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Religious treatments for drug addiction: An exploratory study in Brazil

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ABSTRACT

The main objective of the present work is to understand the processes used in emerging Catholic and Protestant religious interventions for recovery from drug dependence, from the vantage point of individuals subjected to them. A qualitative method and an intentional sample selected by criteria were adopted for this investigation, which was conducted in São Paulo, Brazil. An in-depth semi-structured interview was conducted with 57 predominantly male former drug users who fit the criteria: they had been submitted to non-medical religious treatments to treat dependence and were abstinent for at least 6 months. Crisis was found to be the main reason leading interviewees to seek treatment; this includes, losing family, losing employment, and experiencing severe humiliation. Evangelicals most used religious resources exclusively as treatment, showing strong aversion to the role of doctors and to any type of pharmacological treatment. A common feature of Catholic and Protestant groups is the importance ascribed to praying and talking to God, described by subjects as strongly anxiolytic, and a means to control drug craving. Confession and forgiveness, through faith conversion or penitences, respectively, appeal strongly to the restructuring of life and increase of self-esteem. Religious interventions were considered effective by the individuals who underwent them and were seen as attractive for the humane, respectful treatment they delivered. The key aspects of this type of treatment are social support provided by the receiving group, equal treatment, and instant, judgment-free acceptance. The success of these actions, then, is not only due to some "supernatural" aspect, as might be assumed, but also more to the unconditional dedication of human beings to their peers. Given the difficulty in treating drug dependence, religious interventions could be used as a complementary treatment for conventional therapies.

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Introduction

The poverty of the majority of the Brazilian population creates a large demand for public medical assistance, and the lack of financial resources compels individuals to seek free alternatives for health maintenance. Given the precariousness of care provided by the Unified Health System (Sistema Único de Saúde – SUS), an institution of the Brazilian government in charge of providing free medical services to the population (Silva, 2003), Brazilians have been showing interest in free treatment provided by churches (Mariano, 2004).

It is well known that religious practice may be a protective factor against drug consumption, especially among those who attend church regularly (Blum et al., 2003), practice the teachings of their professed religion (Hodge, Cardenas, & Montoya, 2001), believe in the importance of religion in their lives (Miller, Davies, & Greenwald, 2000), or have had religious education during childhood (Dalgalarrondo, Soldera, Correa Filho, & Silva, 2004).

In Brazil, surveys seeking connections between religious practice and drug consumption rates are still scarce, but the

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few existing ones also point to such connections (Dalgalarrondo et al., 2004; Silva, Malbergier, Stempliuk, & Andrade, 2006).

Regarding the role of religiosity in the recovery of drug dependents, professed religion notwithstanding, the number of surveys is even more scarce, but some authors suggest that religious ties make recovery easier and reduce relapse rates among patients subjected to various types of treatment (Day, Wilkes, & Copello, 2003; Pullen, Modrcin-Talbott, West, & Muenchen, 1999).

Others go so far as to claim that simple attendance in church contributes to reduced consumption of drugs such as cocaine, although formal treatment is not necessarily provided by the church (Richard, Bell, & Carlson, 2000).

A few authors claim that religiosity plays a role in reducing relapses among recovery drug users, suggesting that increased optimism, better perception of social support, higher resistance to stress, and reduction of stress levels would be responsible for the success of these programs (Neff, Shorkey, & Windsor, 2006). According to Barrett, Simpson, and Lehman (1988), this mechanism is much more closely linked to social issues, such as the resocialization of individuals through a restructuring of their friendship circles, thus placing them in a healthier, drug-free environment.

Ramsey (1999) considers that currently these healing cults are already recognized as a kind of complementary or alternative medicine that helps traditional medicine. However, until the mid-1980s, these practices were pejoratively called "unorthodox, irregular, and fringe" (Ramsey, 1999, p. 7).

There are few contemporary medical articles that provide information on healing cults. However, the analysis of these few papers demonstrates a clear change in the trends of medical thought over the last century. In 1922, Lovett published an article that criticized supposed faith healing, accusing the healing rituals to be forged and false. Today this view has changed through publication of more neutral studies about healing cults, showing that the concern is no longer to prove the possibility of faith healing, which is accepted (Csordas, 1983; Koenig, McCullough, & Larson, 2001; Rabelo, 1993) with various explanations for how it works, including metaphysical, magnetic, psychological and social processes (Aldridge, 1991), but instead to examine completely the replacement of traditional medical therapy by healing cults in life-threatening diseases (Charatan, 2001), as was presented in a study that pointed to the deaths of 172 children whose parents belonged to faith-healing cults that forbid traditional medical care for illnesses (Asser & Swan, 1998).

