

Religious Factors and the Use of Drugs among Seventh-day Adventists in Ghana.

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Abstract

The Seventh-day Adventists are known to be very conservative in spiritual matters and take a strong stand against the use of illicit drugs. The Church emphasizes that alcoholic beverages, tobacco, and all forms of narcotics drugs are harmful to the body and strongly encourage its members to abstain from them. For vibrant living, the Seventh-day Adventist church urges everyone to follow a lifestyle that avoids tobacco products, alcoholic beverages, and the misuse of drugs. The Seventh-day Adventist church in Ghana has never been studied to ascertain the church members' adherence to its teachings on drug. The aim of this study is to assess the issues of drug use and the church member's adherence to the drug policy of the church.

The study employed descriptive research design using structured survey instrument for data gathering. A sample population of 554 was drawn from the church.

The result showed that 86.5% and 97.80% were aware of the church's teaching on harmful drug and on alcohol and tobacco respectively. On the issue of illicit drug use, 80% has never taken any narcotic drug while 20% have used marijuana. The principal reason that prevents church members from taking drug is their commitment to God. The other reasons were concerns for health and living a responsible life. Approximately 56% occasionally take in some alcohol while 19.9% sometimes smoke cigarette.

Keywords: Drug abuse, religiosity, Spirituality, Seventh-day Adventist Church.

1. Introduction

Addiction continues to be one of society's most complex and prevalent problems. Millions of people worldwide abuse alcohol, cigarette, and all forms of narcotic drugs every year. No culture is exempted from substance abuse and it is a challenge that crosses all cultures (Britt, 2004). Drug abuse is a major public health problem all over the world and the World Health Organization has stated that the global burden of disease attributable to alcohol and illicit drug use amounts to 5.4% of the total burden of disease. In addition to this, the WHO report on substance abuse states that the harmful use of alcohol results in 2.5 million deaths each year, 320,000 young people between the age of 15 and 29 die from alcohol-related causes, resulting in 9% of all deaths in that age group. Subsequently, at least 15.3 million persons have drug use disorders and injecting drug use reported in 148 countries, of which 120 report HIV infection among this population (WHO, 2012).

1.1 The Drug Situation in Ghana

It is estimated that there were between 99,000 and 253,000 deaths globally in 2010 as a result of illicit drug use, with drug-related deaths accounting for between 0.5 and 1.3 per cent of all-cause mortality among those aged 15-64 (World Drug Report, 2010). Ghana with a population of 24,652,402 as at 2011 is currently seeing a devastating increase to people who abuse drugs and consequently become addicted to it. The country of Ghana is dominated by Christian Religion, which accounts for 68.8% of the country's population (CIA, 2012). Though, there is no valid statistics available to determine the trend of the magnitude, the situation is not different from other countries. According to the Narcotic Control Board of Ghana, there were 145 cases of drug abuse in 2003 as compared to 767 cases in 2010 within the age group of 15-20, an average percentage increase of 61 per cent annually (Masahudu, 2012). According to the 2007 World Drug Report by the UN Office on Drugs and Crime, 21.5% Ghanaians, aged 15 to 64, smoked marijuana or used another cannabis product in 2006. The report continues that Ghanaians use marijuana more than five times the world average, which, as a result, has made Ghana the leader of African countries and third in the world in cannabis or marijuana use (Selby, 2012). Also, a survey done and published in the Ghana medical Journal indicates that drug use among the Ghanaian Christians between the age of 15-64 stands at 82.8% with 90%

male and 10% female (Lamptey 2005).

It is not very clear when the drug situation became a problem in Ghana. Currently, the use and abuse of drugs have expanded to include the youth and kids (Ametepey, 2010). The Narcotics Control Board of Ghana carries out education in schools and colleges because students are vulnerable to drug abuse and trafficking. Illicit drug abuse and trafficking has become a growing problem and many people do not know all the dangers and risks associated with it. People enter into illicit drug trafficking through ignorance, desire to get rich quickly, addiction, peer pressure and poverty and the problem has led to many school drop outs in Ghana (Obirih-Opareh, 2010).

Given the tremendous negative impact of substance abuse, researchers, policy makers and practitioners look to identify factors that protect people from initiating the use of drugs and help people who have become addicted to recover. Studies have established that religious practices or religiosity is a strong protective factor against drug use. People who are more highly religious and spiritual are less likely to use substances and less likely to experience substance-related problems (Califano, 2001).

