Journal of Adolescent Research
26(5) 591–616

DOI: 10.1177/0743558411402337
http://jar.sagepub.com
SAGE

God Forbids or Mom Disapproves? Religious Beliefs That Prevent Drug Use Among Youth

Zila M. Sanchez[1], Emérita Sátiro Opaleye[1], Tharcila V. Chaves,[1] Ana R. Noto[1] and Solange A. Nappo[1]

Abstract

Researches have emphasized religiosity as a protective factor against drug use although the mechanism through which it occurs is still unknown. This article aims to explore religious beliefs that could prevent drug use among youth. Three sources of qualitative data were used: participant observation in 21 religious institutions, semistructured interviews of 37 religious leaders, and 6 focus groups comprised of 55 religious drug-naïve youths. The young people's discourses and the sermons of religious leaders revealed that conceptions about drugs were based on media content, with little religious or scientific context. Catholics and Spiritists considered the consumption of licit drugs less harmful than that of illicit ones and were especially tolerant of the use of alcohol. Protestants were more emphatic when describing all drugs as being harmful to one's health. Findings suggest that young people who practice a religion invoke several religious concepts to justify their choice for not using drugs, and they attribute this position more to the family

[1]Brazilian Center of Information on Psychotropic Drugs at the Psychobiology Department of the Universidade Federal de São Paulo.

Corresponding Author:
Zila M. Sanchez, Rua Botucatu, 862—Edifício Ciências Biomédicas—1 andar
CEP 04023-062—Sao Paulo/Brazil
Email: zila@psicobio.epm.br

legacy than to their own religiosity. Thus youths' antidrug position was more reflective of family values than religious beliefs.

Keywords

religiosity, youth, drug use, qualitative, focus group, religious leaders, prevention

Introduction

Epidemiological studies have shown that high levels of religiosity are associated with a smaller prevalence of drug use by young people, clearly identifying religion as a protective factor against the use of psychoactive substances (Gandhour, Karam, & Maalouf, 2009; Sinha, Cnaan, & Gelles, 2007).

However, a consensus is still missing as to which components of religiosity are most protective. Some studies suggest the relevance of personal devotion, essentially expressed by prayers to God (Miller, Davies, & Greenwald, 2000), weekly participation in religious groups (Blum et al., 2003), high levels of parental religiosity (Kliewer & Murrelle, 2007), and the importance given to religion (Herman-Stahl, Krebs, Krontil, & Heller, 2006).

Chen, Dormitzer, Bejaro, and Anthony (2004) in a study among adolescents from Central America identified a significant drop in crude odds of initiation of alcohol consumption to higher levels of religious practice (e.g., time allotted for praying and going to church) and religious devotion (e.g., the importance given to attendance at Sunday religious services). For Stylianou (2004), who investigated consumption patterns and religious concepts among Cypriot university students, religiosity indirectly controls drug use through the perceived moral breakdown that the act represents.

Moreover, we must emphasize that there seem to be significant differences in the impact of religiosity on drug abuse levels among different religious segments, especially in the case of alcohol use and abuse. A Brazilian study on the topic showed that adults from Protestant and Spiritist groups demonstrated less alcohol dependence then Catholics (Dalgalarrondo, Marín-León, Botega, Barros, & Oliveira, 2008). In Lebanon, it has been found that Christian adolescents consume more alcohol at an earlier age as compared to Muslims and Druzes (Ghandour, Karam, & Maalouf, 2009). Conversely in seven Latin American countries (not including Brazil), Protestants showed lower levels of alcohol and drug use compared to various other Christian sects (Chen et al., 2004). In general, studies in North America and Europe have found that Catholics as a group are at greater risk for alcohol abuse

when compared to other religious groups (Francis, 1997; Patock-Peckham, Hutchinson, Cheong, & Nagoshi, 1998). Edlund et al. (2010) suggested that it is expected to find different associations among drinking behavior according to religious affiliation because Catholics consume alcohol as part of their sacrament while other religions forbid alcohol use (e.g., Mormons).

Despite this, there have been no investigations regarding Brazilian teenage drug use between different religions. A recent national sample survey conducted among 48,155 youth showed that having a religion, irrespective of which religion, was the second strongest factor associated with nonalcohol abuse by students in elementary, middle, and high school. In the same study, a fair or poor relationship with one's father or mother was associated with heavy adolescent drinking behavior (Galduróz et al., 2010).

However, most of these studies are quantitative in origin and do not analyze the opinions and experiences of participants. Thus there is still a gap in the scientific literature with respect to the experience of religiosity as a possible protective factor against drug use from the youth perspective. It is clearly known that religiosity protects against drug use, though the way in which it happens or the key religious concepts remain unknown. As theorized by Durkheim (1912/1995), it's reasonable to assume that the collective features of religious activity are crucially important for the members and for the society in providing a social control. The functions of religious community were to assert the power of society over the individuals who comprised it and so maintain the social solidarity of the group. Religion creates a relationship between members of a community who needed institutions to protect its moral and long-term social life.

Further information is needed on the possible practices or beliefs that are considered upon the decision to not use drugs, especially among adolescents, who often lack an established maturity in experiencing religious faith.

It is also worth noting that several churches in Brazil offer "religious treatment" for drug dependency on their premises. These churches widely publicize their positive results in the media to recruit new followers. This kind of treatment uses the followers' faith as their only therapeutic resource inside the church; no medical or pharmacological interventions are utilized. Most of these religious treatments accept the addict for treatment the first minute he or she looks for help without asking for payment; these reasons may explain why some people prefer this kind of approach rather than the typical medicine approach. The main therapeutic methods used by these religious treatments are group meetings among former users, prayer, and cult attendance (van der Meer Sanchez & Nappo, 2008). Religious groups are now also attempting to prevent use among adolescents (van der Meer Sanchez, Oliveira, &

Nappo, 2008) by offering drug-free leisure activities such as singing, dancing, acting, and other artistic activities; these programs seem to serve as indirect prevention programs. However, as suggested by Sinha et al. (2007), little attention is given to the churches' ability to disseminate preventive programs against drugs.

The three religious faiths chosen for the study were Catholicism, Protestantism, and Spiritism[1] because together they represent approximately 98% of Brazilians who follow a religion (Jacob, Hees, Waniez, & Brustlein, 2003). Each of the three groups is Christian and promotes a religious belief in a drug-free community. Although it is underrepresented in Europe and the United States, Spiritism is the third most professed religion in Brazil (Moreira-Almeida & Lotufo Neto, 2005). Belief in reincarnation distinguishes Spiritism from its Anglo-Saxon sibling, Spiritualism. Moral values are similar among the three groups, as each follows the Gospel and promotes individuals disclosing their love to God, others, and themselves (Sanchez & Nappo, 2008).

