

## Religious Beliefs and Substance Use among Adolescents

Adolescent substance use is a public health concern, even though rates have trended downward in recent years.<sup>1</sup> Studies have found associations between stronger religious beliefs and lower levels of substance use.<sup>2,3</sup> This NSDUH spotlight examines the importance that adolescents aged 12 to 17 place on religious beliefs and the association with selected substance use measures.

This spotlight first presents trends<sup>4</sup> on the importance of religious beliefs in adolescents' lives. Adolescent respondents were classified into two groups based on whether they (1) agreed or strongly agreed or (2) disagreed or strongly disagreed with the statement that religious beliefs are a very important part of their lives.<sup>5</sup> This spotlight then presents estimates of past month and past year substance use for selected substances by importance of religious beliefs and by sex and federal poverty level (FPL). Trend estimates of religious beliefs are based on data from the 2022-2025 surveys, whereas prevalence estimates of substance use are annual averages based on pooled data from the 2022-2025 surveys.

In 2025, more than two thirds of adolescents (68.4%) agreed or strongly agreed that religious beliefs were very important in their lives. This percentage increased from 60.8% in 2022.

### Agree or Strongly Agree That Religious Beliefs Are Very Important in Life: Among Adolescents Aged 12 to 17; Percentages, 2022-2025

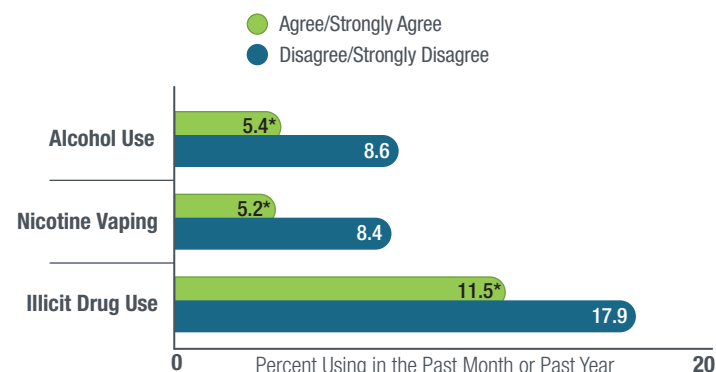


NOTE: Adolescents with unknown religious beliefs data were excluded from the analysis.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022-2025.

Percentages for past month alcohol use, past month nicotine vaping, and past year illicit drug use were lower among adolescents who agreed or strongly agreed than among those who disagreed or strongly disagreed that religious beliefs were very important. The corresponding estimates were 5.4% versus 8.6% for alcohol use, 5.2% versus 8.4% for nicotine vaping, and 11.5% versus 17.9% for illicit drug use.

### Substance Use in the Past Month or Past Year: Among Adolescents Aged 12 to 17; by Agreement That Religious Beliefs Are Very Important in Life, Annual Averages, 2022-2025



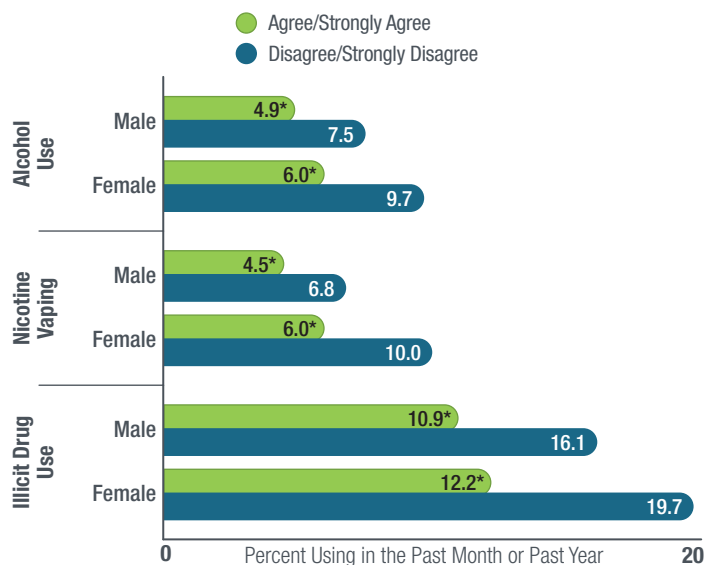
\* The difference between this estimate and the estimate for adolescents who disagree or strongly disagree that religious beliefs are a very important part of their lives is statistically significant at the .05 level.

NOTE: Estimates represent past month alcohol use, past month nicotine vaping, and past year illicit drug use.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022-2025.

This same pattern was observed among male and female adolescents for all three substance use measures. Estimates were lower among males who agreed or strongly agreed than among those who disagreed or strongly disagreed for past month alcohol use (4.9% vs. 7.5%), past month nicotine vaping (4.5% vs. 6.8%), and past year illicit drug use (10.9% vs. 16.1%). The corresponding estimates among females were 6.0% versus 9.7% for alcohol use, 6.0% versus 10.0% for nicotine vaping, and 12.2% versus 19.7% for illicit drug use.

