PSYCHOLOGICAL FACTORS PREDICTING ADOLESCENTS INVOLVEMENT IN DRUG USE IN IBADAN SOUTH-EAST LOCAL GOVERNMENT IBADAN, OYO STATE, NIGERIA

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ABSTRACT

Drug use among adolescents places a significant threat to the social, health, economic life of the families, society and the entire nations. The increased use of drug among adolescent globally has brought diverse problems such as increase in violence and crimes. Therefore, this study examines psychological factors predicting adolescent involvement in drug use in Ibadan, Oyo state. Nigeria

The study utilized cross-sectional survey design and three hundred and ninety-five participants were randomly selected from four secondary schools in Ibadan south-east local government with the mean age of 16.7 and standard deviation of 1.09. Data were collected using a 60-item structured questionnaire with five scales.

Three hypotheses were tested using zero-order correlation, multiple regression analysis, and stepwise regressions at p<0.05 level of significance. The result revealed that there was inversely significant relationship between involvement in drug and peer pressure (r =-.165, p<.01), The second results indicated that there was significant joint influence of peer pressure, risk propensity, self control and functional belief on involvement in drug use [F(4,390) =3.487, R2 = .035; p<.05] with the variables accounting for 4% of the variance in involvement in drug use. Further results show that peer pressure (β=-.183; p<.05) significantly independently predicted involvement in drug use.

The result showed that adolescent who lack self control, have high propensity for risk, hold a beneficial belief about drug use and give in to pressure from friends will involve in drug use, this result revealed how these factors predicted jointly involvement in drug use. Therefore, parents, and professionals should put measures in place to reduce adolescent's involvement in drug use.

Keyword: *Drug Use, Adolescents, and Psychological Factors,*

INTRODUCTION

Drugs are everywhere in our cities in Nigeria, motor parks, street corners, joints on campuses, uncompleted buildings, under flyovers and so on, which makes it easy for adolescent to have access to it. From a survey of Ring Road outlets in Benin City, Ajegunle in Lagos, Mabushi in Abuja, under flyover in Onitsha will astonish you of the number of youths involved in the intake of cannabis and other drugs (Abudu 2008; Oshodi, Aina & Onajole, 2010). Young people use substances for many of the same reasons adults do (to relieve stress or heighten enjoyment); however, there are some reasons for use that arise from needs specifically related to adolescent development. The urge to take chances, show autonomy and independence, establish values independent of parental and societal authority, signify admittance into a peer group, seek out unusual and exciting experiences, and fulfill curiosity are some sources of motivation to use drugs. Adolescent drug usage can range from occasional experimenting to serious substance use problems. Adolescents who use any substance, even experimental substance use, run the danger of experiencing short-term issues like overdosing, fights, fights, accidents, and inappropriate sexual engagement. Additionally, substance abuse hinders adolescent brain growth.

Adolescents who regularly use alcohol, cannabis (marijuana), nicotine, or other drugs during adolescence are more susceptible to the negative effects of substance use and are at higher risk of developing long-term consequences, such as mental health disorders, academic underachievement, a substance use disorder, and higher rates of addiction. Adolescents can easily use substances to satisfy their natural developmental desire to take risks and look for thrills in today's Western society. As adolescents become older, substance use is prevalent, and many of them will try alcohol before they graduate from high school. Even while occasional substance use is significantly less common, it is nonetheless hazardous and should not be

dismissed, overlooked, or tolerated by adults. Strong influences come from parental attitudes and the examples that parents set regarding their own use of alcohol, tobacco, prescription medicines, and other drugs.

Risk propensity, also known as a person's propensity to take risks, is a personality trait that can evolve over time as a result of experience (Sitkin and Pablo, 1992; Sitkin and Weingart, 1995). It is defined as a person's present tendency to take or avoid risks. When faced with risk and uncertainty, a person's decision-making may be significantly influenced by his willingness to incur or avoid risks (Keil et al., 2000). The adolescent stage is known as the experimental stage because this is the time when people desire to take advantage of any chance to experiment with the world around them without thinking about the serious repercussions. This explains why adolescents participate in risky activity.