Adolescence is the period of life when initial drug use is most likely (Patton et al., 2004). Literature about religiosity as a protective factor against drug use is mainly quantitative in nature and usually includes data from epidemiological surveys. Thus, the voice and thoughts of adolescents on this issue is not being heard or studied. To amend this, the central aim of the present study was to understand the mechanism through which religiosity aids in adolescents' and young adults' decisions to avoid drug use.

Method

To understand the beliefs and subjective concepts of the speeches, we opted for a qualitative method because it is the most appropriate approach for understanding the sociocultural phenomena of religious beliefs as a protective factor for drug use (Patton, 2002). The phenomenon we sought to understand was the mechanism through which the religious experience can move young people away from drug use. We conducted an analysis from the perspectives of both nondrug users and religious leaders who deal with the theme in their sermons.

The data were collected in three ways: focus group interviews with adolescents and young adults, in-depth interviews with religious leaders, and participant observations of cults and youth religious groups.

Focus group. The focus group technique allows simultaneous interviews of people with similar experiences of the same phenomenon. This enables the emergence of a large number of individual ideas that create synergy through the interaction of group opinions. Each participant is encouraged to engage

in group discussion rather than simply answering the moderator's questions (Stewart, Shamdasani, & Rook, 2007).

Sample Selection

We opted for a criterion sample (Patton, 2002) with the following inclusion criteria for participation in focus groups: between 16 and 24 years of age, no consumption of any illicit drug in the last 12 months, no frequent or heavy use of alcohol in the last 12 months (Smart et al, 1980), and attendance at a religious group (Catholic, Protestant, or Spiritist) at least once a week for a minimum of 12 months. We chose this age group because young people would have already surpassed the average age of first drug use. This method was intended to enable us to formulate a better understand of youths' decisions not to use drugs.

The recruitment was initially done through a mapping of religious groups from six neighborhoods in the city of São Paulo (Brazil's largest and wealthiest city) that offered specific activities for young people. Through the "Yellow Pages," Catholic and Evangelical churches as well as Spiritists' centers were located in two upper class, two lower class, and two middle-class neighborhoods. Determinations of neighborhood class were based on the HDI (human development indices) from City Hall. After the first phone contact with a religious leader, we visited a youth group to talk about the research project. The young people who met the inclusion criteria and showed interest in participating were asked to contact the researchers by telephone. The first phone call allowed us to check the inclusion criteria. During this contact, the researchers explained the goals and structure of the study, noting participants' preferred dates to schedule focus groups.

Data Collection

Between October and December of 2006, six focus groups were held in a common room at the University. Each group had an average of 9 participants (minimum of 8 and maximum of 10) for a total of 55. We opted not to mix followers from different religious beliefs in the same focus group in an attempt to avoid debates or intimidation. Participants were 18 Catholics, 19 Protestants (9 Pentecostals and 10 Neopentecostals), and 18 Spiritists.

Before the beginning of each section, participants completed a questionnaire with their sociodemographic data (gender, age, school level, address, religious group attended, and social class). They signed a term of informed consent and received the guidelines from the moderator describing the group

rules. The rules involved no limit on talking for each person as long as everyone participates, agreeing or disagreeing with others. Cookies, cakes, and soft drinks were provided at the start of the group to serve as icebreakers.

The focus groups were guided through a list of questions asked by the moderator, including the following: (a) What are drugs? (b) Which is the most dangerous drug for society? (c) What do you think about drug use? (d) How does your religion view drug use? (e) What is mentioned in the public sermons about drugs? (f) Is there difference between sporadic use and drug abuse? (g) Does religion prevent drug use? How? Why? (h) What is the role of a religious practice in the decision to not use drugs? The structure of the questions was based on findings from previous studies of this population (van der Meer Sanchez et al., 2008; van der Meer Sanchez & Nappo, 2008).

Interviews were conducted in the presence of the moderator as well as a "note-taker," who took notes on reactions not detected by the audio recording (Stewart et al., 2007). This included noting reactions such as facial expressions and gestures, allowing for a better understanding of the group dynamics. The focus group moderator was the first author of this article; at the time of data collection, she was a 28-year-old doctoral researcher with previous experience leading focus groups. The moderator was well-accepted by the adolescents.

The sessions took an average of 100 minutes, allowing time to exhaust the group's ideas on the central theme as directed by the moderator. Participants were refunded for their time and costs with a sum of approximately US$15.

Data Analysis

The interviews were recorded on cassette tapes and were later fully transcribed. The observer's notes about each interviewee's posture during the discussion of each theme were added to the transcription. After the transcription, the interviews were inserted into a tailored qualitative data analysis program created by the CEBRID (Brazilian Information Center on Psychotropic Drugs) specifically for research conducted by the group. The program is similar in some aspects to NVivo and allowed us to generate thematic responses from the answers.

Each report was subjected to content analysis, as suggested by Bardin (1977), following the coding, categorization, and inference process. Initially, the exploratory readings allowed for the creation of categories that could cover the different possible responses. We did not use predetermined thematic categories, but rather those that emerged from speeches (Brymann & Burgess, 1992).

Four of the manuscript authors were involved in the data analysis. Three started by individually reading the entire focus group transcription along with insertions of any nonverbal expressions noted by the "note-taker." The first goal was to code the interviews and define where the answers for each theme were. Next, the researchers looked for categories of meaning according to (a) what people talk about the most and (b) what are the most common latent aspects. Categories were defined individually by each researcher according to what they interpreted. The categories were inclusive (all examples fit in a category) and mutually exclusive (defined precisely and exhaustive; all data fit only one category). All four researchers then met to discuss the categories that had been created individually. At this meeting, final categories were decided by a consensus of the researchers. Categories by theme were inserted in a theme table and then interpreted as expressed in the results section. Finally, judgments, interpretations, and final hypotheses were made regarding the issues under investigation (Bryman & Burguess, 1992).

To avoid identifying participants, the speeches were given codes in the results section ("M" was the moderator, "P1" was the first participant, "P2" was the second participant, and so on). In addition, the speeches were identified by group codes: SFG1 and SFG2 were Spiritists, CFG1 and CFG2 were Catholics, and PFG1 and PFG2 were Protestants.

