


Influence of spirituality and religiosity on the use of alcohol and drugs: an integrative review

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Objective: to present an integrative review of the scientific literature about the possible influences of religiosity and spirituality as a protection factor on alcohol and drug abuse.

Method: this is an integrative literature review, based on the following databases: LILACS - Latin American and Caribbean Literature in Health Sciences; MEDLINE - Online Medical Literature Analysis and Recovery System; Nursing Database, covering the period from January 2009 to December 2019.

Results: after reading and analysis, 12 articles were found. The influence of spirituality and religiosity was significant, acting in a protective way for healthy individuals and as a support in the treatment of addiction. Spiritual well-being must be holistically treated in patient care. However, a deficit was found in academic education regarding spirituality and its relationship with mental health. **Conclusion:** spirituality and religion are factors that exert a positive influence on drug addicts undergoing treatment and provide protection for the mental health of vulnerable people, requiring integration of this content in the academic training of health professionals.

Descriptors: Spirituality; Religiosity; Mental Health; Substance-Related Disorders.

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Influência da espiritualidade e religiosidade no abuso de álcool e drogas: revisão integrativa

Objetivo: apresentar uma revisão integrativa da literatura científica acerca das possíveis influências da religiosidade e da espiritualidade como fator protetor no âmbito da dependência de substâncias.

Método: trata-se de uma revisão integrativa de literatura nas bases de dados: LILACS - Literatura Latino-Americana e do Caribe em Ciências da Saúde; MEDLINE - *Medical Literature Analysis and Retrieval System Online*; BDNF - Base de Dados de Enfermagem, no período de janeiro de 2009 a dezembro de 2019. **Resultados:** após a leitura e análise, foram recuperados 12 artigos. A literatura apontou que a influência da espiritualidade e religiosidade foi significativa, atuando de forma protetora para indivíduos saudáveis e como suporte no tratamento de dependência química. O bem-estar espiritual deve ser abordado nos cuidados com o paciente de forma holística. No entanto, verificou-se déficit na formação acadêmica quanto à espiritualidade e sua relação com a saúde mental. **Conclusão:** a espiritualidade e a religiosidade são fatores de influência positiva para os dependentes químicos sob tratamento e conferem proteção para a saúde mental de indivíduos vulneráveis, sendo necessária a integração deste conteúdo na formação acadêmica dos profissionais de saúde.

Descritores: Espiritualidade; Religiosidade; Saúde Mental; Transtornos Relacionados ao Uso de Substâncias.

Influencia de la espiritualidad y la religiosidad en el consumo de alcohol y drogas: una revisión integradora

Objetivo: presentar una revisión integradora de la literatura científica sobre las posibles influencias de la religiosidad y la espiritualidad como factores de protección en el abuso de alcohol y drogas.

Método: revisión de literatura integradora, basada en las siguientes bases de datos: Literatura Latinoamericana y del Caribe en Ciencias de la Salud – LILACS; MEDLINE - Sistema de Recuperación y Análisis de Literatura Médica En Línea; BDNF - Base de Datos de Enfermería, que abarca el período de enero de 2009 a diciembre de 2019. **Resultados:** tras lectura y análisis, se encontraron 12 artículos. La influencia de la espiritualidad y la religiosidad fue significativa, dado que obró como factor de protección para personas sanas y como apoyo en el tratamiento ante la dependencia de sustancias químicas. El bienestar espiritual debe abordarse en la atención integral del paciente. Sin embargo, se constató un déficit en la formación académica con respecto a la espiritualidad y su relación con la salud mental. **Conclusión:** la espiritualidad y la religiosidad son factores de influencia positiva para los adictos a sustancias químicas en tratamiento y brindan protección a la salud mental de las personas vulnerables, con lo cual, se advierte la necesidad de integrar este contenido en la formación académica de los profesionales de la salud.

Descriptores: Espiritualidad; Religiosidad; Salud Mental; Trastornos Relacionados con Sustancias.