Pardini, Plante, Sherman, and Stump (2000) claimed that as few scientific surveys have reviewed the actual impact and role of religiosity in treating drug dependents, many researchers develop theories about these factors based on their own beliefs and on indirect quantitative results, suggesting a need for qualitative surveys in order to understand the phenomenon.

Furthermore, there are also non-systematic reports showing evidence of the emerging action of Brazilian religious groups in the recovery of drug dependents, using the followers' faith as their only therapeutic resource inside the religious "temple" with no medical or pharmacological intervention. An example of this can be seen in some daily television programs. Four open channels (i.e., available free, over the air-waves) of Brazilian television show healing cults, called "faith shows", and openly reveal the performance of churches in helping people to heal all kinds of diseases.

For the present study, the Catholic and Protestant religions were chosen. The reason for the choice was the prominence of these two religious groups amidst the variety of religions professed in Brazil, and their social impact, estimated from the total number of followers. Approximately 90% of the Brazilian populating is either Catholic or Protestant (Jacob, Hees, Waniez, & Brustlein, 2003).

The main objective of this investigation was to explore in-depth the role of Catholic and Protestant religious interventions in the recovery process from drug dependence, highlighting their processes and public acceptance from the vantage point of individuals who were experienced them, as there is a major gap in the scientific literature on this issue.

Method

The qualitative method

A qualitative methodological approach was chosen since it favors an understanding of the workings of social structures, especially in groups about which there is little information (Patton, 2002). This approach aimed to understand the social phenomena linked to the influence of religion on abstinence from psychotropic drug dependence from the point of view of the followers themselves. The method provided an understanding of how these individuals regard the "treatment" to which they were subjected and the type of influence that led to their recovery, according to values, definitions and categories of the interviewees themselves (Diaz, Barruti, & Doncel, 1992). In this text, 'religious treatment' is used to describe 'healing' techniques offered by different religions, for treating drug dependence, formal or informal; it is not intended to imply that these procedures comply with medical and health regulatory body requirements.

In accordance with this method, the present study used participant observation of religious activities, to which interviewees were subjected, and in-depth, semi-structured interviews, based on questionnaires and conducted using an intentional sample selected by criteria (below) (Patton, 2002).

Participant observation

Participant observation was conducted over the course of 17 months (in 2004 and 2005) in 15 religious institutions (six Catholic and nine Protestant) located in São Paulo, Brazil; it offered a way to understand the studied culture, offering researchers the possibility of interacting with the surveyed population in a coherent and, therefore, productive manner (Crabtree & Miller, 1999). Furthermore, this technique allowed better interpretation of data obtained

through in-depth interviews (Patton, 2002; Taylor & Bogdan, 1998), since researchers were able to experience the rituals mentioned by interviewees. Such participation took place in churches that offered overtly stated religious "treatment" for drug dependence, according to information provided by religious leaders, television programs or other kinds of media disclosure. Data collected during participant observation served as a basis for analyzing interview data. In thus present study, we chose not to cite direct transcripts of the "field journal"; however, much of the rituals that were observed in the field were also described by the interviewees and thus captured in this way.

Sample for the interviews

In-depth interviews were conducted with people who fit the following criteria (*criterion sampling* – Patton, 2002): (1) any man or woman who had been subjected to religious "treatments" for drug dependence, which did not comply with traditional medical models, at the church; (2) who were abstinent from their drug of choice, which led them to seek religion for at least 6 months; and (3) older than 18 years (age of legal majority in Brazil).