Participant observation (PO). Participant observation was performed to improve the researchers' understanding of the phenomenon. The activities in the three religious contexts allowed for a better analysis of the young people's statements in the focus groups. In addition, this format offered researchers the opportunity to interact with the surveyed population in a coherent and therefore productive manner (Patton, 2002). We visited 21 religious institutions (6 Catholic churches, 9 Protestant churches, and 6 Spiritist centers) in the city of São Paulo, which offered some kind of activity for young people. We opted to visit better known institutions from each religious group, basing this determination on evidence from the media (advertisement activity on religious television channels) and indications of followers from each religious group. In this way, the religious groups investigated were physically very large, had large numbers of weekly attendants at services (data not recorded), and had several types of activities for young people.

Notes from all of the visits were recorded in a field journal. In order to provide supporting information for the content analysis of the focus groups and semistructured interviews, we recorded our perceptions in regard to the activities involving adolescents (e.g., religious study groups, prayer groups, singing groups, dance groups, rock bands, drama groups, and craft groups) as well as our informal conversations with the young people and the activity

coordinators. Seeing and living the reality inside the religious groups allowed familiarity with the terms used by the youth and leaders, which in turn improved the researchers' abilities to interpret the topics. Undoubtedly it was crucial to understand the phenomenon in its multiple dimensions, especially because we were dealing with 3 different cultures.

For this manuscript, we have opted not to present actual transcripts from the field journal. However, the PO data served as a basis for the analysis of the focus group interviews and the semistructured individual interviews; therefore, the data corroborate the findings explained here.

In-depth interviews of religious leaders. The visits to the religious groups that generated the participant observations also allowed us to find potential religious leaders to be interviewed in-depth (e.g., fathers, pastors, deacons, presbyters, Spiritist preachers, etc. who spoke to followers during public sessions). The recruitment of religious leaders was made by researchers who went to the various institutions and spoke with the religious leader present at that time. During this contact, we explained the research objectives, methodology, and confidentiality and checked the availability of the leader for the interview, explaining the topics that would be discussed and the average duration of the interview (80 minutes). If the religious leader did not want to or could not participate in an interview (which happened in four cases), we asked another colleague who was also a leader. Moreover, everyone was asked to recommend an acquaintance who was also a religious leader, preferably from another church of the same religion. Thus we recruited 37 individuals to interview in-depth (12 Catholics, 12 Spiritists, and 13 Protestants) by using the snowball sampling technique (Biernarcki & Waldorf, 1981). This allowed us to reach the "point of theoretical saturation" (Patton, 2002)—the moment at which information has reached redundancy. The interviews followed a standard script of questions and were audiorecorded and fully transcribed. Two interviews were lost due to excessive noise at the interview location (religious temple).

The interview script consisted of 32 questions although the present study analyzes only 8 of them (same 8 questions asked to the young people in the focus groups).

Data analysis followed the same procedure described for the focus groups, and the results were used as a basis for understanding the adolescents' speeches. This helped us to accomplish central focus of the study, as these leaders could share their opinions on drugs and prevention with a greater emphasis on religious concepts.

The speeches were identified by "L" for leader, preceded by "C" for Catholic, "P" for Protestant, or "S" for Spiritist.

Validity and Reliability

We opted for three forms of data triangulation, as suggested by Patton (2002): collection technique (focus group, PO, and semistructured interview), data source (leaders, young people, and field journal), and data analysis (categorization and inference by four researchers). Such procedures provide the best guarantee of validity and reliability with qualitative data.

Ethics Approval

This study was approved by the Research Ethics Committee (CEP) of the Federal University of Sao Paulo (UNIFESP), process 0239-04. The free and informed consent forms were signed by all participants.

Results

Opinion about harmful drugs in society. Licit and illicit drugs were originally described as "equally harmful" when focus group participants were directly questioned about the topic. After a few minutes of discussion, however, less guarded opinions were manifested. Personal histories of experimental or sporadic consumption of alcohol made several participants define the use of this drug as acceptable when taken in a "proper" way. The analysis revealed that almost every youth participant had some experience with alcohol, and these experiences had a strong influence on the discussion about this drug. The so-called "social" or "moderate" consumption of alcohol was common among Spiritists and Catholics. They defined their "use" as drinking "one or two beers on the weekend" or "drinking one mixed drink or one caipirinha (distilled alcoholic beverage and lemonade) at a party." Only half of the Protestant group confirmed a "social" consumption of drinks in the last year. Among Catholics and Spiritists, social alcohol consumption was reported by 77% and 72% of youth, respectively. There was no mention of lifetime binge drinking (consumption of 5 or more doses per event) in any of the groups. Moreover, 1 participant admitted having used marijuana and inhalants before converting to Protestantism. Two Spiritists were daily tobacco users at the time of the interview and mentioned having tried marijuana and inhalants some years before. They expressed no interest in repeating the experience.

The content of the groups' speeches reflected the belief that crack is the drug most dangerous to society. When questioned about the reasons for that opinion, they most cited arguments obtained from television reports about crack. The following is an example of such a response:

> I have seen something on television—reports talking about crack. It is a drug that deeply alters a person. It really affects the nervous system of an individual, ends up harming their nervous system. It is a very addictive drug. (SFG2)

Based on both the youth' and the religious leaders' views, the media seems to be the first source of information about the topic, giving it more weight than religious bibliographical sources. This is evident from the following response:

> It is not difficult to be well-informed about the topic. Nowadays you have the Internet, newspapers, magazines that say everything and make you thing about these things. . . . Then you see these poor brothers asking for help at church. They are going through what you have seen on TV. (PL)

Alcohol abuse was not counted as one of the biggest public health problems in the country, and it was the only drug for which consumption was accepted by some of the Catholic and Spiritist religious leaders.

> Alcohol is not a problem. It will only be a problem if the person does not consume it in moderate quantities. You know, that guy on the streets, drunk, you know? (SL)

Moreover, the lack of scientific concepts in the discourse of leaders could also be observed in a reference to the severity of marijuana addiction and to the controversy gateway theory.

> Of course marijuana is serious! Wow! You smoke one joint and you are addicted, then you look for crack and heroin and for LSD. (CL)

Opinion about drug users. The collective discussion in the focus groups reflected a supposed respect for other young people's choices to use drugs: "They have free will, they can do whatever they want." However, the alleged tolerance with those who use drugs actually expressed the belief that its use is a sin which implies punishment for adopting an inappropriate behavior.

Catholics and Protestants believe that the use of drugs harms the body, which they consider the "temple of the Holy Spirit." Four groups quoted a biblical passage from the apostle Paul: "All things are lawful unto me, but all things are not expedient."

Compassion, frequently manifested by interviewees, was expressed by Catholics and Protestants and conveyed by feelings of pity and sorrow. Among Spiritists, it was coupled with the belief in an individual's responsibility for his own misery, a sentiment that reflected no pity.

