# RELIGIOUS FACTOR COVARIATE ON SUBSTANCE ABUSE AMONG UNIVERSITY STUDENTS : A COMPARATIVEANALYSIS BETWEEN GENDER

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**Abstract:** *This research examines the issue of substance abuse among first year students of National University of Malaysia. A total of 1000 students aged 18 until 23 years old comprising 271 male and 729 female students were involved in the study. To measure the level of tendency to abusedrugs, SASSI-2(Substance Abuse Subtle Screening), a psychology measuring instrument was used, containing 8 scales which are Family friends risk, Attitude, symptom, Obvious attributes, subtle attributes, Defensiveness, Supplemental addiction measure dan Correctional. Meanwhile, religiosity instrument is used for the purpose of measuring the practice of religious duties. From the independent sample t-test and Multivariate Analysis of Variance (MANOVA) conducted, differences in the pattern of substanceabuseamong male and female students were identified. The result of multivariate analisis covariate test (MANCOVA) showed that religiosity can be a determining factor in the tendency of students to be involved in substance abuse.*

***Keywords***: *Substance abuse, university student, gender, SASSI-2, religousity*

## 1. Introduction

The increase of moral-decadency related cases in Malaysia, especially among Muslims is certainly a cause of worry. To date, among the pressing issue is abuse of drugs. Abuse of drugs is a huge problem for the country. Every year, the number of addicts keep increasing whilst the existing statistics showing no sign of improving. Fast becoming a national agenda, the government is now putting their best effort to tackle the problem. Utmost concern is especially put on the risk of being infected by the Human Immunodeficency Virus (HIV) and AIDS (Aquired Immune Deficency Syndrome). The government all these years have utilized all its resources to work for the rehabilitation of drug addicts with the hope that they will realize their mistakes and change for the better (Ruzita binti Mokhtar, 2004).

In Malaysia, the issue of drugs abuse is not new. It has become a threat not only to individuals or families but also the country (Syed Amin 1995; Mahmood et al., 2005; Abdul Ghafar 1992; Ruslina 2004, Blau, 1994; Brown & Campbell, 1994),). In western countries, abuse of drugs is a critical problem. The increasing statistics of drugs abuse year by year signals the need for serious, concerted effort to be taken by all parties. Another cause of worry is the involvement of students of higher learning institutions in drugs abuse cases as seen from the 2002 to July 2008 statistics. The involvement of the cream-of-the-society group increases the call for educational institutions to work hand-in-hand in looking for solutions to combat the problem. Among the most prominent solution is to increase the religiosity mental-cognitive level in all disciplines of study as a foundation

Theterm 'drugs' iscommonlyassociatedwith medicines. Drugsisalso a material, whether original or artificial that can modifythewayourbody and mindworks. Drugsthatoriginatefrom natural resources are thosethatwereproducedusingplants, forexampleheroinwhichis a by-product of popiflower. Heroin can also be artificallymanufactured in laboratoriums as syntheticdrugs. Syntheticdrugs cause thesameeffectsas original drugs (Dewan Bahasa Pustaka, 2000).

AccordingtoWebster'sThird New International Dictionary, drugsisdefined as 'somethingused in dyingorchemicaloperation, orsubstanceused as a medicine or in making medicines forinternalorexternal use' (Webster 1969). Besidesthat, itisalsodefined as "*.....anychemical substances thatal teramoud, perceptionor consciousness and isabused, to the apparent detriment of society''* (Weiver 1970 in Mahmood Nazar Mohamed, 2005).The termabu semeanwhile, refers to the activity oraction that violates the actual purpose of something. In thiscontext, abuse of drugsisusually a labelputontheaction done bydrugaddicts. Withtherising number of drugaddicts in the country, aneasy solution for the complex problema seems no longera vailable (Lindesmith 1968 in Abdullah Al-Hadi Haji Muhammad & Iran Herman, 1992).

Particularly in this study,the term 'drugs abuse'is understood as : students who are prone to abuse drugs will experience problematic relationship with other students, lecturers, peers and parents. Students who are prone to abusing drugs will also affect their health and well-being and/or affecting the health and well-being of other students, lecturers, peers and parents.