Sample selection

The sample was obtained in two ways: by *key informants' indication* and by *snowball technique*. The first step for obtaining the sample was to interview key informants – people who had special knowledge of the surveyed population. Not only did they make it easier for investigators to approach the population being surveyed, but they also provided information that helped elaborate the questionnaire (WHO, 1994). The seven key informants interviewed included four Evangelical representatives of the Historical, Pentecostal, and Neo-Pentecostal denominations (preacher, presbyter, deacon and deaconess), three representatives of the traditional Catholic Church, and one of Catholic Charismatic Renewal (two priests and one bishop). Each one of them indicated people they knew who fit the criteria and talked to them, before the researchers, explaining the study. Those individuals who decided to be interviewed were told to contact the researchers. Interviewees were also recruited using the snowball (Biernarcki & Waldorf, 1981) technique, in which the first interviewee names another, who in turn names another and so on and so forth. Selection within each chain followed sample inclusion criteria, voluntarity, and the principle of randomness. The first approach was established by key informants, so the researchers did not receive any refusals to participate in the study because they were sought out only by people who had been contacted by key informants or previously interviewed colleagues (snowball) and who voluntarily wanted to join the study.

Thus, eight Evangelical and five Catholic chains were investigated, with an average number of four individuals in each chain, although five of the chains had only one interviewee.

Sample size

The sample size ($N = 57$) was enough to ensure inclusion of all profiles to be studied (gender: male and female; Protestants of three origins: Historical, Pentecostal and Neo-Pentecostal and Catholics of two origins: Charismatic and Historical). Proof of this is the fact that interviewees eventually achieved redundancy, reaching a point of theoretical saturation (Patton, 2002; Taylor & Bogdan, 1998).

A total of 60 interviews were conducted, of which 3 interviews were discarded (two Catholics and one Evangelical) due to factors such as inconsistent information, non-fulfillment of inclusion criteria, lack of time for interviewee to finish interview, and tape recorder malfunction. Therefore, 28 interviews with Catholics and 29 interviews with Evangelicals were analyzed.

Interviews

The instruments of investigation were semi-structured interviews and questionnaires. Some questions were standardized previously and others were developed as the conversation evolved. A basic set of questions was asked of all interviewees in order to enable comparability of answers and to reduce interviewer interference and facilitate analysis (Patton, 2002).

The final questionnaire was applied to both groups, with a few adjustments during the interviews according to the particularities of each group – for instance, using the terminology inherent to each culture. In total, the questionnaire had seven main topics divided into 46 questions. As a whole, the topics or sets of questions aimed at evaluating the perception of interviewees regarding each subject and their experience regarding all of the aspects in question.

1. *Sociodemographic data*: description of the social and financial conditions of the interviewee. *Examples of questions on this topic: Are you married? How old are you?*

Socioeconomic status was assessed using the Brazilian Economic Classification Criterion (CCEB) scale, as defined by the ABEP (Brazilian Association of Survey Companies).

2. *Religiosity of the interviewee*: evaluates beliefs and religious practices of the respondent and his family of origin, as well as history of religious education at different times of life. *Examples of questions on this topic: Do you practice your religion? How? What is the importance of religion on your life?*
3. *History of drug use*: collect data on the evolution of drug use, evoking the start of consumption, reasons, conditions and climbing. *Examples: Tell me all you can remember about your history with drugs. Which drug were you using when you decided to look for help?*
4. *Medical treatment*: evaluation of conventional medical treatment to which the interviewee has been subjected to treat drug dependence. *Examples: Did you go through some medical treatment for drug dependence? When? Why? Describe in detail.*
5. *Religious treatments*: evaluates detailed aspects of the treatment to which interviewee was submitted by addressing techniques, motivation and concepts of healing. *Examples:*

Describe in detail your religious treatment. Why did you look for it?

6. *Prevention*: evaluates what the interviewee has seen and lived in the area of prevention of drug use within their religious denomination. *Example: Does your religion try to prevent drug use? How?*
7. *Other: Questions on this topic: Is there something else on the subject of this study that you want to say? Or, is there anything that has not been asked but you want to tell us?*

Interviews were anonymous and recorded with interviewees' previous agreement, given after they read a free informed consent form. They lasted on average 90 min.

Data analysis

Following transcription of recorded interviews, each interview was assigned an alphanumeric code. Each code is comprised of the initials of the interviewee's name, age of interviewee, the first letter of the interviewee's gender (F or M) and a letter corresponding to the religious group: *C* for Catholics and *P* for Protestants (Evangelicals).