The understanding of religious and spiritual associations and their relationship to drug abuse is very crucial to the prevention of drug abuse and treatment. Youth who attend religious services weekly are less likely to use marijuana than those who never attend and youth for whom religion is very important are less likely to use marijuana (Wallace, Myers, Osai, 2004). Religiosity reduces the odds of lifetime injection drug use by about 31% (Allen, 2009). With the exception of alcohol, all other drugs were negatively associated with religiosity. Alcohol represents one drug that is legal and is accepted and sold without restriction (Allen, 2009).

A growing body of research suggests that religion is an important protective factor against substance use, and that religion may help people who are trying to recover from substance abuse by helping them find meaning, direction and purpose in life (Britt, 2004). When the world of medicine is separated from spirituality, a host of individuals are denied help that may aid their recovery and ease their pain and this is especially true with respect to substance abuse and addiction (Califano, 2001).

1.2 Religious Affiliation and Substance Abuse

Despite the general finding that religiosity is related to lower levels of substance use, it should be noted that theological/religious perspectives on the use of alcohol and other drugs vary across congregations and denominations. Some range exists in the relationship between religion and the use of substances. On one end of the range, some traditional religions use hallucinogenic and other mind altering substances like peyote and hashish as vehicles to achieve spiritual transcendence. Also many Catholics and other congregations use wine, representing the blood of Christ during communion services. On the other end of the range, religions like the Islam and the Mormons strictly prohibit the use of legal and illegal drugs (Miller, 1998).

The Orthodox Jews do not forbid alcohol use but are opposed to drunkenness and use of illegal drugs. The Catholics do not forbid alcohol but are opposed to drunkenness and use of illegal drugs. Liberal and moderate Protestants (e.g. Methodists, Presbyterians, Episcopalians, and Lutherans) often encourage abstinence, may not forbid alcohol use but opposed to drunkenness and use of illegal drugs. Conservative Protestants (e.g. Baptists, Seventh-day Adventists, and Pentecostals) generally opposed to the consumption of alcohol or other drugs. They generally forbid the manufacture, sale, purchase, possession or use of alcohol, or illegal drugs. Islam opposes the use of alcohol, tobacco and illegal drugs. Mormons have a health code that forbids the use of alcohol, tobacco, tea and coffee. Full participation in church activities is refused to members who violate the code (Wallace, Myers, Osai, 2004).

1.3 The Role of Spirituality and Religion

Spirituality, as defined by Webster's Encyclopedic Unabridged Dictionary, pertains to sacred things or matters, religious or devotional. A more comprehensive definition of spirituality refers to the propensity to make meaning through a sense of relatedness to dimensions that transcend the self in such a way that empowers and does not devalue the individual (Hickman, 2006).

Religion on the other hand is defined by the Oxford Advanced Learner's dictionary as "the belief in the existence of a god or gods, and the activities that are connected with the worship of them". The aim of religion is to assist the individual to draw closer to the sacred God and to advance an understanding of a person's association and responsibility to others in living together in a community. What is it about religion that might help keep people from using drugs or might help those who have developed substance abuse problems recover?

Why would religiosity be protective against drug use and why could religiosity be important for understanding differences in illicit drug use? Most religious communities encourage pro-social and anti-deviant behavior. This tendency has been used to explain the positive health outcomes associated with religious embeddedness (Ellison,

Boardman, Williams, & Jackson, 2001).

1.4 The Seventh-day Adventist Church

The Seventh-day Adventists place special emphasis on self control issues such as abstaining from injurious tobacco practices; alcohol, avoidance of patent remedies of the day in favor of natural remedies. Several studies on the Adventists strongly suggest that behavioral choices influence the expected age at death by several years, even as much as a decade. The commonly prescribed recommendations to improve diet, increase physical activity, stop smoking, and reduce body weight are relevant to increasing life expectancy and quality of life. The addition of nuts to the diet is a less prescribed habit that seems to provide increased health benefits as well. (Fraser, 1987).

The following is the official statement of the Church regarding the use of drug. “Since alcoholic beverages, tobacco, and the irresponsible use of drugs and narcotics are harmful to our bodies, we are to abstain from them” (SDA, 2012).