One of the factors that influences teen drug misuse has been demonstrated to be peer pressure. As a kid gets closer to being a teenager, the impact of parents tends to diminish while the influence of peers grows stronger and more effective in dictating what activities adolescents will engage in. As a result of having to act in unison and follow the group's rules, peers in the same group develop their identities more fully. Teenagers begin using drugs as a result, despite their conviction that doing so is bad for their health. In addition, consuming drugs is viewed by peers as a sign of strength and the ability to disregard norms they learned from their parents or professors. Adolescents typically use drugs to satisfy their drive to fit in because they believe it will boost their self-esteem. In fact, Haynie (2002) discovered that teenagers derive their sense of self-worth from the group they are a part of and that they are unable to picture themselves acting differently from their peers. Youths lack power and have low self-esteem in the absence of a group. They consider their peers or friends to be an essential part of their lives, without which they would perish. The majority of risky behaviour among adolescents, including drinking, careless driving, and crime, takes place in peer groups, demonstrating the strength of peer pressure on adolescents.

Self-control is the capacity to manage one's feelings, thoughts, and actions. An essential component of mental and physical wellbeing over time is self-control. According to Moffitt et al. (2011), self-control in the first ten years of life can predict a variety of later-life outcomes, including income and financial security, physical and mental health, substance dependence, substance use, and social success. Individual variations in the capacity to postpone pleasure and to concentrate on future results are two factors associated to one's ability to exercise self-control (e.g., Bembenutty & Karabenick, 2004; Fujita & Carnevale, 2012; Milfont & Schwarzenthal, 2014). According to Aristotle, people who control their desires do so because their own are weak enough to do so. In order to function effectively in our environment, self-control is a necessary skill for accomplishing our objectives, succeeding in our undertakings, and thwarting selfish and potentially harmful urges. We practise self-control in response to an environment filled with incessant desires and temptations. Self-control is the conscious and intentional component of self-regulation and refers to our ability to change or override our own responses in order to bring them into compliance with societal and moral standards and to achieve our long-term goals (Baumeister et al., 2007). It is well-established in the literature that the prevalence of drug use is due to adolescents' failure to delay gratification and exercise self-control. Adolescents engage in illicit substance use because they lack the ability to control their emotions and conduct.

Functional beliefs are those that both explicitly and implicitly control our cognition, understanding of the world, perception of it, and behaviour. It frequently deviates from our openly expressed ideas. Functional beliefs typically work subconsciously because they are implicit. People maintain these kinds of beliefs because of the benefits they stand to gain from them, which helps to explain why they cling to them despite the repercussions. People form

certain beliefs about themselves, other people, and the world starting in their early years. Their core values are enduring perceptions that are so ingrained and profound that they frequently fail to express them, not even to themselves. The individual believes these concepts to be unquestionable realities, the way things "are" (Beck, 1987)

Drug usage is a widespread issue; 5.6% of people in the world between the ages of 15 and 64 reported using drugs at least once in 2016 (Nation, 2018). It has been established that, for the majority of drugs, younger people use drugs at higher rates than older people do. In many ASEAN (Association of Southeast Asian Nations) nations, drug usage is also on the rise, particularly among young men between the ages of 15 and 30. The Global Burden of Disease (GBD) study from 2013 (Degenhardt 2016) demonstrated the increased burden brought on by drug addiction among adolescents and young adults. Abuse of alcohol and other drugs accounts for about 14% of the total health burden among young males Cannabis is the drug of preference for these users (Holm et al., 2014), and younger people are also more likely to die from substance use disorders (Ritchie & Roser, 2019). The age group that is most vulnerable to addiction is adolescents (Luikinga et al., 2018). The adolescent years are the important period for beginning drug use, and young people between the ages of 18 and 25 are those who use drugs the most often (Nation, 2018).