Data processing computer software was specifically created to obtain reports tabulated by question. Each question and the answers given to it by each interviewee generated a specific report, totaling 92 reports, i.e., one report for each of the 46 questions asked to each group.

Each question in the printed file was individually analyzed, interpreted and put in the form of theme tables, so as to enable processing of the results; raw data were submitted to simple operations, such as absolute and relative frequency measurements, and the information obtained was highlighted. Afterwards, judgments, interpretations and final hypotheses were made regarding the issue under investigation, as suggested by Bryman and Burgess (1992).

Results and discussion

Sociodemographic data

There was a predominance of male subjects in the two groups, as expected, since the number of male drug users is higher in Brazil (Carlini et al., 2007). In total, 48 men (86%) and 9 women (14%) were interviewed.

The age range of interviewees in the two groups was very similar, with Evangelicals at an average of 35 years of age (range: 18–65), and Catholics at an average of 36.3 years of age (range: 18–57).

Regarding social status and level of education, the two groups of interviewees fit the profile outlined by the latest Brazilian demographic census (Jacob et al., 2003). Evangelicals had a lower income, whereas Catholics had the average income rate of the Brazilian population. The unemployment rate was nearly 10% among Catholics and twice as much among Evangelicals.

The first moment: seeking religious treatment

The search for "treatment" offered by religion usually took place when interviewees underwent an existential and behavioral crisis. According to interviewees, the drug would no longer give them pleasure; instead, it would increase the angst created by the losses stemming from dependence. It is worth noting that, when the DSM-IV (APA, 2002) dependence diagnosis questionnaire was applied, all interviewees had three or more positive answers regarding at least one drug. Thus, it was assumed that all interviewees sought religious institutions while they were dependent on some psychotropic drug. There was a pronounced difference regarding drug type for each group. All Evangelicals reported use of illicit drugs at least once in their lifetime, if only experimental. In this group, the highest rates of dependence for cocaine and crack were detected at the moment of seeking help in religion, since the majority of interviewees were dependent on one of these drugs when they sought help. Most Catholics, on the other hand, sought help for treating alcohol dependence. This difference in the kind of drugs used by Catholics and Protestants can possibly be explained by the television media. Today, all the Protestants' channels on television and radio emphasize their ability to heal "drug dependence", especially the "hard drug dependence". Many of the interviewees decided to look for help in Evangelical churches after reading about or listening to something about this kind of healing procedure. On the other hand, it is very unlikely for one to listen to an advertisement about the ability of the Catholic Church to heal drug dependence. Therefore, it becomes clear that those who benefited from unconventional interventions were not in a stage of 'flirting' with drugs. Most of them reported negative symptoms from drug withdrawal and problems overcoming the persistent desire of returning to drug use.

The process of becoming aware of the crisis was not immediate, taking up to 2 years in some cases. Such a process was triggered by different reasons in each group. Among Catholics, crisis was characterized mainly by loss of control over one's actions. The events reported showed that the crisis emerged at a moment of strong emotional shock stemming from abusive alcohol consumption, such as in the statement below, which describes an alcoholic coma:

> "My son saw me lying on the ground, drunk as a skunk. Then, on the next day he cried a lot and said to me, "Dad, don't die, you died yesterday, don't die again! Tell me that you will stop drinking, just as mom asked you to". That was when I realized that I had to quit." *(L35MC)*

Evangelicals reported that the crises were triggered by legal problems involving drug dealers and the police. They feared "death by gunfire" more than organic implications of drug use. A possible explanation for why Evangelicals seek help for legal problems and Catholics for the classical bottoming out could be the legal issue in Brazil. Alcohol is permitted by law, whose consumption does not usually cause legal problems, allowing the user to bottom out after many years of consumption. However, the use of crack and cocaine is very much linked to drug trafficking and, consequently, to legal problems, beginning as early as the first years of consumption.

Most Evangelical interviewees claimed that advertisements of the powers of the Evangelical Church, either on television or by relatives and friends, was essential in

arousing their interest in seeking help there. It seems that the demonstration of "effectiveness" in healing diseases, including chemical dependence, heightens the faith of these interviewees in the power of their church, leading them to believe that they can benefit too.