Introduction

Religiosity and spirituality are important constructs in the lives of most people and they structure values, behaviors and health habits⁽¹⁾. According to the literature⁽¹⁻²⁾, spirituality is a personal search for discernment of answers in reference to life, meaning, and its correlation with the sacred or transcendent, which may or may not lead to following rituals and formation of religious communities. Religion has been defined as an organization of beliefs, practices, rituals and symbols created to facilitate union with the sacred or transcendent (God or higher power), having an institutional character. Religiosity refers to the religious practice itself, in terms of attendance to temples or cults, for example, but also to the performance of rituals that are part of a certain religion⁽³⁻⁴⁾.

Faced with pain, human beings can seek help in something greater than themselves, aiming to alleviate, ease or even cure their pain and suffering through the experience of faith. Spiritual support associated with internal resources can promote the individual's physical, psychological and social recovery⁽⁵⁾.

The World Health Organization (WHO) recognizes as a multidimensional concept of health that populations have organic, mental and social problems, also covering the spiritual dimension, such as the search for sense and meaning in life, not limited to religious practices⁽⁶⁾. However, meeting spiritual needs is still a challenge in the context of organizing work in health, due to the scarcity of human resources and lack of preparation in the professionals for this integration⁽⁷⁾. This reality also affects mental health treatments.

Data from the 3rd National Survey on Drug Use by the Brazilian Population (2015) evidenced that the prevalence of use of alcoholic substances (30%), tobacco (15%) and marijuana among the population is expressive, with predominance among men, adults and young people and, to a lesser extent, cocaine (inhaled), solvents and crack⁽⁸⁾ related to users who live in precarious living conditions and in situations of social vulnerability⁽⁴⁻⁸⁾. A number of studies have shown that young people are the biggest consumers of these substances and that their use is occurring at an increasingly earlier age, associated with potential risk factors for various social and health problems, with the religious/spiritual dimension among the main protective factors⁽¹⁻⁵⁾.

In this sense, quantitative epidemiological studies have related religiosity to lower drug use and better rehabilitation rates for patients undergoing medical treatment, highlighting the importance of religiosity as a protective influence against drug use among people who practice some doctrine and believe in the importance of religion in their lives⁽⁹⁻¹⁰⁾.

Religiosity and spirituality can contribute to the recovery process of individuals, providing thoughts of optimism, perception of social support, resilience, and reduced anxiety and stress levels⁽¹¹⁾. It is also understood as a source of a relapse protection mechanism, promoting faith and behavioral changes arising from the encouragement of healthy lifestyle habits^(6,12). However, despite the evidence, modern medicine neglects the spirituality and religiosity dimension in the integral care of the individual, and the curative biomedical model is still the main approach for interventions and clinical courses of action⁽²⁾. Therefore, the accumulation of scientific evidence that highlights the importance of the integral approach in health care, especially with regard to the spirituality dimension, is necessary to promote new health care strategies through the challenge of the biopsychosocial-spiritual model.

In this context, this study aimed at presenting an integrative review of the scientific literature on the possible influences of religiosity and spirituality as a protective factor in the context of substance dependence.

Method

This study is an integrative review, which is a "method that provides knowledge synthesis and incorporation of the applicability of results of significant studies in the practice"⁽¹³⁾. For the development of this research, six stages were adopted: identification of the theme and selection of the research hypothesis or question for the elaboration of the integrative review⁽¹⁴⁾; second stage: definition of criteria for the inclusion and exclusion of studies or literature search; third stage: definition of the information to be extracted from the studies selected/categorization of the studies; fourth stage: evaluation of the studies included in the integrative review; fifth stage: interpretation of the results; and sixth stage: presentation of the review/knowledge synthesis.