Given the strong empirical link between substance use and a variety of problems that adversely impact adolescent health (e.g., motor vehicle accidents, school problems, delinquency, violence), researchers have invested considerable effort in the identification of risk and protective factors for the use and abuse of alcohol, tobacco, and other drugs. Despite the fact that past research has found religion to be one of the most consistently replicated correlates of nonabuse, it is seldom acknowledged in the risk/protective factor research literature (Gorsuch, 1988). For example, an extensive review of key risk and protective factors, published by the federal Office of Substance Abuse Prevention (OSAP), listed over 100 specific risk and protective factors but omitted any reference to religion (Gopelrud, 1992).

Research that includes religion (e.g., attendance, salience, denomination) often treats it asa non-focal or "control" variable, as evidenced by the failure to discuss its relationship with substance use in either the abstract or the text of published articles—even when it has been found to be the most significant variable in the study (Gorsuch, 1988). Although there has been an increase in the amount of research on the relationship between religion and substance use in recent years (see Johnson et al., 2002, for a review), much of the literature that recognizes religion as an important correlate of substance use focuses on the "lack" of religion as a *risk factor* for increased use (e.g., Bry et al. 1982; Newcomb et al., 1987; Maddahian et al., 1988; Hawkins et al., 1992). Although researchers have used a variety of samples, research methods and measures of substance use and religiosity, the data generally suggest that young people who are more religiously inclined (e.g., attend religious services, say religion is important) are less prone to use drugs than their less religiously inclined counterparts (see Gorsuch, 1995 and

Johnson et al., 2002, for reviews). Accordingly rather than focusing on the lack of religion as a risk factor, the present studyconceptualizes the presence of religion as a protective factor. Specifically, it is hypothesized that religion will 1) predict abstinence from substance abuse among youth, irrespective of their race, and 2) help to account for the consistent finding of race differences in substance use.

Research has indicated that the pathways leading to careers related to drugs abusediffer for men and women. Relationship with men is related more significantly to the beginning of women's drug-using careers (Rosenbaum 1980). Women more often exit drug careers for family reasons than men. Meanwhile, Anderson (1998) discovered that gender socialization and stratification can partially explain the processes leading to drug abuse and termination from it. Using an identity-based approach, she found gender socializationto be a crucial explanation of the acquisition of drug-related identities. Anderson's findings support Henderson and Boyd's (1992) research with gender scripts and addiction; departure from masculine and feminine scripts early on accounted for early and troubling marginalization experiences. Gender deviations accounted for an important source of identity dissatisfaction. Moreover, experiences with sexual and physical abuse may play a fundamental role in the substance abuse process, especially for females, given the now substantial literature on this topic. It is currently difficult to ascertain the degree to which sexual and physical abuse plays a role in male drug abuse, since it is far less documented. However, correlates of female substance use include inappropriate sexual activity with an adult when they were children (e.g., child abuse), caretaker responsibilities for siblings and other relatives, rigid and regular domestic

responsibilities (e.g., cleaning the house, cooking for members, earning money to support family-see Anderson 1998), and early parenthood. Anderson and Bondi (1998) uncovered gender differences in terminating drug abuse or in exiting the drug addict role. Once again, these differences closely parallel cultural norms and socialization experiences regarding femininity and masculinity. Women's exit processes centered more on the personal and emotional aspects of drug-related experiences while men focused more on external and financial ones.Pilkington's (forthcoming) research on recreational cocaine use shows that men's andwomen's patterns of use differed and paralleled their social positions. Women were more likely than men tostop cocaine use if it hindered their work or family responsibilities. They also paid for the drug less often than men.

Studies on drugs abuse are not limited to medical and legal research but also socio-religious studies, especially from the perspective of psychology. Two levels are involved in this perspective, which are data collection using questionnaires with a psychometric psychology instrument and intervention programs. The medical perspective also involves two levels. The first level is laboratory testings – blood test or urine test while the second level is self report. (Winters et al., 2002).