> "I knew I had to seek God. I heard about Evangelicals everywhere and I thought, if God healed the blind and the leper, why won't he heal drug dependence as well, why won't he take me off the streets and away from misery? Then I believed that this God could also remove me from the mud in which I lived." *(C31MP)*

Nearly all of the statements reviewed featured an active stance of the person seeking help, but the people who point to the person's faulty behavior and to their need for a change in life-style are usually closer relatives, especially the wives and mothers.

All the interviewees stated that they believed in God, even before looking for help in a church. So, it is important to emphasize that none of them were atheists at this time, though none were practicing a religion. Certainly, given their belief in God in some way, the search for help from the church was not an affront to their culture.

The usual religious treatment

Consensual approaches to both groups included the use of the following therapeutic methods: prayer and mass (or cult). All groups proposed treatments whose objective was total abstinence, and none admitted the possibility of success through harm reduction. Awareness of life after death and restructuring through faith are developed in weekly religious ceremonies (masses or cults). Attendance at these meetings of moral and informative character allows for the principles proposed by Jesus Christ to become a part of the follower's moral foundation.

Prayer

Frequent praying throughout the day and especially in moments of craving (uncontrollable desire to consume the drug) is most commonly cited among the groups. This is a tool for avoiding relapse in all groups. They also urge followers to pray, at least when they wake up in the morning, to ask for protection for the day, and before going to bed at night, to give thanks for the protection received. In all groups, prayer is a means of establishing direct contact with God, as in a conversation between father and son.

Regarding treatment of drug dependence, prayer is considered a substitute for pharmacological therapy and supposedly has an anxiolytic action similar to medication.

> "I would dream at night that I was using it, wake up dripping with sweat, my heart pounding. Then I would get down on my knees and pray. I spent a month like that." *(V37MP)*

The role of prayer is twofold, as it both soothes drug users through the achievement of a meditative state and altered consciousness (Çoruh, Ayele, Pugh, & Mulligan, 2005), and promotes faith, by sharing responsibility over the treatment with God, relieving the burden of a lonely struggle and allowing for His protective intervention against "evil spirits" or the devil.

Cults and masses

A religious meeting that gathers believers together in an institution is called a cult in Protestantism and a mass in Catholicism. Despite their different names and dynamics, the objective is to propagate knowledge of religion to the believers. It is during these events that information about religious principles is disclosed. Thus, drug dependents come across the information needed for their moral improvement and salvation, essentially based on information contained in the Old and New Testaments.

Neo-Pentecostal Evangelical cults and the masses of the Catholic Charismatic Renewal are very similar. Key elements, in addition to biblical content, include praise songs (religious songs) and contact between members. Those in attendance are often invited to utter words of encouragement to their "next-seat neighbor" and to pray for intervention for other people. Praise songs are often accompanied by hand clapping and body-swinging.

> "I used to attend cults everyday. (…) That is what liberated me (…) God gave me blessings and I gradually lost the desire to go on living that life." *(A36MP)*

During cults, followers come across the philosophical principles of religion, which lead them to believe that they must follow certain behavior patterns, such as strengthening faith and remaining free from sin.

Religion provides a change of reference, i.e., encourages believers to trust in God's protection and to have faith in Him, to abide by the norms and values imposed by religion, and thus to improve their quality of life. Those norms and values lead to a natural distancing from drugs, a lack of interest that is either driven by fear or awareness of the moral degradation associated with substance abuse. The act of facing life's obstacles from a spiritual perspective, supported by faith, naturally leads to avoidance of all behavior that does not comply with the morals propagated by religion. Furthermore, the fact that a believer in God is able to count on unrestricted help from Him generates constant support, comfort, and well-being.

Although very subjective in content and intensity, faith is usually developed in religious cults, where religious leaders argue about its potential for healing, well-being and salvation. In this context, faith is molded by the cult's informative content. In the case of Evangelicals, cults very often dedicate some time to testimonies of faith, in which someone who received a gift from God, through the action of their own faith, reports their story to the other listeners.

No matter what religion, faith is approached in cults, masses, and lectures as the key element for a spiritual or religious life. Therefore, these meetings led by a priest are of central importance in the structuring of faith.

