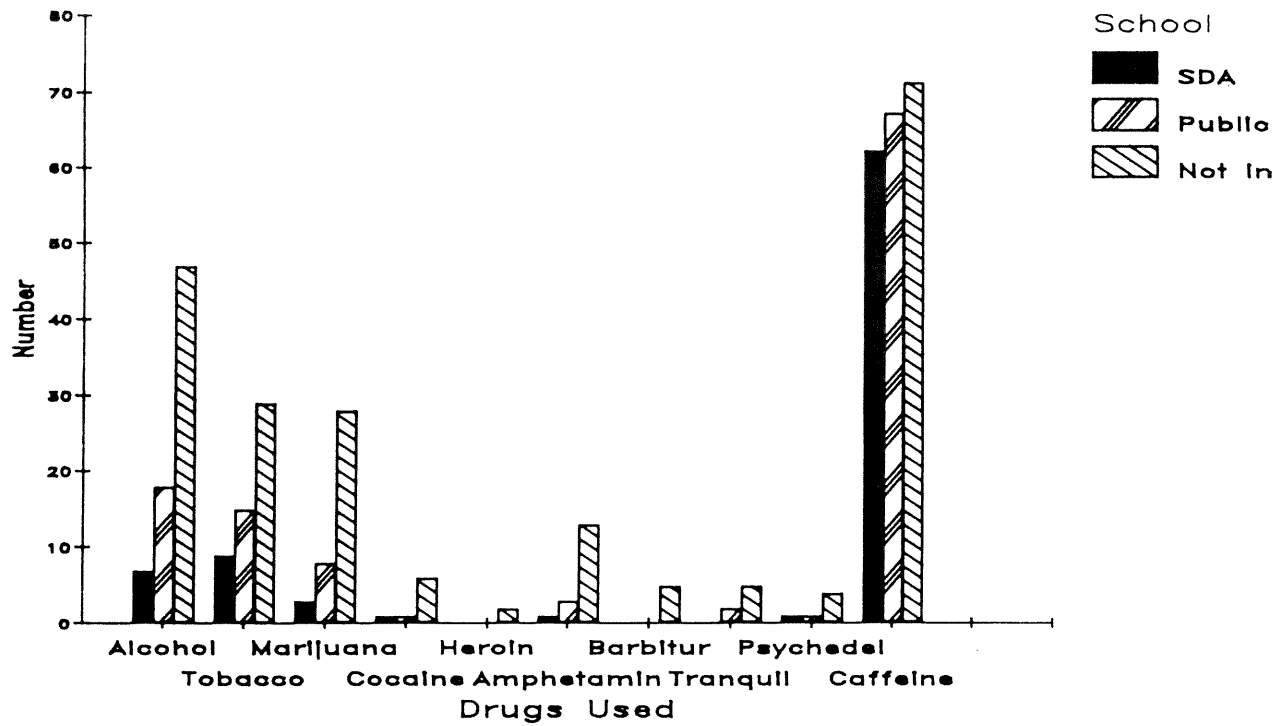
REASONS FOR ABSTINENCE OR CESSATION FROM DRUG USE

	PERCENT RESPONDENTS CITING "A GREAT DEAL OF INFLUENCE"
WANT TO BE IN CONTROL OF MY LIFE	69
CONCERN FOR MY HEALTH	68
MY COMMITMENT TO CHRIST	63
CONCERN FOR MY FUTURE OCCUPATION	57
MIGHT DAMAGE MY FUTURE CHILDREN	57
DON'T WANT TO DISAPPOINT MY PARENTS	54
CONCERN FOR MY GRADES IN SCHOOL	51
FEAR OF TROUBLE WITH THE LAW	39
FEAR OF MY PARENTS	37
DON'T WANT TO BREAK THE RULES	35
COSTS TOO MUCH MONEY	30
MY FRIENDS DON'T USE THEM	26