Realizing religion as an important yardstick, this research enjoins religious factor with symptoms of drugs abuse. Plenty of research have been done to observe the connection between behaviours related to drugs abuse with religiosity. Findings of previous research display a smilar trend - religion acts as an internal controlling-force crucial to avoid an individual from getting involved drugs abuse (Nik Mohd. Zaini, 1991. Paulo Dalgalarrondi et al, 1998. Nazrul, 2000. Merrill Ray M et all, 2001). Research done by Melissa S. S., Eric A. S., Gary R. G.,

Erin M. K. & Audrey L. B. (2004) meanwhile identified the relationship between religiosity and alcohol and drugs abuse.The impacts of religion on efforts to combat drugs and alcohol abuse are already documented. The National Center on Addiction and Substance Abuse at Columbia University – CASA (2001) has found that religion and spirituality possess huge potential in reducing the risk of drugs abuse among teenagers and adults, especially when combined with professional treatment for rehabilitation purpose (in Kasmini Kassim et.al, 2002).

## 2. Methode

Thisresearchusedthe SASSI-2 (*The Substance Abuse Subtle Screening Inventory*) psychometric designed by Dr. Glenn A. Miller (1997) to identify abuse of drugs. The SASSI-2 instrument consists of 72 items measuring 8 scales related to intake of drugs. Among the scales are:

a. *Family-Friends Risk*is the concept of drug intake influenced by family and friends
b. *Attitudes* is the concept in one's mind on the good or bad of taking drugs
c. *Symptoms* is the cause or general matters relating to abuse of drugs
d. *Obvious attributes*is the scale which shows the level of an individual's *impulsiveness, low tolerance for frustration and impatience*which lead to abuse of drugs
e. *Subtle attributes* is a scale that is not directly related to intake of drugs. Psychologically, the scale measures an individual's internal attributes.

f. *Defensiveness* means self-defence, and according to SASSI scale as the desire of an individual to recognize a problem and works his best to solve it

g. *Sipplemental addiction measure* is the scale that is used to predict whether a person possesses defensiveness traits or is tempted easily to take drugs

h. *Correctional* is the scale designed to predict the potential of an individual to violate law in the future.

To measure religiosity level, an instrument designed by Asmahan Mokhtar (2008) was adapted to suit the research. The instrument was used to measure the level of religious practice and appreciation among teenagers according to their individual religious beliefs. The instrument contains 15 items.The research was done in National University of Malaysia using 1000 first-year undergraduate students of the 2009/2010 academic session as sample of study. The samples were chosen using random sampling and were still in their teenage years. Questionnaires were administered in residential colleges in stages. Data collected were analysed using descriptive statistics' quantitative and inferential approaches with the help of SPSS version 18 package.

## 3. Results

Table1.Difference in SASSI-2 Scale between male and female

| Scale SASSI-2 | Gender | N | Mean | S D | df | t | p |
|---|---|---|---|---|---|---|---|
| Family-Friends | Male | 271 | 1.55 | 1.39 | 997 | 3.854 | .000 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Risk Attitude | Female | 728 | 1.21 | 1.19 | | | |
| | Male | 271 | 2.15 | 1.66 | 997 | 2.004 | .045 |
| Symptoms | Female | 728 | 1.93 | 1.53 | | | |
| | Male | 271 | 1.89 | 1.09 | 997 | 2.844 | .005 |
| Obvious Attributes | Female | 728 | 1.68 | 1.07 | | | |
| | Male | 271 | 4.35 | 1.59 | 997 | 6.807 | .000 |
| Subtle Attributes | Female | 728 | 3.67 | 1.32 | | | |
| | Male | 271 | 2.18 | 1.64 | 997 | 4.614 | .000 |
| Defensiveness | Female | 728 | 1.69 | 1.44 | | | |
| | Male | 271 | 6.69 | 2.22 | 997 | -2.688 | .007 |
| Supplemental Addiction Correctional | Female | 728 | 7.09 | 2.11 | | | |
| | Male | 271 | 1.44 | 1.26 | 997 | 4.117 | .000 |
| | Female | 728 | 1.11 | 1.11 | | | |
| | Male | 271 | 9.45 | 1.82 | 997 | -2.303 | .021 |
| | Female | 728 | 9.76 | 1.94 | | | |

$p<0.05^*$

As shown in the table above, analysis using independent sample t-test shows that there are differences between male and female in all 8 scales of SASSI-2. At the *family friends risk*scale, t=3.854, p<0.05, it is recorded that male (mean=1.55 andSD=1.39) shows higher value compared to female (Mean=1.21 and SP=1.19) while for *Attitude* scale, t=2.004, p<0.05 male (mean=2.15 and SD=1.66) also records higher value than female (Mean=1.83 and SD=1.53).