> "The treatment is about having faith. What they show you is that faith works. You realize that God is powerful. I would pray and then think: it's working!" *(S49MC)*

The concepts of spirit and immortality of the soul enhance the notion of a future. It is a consensus among religions that drug abuse not only harms the present but

also the future, which transcends death. Both Catholics and Protestants emphasize that drug use is not a healthy habit and that the criminal behavior it often entails, due to the need of feeding the habit, is harmful to spiritual growth. If not redeemed, drug users will spend eternity in Hell, and this would be a way of paying for their sin (drug use) against God.

Furthermore, religions ascribe a spiritual component to drug dependence in addition to the physiological one. They believe that inferior spirits, forces of evil, devils, and demons (each religion has its own terms to describe the negative influence of entities invisible to the eyes of the living) might influence drug users to keep using drugs. Thus, religious treatment involves a spiritual aspect in which the evil forces manipulating the patient are driven away through exorcism and cults for expelling the devil.

> "All vices are rooted in evil. There is a spiritual world, which we cannot see, but which is inhabited by God. It is also inhabited by fallen angels, which are devils, who want to dominate people through drug use, drug dealing, prostitution, and evil. Jesus used to work by expelling demons, and that is what he taught us to do. We expel the devil from people so they can be healed." *(M28MP)*

Exclusive Protestant techniques

Only a few interviewees in this group were ever subjected to a formal Evangelical treatment for drug dependence: they simply became attached to the church, started attending cults and general activities and felt compelled to quit using drugs. They did not join the mutual help groups offered by some Protestant churches, they just attended the conventional activities of the church.

For those interviewees, faith was the healing factor. They believe that God saves (and therefore heals) His sons who have faith, shown especially through ongoing church attendance, as the statement below illustrates:

> "They say: do not give up attending church, because your case may not be one of instant liberation, but rather of a gradual one, and if you distance yourself from church you won't stand a chance. You must keep attending church and have faith, because God saves." *(N26MP)*

They even delegate all responsibility for solving their problems to God, believing that faith alone is enough to remove all of their past guilt and sins.

Protestant groups provided three particular resources for treating drug dependence: cell gatherings – small 12-member groups of churchgoers who meet on a weekly basis to study the bible, and to provide all kinds of emotional support to their members; expelling of the devil – especially in Neo-Pentecostal groups, in their cults for healing and liberation; and reading of the bible – as a way of receiving divine blessings through the letters of the book.

Exclusively Catholic techniques

The majority of Catholic interviewees, as opposed to Protestants, underwent formal treatment by the Catholic Church in order to quit using drugs. Catholic churches offer Catholics support groups for drug users on their premises. These groups are modeled after 12-step groups, but they include Catholic principles and do not rely on any associated pharmacological treatment. Only three interviewees reported that they quit using drugs just by attending masses and the usual activities of the church. It is worth noting that these were not conventional masses but rather masses of the Catholic Charismatic Renewal, similar to the healing and liberation cults of the Protestant Church.

Interviewees in this group claim that God led them to have strength to stop using drugs but that success relied on individual effort, without mystical features. To a much greater extent, they ascribe their success to concrete aspects, such as support from people or groups, as in the example below:

> "When I arrived, I was very well received. It was a world-class welcome. I am certain that, had that lady not treated me like I was the most important person in the world, I would not have gone back, and I would not have become a part of the group." *(E29FC)*

It is also worth noting that Catholics provided two exclusive therapeutic resources: confession and eucharist.

According to the interviewees, in essence, confession plays the role of spiritual therapy. When the priest raises his hands over the individual, utters the sacramental absolution, crosses him, and declares that he is forgiven, he feels that he has left his condition as a sinner to become a servant of Jesus, thus improving his self-esteem. Confession exempts users from guilt for their past mistakes and makes it possible for them to have a new future, starting from scratch. In communion, they believe that they are receiving a part of Jesus that protects them from all evil, keeps them from falling into the temptations of life, and from craving drugs.

> "I would confess and, to me, it was better than therapy, because I was forgiven by the Lord, so I no longer owed anything to anyone." *(S49MC)*

Group acceptance and cohesion

The main factor detected in interviewees' discourse for why they remained connected with religion was acceptance. This indicates a need for emotional intimacy, social contact, and being accepted. They come to the group in such poor physical and moral condition that they feel excluded from society. They describe themselves as the "scum of mankind" and as "walking garbage." When they arrive at any of the existing religious groups, though, they are unexpectedly treated with respect and dignity. At that very moment, they acquire a new identity in a new group, without being asked to do anything in exchange for it and without demands or reprimands.