Adolescents are more prone to experimenting, curiosity, peer pressure susceptibility, rebellion against authority, and low self-worth during this time, which renders them susceptible to substance misuse (Degenhardt 2016). Adolescence is a time when relationships between an individual and the many levels of the environment to which they are accustomed are typically changing. Diversification in adolescence is encouraged by variation in the nature and timing of these relationships, which can serve as sources of risk or protective factors throughout this stage of life (Ismail et al., 2015). To help young people reach their greatest potential and achieve the optimum health as they make the transition to adulthood, all of these variables are essential. Drug use prevents the growth of critical thinking and the acquisition of vital cognitive abilities, drug use hinders the successful transition to adulthood (Crews et al., 2014).

Drug-using adolescents are also said to have lower general health and well-being, greater rates of physical and mental illness, and other negative health outcomes (Schulte & Hser 2013). Early onset of mental and behavioural health issues, peer pressure, ill-equipped schools, poverty, inadequate parental supervision and relationships, a dysfunctional family structure, a lack of opportunities, loneliness, gender, and drug accessibility are a few risk factors (Somani & Meghani 2016). The increase rate of involvement in Drug Use among Adolescent has been overwhelming and its influences have been a thing to research into. Therefore, the study seeks to give answer to the following question: Will Psychological factors (Risk Propensity, Peer Pressure, Self-Control and Functional Belief) significantly independently and jointly predict Involvement in Drug Use among adolescent?

THEORETICAL BACKGROUND

Drug Abuse Theory

The CAP control theory emphasizes the interaction of the individual's style and the affective experience of drug use with the drug's pharmacogenic effect. These are the basic ingredients of the cognitiveaffective- pharmacogenic (CAP) control theory of addiction (Coghlan etal. 1973; Gold and Coghlan 1976). The cognitive style of the drug abuser is viewed as the pivotal factor in an individual's moving from drug experimentation to drug abuse. The

cognitive dimension will therefore be discussed first. There is a current trend in behavior therapy emphasizing cognitive approaches (Lazarus 1976; Mahoney 1977; Meichenbaum 1977). The major tenets of cognitive behavior therapy are that human behavior is mediated by unobservables that intervene between a stimulus and the response to that stimulus. Beliefs, sets, strategies, attributions, and expectancies are examples of the types of mediating constructs currently considered crucial to an understanding of emotion and behavior. Second, the way an individual labels or evaluates a situation determines his or her emotional and behavioral response to it. A third basic assumption is that thoughts, feelings, and behaviors are causally interactive (Mahoney 1977).

To tie the cognitive approach to drug abusers, the CAP control theory posits that the abuse process begins with conflict as a predisposing factor. People who are having difficulty in meeting demands or expectations placed upon them by society or by themselves are in conflict, and a consequence of the stress of conflict is anxiety. Anxiety is a universal feeling, something most of us experience to some degree each day. It is not the experience of anxiety but the individual's interpretation of the anxiety that is crucial to the theory. Underlying the anxiety of drug abusers is a belief that they cannot alter or control the situation; that they are powerless to affect their environment and decrease or eliminate the sources of stress. The belief that they are powerless to cope with stress is the major cognitive distortion of drug abusers. One consequence of this is the intense feeling of low self-esteem that is a well-known clinical entity among drug abusers (Krystal and Raskin1970). Feelings of self-depreciation, which form the belief that one is powerless, represent the affective component of the CAP theory. The experience of anxiety is, of course, uncomfortable, and a means of anxiety reduction is necessary.

