The Influence of Religiosity on 12-Step Involvement and Treatment Response Among Substance Dependent Adolescents


INTRODUCTION

- Substance abuse typically starts during adolescence.
- Most treatment programs recommend participation in Alcoholics Anonymous (AA)/Narcotics Anonymous (NA).
- 12-step participation linked to better outcomes, free resources.
- Among adults, religiosity—greater AA/NA participation, reduced relapse risk.
- Youths, unclear link between religiosity, 12-step participation, global functioning, and reduced relapse.

METHODS

- Enrolment period: February 2007 - August 2009
- Sample enrolment: 102 girls, 93 boys with substance use disorders
- Cohort study: 12-month follow-up
- Significant differences between youths enrolled (N=195) versus not enrolled (N=287: demographic, clinical characteristics, treatment completion)
- Inclusion/exclusion criteria: Stable contact information, aged 14-18, medical detoxification, no major health problems, not currently suicidal/homicidal
- Approved by University Hospital/Cas Medical Center Institutional Review Board
- NIAAA Certificate of Confidentiality obtained

Statistical Analytic Plan

- Analyses performed with SAS version 9.2
- Fisher’s exact test for binary variables, Kruskal-Wallis Chi-Square test for continuous and ordered variables
- Baron & Kenny’s procedures for mediation analysis
- Alpha (α) path: Effect of lifetime religiosity on 12-step mediators
- Beta (β) path: Effect of 12-step mediators on outcomes, parental status, parental education
- Outcome path: Mediated effect on outcomes
- Baseline covariates: Age, race, gender, change in religion, family history, prior treatments

RESULTS

- Elevated lifetime formal practices (LFP) were associated with increased GAAT and SOS scores, which were linked to improved substance use outcomes.
- youths entering treatment with LFP had greater treatment response, youths entering treatment with no LFP may require greater 12-step facilitation or a different approach to derive equal benefit.


discussion

- Introduces the association between religiosity and youth treatment response.
- LFP (but not God consciousness) facilitator of adoption of 12-step practices (step-work, AA), which were linked to reduced use/craving, entitlement, and improved global functioning.
- Step-work mediates LFP effect on reduced use; SOS mediates LFP effect on reduced craving, entitlement.
- Substantive link between religious beliefs and deviant behavior when sober creates tension, which may motivate behavioral change, willingness to adopt 12-step practices.
- May not generalize to outpatient populations.
- Conclusions: Positive effect of LFP on improved youth outcomes.
- Youths with low LFP may require additional 12-step facilitation or alternative approach.