The prejudice-free physical contact makes them feel impressed and worthy. No matter how dirty and stinking, no matter how poor, they are treated with respect and as equals. There is a consensus among them in acknowledging the value of this type of treatment, which puts them on the same level of those who receive them. They do not feel

inferior or to blame for their mistakes, and they hear accounts of people who made as many mistakes as they did and yet managed to overcome.

In the Evangelical groups, this attitude of priests and preachers is much more clear-cut. They make a point of increasing the self-esteem of newcomers by discussing their supposed strengths, and they emphasize God's plan for these people's lives. When one is excluded from society and does not know how to become integrated again (assuming that it is virtually impossible), to think that one is so important that God designed an exclusive plan for their life is very comforting. This is also what attracts interest in remaining with the group.

> "It was great. They treated me so well! Whenever, for some reason, I did not attend, they would call me at home and say: we will pray for you. Then I would say that I was feeling sort of low, or that I was secretly using drugs, so they would come to my house and pray for me. They really liked me a lot." *(D50FP)*

Traditional Catholics are less receptive than Evangelicals and Charismatics, but there is always a person who plays the role of monitor or guide for new members. These monitors or guides take on the task of protecting followers from the hardships of life, as long as they help out by doing their share, i.e., working hard to get away from drugs and harmful attitudes.

> They were very caring, and they would never let go of me. I would say: What do I do now? They always had an answer: go to the market, buy yourself a box of chocolates and eat it all in 5 minutes. At times, I didn't even go to the market. Just from chatting with them, when I hung up the phone, the craving was gone. They knew what I was going through and I trusted them, they were my role models (…) We were practically a family. They treat you well, you feel important, worthy." *(F18FC)*

Dermatis, Salke, Galanter, and Bunt (2001) concluded that the cohesion of therapeutic groups and the friendships established within them are the key factors in the recovery of drug users, who feel that they are part of a new micro-society, in which they are appreciated and important.

Along the same lines, Galanter (2005) suggests that the atmosphere of acceptance in these groups compels new followers to remain with them. Several surveys conducted by the above-mentioned researcher show that, in general, people who tend to affiliate themselves with mutual help groups lack cohesion with family and friends, are more socially isolated, and end up changing the way in which they interact socially within the group. Once they feel that they are a part of the group and a structural element of it, they remain attached, and they admit that the strong cohesion of the group appeals to them (Galanter, 2002). Although these groups provide spirituality as a therapeutic resource to their followers, this is not what attracts them in the initial stage. What attracts them in the initial stage is acceptance and identification with the proposal of the group. Spirituality, another key factor to the process, will only be developed in a second stage, after they have adapted themselves to the program and the group (Galanter, 2005).

Some researchers have pointed to the social support provided by the group as one of the mechanisms that explain the beneficial effects of religion to health, more than faith or any mystical aspect (George, Ellison, & Larson, 2002), creating an atmosphere of unconditional support to the newcomer (Neff et al., 2006).

Faith and spirituality are developed in a second stage of attendance at religious institutions. At first, group cohesion and receptiveness are what attracts newcomers. Once absorbed by the new group and adapted to their new cultural reality, they identify with the testimonials that they hear, and faith begins to develop.

Evaluation of treatment

Average time of abstinence from drug use among those who sought "treatment" in religion was 4 years for the three groups, ranging from 6 months to 15 years. This can be regarded as an indication of success, since almost all interviewees were abstinent for more than 2 years.

Virtually all interviewees reported that they had never resorted to conventional medical treatment against drug dependence in their lives. They claimed that their first choice was seeking help in religion, since it was free and immediate. Most say they did not even seek help other than in religion, but the few who did reported difficulty finding public services in the field and delayed scheduling appointments for possible therapies. The following statement illustrates this: "They leave you waiting forever. If you are a drug user and they tell you to come back next month, by then you will have already given up, you will have sunk in deeper. This is why I didn't even get started." (N26MP)

Such an opinion leads us to believe that religious treatments are gaining ground, especially in Brazil, due to the fact that they cater to a population with scarce financial resources and who would have no choice but to wait months for a medical appointment. Thus, at first, they do not go to church out of faith but rather out of a need for immediate, free care.