A primary pharmacogenic effect of heroin is anxiety reduction. Not only does the drug provide relief from anxiety, but the individual obtains a temporary ecstatic feeling—a "high." Under the influence of the drug the individual temporarily experiences an increased sense of power, control, and well being. The sense of powerlessness is replaced by an exaggerated sense of being all powerful--no task is too great and no feat impossible while "high." Thus, drugs can do for abusers what they believe they cannot do for themselves: get rid of anxiety, lead to good feeling about themselves, and make them believe they are competent, in control, and able to master their environment. Unfortunately for the drug abuser, the drug effects are short lived and any temporary gains turn into long-term losses. Inevitably, after the high wears off some internal or external source of stress will rekindle the conflict and anxiety. Not only do the old feelings of lack of control return but they are likely to be even stronger than before. It is this increasing sense of powerlessness with increased drug use that leads the individual from drug use to abuse. Each time drug users rely on a drug to relieve tension and feel good about themselves, they become a little less capable of coping on their own. By using drugs to cope, the individual is cut off from learning other more adaptive coping mechanisms and becomes less tolerant of the pain of anxiety.

The drug user now knows that anxiety does not have to be tolerated, as drug taking has been successful in the past in removing tension and producing good feelings. It is therefore expected that drug use will increase both in frequency and in the number of different situations in which it is employed. For example, arguments with parents may be a primary source of conflict and anxiety for the adolescent drug abuser. Drug taking will frequently follow such an argument. An adolescent experiencing school-related stress, having learned that drug taking is an effective means of anxiety reduction, may turn to additional drug taking to compensate for academic failures. The reliance on drugs to cope with stress therefore creates a vicious cycle; the more drugs are used, the more the individual believes they are necessary. Each drug experience serves to confirm for users the belief that they are powerless to function on their own. The CAP model of drug abuse also makes several assumptions about the

treatment of drug abuse. First, effective and lasting change is based on learning that behavior has consequences and that one can have an effect on his or her own life. To replace a sense of powerlessness with a sense of mastery, the abuser has to be taught alternative ways of responding to external or internal stress.

These alternative ways cannot, however, be developed, practiced, and adopted as long as the individual continues to use drugs. A second assumption is that an effective treatment plan must be multimodal (Lazarus 1976). A complete treatment plan must assess not only the overt behavior of drug taking but the negative emotions (e.g., anxiety), unpleasant physical sensations (e.g., aches and pains that accompany withdrawal), intrusive images (e.g., recollections of past failures), faulty cognitions (e.g., "nothing I do will ever be successful"), and interpersonal inadequacies (e.g., difficulty in making friends with non-drug-taking peers). Each of the individual's problem areas may require a specific treatment strategy. For example, systematic desensitization may be used to help the abuser cope with anxiety, while cognitive restructuring may be needed to correct the faulty cognitive processes. The multimodal therapy approach is consistent with the CAP theory in that both stress the interaction between personality modalities, and both suggest that in complex human problems a lasting result depends upon addressing all relevant aspects of the individual's functioning. The high recidivism rate, characteristic of drug abuser treatment, may be due to treatment focusing on a limited aspect of the abuser's overall personality functioning and lifestyle (Platt and Labate 1976).

Hypotheses

1. There will be a significant interrelationship between Risk Propensity, Peer Pressure, Self-Control and Functional Belief and Involvement in Drug Use among adolescent
2. Psychological factors (Risk Propensity, Peer Pressure, Self-Control and Functional Belief) will significantly independently and jointly predict Involvement in Drug Use among adolescent

METHODS

Research Design

The study utilizes cross-sectional survey design. The research is interested in observing how the independent variables will predict dependent variables. The independent variables of this study are Psychological factors which include Risk Propensity, Peer Pressure, Self-Control and Functional Belief while the dependent variable is Involvement in drug use.

Study Setting

This research was carried out in Government Secondary Schools in Ibadan South East Local Government, Ibadan, Oyo State Nigeria. Ibadan South East local government area is one of the serving LGAs in the state with its administrative headquarters located in Mapo town comprising the major districts of Mapo and 12 wards. It is one of the smallest local government areas in Oyo state. It is located in the southern region of Oyo state. The Local Government comprises 266,457 people during last census that was conducted in 2006 with 17.2km^2 and density 22,024/km^2. Ages 10-19 comprises of 53,774. Four secondary schools were randomly selected through balloting for the first phase of the research.