The guiding question of this review was based on the PICO⁽¹⁵⁾ strategy, which represents an acronym for Population, Intervention, Comparison of interventions, and Outcomes, namely: "Which is the influence of spirituality and religiosity as a protective factor in alcohol and drug abuse?". The bibliographic search was carried out in November 2019, in the databases of the Virtual Health Library (*Biblioteca Virtual de Saúde, BVS*), the Latin American and Caribbean Literature in Health Sciences (*Literatura Latino-Americana e do Caribe em Ciências da Saúde, LILACS*); Medical Literature Analysis and Retrieval System Online (MEDLINE); and Nursing Database (*Base de Dados de Enfermagem, BDEF*); using the following Descriptors in Health Sciences (*Descritores em Ciências da Saúde, DeCS*): "spirituality", "mental health", "chemical dependency". Crossing of the descriptors took place through the Boolean operator AND.

As inclusion criteria, original articles were selected, in Portuguese, English and Spanish, published from January 2009 to December 2019 and that answered the guiding question. Duplicate articles and literature review articles were excluded. After searching the databases, the abstracts were read by two independent judges and those that corresponded to the theme addressed were read in full. In the analysis of the articles, it was sought to evaluate the objective proposed, the methodology used and the results found that answered the guiding question.

Results

In the initial selection, 46 records were found, leaving 34 articles corresponding to the pre-established inclusion and exclusion criteria. After reading the abstracts, the articles that did not address the topic and did not answer the guiding question of this research were excluded after evaluation by two independent judges, resulting in 12 articles for final analysis, comprising the *corpus* (Figure 1).