2. Methodology

The Seventh-day Adventist church is organized into conferences and missions in the territory of Ghana. The conferences and missions are also organized under the Ghana Union Conference which is the headquarters and also serves as the administrative unit based in Accra, the capital city. In all, there are five conferences covering the southern and the middle belt of Ghana and one mission station for the Northern, Upper West and Upper East Region. The study employed descriptive research design using structured survey instrument for interview and observation for data gathering.

A one-to-one modular questionnaire about the drug use, awareness, status and history of the church members was used to interview church members within the conferences and the mission with consent from the church members and approval from the Headquarters of the Church.

A convenience sampling method was used to sample 554 church members within Ghana. Convenience sampling is a non-probability sampling technique where subjects are selected because of their convenient accessibility and proximity to the researcher (Lohr, 2010). Two teams of three interviewers undertook fieldwork, a Pastor being the supervisor during the month of March, April and May 2012. The interviewers were carefully selected Research Assistants who are not Seventh-day Adventists. The interviewers first met each Church Pastor within the Church premises who had already received instructions and information on how to go about conducting the interview. The interviews were all conducted in a private setting of the Pastor’s office. Special arrangements were made to conduct interview on Sundays, Wednesdays, and Fridays between the hours of 6:00pm to 8:30pm when the Church meets for Bible study, Prayer Sessions, and Vesper Services respectively and on Saturdays between the hours of 8:00 am to 6:00pm when the Church meets for Worships, afternoon Bible studies and sundown service. The Church Pastor made a schedule timetable for respondents to meet the interviewers who were not known by them. All the interviews were done on face-to-face using carefully structured questionnaires and answers provided were documented. Each team spent one week in a district-conducting interview in selected churches. Church members who were conveniently selected were active in church activities and are in good standing with the churches doctrine. Information was collected and collated using the Statistical Package for Social Sciences (SPSS) to encode and analyze the data.

3. Results

3.1 Demographic Description

The descriptive statistics showed that 50.2% of the respondents were male and 49.8% were female with age range of 25-60 years. The result showed that the gender of the respondents is almost equally distributed. Thirteen percent had no formal education while 67.8% had first degree and above. Eighteen percent had no employment while 63.8% had some form of employment and 7.4% were retirees. Also, 63.4% at the time of the study were baptized Seventh-day Adventists while 36.6% were faithful practicing church members who are yet to be baptized. Approximately, 80% of the church members have been with the church for more than six years. All the respondents attend and participate in all religious functions of the church and were enthusiastic in practicing their faith as church members.

3.2 Drug Use and Awareness

Figure 1 showed that 80% of the respondents have never used any illicit drug of which 28% represents male and 52% represent female. Also, 20% have used illicit drug and the most common drug abused is marijuana or cannabis. Table 2 showed that 86.5% were aware of the church’s teaching on harmful drug and 97.80% (Table 3) were also aware on the church’s teaching on alcohol and tobacco. Approximately 38% have never taken alcohol while 62.6%

have never smoked cigarette as presented in Table 4. On the other hand, Table 4 depicted that 55.8% and 19.9% sometimes take alcoholic drink and smoke cigarette respectively. Also, 6.1% and 17.5% hardly ever take alcoholic drink and smoke cigarette respectively. It is important that the management of the church understands its members and know how to identify members who are under the influence of drugs.

3.3 Reasons for not Using Drugs

Church members were interviewed on reasons for not using illicit drugs. Reasons varied from commitment to God, concerns for health, and living a responsible life. In Figure 2, approximately, 90% of the church members will not use illicit drugs because of their commitment to God. According to this group, it is a sin against God to use illicit drug. They affirmed that drug use is against their religious belief. Fundamentally, the 90% who will not use illicit drug did so not because it will have some consequences on their health but to demonstrate their spiritual loyalty to God. They affirmed that God wants them to obey Him and so it is out of spiritual loyalty to God rather than a desire for their physical health or beauty. Spiritual loyalties are the highest most powerful motivators in existence. On the other hand, 5% think that illicit drug use is dangerous to their health and 3% will not use illicit drug as a sign of living a responsible life. Consequently, the picture is different for alcohol and tobacco. Approximately 56% occasionally take in some alcohol while 19.9% sometimes smoke cigarette.