> And Jesus is in all of us right? And especially in those wounded by drugs, wounded by alcoholism and many other factors, and they need to be loved. (CFG2)

However, participants also spoke of drug users with sensational or humorous tones:

> One of my ex-girlfriends started to get involved with drugs. That's why she is pregnant! (SFG2)

> I always say, He is a drug addict, but he is a person and he doesn't bite (laughs). (CFG1)

Curiously, when questioned about the motives that lead young people to use drugs, the interviewees from each group gave similar answers. Each of these responses indicated some level of distancing of the true self; however, they used different words to express the same motives. While Catholics pointed to the need "to fit in" as one of the motives for using drugs, Protestants believed in a desire "to show off." Spiritists described "status" to designate the use of drugs as a means of joining specific groups. While Spiritists and Catholics said that individuals use drugs "to escape from reality," Protestants believed they use them "to forget problems." Other motives mentioned by Catholics were challenge authority, depression, to get pleasure, and because users are "weak in the head." Protestants came up with more reasons: a tendency toward evil, family problems, influence of friends, feelings of rejection, rebellion, and to increase self-confidence. Very few religious reasons were brought under the topic of "motives for drug usage." There was an emphasis on biopsychosocial against "supernatural" as a justification.

Catholic and Spiritist religious leaders' speeches also emphasized psychological and social factors as determinants for use. The most frequently mentioned factors were influence from a group of friends and a broken home:

> If everybody is using drugs, are you not going to use them? Then the group ends up making the individual yield. (PL)

> Then the son does not find love and understanding inside the home and starts looking for something that brings some peace, apparent satisfaction, which is the case with drugs. (CL)

Unlike the Catholic and Protestant leaders, Spiritist focused on spiritual reasons as the motivation of a young adult to start using drugs, forfeiting biopsychosocial reasons.

> From the Spiritist doctrine point of view, we learned that the individuals customarily repeat the failures of what he has done in previous lives. . . . We deduce that one who uses drugs was probably also a drug user in a previous reincarnation. (SL)

Religious position about drug use. To assess whether the concepts presented by young people were based on what is accepted and stated by religion, we compared their opinions to those of their religious leaders and found considerable concordance. In the Catholic and Protestant focus groups, whether the use of drugs is a sin was the most hotly debated point, with little consensus among the group. When the Catholics were questioned about why the Church condemns drugs, there were doubts about whether condemnation applied to licit, illicit, or both types of drugs:

> P1: That is why I think like this: The Church is against tobacco use because it is harmful for your health.
> P2: It is against everything that is harmful to your body. Your body is the temple of the Holy Spirit.
> P3: But it is not completely against it.
> P2: But it forbids . . .
> P3: It advised against, but it does not say it is a mortal sin and you will go to hell for it. It does not forbid. (An angry and rude answer). (CFG1)
> M: Does the Church condemn the drugs . . . ?
> P1: Condemns.
> P2: I think that it's only the illicit drugs. The ones that are illicit in Brazil. Not alcohol and cigarettes.
> P3: No. It is different here and in the Netherlands?
> P4: Yes, it has that too. It is a sin here and not in the Netherlands?
>
> (Speaking at the same time with an aggressive tone).

P1: I want to say the following: As far as I know, the Church condemns the use of marijuana. I am saying that in Brazil, the Brazilian constitution matches with what the Church defends or does not. Now, the constitutions from other countries are different and they do not match. For example, in the Netherlands, I don't know. . . . In the Netherlands, the use of marijuana is allowed, however, does the Church not allow it? (CFG2)

For some Protestants, the problem was excess. Others considered the use of any quantity a sin, indistinct of being Neopestecostal or Pentecostal. The following quotes show a lack of consensus:

P1: I believe that to drink a little wine, a little something alcoholic, I believe it is not a sin. But from the moment you exceed and cause embarrassment, then yes, it is a sin.
P2: What? If it has alcohol, it is a sin. (PFG1)

The speeches of these young reflected the same lack of definition encountered in the opinions of "spokesmen" of religious group, the religious leaders. The interviews with religious leaders revealed discussions that were similar: opinions based on common sense and little consensus on religious concepts in respect to drug use. Independent of the religious group, leaders described drugs, "according to their religion," as substances that are "harmful to your body" and "destroy," and therefore should not be used.

Similar to the Catholic leaders, the Protestant leaders also expressed beliefs supporting the notion that the opinions they give on behalf of their religion were actually their personal feelings based on their religious education and individual experience. For this reason, it was not possible to define a speech that just contemplates the religion's understanding. When it comes to alcohol, the Protestant leaders appeared to be more intolerant than their young followers, as they defined its consumption as inappropriate no matter the quantity. Moreover, another frequently expressed opinion among the Protestant group, strictly based on religion, referred to the user as a victim of evil (demons). As such, the bodies of users no longer house the "Holy Spirit." They affirmed that the moment the users opens his or her heart to Jesus Christ, his or her body becomes the temple of the Holy Spirit, protecting it from "evil" influences. This is an explanation intended to convert drug users to Protestantism.

> If he is not dominated by Holy Spirit of God, he is at the mercy of the evil, which is the devil with his demons. (PL)

Catholic leaders were more varied in their explanations. They gave their personal opinions instead of using Vatican guidelines about the topic. These opinions tended to vary greatly from leader to leader. For some, alcohol could be used if it did not harm the body (e.g., the use of wine in Catholic rituals). For others, the use of alcohol was described as "an extreme sin against God."

The debate about "drugs and sin" was not present in the Spiritist groups. The young people from the focus groups affirmed that there are no sins in Spiritism and that "everything happens according to the law of action and reaction," or that "everything you do has consequences" (SFG2). They considered drug use a voluntary suicide since it "harms your spiritual body" and "reduces your reincarnation period" (SFG1), that is, reduces the individual's lifetime. Both the Spiritist young people and their leaders focused on providing detailed religious explanations about the roles of "obsessed spirits" and reincarnation on drug addiction.

> When you are using any type of drug, be what it may, or any type of addiction . . . they (the users) are not tuned in with the energies, and it is at this moment when you are not tuned in that these entities (the obsessed spirits) approach and influence you [. . .]" (SFG1)

Suggested mechanism by which religiosity prevents drug use. The young people were surveyed about the role their religion plays in the prevention of drug use. Although none of them knew about structured programs for prevention in their religious groups, two kinds of prevention were identified in their speeches: direct and indirect. Direct prevention was considered that in which the leaders and religious references talked openly about drug use in their sermons. Indirect prevention involved the offer of psychological resources to withstand drug use, that is, the improvement of their self-esteem and autonomy.

