



# Screening and brief advice for risky substance users among churches in South Africa

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# Map of 9 Provinces of South Africa



## Alcohol consumption risk status by age and sex in South Africa (Peltzer & Ramlagan, in print)

	2005 (SABSSM II: national population survey)	
Age	AUDIT	
	Men	Women
15-19	0.5 <sup>1</sup> (4.8) <sup>2</sup>	0.2 <sup>1</sup> (1.3) <sup>2</sup>
15-24	0.9 (9.8)	0.6 (2.3)
20-24	1.5 (16.7)	0.9 (3.3)
25-34	1.7 (17.2)	0.2 (2.1)
35-44	2.6 (17.3)	0.4 (2.5)
45-54	0.8 (14.4)	0.4 (2.5)
55-64	1.0 (13.9)	0.1 (2.0)
65+	0.2 (3.9)	0.2 (1.6)
Total	1.2 (12.7)	0.4 (2.2)
	0.6 (6.2)	

1=probable alcohol dependence: 20 and above on AUDIT;  
 2= 8 and above on AUDIT hazardous or harmful drinking;

## Alcohol use Vhembe district: community sample (n=800)

AUDIT score levels	Total	Men	Women
	Col%	Col%	Col%
Abstainers (0)	68.4	55.4	80.7
Low-risk drinkers (1-7)	15.3	18.5	12.1
High-risk drinkers (8-19)	11.0	<b>22.2</b>	<b>5.0</b>
Probable alcohol dependence (20+)	3.3	4.8	1.4

## ALCOHOL USE IN PRIMARY CARE (in %)

	AUDIT Score	Total	Men (n=188)	Women (n=412)
Abstainers	0	69.0	46.6	79.4
Low-risk drinkers	1-7	11.9	16.1	9.9
High-risk drinkers	8-19	16.1	<b>28.2</b>	<b>10.4</b>
Prob. alcohol dep.	20+	3.1	9.2	0.3

Screening and brief intervention of alcohol problems have been successfully implemented in primary care settings in South Africa (Peltzer, Seoka, Babor, & Obot, 2006).

Even if screening and brief intervention are widely accepted and applied in health care settings, this strategy may not reach potentially receptive problem drinkers who do not seek care in health care settings, visit a health care provider unable or unwilling to screen and offer brief advice or need more encouragement to change than a health care provider alone can offer (Anderson et al., 2004)



- For some populations, receiving screening and brief intervention from an additional or religious provider may be necessary for change to occur.
- Religious leaders or faith healers have been a source of advice and counsel for many of their parishioners.
- Many members of religious congregations may turn to clergy for advice about a problem with alcohol or drugs (Anderson et al., 2004; Peltzer, 1985, 1999).
- Religious support systems offer much promise for collaborative interventions with alcohol and other drug abuse organizations (Delgado & Rosati, 2005).

## Religious demography, South Africa

84% Christian faith,  
4% percent to other religions, Hinduism (1.2%), Islam (1.5%),  
Judaism (0.2%), and traditional African beliefs (0.3%).  
15% no particular religion or declined to indicate an affiliation.

African Independent Churches (AIC) are the largest group of  
Christian churches. mostly of Zionist or Apostolic churches and  
also include some Pentecostal branches

11.1% Zionist Christian Church  
6.7% Dutch Reformed  
7.1% Roman Catholic Church,  
16.5% Protestant denominations: Methodist (6.8%), Anglican  
(3.8%), Lutheran (2.5%), etc.



Pentecostals have clearly defined ethics codes which includes being opposed to drinking beer and tobacco use.

Moral rules among Zionists and Apostolics acknowledge no smoking, no gambling, no drinking, no promiscuity, and a puritan ethic (Kiernan 1990).

Members are subject to proscriptions, which usually include an injunction against the consumption of alcoholic beverages and in many cases against the use of other drugs.

This religious prohibition is associated with a readiness to rehabilitate a substance-dependent repentant as a patient in the context of the church's healing mandate (Jilek 1993, Peltzer 1987).

# Method

## Sample

117 clergy

(63 from charismatic and 54 from mainstream churches)  
chosen randomly from existing lists of 98 churches in  
Vhembe district in South Africa.

A trained research assistant conducted a face-to-face  
interview with church leaders (pastor, priest, prophet)

# Method

## *Measure*

A 30-item questionnaire (Anderson et al., 2004):

- 1) attitudes and beliefs about use and abuse of alcohol and other drugs;
- 2) the perceived frequency of alcohol and drug problems in the congregation,
- 3) the frequency with which faith healers counseled members of their congregation;
- 4) the frequency with which such counseling concerned alcohol or drug problems, and
- 5) demographic information

Table 1: Characteristics of respondents (N=117)

Characteristics	Charismatic	Mainstream
Sex=male (%)	73.0	58.5
Mean age, years (SD)	44.2 (11.6)	53.1 (12.4)
Mean years in ministry: n (SD)	13.5 (12.3)	15.5 (11.3)
Size of congregation, mean: n (SD)	220 (304)	560 (91)
Denomination (%)	Pentecoastal (72) Apostolic (18) Zion (10)	Anglican (14) Lutheran (18) Methodist (13) Roman Catholic (24) Seventh Day Adventist (19)