4. Discussions

A definition for spirituality that is all-inclusive is “a personal relationship between an individual and a transcendent or higher being, force, energy or mind of the universe” (Whitfield, 1984). The Adventists are said to be very conservative in spiritual matters and take a strong stand against the use of illicit drugs. The Church strongly opposes the use of drugs and they have a health code that forbids the use of illicit drugs, alcohol, tobacco, tea and coffee. This health code forbids church members in participating in church activities if the code is violated.

The result of the study showed that the main reason why Adventists abstain from using illicit drug is their commitment to God. This finding is validated by studies done by (Dudley, Mutch, Cruise, 1987) that commitment to Christ tends to be the strongest predictor and reason for Seventh-day Adventist in North America for not using alcohol, tobacco and all drugs combined. Other factors were “concerns for health” 5% and “living a responsible live” 3%. Research investigating the relationship between religious commitment and drug use consistently indicates that people who are seriously involved in religion are more likely to abstain from drug use than those who are not. It has been established that those with low religious involvement were more likely than average to be frequent cigarette smokers, occasional heavy drinkers, and users of marijuana and cocaine; conversely, those highest in religious commitment were much less likely to engage in any of these behaviors (Bachman, O'malley, Johnston, 1986). The importance of congregational policies on the use of substances is highlighted by the fact that research indicates that those groups with the strongest positions against the use of substances generally have the largest percentage of their young people who abstain from substance use (Lorch, 1987). The Adventist church has also declared its position in very clear terms as far as these substances are concern. This spells out that church members are not left in the darkness as to what the church expects from them.

Research on spiritually related variables has experienced a paradigm shift and is beginning to generate a body of knowledge about the significance of spirituality and improved well being as they relate to various health experiences (Whitfield, 1984). Spirituality, at times, was regarded as private and internal, while God was viewed as being an external presence, which one relates to through specific religious activities (Britt, 2004). It is very important for the churches to establish moral order for the church members which includes establishing specific moral directives or rules of self-control and personal virtue, such as abstaining from the use of alcohol, tobacco and illegal drugs; facilitating spiritual experiences that help solidify moral commitments and constructive life practices and providing role models that, for example, abstain from drug use or have overcome addiction (Wallace, Myers, Osai, 2004).

The drug of choice of the respondents who abuse drug is marijuana. The doctrines of the Seventh-day Adventist church, does not allow the use of marijuana and the church denounces its use, sale and handling. Marijuana is perceived as a less restricted drug and is associated with a less serious form of delinquency.

When religion leads one to perceive a violation of their beliefs about the sacred in their own behaviors or lifestyles, such as drug use, whether casual or addictive, it may result in a transformative event that triggers a termination of drug use. In this way religion might be viewed as a “turning point” that explains discontinuity in deviance (Ulmer, Scott Sung, Byron, 2012).

Marijuana remains the most widely used illicit substance globally, with an estimated annual prevalence in 2010 of

2-6% of the adult population. This is between 119 million and 224 million users aged 15-64 (World Drug Report, 2010). Religious marijuana use is one aspect of the continuing debate over the spiritual use of drugs. Marijuana is smoked as a religious sacrament in some few churches. Churches that use cannabis in religious services claim that it is their right to use marijuana for spiritual purposes. Many people continue to question whether smoking marijuana can be a justified spiritual practice (Stoddard, 2010).

A very significant number of the respondents were aware of the church's teaching on harmful drug 86.5% and alcohol and tobacco 97.8%. In this study, 55.8% and 19.9% occasionally take alcoholic drink and smoke cigarette respectively. Also, 6.1% and 17.5% take alcoholic drink and smoke cigarette respectively but not often. The smoking prevalence rate among Ghanaians (15 years and older) is 10.8% for males and 4% for female and almost all those who smoke also use alcohol (World Health Rupert, 1997). Annually, 30 million liters of alcohol is consumed by the Ghanaian population (Masahudu, 2012).

In his study, (Bazargan et al., 2004) did not find a significant relationship between higher levels of spirituality and lower odds of having used alcohol prior to admission, while certain measures of religiosity were associated with lower odds of alcohol use. This demonstrated the differential effects of religiosity and spirituality and that spirituality may not always be protective in terms of alcohol use. It may also be true that many people simply find it difficult to follow all their faith's requirements, for social and cultural reasons.