The Catholics from both groups and the PFG2 considered the prevention performed by the church they attended to be completely indirect. They said that the prevention occurred when followers listened to God's word. They described this form of prevention as involving a deep relationship with God that led to self-knowledge. In this way, self-knowledge would promote an increase in self-esteem and future expectations, which would then decrease the interest in drug use. Still, the Catholics maintained that they would achieve subsidies through the Church for a life full of happiness and future prospects. They claimed that this would encourage them to refrain from using drugs.

> Being Catholic makes us establish a new relationship with ourselves, a new relationship with the world and with things. This makes us look for meaning in our lives in something deeper than just a momentary pleasure that would come from drugs. (CFG2)

In the case of the Protestant young people, prevention seemed to happen through the "fear of God." This includes the fear of future consequences and the shame of giving a "bad testimony" (i.e., setting a bad example), which can be considered an indirect prevention. However, some of the young Protestants believed that prevention also occurred in churches in a direct way, even without a structured prevention program. For them, the fact that the pastor spoke directly about nondrug use in his services was a form of prevention:

> From the moment I started going to church, I started to reconcile first the fear to God, which is to know God and leave everything. Also, on the other hand, I started to understand this question: What leads you to destruction, to a psychological, physical pressure—all of this is explained by the pastor. (PFG2)

For the Spiritists, prevention occurred in the religious nucleus in both a direct and indirect way. The direct way was mainly through some lessons about the topics discussed at the Spiritist center. The indirect way was based on the same principal described by the Catholics and Protestants: elevation of self-esteem and self-confidence, and the development of skills in young people and children allowing them to opt to not use drugs. However, since they believed that the reasons for drug use were a mix of organic and spiritual factors, they did not believe that prevention could occur exclusively through the religious group.

> I believe that there is a chemical predisposition. . . . Why do some people smoke but do not become addicted, and others smoke and become addicted? . . . Therefore, I avoid them since I do not know my chemical predisposition. And I do not want to take the risk. . . . This is precisely the point of obsession as well. Then I go into the question in a scientific matter as well as a religious one. (SFG1)

The majority of the religious leaders believed in the ability of their church to play a preventive role in the lives of youth and children; they had already developed specific activities for adolescents, and they addressed drug-related topics during these activities. They also mentioned the need to talk

about addiction and how they tried to discuss the issue in their lessons, masses, and services.

Besides, even not having a formal education on drug addiction, they showed an interest in acting as diffusing agents by disseminating preventive knowledge. Many believed that drug use is the great social evil of the new century.

> Drugs are harming our children. . . . We lose our children to drug dealers. It is our role to do whatever is possible to help our brethren from getting lost. (PL)

Family as the first level of prevention. In every focus group, we found the presence of religious relevance in protecting against drug use. However, the young people affirmed that they do not use and would not use drugs even if they did not follow their respective religions. Each of the groups seemed to express concern about not feeling alienated by religion:

> I would sincerely consider it a bad thing if the pastor came to me: "Hey, don't drink because it is wrong." I would say: "Hey, excuse me but it is my opinion and I do what I want." And I would not go back to the church, I would not indeed. (PFG2)

Even though they emphasized religiosity as an important factor in defining their way of thinking, the young people's speeches revealed that the family guidelines expressed to them during childhood and adolescence, and not what they heard in their religious groups, structured their "antidrug" stance. Thus the participants were unanimous in identifying the family as the decisive factor in the protection against drug use, as can be noted below:

> P1: I think it is much more from how I was brought up. There, nobody used anything and they said we did not have to use them.
> P2: Yes, my parents are also against drug use and they would not allow us even to touch a caipirinha. (SFG1)

It is worth noting that all the participants surveyed considered themselves children of parents who practiced a religion. Participants described having a religious education through their parents during childhood, and the majority decided to follow the religion of their parents. Likewise, a domestic environment free of drugs was encouraged by all the religions, which helped to protect the young people from the influence of drug use in their homes. Therefore, they considered their families more important than religion in the

decision not to use drugs. However, as suggested by the religious leaders, religious concepts the families gleaned from services established a good relationship of respect and affection among the members. When applied to family life, this factor helped to encourage domestic stability, allowing the children to grow up in a healthy emotional environment.

> If he (a young person) has a structured family, where he can see in his father and mother an advisor, a person with whom he can vent, this comes from God. A Christian home where there is mutual respect among the father, mother, and children, this is biblical. . . . Even if this individual comes into contact with drugs, he will not get involved. (PL)

Participant observation as a tool for interpretation. In the 21 institutions in which 47 PO sessions were held, we witnessed speeches of religious leaders that focused on the theme of "drugs" on 8 occasions. We noticed that the theme focused on issues of social matters (e.g., traffic, robberies, prostitution, moral degradation), while scientific information about the effects of drugs was never emphasized. Regarding the speeches directed toward young people, we noticed a strong presence of this theme in religious meetings specifically intended for that age group.

Drug use prevention occurred in the form of lectures to children and young people, and often relied on intimidation and moral guilt. Instead of stressing the present physical and social implications, religious leaders chose to approach the implications as sinful acts in the future. They supported this theme with religious concepts.

Almost all the religious centers visited that had activities for young people were aware of the drug issue and included it in their list of topics to be discussed with that population in "youth meetings." However, the speeches we heard and analyzed were weak from a scientific point of view, as we had noted on the leaders' interviews:

> I always say that crack kills. It is the rest of the other drugs combined, isn't it? So it must be worse and more dangerous. (CL)

> Marijuana is the devil. After you first smoke you won't stop and you turn into a junkie and marijuana addict. (SL)

When they attempted to approach the topic from an angle other than religion, the leaders clearly did not have the knowledge necessary to provide

preventive information about drug use. These "youth meetings" demonstrated potential to spread information among the members.

The "youth meetings" we visited offered leisure activities such as singing, dancing, drama, and painting in addition to volunteer activities to aid the underprivileged (e.g., serving meals to beggars). In addition to worship and religious rituals, these activities were intended to occupy the youths' time in a drug-free environment. Moreover, it is important to highlight the enthusiasm of the young people taking part in these activities as well as the bonds of affection that they developed with one another.

Discussion

Although this is a qualitative study using nonprobability sampling (resulting in the inability to generalize the finding) several reflections on the mechanism of religiosity as a protector against drug abuse arose. These reflections allowed for new insights and interpretations that take into consideration the opinions of those who experienced the phenomenon. As a potentiality within the qualitative method, the present study relied on three sources of data: young people, religious leaders, and participant observations of the youth rituals and meetings inside the churches. This technique allowed us to triangulate the information we obtained.