Research Participants

The participants were student from four selected secondary schools in Ibadan South-East Local Government. Their age ranged from 15-18 years with the mean age of 16.698 and standard deviation of1.087. 64.3% were male while 35.7% were female, 61.7% of the

respondent were SS3 while 38.3% were SS2, 51.7% of the respondents were Muslim while 48.3% were Christian. Yamane Formula was used in determining the sample size.

Sampling Technique

The research utilizes simple random sampling technique in selecting the number of schools that is needed for the research, the researcher wrote out the name of the secondary schools in a paper and the paper was folded. The researcher shuffles the paper and then randomly picks the schools that was used for the research. Simple random sampling technique was used for selecting participants from the selected schools, the researcher write yes/no on a paper and the paper was folded. Any students who picked yes was included in the research after the student's consent have been signed

Procedure

The students were given informed consent to sign, only those who showed interest in participation was included in the research. The research was conducted using questionnaire to get the data from the participants measuring psychological factors predicting adolescents' involvement in drug use. Secondary school students were randomly selected to participate in the research and questionnaire was given to them. The researcher used balloting to select participant, the researcher will write yes/no in a paper and the paper will be folded, any participant that picks yes was selected and any student who picks no was excluded.

Sample size

The sample for the research was determined by using Slovin 2010in calculating the sample size for this research. The population of Government secondary school students was gotten from the Research and Statistics Department in the Ministry of Education, Oyo State.
N =Population, n = sample size, e = error tolerance level (0.05)

$$n= \frac{N}{1+N(e)2}$$

N= 33521

$$n = \frac{33521}{1+33521(0.05)2}$$

$$n = \frac{33521}{1+33521(0.0025)}$$

$$n= \frac{33521}{1+83.8025}$$

$$n= \frac{33521}{84.8025}$$

n= 395.2832

Approximately the sample size will be 395

Criteria for Inclusion

- Participant must be Male and Female between ages 15 to 18 years
- A student in SSS2 & SSS3
- Willing to participate in the research

- All in-school student
- Participant must be able to read and write

Ethical Permission
As an ethical consideration, the researcher applied for ethical permission and research proposal was sent to the Faculty of Social Sciences and Humanities, Research Ethics Committee, University of Ibadan to conduct this research. This was approved with Ref No: UI/SSHREC/2018/0035. A letter of Introduction from the Department of Psychology, University of Ibadan was submitted to each of the secondary schools selected from Ibadan South-East. The letter was forwarded to the Principal of the school for approval and the letter was approved. Also, consent was properly sought from the participants.

Measuring Instruments
Data will be collected using self administered questionnaire which will comprise six sections (A, B, C, D, E and F)

Section Al measured socio-demographic variables like Age, Gender, Religion, Class of study, and Parent's Educational level.

Section B measured Risk-taking Propensity. Risk Propensity Scale which was developed by Meertens and Lion (2008), this instrument comprises of seven items with five-point response format ranges from 1= "strongly disagree" to 6= "strongly agree". The reliability coefficient (Cronbach Alpha) was reported by the author as 0.73.

Section C measured peer pressure which will be extracted from Peer Pressure Inventory (PPI) this was developed in University of WI-Madison by Bradford Brown; Donna Raeclasen in University of White water, the scale has 5 subscales. It is designed to know how much friends encourage a child to do something and their compliance to such request, the responses ranges from "No pressure, little, sometimes and lot (0-3). The scale has 53 items, the item will be extracted from this scale and used in the questionnaire. The author reported the reliability for the scale was found to be .77. However, the researcher obtained an alpha value of .84 for this study.

Section D measured Self Control and *Self-control* will be assessed using the Brief Self Control Scale (BSCS). The scale has 13-item self-report measure of general self-control (Tangney, Baumeister, & Boone, 2004). Participants will rate how well the statements describe them (i.e. "I am good at resisting temptation") on a 5-point scale. The reliability of this instrument is (α =.85).