N = 801

FIGURE 1

School Attendance and Past use



School Attendance and Present Use

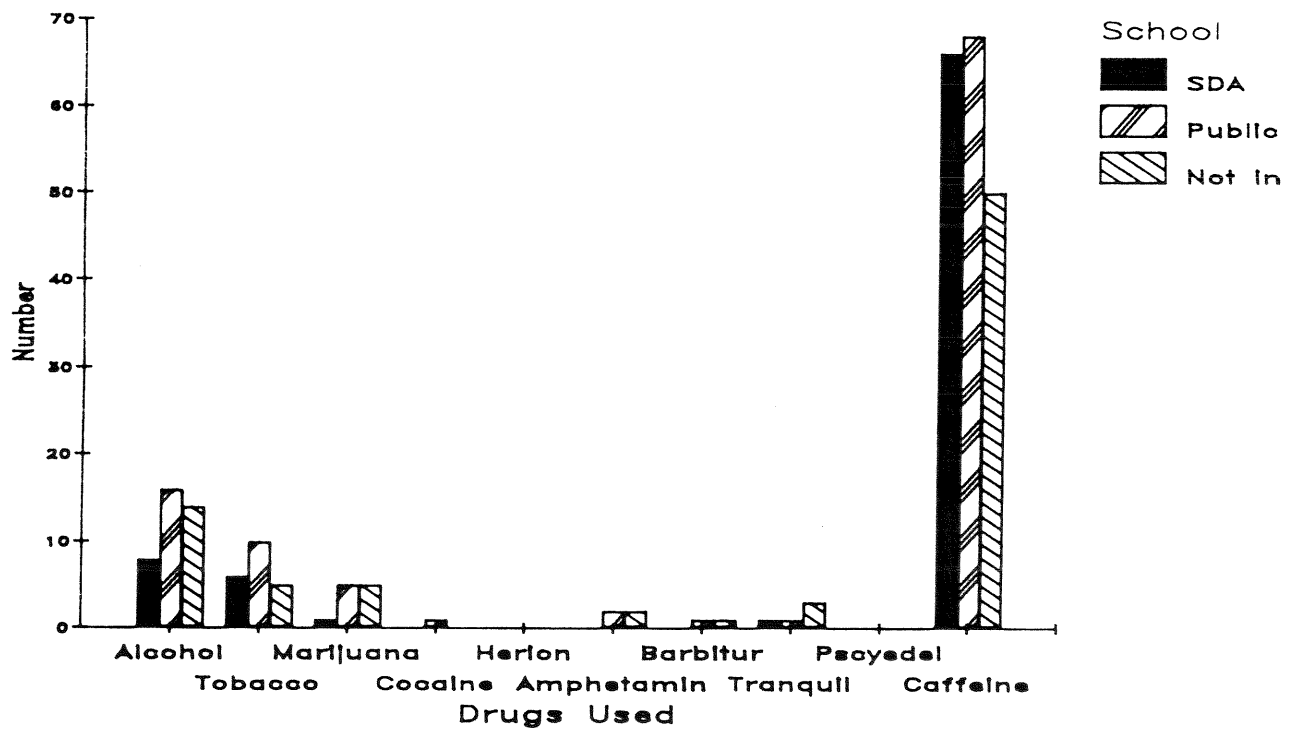


FIGURE 2

Participation in Religious Experiences

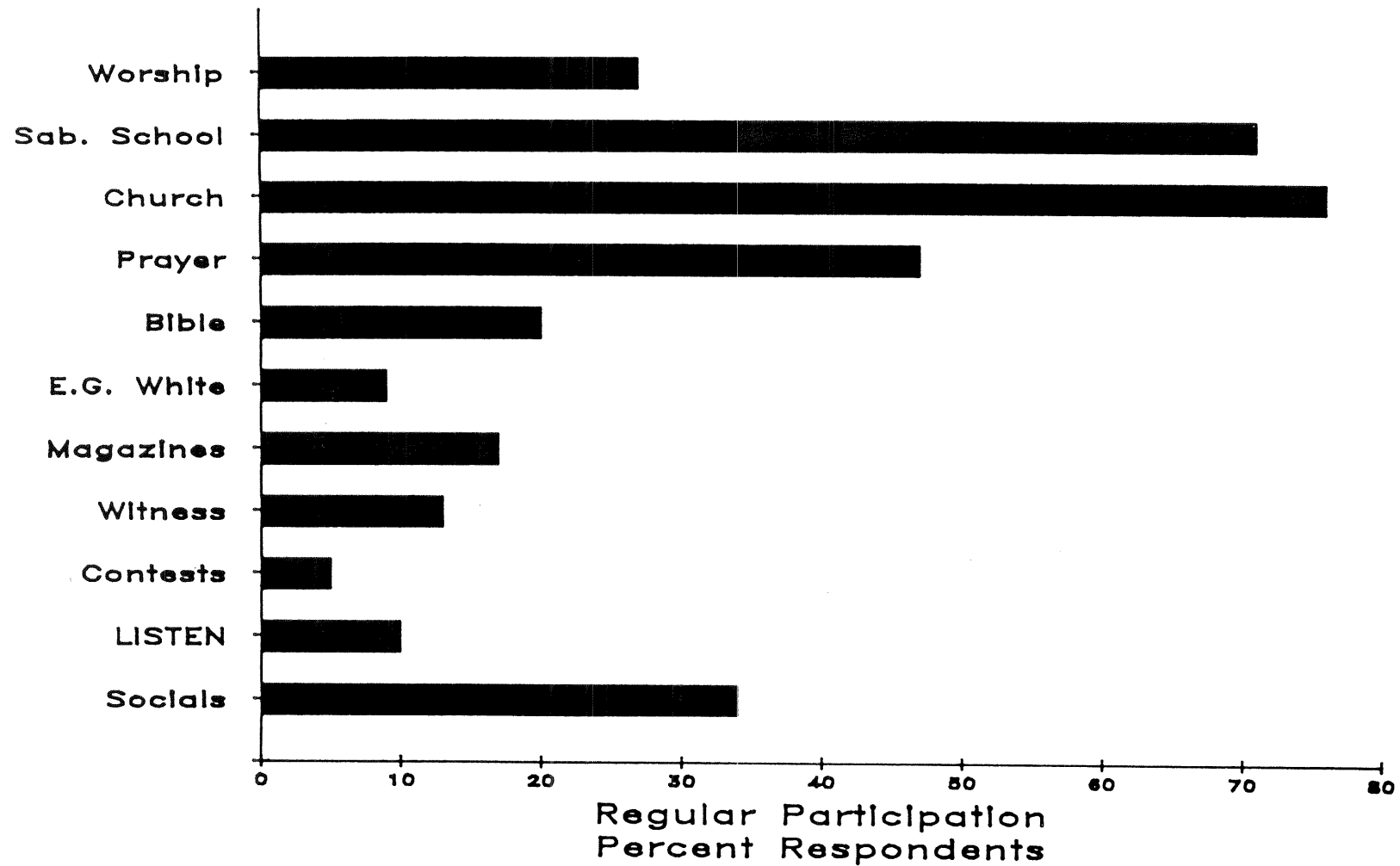


FIGURE 3

Reasons for Using Drugs