The same trend is seen for scales *symptom*with t=2.844, p<0.05, male (mean=1.89 and SD=1.09) and female (Mean=1.68 and SD=1.07) and *Obvious attributes* t=6.807, p<0.05 male (mean=4.35 and SD=1.59) and female (Mean=3.67 and SD=1.32). For *subtle attributes*scale, the t value recorded is

t=4.614, p<0.05 with male (mean=2.18 and SD=1.64) higher than female (Mean=1.69 and SD=1.44) while *supplemental addiction measure*recordst=4.117, p<0.05 where male (mean=1.44 and SD=1.26) still overpowering female (Mean=1.11 and SD=1.11). A different pattern however can be seen on scales *Defensiveness*and*Correctional.* For Defensiveness scale, the t value recorded is t=-2.688, p<0.05 with male (mean=6.69 and SD=2.22) lower than female (Mean=7.09 and SD=2.11) while for *Correctional*scale, t=2.303, p<0.05 where male (mean=9.45 and SD=1.82) is also lower than female (Mean=9.76 and SD=1.94).

**Table 2: Tests of Between-Subjects Effects**

| Source | Dependent Variable | Type III SS | df | MS | F | |
|---|---|---|---|---|---|---|
| Gender | | 23.094 | 1 | 23.094 | 14.851 | 000 |
| | B. Attitude | 9.879 | 1 | 9.879 | 4.017 | 045 |
| | C. Symptoms | 9.395 | 1 | 9.395 | 8.089 | 005 |
| | D. Obvious Attributes | 90.756 | 1 | 90.756 | 46.340 | 000 |
| | E. Subtle Attributes | 47.659 | 1 | 47.659 | 21.289 | 000 |
| | F. Defensiveness | 33.014 | 1 | 33.014 | 7.226 | 007 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | G. Supplemental Addiction Measure | 22.433 | 1 | 22.433 | 16.947 | 000 |
| | H. Correctional | 19.246 | 1 | 19.246 | 5.305 | 021 |
| Error | Family-Friends Risk | 1550.397 | 997 | 1.555 | | |
| | Attitude | 2452.057 | 997 | 2.459 | | |
| | Symptoms | 1157.893 | 997 | 1.161 | | |
| | Obvious Attributes | 1952.613 | 997 | 1.958 | | |
| | Subtle Attributes | 2231.981 | 997 | 2.239 | | |
| | Defensiveness | 4554.842 | 997 | 4.569 | | |
| | Supplemental Addiction Measure | 1319.719 | 997 | 1.324 | | |
| | Correctional | 3616.966 | 997 | 3.628 | | |

A.$R^2$ =.015 (1.5%), B. $R^2$=.004 (0.4%), C. $R^2$=.008 (0.8%),

D. $R^2$=.044 (4.4%), E. $R^2$=.021 (2.1%), F. $R^2$=.007 (0.7%),

G. $R^2$=.017 (1.7%) Dan H. $R^2$=.005 (0.5%) Dengan P<0.05

$p<0.05^*$

Using multivariate analisis of variance (MANOVA) as shown in table 2, it was determined that there was a significant

influence of gender on Family-Friends Risk, 1.5% ($R^2$ =.015 with$F_{(1,997)}$=14.851, p<0.05), Attitude, 0.4% ($R^2$ =.004 with $F_{(1,997)}$= 4.017, p<0.05), Symptoms, 0.8% ($R^2$ =.008 with $F_{(1,997)}$= 8.089, p<0.05), Obvious Attributes, 4.4% ($R^2$ =.044 with $F_{(1,997)}$= 46.340, p<0.05) and Subtle Attributes, 2.1% ($R^2$ =.021 with $F_{(1,997)}$= 21.289, p<0.05). Meanwhile Defensiveness scale records a value of 0.7% ($R^2$ =.007 with $F_{(1,997)}$= 7.226, p<0.05), Supplemental Addiction Measure, 1.7% ($R^2$ =.017 with $F_{(1,997)}$= 16.947, p<0.05) and Correctional, 0.5% ($R^2$ =.005 with $F_{(1,997)}$= 5.305, p<0.05). To further extend the analysis of Multivaria analysis of covariance (MANCOVA), a correlation test between religiosity and SASSI-2 sub-scales is needed.