Section E measured Functional belief. Functional belief smoking scale will be adapted in this study to measure the participant's functional belief about taking drug. The scale was developed by Young &Borland 2008, it has 6 items and It comprises 4 responses which ranges from1-4, where 1=strongly disagree, 2=disagree, 3=Agree a little, 4=strongly agree. The research obtained a Cronbach coefficient of 0.81, while the split-half coefficient was 0.73normative as high scores indicated high functional belief and vice versa.

Section F measured Drug Abuse Involvement Scale which was developed by Paul Moberg, The Adolescent Drug Involvement Scale (ADIS) was developed as a research and evaluation tool to measure level of drug involvement in adolescents, it has 13 items. The scale is an adaptation of Mayer and Filstead Adolescent Alcohol Involvement Scale. For purposes of

interpretation, drug involvement is considered as a continuum ranging from no use to severe dependence. The ADIS was administered to 453 adolescents referred to three programs. Results indicate that internal consistency was acceptable (alpha = .85) and provide preliminary evidence of validity. ADIS scores correlated highly (e.g., r = .72) with self-reported levels of drug use, with subjects' perceptions of the severity of their own drug use problems (r = .79), and with clinical assessments (r= .75).

RESULTS

This result dealt with the analysis of the demographic characteristics of the respondents, while the second dealt with analysis of the research hypotheses.
The data were gathered from 395 respondents were therefore analyzed as presented below:

Table 1.1: Distributions of the respondent based on Socio-demographics

Variable		Frequency	Percent
Gender	Male	254	64.3
	Female	141	35.7
Total		395	100
Age	14-15 years	66	16.7
	16-17 years	204	51.6
	Above 18 years	125	31.6
Total		395	100
Class	SS2	170	43.0
	SS3	225	57.0
Total		395	100
Religion	Christian	204	51.6
	Islam	191	48.4
Total		395	100
Parent occupation	Jobless	27	6.8
	Trader	226	57.2
	Farmer	45	11.4
	Computer operator	13	3.3
	Business	25	6.3
	Artist	10	2.5
	Nurse	3	.8
	Doctor	2	.5
	Teacher	23	5.8
	Markerter	3	.8
	Tailoring	9	2.3
	Pastor	4	1.0
	Engineer	1	.3
	Radio presenter	1	.3
	Civil servant	3	.8
Total		395	100
Father parental education	Not educated	55	13.9
	Primary education	38	9.6
	Secondary education	194	49.1
	Tertiary education	108	27.3
Total		395	100
Mother parental education	Not educated	66	16.7
	Primary education	42	10.6
	Secondary education	173	43.8
	Tertiary education	114	28.9
	Total	395	100.0

Table 1.1 shows that larger percentage of the respondents 254(64.3%) were male while 35.7% were female, 51.6% of the respondent were on the age range of 16-17 years, 31.6% were above 18 years while 16.7% were 14-15 years.61.7% of the respondent were SS3 while 38.3% were SS2, 51.7% of the respondents were Muslim while 48.3% were Christian, 226(57.2%) were trader, 6.8% were jobless, 11.4% were farmers,3.3% were computer operator, 6.3% were businessmen, 2.5% were artist,0.8% were nurse, 0.5% were doctor, 5.8% were teacher,0.8% were marketer,2.3% were tailor, 1.0% were pastor, 0.3% were engineer, 0.3% were radio presenter while 0.8% were civil servant.52.3% of the respondent obtain secondary school cert. 29.5% obtain tertiary cert.,9.1% had no formal education while 9.1% obtain primary school cert.43.8% of the respondent obtain secondary school cert. 28.9% obtain tertiary cert.,16.7% had no formal education while 10.6% obtain primary school cert.

Table 1.2 Distribution of the respondent based on involvement of drug use

Involvement drug	Frequency	Percent
Low	216	54.7
High	179	45.3
Total	395	100.0

Table 1.2 shows that 54.7% of the respondents were low while 45.3% were high.