It is important that the management of the church understands its members and know how to identify members who are under the influence of alcohol. Approximately 38% have never taken alcohol while 62.6% have never smoked cigarette. Since there are usually strict norms that discourage drug use within religious groups, religious individuals may adhere to such norms or messages, especially when they receive encouragement and monitoring from their peers (Ellison et al., 2001). Also, religious communities may limit religious individuals' relationships with deviant others, and, specifically, with those who use drugs. Overall, most research concerning religiosity and drug use has focused on specific measures of religious commitment and their deterrent affects on drug use. Religious attendance may signify integration within congregational networks, and this is the most commonly used measure of religious commitment in the religiosity and drug use in literature (Chitwood et al., 2008).

5. Conclusion

Better understanding of religious and spiritual associations will lead to more effective substance use prevention and treatment approaches for all. The basic claim that high religiosity and spirituality is associated with less drug use is given clear empirical support. In this study, the main reason for the Adventists in Ghana abstain from drug use is their commitment to God. The use of illicit drugs is significantly lower among highly religious church members except marijuana and insignificant differences for alcohol and cigarette smoking.

On the contrary, the prevalence of the use of marijuana among the Adventists (20%) and the general Ghanaian population (21.5%) indicates that the Adventist church as well as the general Ghanaian population are not totally free from the drug problem. Comparing general drug use among other Ghanaian Christian denominations aged 15-64 (82.8%) and the Seventh-day Adventist (20%) indicates that drug use among the Adventist church is relatively low. The use of marijuana is a wide spread problem in the Ghanaian population with the country leading as the first among African countries and the third in the world to abuse the drug.

It can be inferred that alcohol, cigarette and marijuana, which are substances commonly, used by some Adventists in Ghana and the Ghanaian population at large are easily accessible. Alcohol is socially permitted in Ghana and plays important roles in social gatherings, recreation and some religious celebrations. Presently, cigarettes are commonly advertised and the youth are daily flooded with images of attractive and so-called successful youth smoking.

Based on the above, it can be concluded that alcohol, tobacco and marijuana are commonly used in the general Ghanaian population and moderately used in the Christian denomination. On the other hand, the use of dangerous drug is higher in the general Ghanaian problem than the Adventist church and the Christian church in general.

Religious organizations should have it as their ultimate goal to reduce the burden of drug abuse and addiction and their many related adverse consequences to individuals and to society at large. Research must continue to take advantage of emerging scientific findings and address critical knowledge gaps. Also, the power of God, religion and spirituality with the power of science can be combined to prevent and treat substance abuse and addiction. A better understanding by the clergy of the disease of alcohol and drug abuse and addiction among members of their congregations will help the prevention and treatment of substance abuse and addiction.

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Conflict of Interest

I declare that I have no proprietary, financial, professional or other personal interest of any nature or kind in any product, service and/or company that could be construed as influencing the position presented in, or the review of the manuscript "*Religious Factors and the use of drugs among Seventh-day Adventists in Ghana.*"

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Tables

Table 1: Gender and age

<i>Characteristic</i>		<i>Frequency</i>	<i>Percentage</i>
Gender	Male	278	50.2
	Female	276	49.8
Age	25 years	56	10.1
	26 – 30 years	172	31.0
	31 – 40 years	59	10.6
	41 – 50 years	100	18.1
	51 – 60 years	70	12.6
	60 years	97	17.5