**Table 2: Attitudes towards alcohol and drug addiction  
(Ch=charismatic churches; MS=main stream churches)**

<i>Alcohol addiction as...</i>		%	$\chi^2$
Lack of will power	CH	40.0	26.8***
	MS	87.0	
An illness	CH	41.7	22.66***
	MS	3.7	
Morally wrong	CH	75.0	65.66***
	MS	1.9	
<i>Drug addiction as...</i>			
Lack of will power	CH	41.7	7.16**
	MS	18.5	
An illness	CH	36.7	3.67
	MS	20.4	
Morally wrong	CH	71.7	6.64**
	MS	90.7	

\*\*\*P<.001

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## Table 3: Frequency of individual pastoral care sessions

Frequency	Charismatic		Mainstream		Total
	N	%	N	%	%
Never	2	3.2	0	0	1.7
1-2 a month	21	33.9	7	13.0	24.1
1-2 a week	15	24.2	27	50.0	36.2
3-5 a week	9	14.5	17	31.5	22.4
6-10 a week	4	6.5	1	1.9	4.3
More than 10 a week	11	17.7	2	3.7	11.2



**Table 4: How participants find out about substance abuse problems in counseling church members  
(Ch=charismatic churches; MS=main stream churches)**

<b>Method</b>	<b>CH (%)</b>	<b>MS (%)</b>	<b><math>\chi^2</math></b>
Individual tells me	68.3	85.2	4.58*
Recognize the signs and symptoms	63.5	18.5	24.03*
Use specific screening questions	29.0	46.3	3.69*
Probe for the information	23.8	1.9	11.88***
Hear it second hand	20.6	16.7	.30
See it spiritually, confession	7.9	4.5	.45

**Table 5: Alcohol/drug abuse management in affirmative responses (CH=charismatic churches; MS=main stream churches)**

When people approach me about alcohol or drug use/abuse problems, I...	CH (%)	MS (%)
Offer advice and spiritual solace	81.0	81.5
Follow up to see that the person gets help	60.3	46.3
Try to solve the immediate problem	43.5	38.9
Refer them to a social worker, therapist, treatment programme or self-help group	41.3	38.9
Intervene on behalf of family members	39.7	22.2

**Table 6: How often were you approached to handle circumstances that involved ...  
(CH=Charismatic churches; MS=Main stream churches)**

		Never (%)	Occasionally (%)	Often (%)	$\chi^2$
Alcohol only	CH	30.2	50.8	19.0	14.27***
	MS	13.0	83.3	3.7	
Prescription drugs only	CH	52.5	41.0	6.6	1.62
	MS	63.0	29.6	7.4	
Illicit drugs only	CH	75.0	18.3	6.7	12.71**
	MS	98.1	1.9	0	
Alcohol coupled with illicit drugs	CH	70.5	23.0	6.6	13.48***
	MS	96.3	3.7	0	

# Table 7: How often were you approached by the following groups with drug or alcohol use/abuse problems?

(CH=charismatic churches; MS=main stream churches)

		Never (%)	Occas. (%)	Often (%)	$\chi^2$
Adults	CH	21.3	59.0	19.7	4.19
	MS	18.5	74.1	7.4	
Children/teens	CH	42.6	37.7	19.7	37.86***
	MS	96.3	1.9	1.9	
Parents concerned about their children/teens	CH	12.9	48.4	38.7	.33
	MS	11.1	53.7	35.2	
Friends, neighbors or coworkers	CH	47.5	42.4	10.2	39.10***
	MS	100.0	0	0	
Children/teens concerned about their parents	CH	21.3	59.0	19.7	65.64***
	MS	96.3	3.7	0	
Children/teens concerned about their friends or siblings	CH	53.3	40.0	6.7	27.48***
	MS	96.3	1.9	1.9	
Spouses concerned about their mates	CH	32.8	50.8	16.4	15.70***
	MS	7.4	50.0	42.6	
Other clergy attempting to help members of their congregations	CH	58.7	28.6	12.7	18.27***
	MS	92.6	7.4	0	

# Training needs

- Information about the nature of addiction and treatment options (73%)
- Information to help recognize possible substance abuse (71%)
- Prevention and awareness programme ideas (66.7%)
- Signs in the family of alcohol or drug problems (63%)
- Intervention training (62.0%)
- Community activities my place of worship can host (61.2%)
- Resources for referral (52%)
- Consultation with a substance abuse expert (50%)
- Legal and ethical issues (48%)
- Co-dependency -- what is it and how to spot it (42%)

## Conclusion

43% of the clergy, alcohol or drug problems were often or occasionally an issue in their counselling.

Four in five clergy would offer advice and spiritual solace when approached about alcohol or drug abuse problems, followed by follow-up, trying to solve the immediate problem, refer and intervene on behalf of family members.



## **more clergy from charismatic than main stream churches:**

- >involved in handling alcohol problems, illicit drugs and alcohol coupled with illicit drugs,
- accessible by the community (children/teens, friends, neighbours or coworkers, siblings),
- agreed more often that substance abuse is preventable and that clergy can make a difference regarding substance abuse in their congregation and community.
- Other studies in Africa also found a significant involvement of clergy of charismatic churches in handling alcohol and drug problems

The results of this survey support the idea that many clergy would be interested in, and able to use:

→ a strategy of screening and giving brief advice or referral for alcohol and other drug problems

- The Alcohol Use Disorders Identification Test (AUDIT) (Babor et al., 2001) could be validated in a pastoral counselling setting.
- Evidence regarding the effectiveness of brief intervention by clergy is needed.
- If these additional elements were established screening and brief intervention could be integrated into pastoral training curricula (Anderson et al., 2004).

# Thank you



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