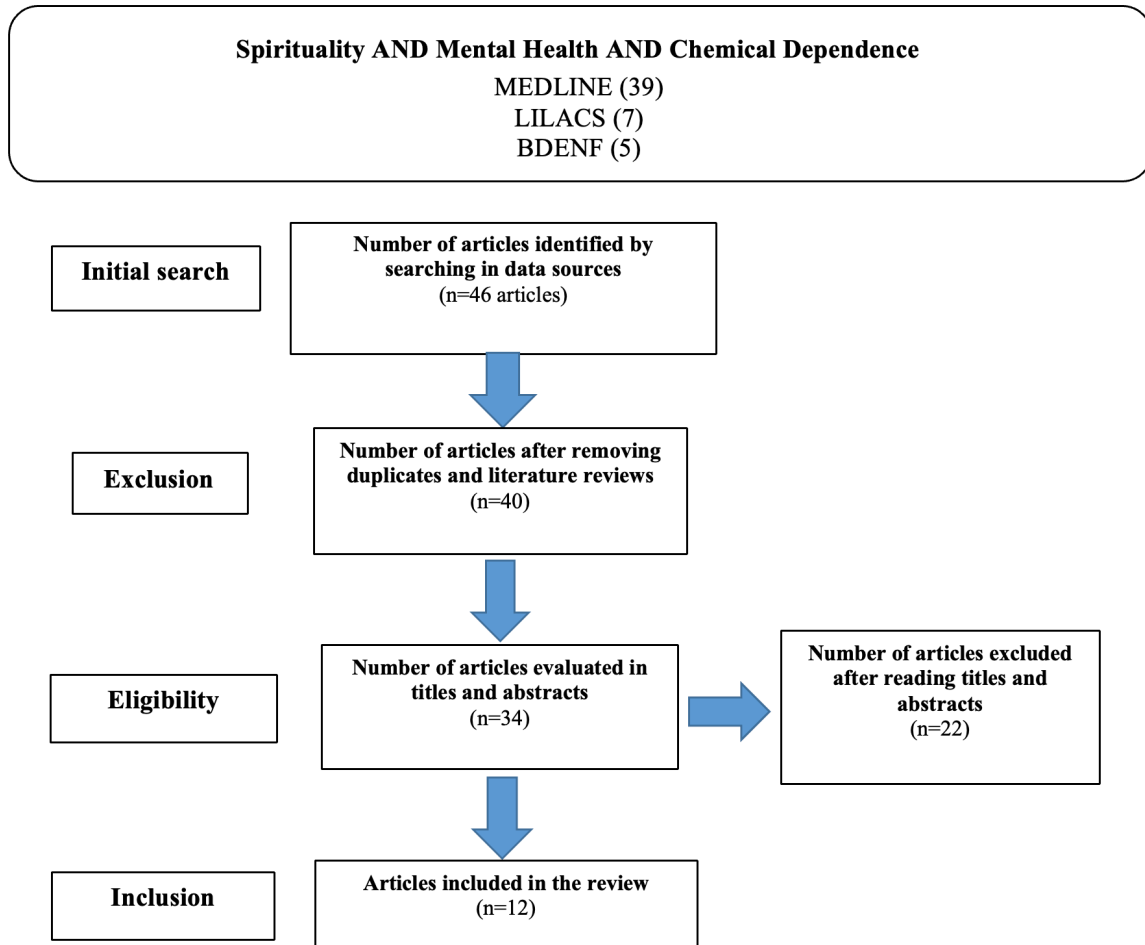


Figure 1 - Flowchart corresponding to the identification and selection of articles for the literature review

For better understanding the *corpus*, the articles retrieved were organized and tabulated according to

identification (author, year and title), objective proposed, method used and results described (Figure 2).

ARTICLE	AUTHOR/YEAR/TITLE	OBJECTIVE	METHOD	RESULT
A1	Debnam, et al. (2018) ⁽¹⁶⁾ The moderating role of spirituality in the association between stress and substance use among adolescents: differences by gender.	To investigate the role of spirituality in the association between stress and substance abuse.	A cross-sectional and descriptive study conducted with 27,874 high school students in 58 high schools from Maryland, with a mean age of 16 years old.	The results suggest that adolescents can benefit from stress management incorporating spirituality elements.
A2	Shahram, et al. (2017) ⁽¹⁷⁾ Mapping the social determinants of substance use by young indigenous pregnant women.	To understand how young indigenous pregnant women conceptualize and understand the social determinants of substance use and its intersections.	A qualitative study that assesses the use of substances by pregnant women, using a mapping activity generated by the participants called CIRCLES (Charting Intersectional Relationships in the Context of Life Experiences with Substances).	Spirituality was identified as a social determinant in substance abuse among indigenous pregnant women in Canada.
A3	Ghaferi; Bonde; Matheson (2017) ⁽¹⁸⁾ Does the biopsychosocial-spiritual model of dependence apply to an Islamic context? A qualitative study conducted with Jordanian chemical dependents undergoing treatment.	To verify whether the biopsychosocial-spiritual model of dependence was relevant for a population of chemical dependents undergoing treatment in Jordan.	A qualitative study using semi-structured interviews, with a sample of 25 men undergoing treatment for chemical dependence. The sample was taken from a cohort of patients admitted to a treatment center in Amman, Jordan.	The spiritual and biopsychosocial model fits the treatment of substance abuse, given the relative importance of religion in the Islamic culture.
A4	Bettarello, et al. (2016) ⁽¹⁹⁾ Quality of life, spirituality, religion and personal beliefs of chemical dependents undergoing treatment.	To identify the quality of life and spirituality scores and personal beliefs and their relationship with the number of relapses of 180 chemical dependents in the recovery process.	A cross-sectional and analytical study, whose instruments were as follows: sociodemographic questionnaire, WHOQOL-Bref and WHOQOL-SRPB. Descriptive statistics and linear regression were used for the analysis.	Religiosity acts as a relapse protection mechanism, and assists in the behavioral changes arising from the encouragement of healthy lifestyle habits.
A5	Drarble, et al. (2016) ⁽²⁰⁾ Religiosity as a protective factor for dangerous consumption of alcohol and drugs among sexual minorities and heterosexual women: results of the national alcohol survey.	To evaluate religiosity as a protective or risk factor for alcohol or other substance use problems among sexual minorities when compared to heterosexuals.	Study conducted with 11,169 women who answered the population-based National Alcohol Survey (2000, 2005, 2010). Religiosity analyses were performed in relation to lifetime alcohol consumption and drug use in 2016.	Religiosity was significantly higher among exclusively heterosexual women when compared to all sexual minority groups. Religious doctrines in general and high religiosity proved to be protective against substance abuse.
A6	Parhami, et al. (2013) ⁽²¹⁾ A 6-month preliminary prospective study examining self-reported religious preference, religiosity/spirituality, and retention in a Jewish residential treatment center for substance-related disorders.	To explore the relationship between religiosity/spirituality, self-reported religious preference and retention in a Jewish residential treatment center for disorders related to the use of psychoactive substances.	A prospective study using the Daily Spiritual Experience Scale among 33 individuals at baseline, 1 month, 3 months and 6 months.	This study shows that the patients' R/S level, rather than religious affiliation, is a possible predictor of better outcomes in faith-based residential centers for disorders related to substance abuse.
A7	Staton-Tindall, et al. (2013) ⁽²²⁾ The roles of spirituality in the relationship between traumatic life events, mental health, and drug use among Afro-American women from a southern state.	To evaluate the role of spirituality as a moderator of the relationship between traumatic life experiences, mental health and drug use in a sample of Afro-American women	The participants of this study included 206 urban Afro-American women living in a southern region of the United States. The participants were recruited and the team screened those eligible for the survey by telephone using the Spiritual Well-Being Scale.	The results indicated that there was an important relationship between spirituality, traumatic events, mental health and drug use among Afro-American women. Spirituality is an important construct for African-Americans in general, but it indicates that it is particularly important for women.