**Table 3. Relationship between religiosity and SASSI-2 scales**

| Dependent variable | Religiosity (Independent variable) | |
|---|---|---|
| | r | *p* |
| Family-Friends Risk | -.226** | .000 |
| Attitude | -.116** | .001 |
| Symptoms | -.160** | .000 |
| Obvious Attributes | -.136** | .000 |
| Subtle Attributes | -.266** | .000 |
| Defensiveness | .271** | .000 |
| Supplemental Addiction Measure | -.246** | .000 |
| Correctional | .344** | .000 |

As shown in Table 3 above, using Pearson correlation, it can be seen that there is a significant relationship between religiosity factors as an independent variable with all 8 SASSI-2 measuring scales. It is identified that religiosity is negatively related significantly with *Family-Friends Risk*scale with r value of r= - 2.26, *attitude*at r= -.116, *symptoms* at r= -1.60, *Obvious Attributes*at *r*=-.136, *Subtle Attributes*at *r*=-.266 and*Supplemental Addiction Measure*scale at *r*=-.246 with significance level of $k<0.05$.The negative relationship implies that the higher religiosity level an individual possesses, the lower the risk of family influence *(Family-Friends Risk)*, tendency in attitude to take drugs *(Attitudes)*, general symptoms of drug intake *(Symptoms)*, obvious behaviours to take drugs *(Obvious attributes)*, internal negative drive *(Subtle attributes)*and ease of drug intake *(Suplemental addiction measure)*.

It can also be seen from the above table that religiosity is also positively related significantly with *Defensivenesss*scale with r=2.71 and *Correctional*with*r*=.344. The positive relationship implies that the more religious an individual is, the more he is able to defend himself from being involved in drugs abuse*(Defensiveness)* and the higher the awareness he possesses on the rules and laws concerning drugs abuse*(Correctional)*. The results of correlation test fulfill the conditions of MANCOVA test, that is to determine the influence of religious covariate on SASSI-2 sub-scale.

**Table 4: Tests of Between-Subjects Effects**

| Source | Dependent Variable | Type III SS | df | M S | F |
|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Religiosity | A. Family-Friends Risk | 69.955 | 1 | 69.955 | 47.064 | 000 |
| | B. Attitude | 12.670 | 1 | 12.670 | 5.173 | 023 |
| | C. Symptoms | 44.300 | 1 | 44.300 | 39.622 | 000 |
| | D. Obvious Attributes | 22.730 | 1 | 22.730 | 11.731 | 001 |
| | E. Subtle Attributes | 138.200 | 1 | 138.200 | 65.741 | 000 |
| | F. Defensiveness | 315.346 | 1 | 315.346 | 74.085 | 000 |
| | G. Supplemental Addiction Measure | 70.312 | 1 | 70.312 | 56.052 | 000 |
| | H. Correctional | 412.537 | 1 | 412.537 | 128.225 | 000 |
| Gender | Family-Friends Risk | 11.864 | 1 | 11.864 | 7.982 | 005 |
| | Attitude | 6.505 | 1 | 6.505 | 2.656 | 103 |

