

Study examines role of religion in substance use services, finds it's often located in racially diverse communities

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People have turned to religion and spirituality to deal with crises and critical needs for centuries. Yet little is known how religion plays a role

in substance use care. A new publication from the University of Kansas and Georgetown University explored the religious orientation of facilities within the substance use and addiction system of care throughout the Kansas City region, the religiousness of services, where the services are located and differences in services offered.

The study showed facilities that appeared more religious, or where faith or religiousness was centered, often offered a wider range of services and were located in racially diverse communities. The findings can help service providers make better referrals to direct people to places that will best serve their needs. The results also provide a roadmap for other communities to better understand their [substance use](#) services and gaps to ultimately help more people on the road to recovery, according to the researchers.

The study grew out of a larger project KU has led to better understand what substance use and misuse services are available throughout the Kansas City metro area to combat the opioid epidemic.

"The strong presence of the faith community in the substance use and recovery collective inspired this strategy of exploring the role of faith-based organizations within this system of care. We wanted to understand this topic deeper and contribute the literature by systematically considering the value faith can add in a person's journey," said Amittia Parker a KU alumna now with Georgetown University who was part of the services census and lead author of the publication.

"Especially in communities of color where seeking [mental health](#) and substance use help is stigmatized. Faith-based services are often preferred sources of support for many in those communities."

Researchers surveyed substance use and addiction services across a continuum including prevention, treatment, recovery and supportive

services throughout the metro area, across 10 counties and two states. The facilities were asked how they identify their organizational designation and to what extent faith or religiousness was involved in their organization or service offering.

Researchers documented the centrality of religiousness within the organization and in spaces that were faith-centered or permeated—there were usually religious art, scriptures/texts, symbols and personnel such as pastors, rabbis, imams or others as part of their services. This is one of the few studies that collected this type of information and mapped the location of the facilities within the service sector.

The study, co-written with Nancy Jo Kepple, associate professor of social welfare at KU, was published in the *Journal of Religion & Spirituality in Social Work*.

The findings showed that a high density of faith-based or faith centered services were located in communities of color. That may mean that the organizations are potentially addressing service gaps, as those communities have traditionally been under-resourced and underserved, the researchers wrote. Findings also showed a range of services offered and an association between the number of services offered and religious orientation.

"We found faith-based services were more prevalent in more urban areas, and they were also more likely to provide a variety of services within the continuum of care," Parker said.

The services offered at the faith-based organizations often went beyond substance or mental health treatments, including housing. However, the same facilities were less likely to provide housing for individuals who identify as transgender and expressed ambivalence about medication-assisted treatment. Faith-based organizations are known to provide free

or low-cost services for low-income individuals or those without insurance.

"This brought up for us that there are gaps in the service sector and likely people not being well-served. There are a growing number of people who do not identify as religious or spiritual, and also may be under-resourced or uninsured under-resourced," Parker said. "This research on the service sector, religious orientation and gaps in services can hopefully open conversations about the service offerings across facilities in the community and who may or may not be the best fit at these respective facilities."

More secular organizations were also found to often offer specialized services, such as hospital-based inpatient detox, partial hospitalization and intensive outpatient services. It is clear that secular and faith-based organizations are contributing to the [service sector](#) in unique ways, the researchers wrote.

Among facilities that identified as religious, the majority were Judeo-Christian based, which can leave a gap for followers of other religions or individuals who are spiritual but not in a traditional religious sense, according to the researchers.

The study is not intended to promote one type of service over another but to meet the goal of social work in helping people achieve access to the services and supports that they desire and prefer, and optimal health as they define it, Parker and Kepple wrote. That can help facilitate a match of services that results in satisfaction and increased likelihood of recovery.

"This can lead to a misfit or negative interaction," Parker said of making referrals without considering individual needs. "When people are in that moment where they are ready to seek help, it is a very critical time. This

study helps elevate the idea that there are many things to consider when helping people seek help, and understanding the religious orientation of the facility or organization can help reduce the risk of the client being uncomfortable and having a negative experience."

The findings offer not only a better understanding of what is available in the Kansas City area but a roadmap other communities can use to determine what is available in their area. Additionally, it helps point out that facilities can collaborate, whether faith-based or not, to ensure individuals are getting the best possible services for their needs.

"It is necessary to continue to examine the integration of (or lack of) FBOs ([faith](#)-based organizations) within the system of care, and especially within the substance use system of care. This study provides insights into where FBOs may assist in addressing services gaps within the substance use system of care in addition to existing limitations," Parker and Kepple wrote.

"Understanding how FBOs continue to respond to the needs within communities, where FBOs are located and provide services, as well as the service offerings and serve access gaps, will remain important into the future."

More information: Amittia Parker et al, Examining religious orientation of facilities within the substance use system of care, *Journal of Religion & Spirituality in Social Work: Social Thought* (2023). [DOI: 10.1080/15426432.2023.2229764](https://doi.org/10.1080/15426432.2023.2229764)

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