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ARTICLE	AUTHOR/YEAR/TITLE	OBJECTIVE	METHOD	RESULT
A8	Salas-Wright, et al. (2013) ⁽²³⁾ Religious coping, spirituality, substance use and abuse among young individuals in high-risk communities in San Salvador, El Salvador.	To assess the direct and mediated relationships between religious coping, spirituality, social development factors, and substance use and abuse among high-risk people and young individuals involved in gangs in El Salvador.	Collected in 2011, the sample consists of 290 high-risk adolescents and young adults involved in gangs in San Salvador. Instruments used: Religious Coping Measure, Intrinsic Spirituality Scale, and substance use and abuse scale.	The results suggest that spirituality and, to a lesser degree, religious coping, can be useful to protect against substance use and abuse in this high-risk population of Salvadoran young individuals.
A9	Backes, et al. (2012) ⁽²⁴⁾ Spirituality workshops: care alternative for the comprehensive treatment of chemical dependents.	To report an experience with crack users undergoing detoxification treatment, through which it was sought to achieve comprehensive care for human beings, through spirituality workshops.	An experience report related to the detoxification process of chemical dependents, more specifically crack users, through spirituality workshops in which it was sought to achieve care for human beings as whole beings.	The report contributes to expand the discussions on the subject matter, offering subsidies to rethink the practice of nurses in detoxification treatments.
A10	Mason, et al. (2012) ⁽²⁵⁾ Dimensions of religiosity and access to religious social capital: correlated with substance use among urban adolescents.	To examine the role of religiosity, as well as proximity to religious institutions, in substance use involvement among urban adolescents.	The sample consisted of 301 adolescent patients seen at a community health service. The Alcohol and Drug Involvement Scale for Adolescents was applied.	The results showed that social religiosity and perceived religious support were protective against the use of marijuana and tobacco, respectively. Private religiosity was not protective against any kind of substance use.
A11	Rocha, et al., (2012) ⁽²⁶⁾ The process of drug abuse recovery in Assembly of God Pentecostal churches.	To understand the drug abuse recovery process experienced by the faithful of the Assembly of God church in a popular community in the city of Rio de Janeiro.	This is an exploratory study aimed at understanding the social phenomena that involve the drug misuse recovery process from the perspective of individuals affiliated to the Assembly of God Pentecostal Church.	The results point to the church's motivations to become interested in the recovery of drug users, as well as those of the users to seek the church, indicating that the recovery process involves totalizing and individualizing elements.
A12	Brown, et al. (2011) ⁽²⁷⁾ Spirituality and self-confidence to resist substance use among participants in the recovery process.	To describe the population's substance use, treatment history, self-efficacy, spirituality and demographics, and to compare reported spirituality among those with high and low self-confidence to resist substance use.	A cross-sectional survey of 10 different <i>Celebrate Recovery</i> locations held in community churches, with 91 participants over 6 months; the substance, alcohol and drug users answered the survey during the group meetings.	Spirituality can be an important explanatory variable in the results of a faith-based 12-stage recovery program. The mean spirituality score for those with high self-confidence was significantly higher than for those with low self-confidence. Spirituality associated with self-confidence is a way of having more control over substance use.