| | | | | | |
|---|---|---|---|---|---|
| | Symptoms | 3.964 | 1 | 3.964 | 3.546 |
| | | | | | .060 |
| | Obvious Attributes | 75.132 | 1 | 75.132 | 38.775 |
| | | | | | .000 |
| | Subtle Attributes | 24.884 | 1 | 24.884 | 11.837 |
| | | | | | .001 |
| | Defensiveness | 8.468 | 1 | 8.468 | 1.989 |
| | | | | | .159 |
| | Supplemental Addiction Measure | 11.374 | 1 | 11.374 | 9.067 |
| | | | | | .003 |
| | Correctional | 1.369 | 1 | 1.369 | .426 |
| | | | | | .514 |
| Error | Family-Friends Risk | 1480.443 | 996 | 1.486 | |
| | Attitude | 2439.387 | 996 | 2.449 | |
| | Symptoms | 1113.593 | 996 | 1.118 | |
| | Obvious Attributes | 1929.884 | 996 | 1.938 | |
| | Subtle Attributes | 2093.781 | 996 | 2.102 | |
| | Defensiveness | 4239.496 | 996 | 4.257 | |
| | Supplemental Addiction Measure | 1249.407 | 996 | 1.254 | |

| | | | |
|---|---|---|---|
| Correction al | 3204.429 | 99 6 | 3.217 |

A. $R^2$ = .059 (5.9%), B. $R^2$= .009 (0.9%), C. $R^2$= .046 (4.6%), D. $R^2$= .056 (5.6%), E. $R^2$= .082 (8.2%), F. $R^2$= .076 (7.6%), G. $R^2$= .069 (6.9%) Dan H. $R^2$= .119 (11.9%) dengan $p<0.05$

$p<0.05^*$

Using the multivariate analisis of covariance (MANCOVA) as shown in table 4, the gender multivariate test on SASSI-2 sub-scales with religious factor on SASSI-2 can be compared. Findings of the research show that religious factor increased the influence of *Family-Friends Risk*by 5.9% ($R^2$ =.059 with $F_{(1,996)}$= 47.064, $p<0.05$), *Attitude* by 0.9% ($R^2$ =.009 with $F_{(1,997)}$= 5.173, $p<0.05$) and *Symptoms*by 4.6% ($R^2$ =.046 with $F_{(1,997)}$= 39.622, $p<0.05$). The same trend is also seen on other scales. An improvement of 5.6% ($R^2$ =.056 with $F_{(1,997)}$= 11.731, $p<0.05$) is seen on *Obvious Attributes*, 8.2% ($R^2$ =.082 with $F_{(1,997)}$= 65.741, $p<0.05$) on *Subtle Attributes*, 7.6% ($R^2$ =.076 with $F_{(1,997)}$= 74.085, $p<0.05$) on*Defensiveness*, 6.9% ($R^2$ =.069 with $F_{(1,997)}$= 56.052, $p<0.05$) on*Supplemental Addiction Measure* and 11.9% ($R^2$ =.119 with $F_{(1,997)}$= 128.225, $p<0.05$) on*Correctional*scale.

**4. Discussion**

Using the psychometric approach, the most interesting finding of the research as seen in Table 1 above is how the phenomenon measured using SASSI-2 was able to display religious factor as a covariate factor to SASSI-2 scale. This finding is in line with those found in previous research. Chitwood, Weiss and Leukefeld (2008) did a study on the

relationship between abuse of drugs and religion focusing on the theme *Organizational religiosity* (e.g., Benda et al., 2006; Bowie et al., 2006; Drumm et al., 2001; Wallace et al., 2003).

*Religious coping* refers to religious behaviors and activities that people engage in to cope with stress or difficult life situations. Examples of religious coping include praying to God for assistance or emotional support, reading scriptures for comfort, and discussing problems with ministers or chaplains. Religious coping was investigated in two articles (Bazargan, Sherkat, &Bazargan, 2004; Cecero& Fried, 2005). *Religious belief* is a cognitive dimension of religiosity. Twentytwo articles examined religious belief. At its most basic level, this dimension can be tapped with questions such as "do you believe in God?" (Sutherland & Shepherd, 2001) or "do you believe in life after death?" (Humphrey Taylor 2003). Several articles, however, measured religious belief in terms of adherence to and/ or respect for specific religious teachings, principles, and rituals. Some articles referred to this dimension as "fundamentalism" (e.g., Brown, Parks, Zimmerman, & Phillips, 2001; Galen & Rogers, 2004; Miller et al., 2001).