Table 1.3 Descriptive distribution of the respondent's Age

	N	Minimum	Maximum	Mean	Std. Deviation
Age	395	15.00	18.00	16.6987	1.08655
Valid N (listwise)	395				

Hypothesis I

Hypothesis one stated that there will be a significant interrelationship between Risk Propensity, Peer Pressure, Self-Control and Functional Belief and Involvement in Drug Use among adolescent and this was tested using Zero-order Correlation and the summary of the result is presented in Table 2.1

Table 2.1: Zero-order correlation showing inter correlation of involvement in drug use, risk prosperity, peer pressure, self control and functional belief

	1	2	3	4	5	Mean	S.D
Involvement in drug use	-	.049	-.165**	.021	.023	18.87	8.05
Risk propensity		-	.196**	.044	.008	23.24	5.921
Peer pressure			-	-.015	-.157**	43.05	5.942
Self control				-	-.090	31.02	7.41
Functional belief					-	7.76	2.741

Correlation is significant at the 0.01 level (2-tailed)

Table 2.1 reveal that there was inversely significant relationship between involvement in drug and peer pressure (r =-.17, p<.05) while risk propensity (r = .05, p>.05), self control (r = .02, p>.05), functional belief (r = .02, p>.05), did not significantly correlate involvement in drug

Table 3.1: Zero-order correlation showing inter correlation of Involvement in drug use, Gender, Age, Class, Religion, Parental Occupation, Father Education and Mother's Education

	1	2	3	4	5	6	7	8	Mean	SD
Involvement in drug use	-								18.8658	8.05090
Gender	.020	-							1.3570	.47971
Age	.097	-.022	-						16.6987	1.08655
Class	.044	.135**	.437**	-					2.5696	.49576
Religion	.046	-.097	.101*	.043	-				1.4835	.50036
Parent occupation	.096	-.152**	-.195**	.001	.148*	-			2.5266	3.10333
Father's parental education	-.051	-.076	-.020	.148**	.097	.296**	-		2.8987	.95846
Mother's parental education	-.108*	.002	-.060	.096	.119*	.169**	.542**	-	2.8481	1.02120

Key ** P<.01

The zero-order correlation showing the relationships among variable is presented in Table 4.5. Results showed that, Mother's parental education is negatively related to Involvement in drug use (r=-.108; df =393, p<.05). Gender is significantly positively related to class (r=.135 df=393; p<.01). Gender is negatively related to Parent's Occupation (r=--.152 df =393; p<.01).

Also Age is significantly positively related to Class (r=-.437; df= 393; p<.01),Age is positively related to Religion (r=.101; df=393; p<.05),Age is negatively related to Parent's Occupation (r=-.195; df=393; p<.01). Class is positively related to Father's parental Education (r=.148; df =393; p<.01). Religion is negatively related to Parent's occupation (r=-.148;df =393 p<.01), Religion is positively related to Mother's parental occupation (r=.119; df =393; p<.05). Parent's occupation is positively related to Father's parental Education (r=.296; df=393; p<.01), Parent's occupation is positively related to Mother's parental Education (r=.169; df=393; p<.01). Father's parental Education is positively related to Mother's parental Education (r= .542 df =393; p<.01).

Hypothesis II

Hypothesis two states that joint and independent influence of risk propensity, peer pressure, self control and functional on involvement in drug. This was tested using multiple regression analysis for testing composite relationship of the independent variables and the result is shown on table 4.1

Table 4.1: Summary of Multiple Regression table showing joint and independent influence of risk propensity, peer pressure, self control and functional on involvement in drug use

Predictors	B	T	P	R	R^2	F	P
Peer pressure	.084	1.662	>.05				
Risk propensity	-.183	-3.47	<.05				
Self control	.014	.281	>.05	.186	.035	3.487	<.05
Functional belief	-.005	-.101	>.05				

From Table 4.1 the results indicate that there was significant joint influence of peer pressure on involvement in drug F(4,390) =3.487, R2 = .035; p<.05] with the variables accounting for 4% of the variance in involvement in drug. Further results show that peer pressure (β=-.183;

p<.05) significantly predicted involvement in drug use while risk propensity (β=.08; p>.05), self control (β=.014; p>.05) and functional belief (β=-.005; p>.05) did not significantly predict involvement in drug use.