Figure 2 - Description of the database in number of articles, authors' names, year, title, objective, method and results

The distribution of the publications is shown in Figure 3 according to the countries of origin, target population and classification of the relationship between spirituality and substance abuse, classified as positive

when the protective factor of spirituality was identified, or as negative when the protective factor of spirituality was not identified in the use of psychoactive substances.

Country	Population under study	Protective relationship of spirituality in substance abuse
United States	Male and female high school students	Positive
Canada	Young indigenous pregnant women	Positive
Jordan	Chemical dependents undergoing treatment	Positive
Brazil	Chemical dependents undergoing treatment	Positive
United States	Heterosexual and homosexual women (lesbians, bisexuals and same-sex partners).	Positive
United States	Jewish chemical dependents	Positive
United States	Afro-American women	Positive
El Salvador	High-risk people and young individuals involved in gangs	Positive
Brazil	Crack users undergoing treatment	Positive
United States	Young people from the suburbs	Positive
Brazil	Chemical dependents	Positive
United States	Chemical dependents and those undergoing treatment	Positive

Figure 3 - Comparison between countries, population under study and relationship between spirituality and substance abuse

In 12 studies, there was a direct correlation between the practice of spirituality and religiosity as a protective and recovery factor for the mental health of the populations under study. Of the total, six studies were carried out in the United States, four in Brazil, one in Canada, one in Jordan and one in El Salvador. Among the populations studied were the following: chemical dependents undergoing treatment (n=6), high school students (n=1), homosexual and heterosexual women (n=1), indigenous women (n=1), Afro-American women (n=1), young people from the suburbs (n=1), young individuals involved in gangs (n=1).

Discussion

Understanding the relationship between spirituality and religiosity in the context of dependence on psychoactive substances has been the objective of several research studies seeking effective interventions so that the health professional can conduct the treatment in a safe and humane way, respecting the each individual's genetic, psychological and social factors^(10,27-28).

According to the WHO, health is defined as a state of complete physical, mental, spiritual and social well-being and not only as the absence of pathologies and diseases^(5,29). Spirituality and religiosity have a positive involvement in indicators of psychological well-being, life satisfaction, fewer relationships with depression, suicidal thoughts and behaviors, and is the result of factors such as lifestyle, social support, positive affection, happiness, and physical health and mental. In addition to that, religiosity

can ensure the person greater acceptance of a particular disease, firmness and adaptation to difficult situations in life, bringing peace, self-confidence and forgiveness^(5,28,30).

The populations described in the studies are composed of heterosexual and homosexual women, Afro-American and indigenous women, chemical dependents undergoing treatment, young people from the suburbs and young individuals involved in gangs, indicating that the protective factor of spirituality and religiosity against alcohol and drug abuse can be significant for different population profiles, regardless of age, gender and nationality, people who are in a social context of vulnerability among minority groups.

Two studies from different countries discussed the role of religion as a protective factor for young people from the suburbs involved in gangs. For these authors, religion plays an indispensable role, as it contributes to protecting mental health in the social, academic and family environment, in addition to assisting in the development of behaviors and preventing criminal actions. By following the doctrine proposed by religion, the individual becomes a practitioner, which is a protective factor pointed out in different studies with young people in a life-threatening situation⁽³¹⁻³²⁾.