The findings from this study demonstrate that even though none of the religions investigated had a structured program for the prevention of drug use, they frequently dealt with the topic.

However, the information given to these young people by the religious leaders had a strong foundation in the media and contained little religious content. A lack of consensus about the effects of alcohol abuse went against the grain of recent scientific data. Current studies indicate that alcohol consumption is a major cause of sickness and death worldwide. Furthermore, it is related to several negative social consequences, such as violence and family problems. In Brazil, alcohol consumption is the main factor in more than 10% of all the morbidity and mortality cases, and it is currently one of the most important public health problems (Meloni & Laranjeira, 2004).

Attitudes about the differences between licit and illicit drugs are certainly reinforced by the absence of a clear position from the religion. Such data are probably more reflective of media attitudes on the topic than an official religious position. A study conducted in Brazil on the content of news stories about drugs showed that the means of communication on this topic are sometimes contradictory. On one hand, there are an overwhelming number of sophisticated advertisements that encourage the sale of alcoholic beverages,

despite of the large number of problems associated to alcohol use. On the other, the information about illicit drugs is associated with violence related to trafficking having little scientific scope (Noto et al., 2003). Therefore, substances that could similarly produce dependence are seen in very distinct ways by the public opinion, generating incoherent attitudes from a health viewpoint. This is evident from the answers given by the youth we interviewed.

Moreover, the lack of consensus on the tolerance of alcohol consumption was also identified among several religious groups in a recent North American study. This study epidemiologically investigated the association between levels of religiosity and drug use in adolescents (Bartkowski & Xu, 2007). Results indicated that there was more consensus on the position against the use of alcohol from the Protestant group as also found by Dalgalarrondo et al. (2008), who identified that the frequency of alcohol consumption among this religious sect was smaller than that of Catholics and Spiritists.

What stands out is the minimal presence of religious definitions on this topic without reference to religious literature (except by the group of Spiritists). Because there is no consensus within their own religious doctrine, the religious leaders could be interested in learning more scientific concepts to be shared with their members.

This lack of training of religious leaders within the topic of "drugs" was also identified by Sexton, Carlson, Siegal, Leukefeld, and Booth (2006), in Arkansas, United States. According to these researchers, African American ministers stated that clergy were not well-prepared to address drug problems in their religious community. Consequently, there was a need for professional training in the area, as there was a frequent demand for dealing with the topic (in terms of both treatment and prevention).

The literature suggests that the process of adolescent decision making involves a number of areas related to their development. In relation to substance use, it is important to understand the perceptions of adolescents regarding factors that influence the decision about whether to use drugs from a developmental perspective. In this context, we should include the important role of religion in the psychosocial development of adolescents, a domain of the developmental process that is not always included in the health literature (Byrnes, 2002). In this developmental perspective, religiosity, family, and friends merge to form a foundation for decision making. However, the majority of answers given by the youth interviewees to justify the motivation of people to use drugs had a psychosocial context rather than a religious one. The main reasons given were the need to be part of a specific group, the influence of friends, and the need to escape one's problems. These reasons are also described in the scientific literature (Swadi, 1999).

When talking about motivation not to use drugs, religion once again received little mention. Instead, the majority of participants said that the family was mainly responsible for defining their moral values and influencing their attitudes of nondrug use. It is likely that the religiosity had its merit through an indirect process: Religious families encouraged moral concepts in their children, and these families were influenced by religious concepts and the harmonious relationships among members of their religion.

In addition to the fact that our main findings point to an indirect effect of family relations on drug use, many scientific findings also point to a direct effect of family on drug use behavior. For example, a study among North American adolescents showed that the model offered at home to the adolescents is predictive of alcohol abuse; in other words, parents who drink tend to have teens who also engage in this behavior (Mistry, McCarthy, Yancey, Lu, & Patel, 2009). These results complement our findings showing that adolescents tended to replicate the healthy behavior of their parents such as not abusing alcohol. Furthermore, when this association was investigated among adolescents in Panama, Guatemala, and Costa Rica, family structure and positive family interactions were again found to be inversely associated with lifetime alcohol use (Kliewer & Murelle, 2007).

Interviews with the youth revealed that the decision to continue practicing a religion learned in childhood, or even to become a member of a new faith in adolescence, could be an indication that their moral values were influenced by their religious beliefs. In many cases, these beliefs were transmitted by the family; in other words, the individual adapted to religious concepts because he or she had the same set of moral values originally learned from the family or social environment, which was also religious.

Religion seems to develop as a "social controller" through its moral standards. This role places drugs in a category of reprehensible actions (Durkheim, 1912/1995). Consequently, we think that religions indirectly encourage working parents to transmit their beliefs and moral values regarding avoiding drug use to their children early. Many cultural norms are given sacred legitimacy by religious beliefs; for example, the Ten Commandments provide a prescription for an orderly lifestyle. By promoting such values through families who attend church and then go home to try to lead an ordered family life, religiosity influences or controls modes of thinking and behaving that, in the end, promote a health society.

Just as religious institutions impose rules of moral conduct on their members (e.g., condemning theft or lies), it also seems that religions use their persuasive power to educate and inform parents on how to prevent drug use in the home. Gorsuch (1995) posited that the Church prevents drug use by

encouraging parents to supervise their children and establish antidrug rules in the home. In our sample, the youth came from drug-free homes where their parents' thoughts about avoiding drug use were made known.

This educative role of religion was also observed in an investigation that collected data on the education, religiosity, and moral attitudes of 16,604 individuals in 15 countries (Scheepers, Grotenhuis & van der Slik, 2002). This study found that the moral attitudes of individuals raised by religious parents were clearly more "conservative" than those of individuals raised by nonreligious parents. They also found that the effects of socialization by religious parents in childhood were maintained in adulthood. Finally, they found that the influence of religiosity on moral attitudes was more intense in less secularized countries. According to the authors, individual behavioral patterns and moral attitudes were more strongly oriented by religion in countries where religiosity was generally more important in social life. This importance of religiosity in moral values, first proposed by Durkheim (1912/1995), is one of the main findings of our research, which points to the coherence of our youth and leaders' speeches and the theories that emerged in different countries, using diverse methods and sample.

This moral value, family–religion theory would also explain the results of a study by Kliewer and Murrelle (2007), who found high rates of religiosity in parents whose children had low rates of drug use.

With regard to information about drugs disseminated by the Church, Stylianou (2004) proposed a theory suggesting that the perception of immorality and personal responsibility on physical self-destruction that religions bring to their members controls these individuals' attitudes when faced with opportunities to use drugs. In this respect, the beliefs presented in the speeches we collected in this research on the preservation of the body as a way of getting closer to a deity (e.g., the body as the temple of the Holy Spirit) seem to be interesting from the point of view of substance use prevention. Nonetheless, causal conclusions cannot be made because they were not mentioned by interviewees as factors in their decision not to use drugs.