Although there are no Brazilian data about the search for religious treatments according to social class or educational level, an American study pointed to a high use of religious treatment even among highly educated subjects (Wang, Berlung, & Kessler, 2003).

It is important to note that the type of sampling used does not allow directly relating poverty to a greater search for religious treatment.

It is not possible to assume as fact that the public health service in Brazil is difficult to access – but it can be hypothesized from the information gained from interviewees. However, it is worth highlighting no one from economic class A (the highest economic class in Brazil) was found in these groups of interviewees. One assumption for this is that people of high socioeconomic status can afford very expensive treatments in rehabilitation clinics, where they are often guaranteed anonymity, but making them difficult to access by the sampling methodology used in this study.

In this study, what we see is that when priests and pastors were asked to suggest people they knew that fit

the study criteria, almost all indicated people who came from the low and middle economic classes. To test the theory of poverty and choice of religious treatment, we now need to assess this issue by a quantitative survey.

The new meaning of life

Another possible key to explain the religions' beneficial effects is the new meaning of life that they offer. They disclose a theory of life after death and eternal salvation to converted and forgiven ones, showing that drug dependence does not end with death, and that it is punished with eternal Hell for the non-converted.

For this reason, the interviewees had the opinion that drug abuse was something good in their lives for three reasons: (1) it led them to religion, (2) religion led them to God, and (3) God led them to eternal salvation after death.

These people stopped viewing their life only from the perspective of the here and now and began to imagine the eternal future and its rewards. God becomes the friend always present in their lives that never, under any circumstances, leaves them alone.

Moreover, another element of religion that consoles them is "divine forgiveness". Heavy drug users, full of guilt for what they have done for drugs, find great relief after the suppression of guilt by divine forgiveness.

"Born again", expressed by the baptism, turns a negative and stressful sentiment into something positive and encouraging. They feel important to God and for the world's salvation and believe that they will spend eternity next to the Creator if they do not sin anymore.

Thus, they receive psychological resources in religion that make them feel important and valued (George et al., 2002; Levin, 1996), offering them more resources to handle their difficulties, or simply believing that an event previously considered stressful is now taken as something much simpler, because God protects His chosen (Wills, Sandy, & Yaeger, 2003).

It is worth noting that, since only those who achieved success through religious treatment techniques were interviewed, the efficacy rate for such treatments cannot be assessed. Such an assessment would require a quantitative survey using a random sample, including both those who were successful and those who quit along the way. This survey is already being planned by our team.

Conclusions

Not only does religion promote abstinence from drug use, but most importantly, it provides social resources for restructuring: a new circle of friends, free time spent doing volunteer work, individual "psychological" care, financial support at an early stage, appreciation of individual potentialities, group cohesion, unconditional, judgment-free support from religious leaders and, especially among Evangelicals, the construction of a "new family."

It seems that the key to successful religious treatment is the acceptance enjoyed by those seeking help. The way in which "patients" are treated and the respect that they get helps them to recover their self-esteem and to reinsert themselves in society, by means of new activities and new social ties. The foundation of this structure is religious faith, which promotes the maintenance of the group by providing religious–philosophical answers to the questions of life and drug use. Despite being a widespread belief among Evangelicals, a possible miraculous character of treatments was weakly identified, since statements showed that faith develops during a second stage, when the new follower has already been captivated by the zealousness of the support group. Religiosity became the foundation for interviewees whose life was full of deprivation from basic needs, as it led them to believe that they could start over in life, free from guilt.

It is important to note that the Catholic and Protestant churches in Brazil are showing broad expertise in the treatment of drug addiction, through non-medical techniques, helping the resources of the traditional public health system.

Our findings suggest that religious treatment may have a positive role in the recovery of drug users, preventing their relapse. It is also clear, though, that individuals who benefited from these religious methods had similar features (intense crisis, social isolation, health, employment and relationship issues caused by drug use, lack of pleasure using drugs and, belief in a God before seeking for religious treatment), which leads us to suppose that religious treatment is not meant for just any drug user, but rather for those who have characteristics similar to those of the individuals interviewed in this study. Clearly, from the questions raised in this study, quantitative research is needed to test this in a probabilistic manner.

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