Spirituality also plays a moderating role in traumatic events in the lives of Afro-American women, benefiting mental health and reducing the risks of drug use in this population. Corroborating this study, a survey found a positive correlation between spirituality and resilience in coping with traumas, pointing to greater evidence of this association among women⁽³³⁾.

Another study assessed spirituality as a social determinant of substance abuse among indigenous women in Canada. The social determinants of health were established by the WHO as social, economic, cultural, ethnic/racial, psychological and behavioral factors that exert an influence on the occurrence of health problems and risk factors for the population, such as housing, food, schooling, income and employment⁽³⁴⁾. In this context, spirituality acts as a cultural and behavioral factor that influences the health status and quality of life of individuals⁽³⁵⁾.

As for the population of heterosexual and homosexual women, differences are observed in the results that can be considered from a religious perspective. In 1985, the Federal Council of Medicine removed homosexuality from the classification of diseases⁽³⁶⁾, while the WHO removed it from the International Classification of Diseases and Related Health Problems - 10 (ICD-10) only on May 17th, 1990. Therefore, sexual orientation must not be subjected to cure or treatment⁽³⁷⁻³⁸⁾. However, in some beliefs and religions, homosexuality is considered inappropriate or even prohibited, promoting discrimination and prejudice, which sometimes leads to verbal or physical aggressions, resulting in abandonment of the religious practice by this group for not feeling accepted in its religious and institutional context. Therefore, these individuals can rely on an individual spirituality and present greater difficulties in dealing with certain situations involving chemical dependence⁽³⁹⁾.

In the results of a number of research studies, the positive influence of spirituality/religiousness was found as a protective factor in the prevention of psychoactive substance use, as well as in the treatment and recovery of chemical dependents in six different studies conducted in three countries. This result was significant and indicates that religiosity plays an important role in the recovery of chemical dependents and in relapse control, as it acts to fight against the disease through faith and hope, promoting well-being, happiness, positive affection and improved health mental. Although there are other factors that cooperate for change in chemical dependents, deepened spirituality over time can help in the course of abstinence⁽⁴⁰⁻⁴¹⁾.

These results corroborate with other findings in the literature⁽⁴²⁾, showing that prevention of drug use, change in the user's behavior and religious/spiritual coping are positively correlated and that spirituality offers a positive perspective on the users' treatment.

The spiritual needs of individuals with mental ailments, including alcohol and drug abuse, can be addressed as part of the individual psychotherapy treatment, by connecting the patient to religious communities and using spiritual methods such as group therapy with a focus on spirituality in hospital and outpatient settings⁽⁴³⁾.

Several public policies have been implemented to promote health in an integral manner. However, there are few that promote health care and actions aimed at the spiritual or religious aspect, which is often neglected in patient care. In this context, it can be stated that such reflections on the influence of spirituality on the prevention of substance abuse should be addressed more substantively in training courses for health professionals to promote a respectful and prejudice-free approach in the care of human beings in different contexts of social vulnerability.

The results of the studies showed that spirituality and religiosity act both preventively in alcohol and drug abuse among vulnerable groups, and as a significant factor in recovery among users undergoing treatment of different nationalities and demographic profiles, being a determining factor for health promotion that permeates different cultural contexts. Despite these positive results, the need is pointed out for new reviews that can also identify possible outcomes considered negative in relation to this topic, so that these results can be compared with the data obtained from this survey.

Conclusion

Spirituality and religiosity exert a positive influence as a protective factor in individuals who are vulnerable to alcohol and drug abuse in all the articles analyzed. Therefore, the benefits of the spiritual approach in modern medicine can contribute to individual-centered care and to the promotion of well-being with a focus on comprehensiveness and on the biopsychosocial-spiritual model. Despite the evidence retrieved in this review study, it is considered that the topic is still little discussed in the literature. Thus, this integrative review points to a gap in research, effectively showing the importance of spirituality in planning comprehensive care in the health care networks.

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