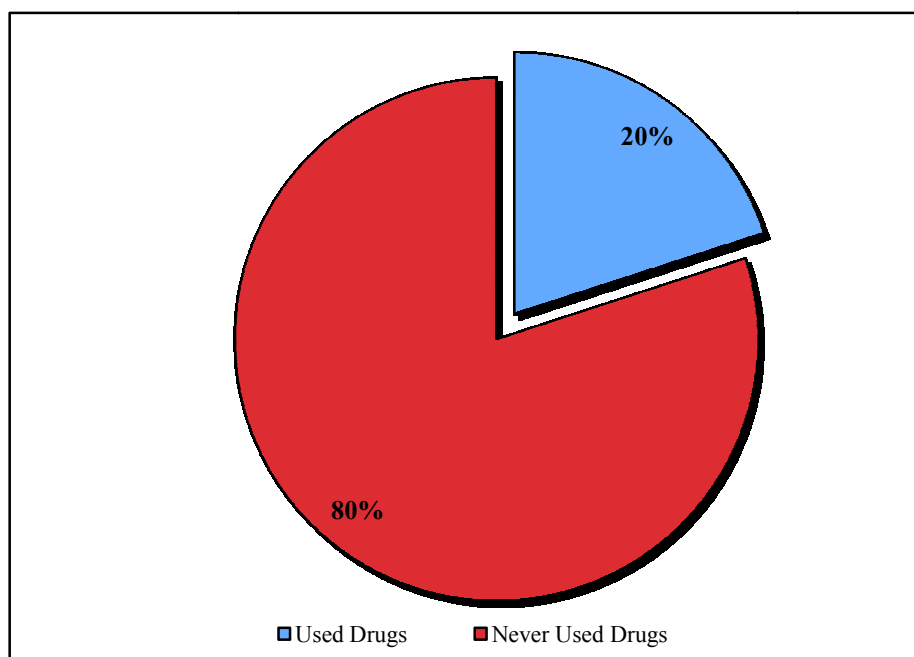


Figure 1: The use of illicit drugs

Table 2: Awareness of church's teaching on illicit and harmful drug

	<i>Frequency</i>	<i>Percentage</i>
Aware	479	86.5
Not Aware	75	13.5
Total	554	100

Table 3: Awareness of church's teachings on alcohol and tobacco

	<i>Frequency</i>	<i>Percentage</i>
Aware	542	97.80
Not Aware	12	2.20
Total	554	100

Table 4: The use of alcohol and tobacco

	<i>Never</i>		<i>Seldom</i>		<i>Sometimes</i>		<i>Often</i>		<i>Always</i>	
	F	%	F	%	F	%	F	%	F	%
I do take alcoholic drink	211	38.1	34	6.1	309	55.8	0	0	0	0
I do smoke Cigarette	347	62.6	97	17.5	110	19.9	0	0	0	0

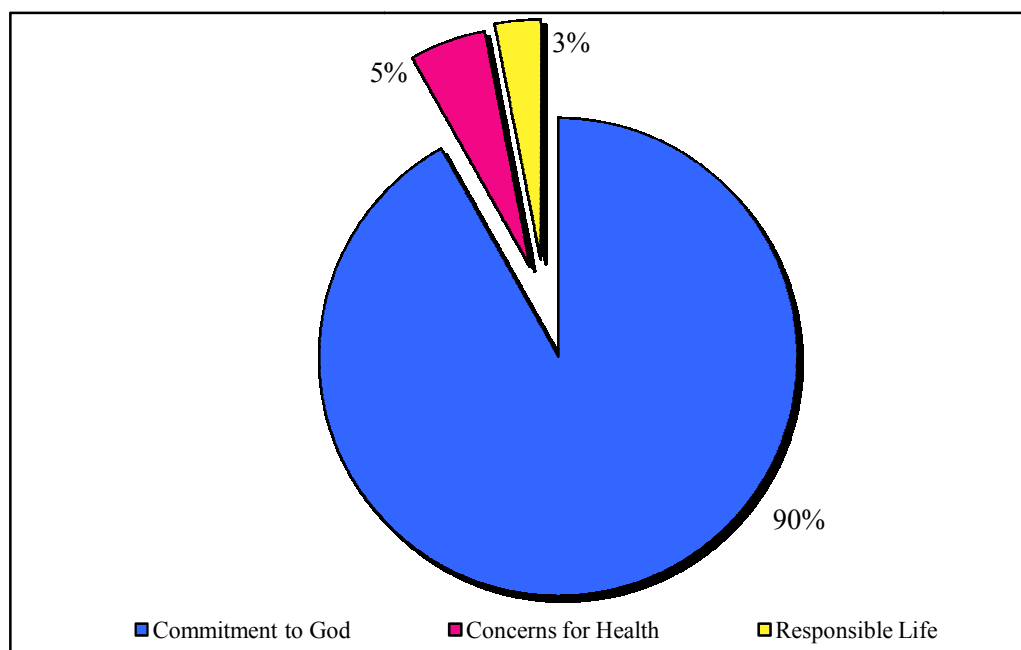


Figure 2: Reasons for abstaining from using drugs

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