### Substance Use in the Past Month or Past Year: Among Adolescents Aged 12 to 17; by Sex and Agreement That Religious Beliefs Are Very Important in Life, Annual Averages, 2022-2025



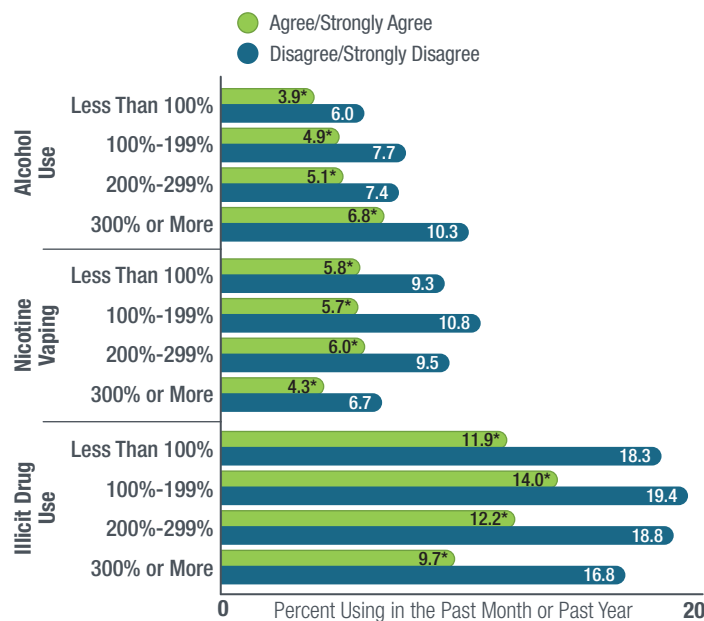
\* The difference between this estimate and the estimate for adolescents who disagree or strongly disagree that religious beliefs are a very important part of their lives is statistically significant at the .05 level.

NOTE: Estimates represent past month alcohol use, past month nicotine vaping, and past year illicit drug use.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022-2025.

A similar pattern was observed within each FPL category. Among adolescents with family incomes below 100% of the FPL, estimates were lower among those who agreed or strongly agreed than among those who disagreed or strongly disagreed for the three substance use measures. The corresponding estimates were 3.9% versus 6.0% for past month alcohol use, 5.8% versus 9.3% for past month nicotine vaping, and 11.9% versus 18.3% for past year illicit drug use. The same pattern was observed within the FPL categories of 100%-199%, 200%-299%, and 300% or more.

### Substance Use in the Past Month or Past Year: Among Adolescents Aged 12 to 17; by Federal Poverty Level and Agreement That Religious Beliefs Are Very Important in Life, Annual Averages, 2022-2025



\* The difference between this estimate and the estimate for adolescents who disagree or strongly disagree that religious beliefs are a very important part of their lives is statistically significant at the .05 level.

NOTE: Estimates represent past month alcohol use, past month nicotine vaping, and past year illicit drug use.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022-2025.

These analyses are cross-sectional and describe associations between the importance that adolescents place on religious beliefs and selected substance use measures. The findings should not be interpreted as evidence that religious beliefs reduce substance use or that substance use affects the importance that adolescents place on religious beliefs. However, a consistent pattern of lower substance use was observed among adolescents who reported that religious beliefs were a very important part of their lives across multiple substances and demographic subgroups.

## Definitions

**Nicotine vaping** refers to the use of an e-cigarette or other vaping device to vaporize (i.e., vape) nicotine.

**Alcohol use** refers to having more than a sip or two of an alcoholic drink. **Illicit drug use** includes the use of marijuana, cocaine, heroin, hallucinogens, inhalants, or methamphetamine, as well as the misuse of prescription drugs (pain relievers, tranquilizers, stimulants, or sedatives). Misuse of prescription drugs means use in any way not directed by a doctor, such as use without a prescription of one's own, or use in greater amounts, more often, or longer than told to take a drug.

**Federal poverty level (FPL)** is defined based on family size, number of children in the household, and total family income. The FPL is calculated as a percentage of the U.S. Census Bureau's poverty level amount by dividing the total family income by the appropriate poverty threshold amount.

## Endnotes

1. National Institute on Drug Abuse. (2025). *Reported use of most drugs remains low among U.S. teens*. <https://nida.nih.gov/news-events/news-releases/2025/12/reported-use-of-most-drugs-remains-low-among-us-teens>
2. Carrà, G., Bartoli, F., Canestro, A., Capogrosso, C. A., Bebbington, P. E., & Crocamo, C. (2023). Influence of intrinsic and extrinsic religiosity on youth cannabis use: A structural equation modelling analysis on National Survey on Drug Use and Health (NSDUH) 2015–2019. *Journal of Psychiatric Research*, 166, 178–185. <https://doi.org/10.1016/j.jpsychires.2023.09.016>
3. Edlund, M. J., Harris, K. M., Koenig, H. G., Han, X., Sullivan, G., Mattox, R., & Tang, L. (2010). Religiosity and decreased risk of substance use disorders: Is the effect mediated by social support or mental health status? *Social Psychiatry and Psychiatric Epidemiology*, 45(8), 827–836. <https://doi.org/10.1007/s00127-009-0124-3>
4. Linear trend testing indicates whether estimates have decreased, increased, or showed no change over the period of 2022-2025. Linear trends were considered statistically significant at the .05 level.
5. Adolescent respondents with unknown religious belief data were excluded from the analysis.

## Data Source

The **National Survey on Drug Use and Health (NSDUH)** is a household survey of people aged 12 or older. NSDUH collects information on substance use, mental health, and receipt of substance use and mental health treatment in the United States. NSDUH uses a complex sampling method. Interviews are conducted in person and via the web. Estimates presented are weighted to represent the noninstitutionalized, civilian U.S. population.