Religion is a crucial mental representative for an individual to counter all negative influences and elements in his or her surrounding. It is a supranatural controlling instrument that assists human in discriminating between good and evil. It is assumed that religious education conveyed to students were limited to intellectual intelligence and did not sink into shaping an individual's religious mental-cognitive (read : religion-based thinking style), which guides him in believing that a person of success is one whose acts and attitudes are those which please God. Materialism, which is the primary motivation for individuals today as a measure of success is the agent of

corrupted values among teenagers, far from what is aimed by the nation and religion itself.

Families with parents living hectic lives and having only limited time for their children's religious education is also among the prominent causes for the occurence of drugs abuse problem. Offsprings brought up with sufficient material needs but thirsty of religious education often grow up with low self-control. Previous research have shown that working parents who neglect their children's religious education often end up having their children involved in gangsterism.

## 5. Conclusion and Recommendation

The most prominent discovery of SASSI-2 lies in the strength of the instrument in projecting the internal behaviour of teenagers which contribute the most to their tendency to involve in drugs abuse. This research is hoped to encourage religious education to be given more emphasis as the foundation in shaping attitudes and behaviours of youths, particularly teenagers as the youths are the future of a civilization. The research has significantly justified that the role of religious education in combatting the issue of drugs abuse should not be taken lightly.

## REFERENCES


AADK (2008) Drugs Abuse Report January Until July 2008. Agensi Anti Dadah

Abdul Ghafar Taib. 1992. Drugs Kill. Jil.1. Kuala Lumpur: Delmu (M) Sdn. Bhd.

Abdullah Al-Hadi Haji Muhammad & Iran Herman. 1992. Drug Addiction. Agensi Dadah Kebangsaan. Guidelines for relapse program.

Anderson. T. 1998. "Drug Identity Change Processes, Race, and Gender. II. Microlevel Motivational Concepts." Substance Use and Misuse. 33(12):2469

Anderson, T. and L. Bondi. 1998. "Exiting the Drug Addict Role: Variations by Race and Gender." Symbolic Interaction 21(2): 155-74.

Bazargan, S., Sherkat, D., & Bazargan, M. 2004 Religion and alcohol use among African-American and Hispanic inner-city emergency care patients. *Journal for the Scientific Study of Religion, 43*, 419-428.

Benda, B., Pope, K., Kelleher, K. J. (2006). Church attendance or religiousness: Their relationship to adolescents' use of alcohol, other drugs and delinquency. *Alcoholism Treatment Quarterly, 24(1-2), 75-87.*

Blau, T.H. 1994. Psychological services forlaw enforcement. New York: John Wiley & Sons.

Bowie, J. V., Ensminger, M. E., & Robertson, J. A. (2006). Alcohol-use problems in young black adults: Effects of religiosity, social resources, and mental health. Journal of Studies on Alcohol, 67, 44-53.

Brown, J.M. & Campbell, E.A. (1994). Stress and policing: Sources and strategies. New York: John Wiley & Sons.

Dewan Bahasa dan Pustaka. 2000. Pustaka Dewan, Kuala Lumpur, Dewan Balai Pustaka.

Brown, T. L., Parks, G. S., Zimmerman, R. S., & Phillips, C. M. (2001). The role of religion in
predicting adolescent alcohol use and problem drinking. Journal of Studies on Alcohol, 62,
696-705.

Bry, B. H., McKeon, P., & Pandina, R. J. (1982). Extent of drug use as a function of number of risk factors. Journal of Abnormal Psychology, 91, 273-279.

Cecero, J. & Fried, A. (2005). Parental rejection and religiosity: Differential predictors of mood and substance abuse. Research in the Social Scientific Study of Religion, 16, 185-206.

Maddahian, E., Newcomb, M. D., & Bentler, P. M. (1998). Risk factors for substance use: Ethnic differences among adolescents. Journal of Substance Abuse, 1, 11-23.

Chitwood, D., Weiss, M., & Leukefeld, C. (2008). A systematic review of recent literature on religiosity and substance use. Journal of Drug Issues 38 (3), 653-688.

Drumm, R. D., McBride, D. C., Allen, K., Baltazar, A., & McCoy, C. (2001). Protective effects of religion: Drug uses, HIV risk, and violence. Journal of Addictions Nursing, 13(2), 83-93.

Galen, L. W., & Rogers, W. M. (2004). Religiosity, alcohol expectancies, drinking motives, and their interaction in the prediction of drinking among college students. Journal of Studies on Alcohol, 65, 469-476.