Moreover, it is worth noting that the young people interviewed had weekly involvement in religious groups for youth. Thus they had a circle of friends who were also religious and who accepted the same concepts that they did. Confirming this hypothesis, van der Meer Sanchez & Nappo's (2008) ethnographic study on the mechanism through which religiosity aids in the recuperation of drug addicts who convert to a religion found that churches offer resources for social reintegration (i.e., a new network of friends who do not use or tolerate drug use and a strong cohesion of this group of friends). Following this school of thought, the social network sponsored by a religious practice can

be a decisive factor in young people's decisions to abstain from using drugs, either by occupying their free time with religious activities (i.e., singing, dancing, arts, etc.) or through close relationships with other nonusers. The choice of a group of friends who do not pressure others to do drugs was stronger than the religious concepts in individuals' decisions to not use drugs. As much as friends from school encourage drug use, church friends offer support for refusal by accepting other nonusers into the group (van der Meer Sanchez et al., 2008).

According to the bioecological model of human development (Brofenbrener & Evans, 2000), development is understood as a dynamic process permeated by the influence of various biological, psychological, and social factors. In adolescence, values and norms hitherto assimilated and personality traits, such as self-esteem and resilience, are important elements that influence decisions regarding many risky behaviors. These elements are consolidated over the years and are influenced by social contexts at different levels. Each year of life represents a new step toward the maturity process. Religion begins to be more consciously experienced at the end of adolescence. The same goes for the solidification of all social relations: the older the subject, the more mature and the stronger the developed relations. Although the family is the basic context (the first level) and the most studied, other contexts are also in constant interaction throughout human development. Religion is one of these adjunct contexts (second level) of interaction; however, it is much less studied. According to our results, the religious context (secondary level) seems to exert an important influence, especially because the moral structure of the family teaches and encourages the perception of drug use as something incorrect that should be out of their intentions.

Moreover, considering the findings of Dollahite, Layton, Bahr, walker, and Tatcher (2009), we could hypothesize that the decision of not using drugs could be interpreted as a religious sacrifice by these adolescents and young adults. However, as the drug use was much criticized by the respondents in all focus group, and interpreted as behavior they don't envy, abstinence does not seem to arise as a sacrifice to honor God.

The results of this study contribute to the understanding of the mechanism by which religiosity affects, in an adolescent and young adult's view, substance use behavior. It also offers religious leaders views on the subject, uncovering reflections about their potential in influencing followers in the decision in not to use drugs. However, a lack of consensus and absence of theoretical foundation in their speech suggest the demand for future research in these fields, as there is receptiveness among religious leaders and willingness to enhance scientifically about the theme and engage actively in the prevention in partnership with health and education workers.

A methodological limitation of focus group technique is that some interviewed could feel intimidated to reveal their true behavior or thought. Another possible limitation of the study is the sample formed exclusively by drug-naïve youth who attended a religious group. Although this approach was strategically developed to investigate a specific group, it does not allow the generalization of findings to others. In addition, the interpretation of the results has to be restricted to the three religions investigated, since each religion has different contexts to influence the motivations of nonuse drugs by the religious youth.

Authors' Note

This work was carried out at the Department of Psychobiology at the Universidade Federal de São Paulo in the Brazilian Center of Information on Psychotropic Drugs.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

Funding

This study was supported by FAPESP (Sao Paulo State Foundation for Research Funding - 04/01177-2) e CNPq (National Council for Science and Technology Development).

Note

1. Spiritism here is the religion created in France in 1857 by Allan Kardec, and is based on the New Testament and Christianity (Moreira-Almeida & Lotufo Neto, 2005).

References

Bardin, L. (1977). *L'analyse de contenu*. Paris: Presses Universitaires de France.

Bartkowski, J. P., & Xu, X. (2007). Religiosity and teen drug use reconsidered: A social capital perspective. *American Journal of Preventive Medicine, 32*, S182-S194.

Biernarcki, P., & Waldorf, D. (1981). Snowball sampling-problems and techniques of chain referral sampling. *Sociological Methods and Research, 10*, 141-163.

Blum, R. W., Halcón, L., Beuhring, T., Pate, E., Campell-Forrester, S., & Venema, A. (2003). Adolescent health in the Caribbean: Risk and protective factors. *American Journal of Public Health, 93*, 456-460.

Bryman, A., & Burgess, R. G. (1992). *Analyzing qualitative data*. London, UK: Routledge.

Bronfenbrenner, U., & Evans, G. W. (2000). *Developmental science in the 21st Century: Emerging questions, theoretical models, research designs and empirical findings*. Oxford, UK: Blackwell.

Byrnes, J. P. (2002). The development of decision-making. *Journal of Adolescent Health, 31*, 208-215.

Chen, C., Dormitzer, C. M., Bejaro, J., & Anthony, J. C. (2004). Religiosity and the earliest stages of adolescent drug involvement in seven countries of Latin America. *American Journal of Epidemiology, 159*, 1180-1188.

Dalgalarrondo, P., Marín-León, L., Botega, N. J., Barros, M. B. A., & Oliveira, H. B. (2008). Religious affiliation and psychiatric morbidity in Brazil: Higher rates among evangelicals and spiritists. *International Journal of Social Psychiatry, 54*, 562-574.

Dollahite, D. C., Layton, E., Bahr, H. M., Walker, A. B. & Tatcher, J. Y. (2009). Giving up something good for something better: Sacred sacrifices made by religious youth. *Journal of Adolescent Research 24*, 691-725.

Durkheim, E. (1995). *The elementary forms of religious life* (Karen E. Fields, Trans.). New York, NY: Free Press. (Original work published 1912)

Edlund, M. J., Harris, K. M., Koenig, H. G., Han, X., Sullivan, G., Mattox, L., & Tang, L. (2010). Religiosity and decreased risk of substance use disorders: Is the effect mediated by social support or mental health status? *Social Psychiatry and Psychiatric Epidemiology, 45*, 827-836.

Francis, L. J. (1997). The impact of personality and religion on attitude towards substance use among 13-15 year olds. *Drug and Alcohol Dependence, 44*, 95-103.