DISCUSSIONS

The Hypotheses stated Psychological factors (Risk Propensity, Peer Pressure, Self-Control and Functional Belief) will significantly independently and jointly predict Involvement in Drug Use among adolescent and Psychological models will have significant incremental effects on involvement in drug use than psychological individual models.

The findings showed that peer pressure, risk propensity, self control, and functional belief all had a substantial combined impact on drug usage. Further research revealed that peer pressure was the only factor that significantly independently predicted drug use, while risk propensity, self-control, and functional belief were not important factors. Although peer pressure independently predicted adolescents' involvement in drug use, this demonstrates the power of peer pressure and indicates that there are many factors that influence adolescent drug use. The findings demonstrated how these factors predicted engagement in drug use and that adolescents who lack self-control, have a high inclination for risk, believe using drugs is good, and succumb to peer pressure are more likely to use drugs.

When faced with risk and uncertainty, a person's decision-making is significantly influenced by his willingness to incur or avoid risks (Keil et al., 2000). As a result of their attempts at experimenting and curiosity at this point, adolescents take risks without thinking through the repercussions when making important decisions. Even when they are completely aware of the potential danger of their actions, adolescents don't mind experimenting with their lives, which may be why they use drugs. Additionally, adolescents who use drugs should attempt to project an image of being a risk-taker to their classmates, since this will affect how they are perceived by them and may boost their self-esteem. According to Simon et al. (2000), cognitive biases can have a direct impact on risk perception, which has an impact on people's decisions to launch a business. This explains why a teenager won't take the time to carefully analyze any risk they wish to take because they have cognitive distortions that prevent them from thinking about reality, such as the "It won't happen to me syndrome." They have a strong sense of self-worth and believe they are impervious to harm, which has led them to engage in drug use disorders

Self control is another factor that jointly predicted involvement in drug use, Adolescent who lacks self control will involve in drug use as shown in the result. Hirschi (2004) argues that self-control is the inhibitions an individual has against committing criminal or delinquent acts. These inhibitions (self-control) are seen as elements from social control theory: attachment, commitment, involvement, and belief. They contend that individuals with low self-control can be characterized as immediate gratification seekers, shortsighted, impulsive, insensitive, and as having a preference for easy, physical (rather than mental), and exciting tasks. These characteristics allow an individual to be “relatively free of the intimate attachments, the aspirations, and moral beliefs that bind most people to a life within the law” (Hirschi, 2002, p.xxi). In other words, low self-control is due to failed social bonds that would have created a “self-imposed physical restraint” (Hirschi, 2004, p.544), resulting in an individual who is freer to commit crime and analogous acts. Inability to delay gratification makes adolescent involve in drug use and affect their lives.

Also, Functional belief jointly predicted involvement in drug use. Adolescent involved in drug use because they hold a beneficial belief of the drug they use; this explains why it may not be easy for adolescent to stop drug use. Individual have different reasons why they engage in different behaviour, many of them use drug because it makes them feel more confident than they used to be or make them feel more alert to do things they wouldn’t have done when they

are not under influence of drug. Adolescents hold belief that has utilitarian function and if the belief is rewarding, they will not stop or give up on such behaviour, any behavior that is followed by reinforcers is likely to be repeated. Adolescents will continue to involve in drug use because it gives them the feeling, they believed it will give and is working perfectly for them, so any adolescent who hold a belief because of its function will continue in drug use unless otherwise that is why aversive conditioning will be appropriate in treating drug addiction.

Conclusion

Peer pressure is the only variable that has significant independent influence on involvement in drug use which suggests that adolescents have to be trained on how to resist negative influence from their peers. Parents and professionals have a lot of work to do, especially educators where adolescents spend more active hours with. Adolescents are prone to be victims of pressure from their peers because adolescent period is a time where adolescents enjoy the company of their peers more than their parent which is a major risk factor to be involved in risky behaviours.

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