Goplerud, E. N. (Ed.) (1992). Breaking new ground for youth at risk: Program summaries.

USDHHS, OSAP Technical Report-1. DHHS Pub. No. (ADM) 92-1658.

Gorsuch, R. L. (1988). Psychology of religion. Annual Review of Psychology, 39, 201-221.

Hawkins, J. D., Catalano R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for prevention. Psychological Bulletin, 112, 64-105.

Herrmann,D. Scott.2001. An Experimental Validation Study of the SASSI: Predicting Alcohol Related Behavior in Law Enforcement ApplicantsJournal of Police and Criminal Psychology, , Volume 16, Number 2.

Henderson, D. and C. Boyd. 1992. "Masculinity, Femininity, and Addiction". Pp. 153-66 in Drugs. Crime and Social Policy, edited by T. Mieczkowski. Boston: Allyn and Bacon.

Humphrey Taylor (2003). The Religious and Other Beliefs of Americans. The Harris Poll

IPPBM (2008) Introduction to Drugs Among Youths. Institut Penyelidikan Pembangunan Belia Malaysia, Kementerian Belia dan Sukan Malaysia. KBS.

Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2002). Monitoring the Future National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students. (NIH Publication No. 02-5106). Bethesda, MD: National Institute on Drug Abuse.

Kasmini Kassim, Teoh Hsien Jin, Lim Gaik Suan, Zaireeni Azmi. 2002. Juvenile delinquence: A research report. Kuala Lumpur: Yayasan Pencegahan Jenayah Malaysia.

Kementerian Pelajaran Malaysia. 1983. Combattingdrugs abuse through counseling. Kuala Lumpur: Dewan Bahasa Dan Pustaka.

Leslie, L. 2008. Alcohol and drug use among teenagers. Canadian Medical Association Journal. 178(2): 149.

Mahmood Nazar Mohamed, Sabitha Marican, Nadiyah Elias & Yahya Don. 2005. Profile and factors for drugs abuse among teenagers : Input for anti drugs-abuse educational programs. Prosiding Seminar Penyelidikan Pembangunan Generasi Muda: Realiti muda: melangkah ke hadapan,31-49.

Mahmood Nazar Mohamed. 2005. Introduction to psychology: Basic introduction to foundations of human heart and behaviours. Kuala Lumpur: Dewan Bahasa dan Pustaka.

Malaysia: Agensi Dadah Kebangsaan Kementerian Dalam Negeri.

Miller, C., Freeman, M., Ross, N. (2001). Interprofessional Practice in Health and Social Care. Challenging the Shared Learning Agenda. London: Arnold

Miller, Glenn A. (1997). Adolescent Substance Abuse Subtle Screening Inventory - 2 (SASSI-A2), Bloomington, Indiana: The SASSI Institute.

Myerholtz, Linda & Rosenberg, Harold. 1998. Screening College Students for Alcohol Problems: Psychometric Assessment of the SASSI-2, Journal of Studies on Alcohol, Vol. 59.

Newcomb, M. D., Maddahian, E., Skager, R., & Bentler, P. M. (1987). Substance abuse and psychosocial risk factors among teenagers: Associations with sex, age, ethnicity,

and type of school. American Journal of Drug and Alcohol Abuse, 13, 413-433.

Ruzita binti Mokhtar. 2004. Drugs Abuse, http://www.islam.gov.my/e-rujukan/

Rosenbaum. M. 1980. Women on Heroin. New Brunswick. NJ: Rutgers University Press.

Sutherland, I. and Shepherd, J.P., (2001). Social dimensions of adolescent substance use. Addiction (2001) 96, 445–458

Wallace JM Jr, Brown TN, Bachman JG, LaVeist TA. (2003). The influence of race and religion on abstinence from alcohol, cigarettes and marijuana among adolescents. J Stud Alcohol. 64(6):843-848.

Winters, K.C., Latimer, W.W & Stinchfield, R. (2002) Clinical issues in the assessment of adolescent alcohol and other drug use, Behaviour Research and Therapy, 40, 1443–1456. York: John Wiley & Sons.