Galduróz, J. C. F., Sanchez, Z. V. D. M., Opaleye, E. S., Noto, A. R., Fonseca, A. M., Gomes, P. L. S., & Carlini, E. A. (2010). Factors associated with heavy alcohol use among students in Brazilian capitals. *Revista de Saúde Pública, 44*, 267-273

Ghandour, L. A., Karam, E. G., & Maalouf, W. E. (2009). Lifetime alcohol use, abuse and dependence among university students in Lebanon: Exploring the role of religiosity in different religious faiths. *Addiction, 104*, 940-948.

Gorsuch, R. L. (1995). Religious aspects of substance abuse and recovery. *Journal of Social Issues, 51*(2), 65-83.

Herman-Stahl, M. A., Krebs, C. P., Kroutil, L. A., & Heller, D. C. (2006). Risk and protective factors for nonmedical use of prescription stimulants and methamphetamine among adolescents. *Journal of Adolescent Health, 39*, 374-380.

Jacob, C. R., Hees, D. R., Waniez, P., & Brustlein, V. (2003). *Atlas da filiação religiosa e indicadores sociais no Brasil* [Atlas of religious affiliation and social indicators in Brazil]. Rio de Janeiro, Brazil: Editora PUC & Loyola.

Kliewer, W., & Murrelle, L. (2007). Risk and protective factors for adolescent substance use: Findings from a study in selected Central American countries. *Journal of Adolescent Health, 40*, 448-455.

Meloni, J. N., & Laranjeira, R. (2004). The social and health burden of alcohol abuse. *Revista Brasileira de Psiquiatria, 26*(Suppl 1), 7-10.

Miller, L., Davies, M., & Greenwald, S. (2000). Religiosity and substance use and abuse among adolescents in the national comorbidity survey. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*, 1190-1197.

Mistry, R., McCarthy, W. J., Yancey, A. K., Lu, Y., & Patel, M. (2009). Resilience and patterns of health risk behaviors in California adolescents. *Preventive Medicine, 48*, 291-297.

Moreira-Almeida, A., & Lotufo-Neto, F. (2005). Spiritist views of mental disorders in Brazil. *Transcultural Psychiatry, 42*, 570-595.

Noto, A. R., Baptista, M. C., Faria, S. T., Nappo, S. A., Galduróz, J. C. F., & Carlini, E. A. (2003). Drugs and health in the Brazilian press: An analysis of articles published in newspapers and magazines. *Cadernos de Saúde Pública, 19*(1), 69-79.

Patton, M. Q. (2002). *Qualitative research and evaluation methods*. London, UK: SAGE.

Patton, M. D, McMorris, B. J., Toumbourou, J. W., Hemphill, S. A., Donath, S., & Catalano, R. F. (2004). Puberty and the onset of substance use and abuse. *Pediatrics, 114*, 300-306.

Patock-Peckham, J. A., Hutchinson, G. T., Cheong, J., & Nagoshi, C. (1998). Effect of religion and religiosity on alcohol use in a college student sample. *Drug and Alcohol Dependence, 49*, 81-88.

Sanchez, Z. V. D. M., & Nappo, S. A. (2008). Religious intervention and recovery from drug addiction. *Revista de Saúde Pública, 42*, 265-272.

Scheepers, P., Grotenhuis, M. T., & van der Slik, F. (2002). Education, religiosity and moral attitudes: Explaining cross-national effect differences. *Sociology of Religion, 63*, 157-176.

Sexton, R. L., Carlson, R. G., Siegal, H., Leukefeld, C. G., & Booth, B. (2006). The role of African American clergy in providing informal services to drug users in the rural South: Preliminary ethnographic findings. *Journal of Ethnicity in Substance Abuse, 5*(1), 1-21.

Sinha, J. W., Cnaan, R. A., & Gelles, R. J. (2007). Adolescent risk behaviors and religion: Findings from a national study. *Journal of Adolescence, 30*, 231-249.

Smart, R. G., Hughes, D. P. H., Johnston, L. D., Anumonye, A., Khant, U., & Medina-Mora, M. E. . . . Walud, K. A. (1980). *Methodology for students drug-use surveys*. Geneva, Switzerland: World Health Organization.

Stewart, D. W., Shamdasani, P. N., & Rook, D. (2007). *Focus groups theory and practice* (2nd ed). Thousand Oaks, CA: SAGE.

Stylianou, S. (2004). The role of religiosity in the opposition to drug use. *International Journal of Offender Therapy and Comparative Criminology, 48*, 429-448.

Swadi, H. (1999). Individual risk factors for adolescent substance use. *Drug and Alcohol Dependence, 55*, 209-224.

Van der Meer Sanchez, Z., Oliveira, L. G., & Nappo, S. A. (2008). Religiosity as a protective factor against the use of drugs. *Substance Use & Misuse, 43*, 1476-1486.
Van der Meer Sanchez, Z., & Nappo, S. A. (2008). Religious treatments for drug addiction: An exploratory study in Brazil. *Social Science & Medicine, 67*, 638-646.

Bios

Zila M. Sanchez is a pharmacist–biochemist with an MSc and a PhD in drug abuse. She is a researcher at the Brazilian Center for Information on Psychotropic Substances (CEBRID) at the Universidade Federal de São Paulo (UNIFESP), Brazil, where she is developing her postdoctoral degree research on protective factors against drug use among high school students, emphasizing religiosity. In her doctoral thesis she did an ethnography cross-cultural study (São Paulo-Barcelona) concerning religious interventions for drug abuse. She also works on an adolescent drug prevention program in slum areas of São Paulo.

Emérita Sátiro Opaleye is a pharmacist with an MSc in pharmacology. She is now a doctoral candidate at UNIFESP (Federal University of São Paulo), investigating protective factors associated to nonmedical use of medicines (benzodiazepines and amphetamines) by adolescents, including social-economic factors, family, and religiosity.

Tharcila V. Chaves is a pharmacist with an MSc in drug abuse. Her main field of research is crack craving, using ethnographic method. She has experience on focus group data collection and analyses.

Ana Regina Noto is a psychologist and pharmacist with an MSc and PhD on drug abuse. She is the head of the discipline of "Medicine and Sociology of Drug Abuse" (DIMESAD) of the Universidade Federal de São Paulo (UNIFESP). Her main field of research includes drugs in media and violence associated to drug use. She has large experience on content analysis of qualitative data.

Solange Aparecida Nappo is a pharmacist–biochemist with a master's degree in public health and a doctor of sciences in addiction. She is a senior researcher at the Brazilian Center for Information on Psychotropic Substances (CEBRID) and an associate professor at the Federal University of São Paulo (UNIFESP). She is the head of the "Qualitative Research in Addiction" team of UNIFESP. She has been coordinating several qualitative investigations to understand drug user behavior and beliefs and individual strategies to reduce harm associated with drug abuse.