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PEER INFLUENCE, PSYCHOLOGICAL DISTRESS, AND SELF-EFFICACY AS PREDICTORS OF SUBSTANCE ABUSE AMONG UNIVERSITY STUDENTS IN NASARAWA STATE, NIGERIA

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ABSTRACT

Substance abuse among university students in Nigeria has been a significant health problem that threatens sustainable human development. This study investigated the analysis of peer influence, psychological distress, self-efficacy as determinants of substance abuse among University Students in Nasarawa State, Nigeria. A cross-sectional survey research design was used to select a sample of 156 substance abusers. Their demographic characteristics stands as male 110(70.5%), and female 46 (29.5%). Also, their age ranges from 19-46 years old. In addition to providing demographic data, participants responded to (5) standardized self-report, including socio-demographic questionnaires. Data was analyzed using appropriate descriptive and inferential statistics. On the whole, four hypotheses were formulated and inferentially tested at 0.05 level of significant, using simple linear and multiple regression analysis. Findings revealed that peer influence significantly and positively predict substance abuse ($\beta = .299$, $t = 3.890$; $p < .000$). In addition to the finding, psychological distress significantly predicts substance abuse ($\beta = .389$, $t = 5.233$; $p < .000$). On the other hand, there was a significant negative influence of self-efficacy on substance abuse ($\beta = -.282$, $t = -3.648$; $p < .000$). Lastly, result showed that peer influence, psychological distress and self-efficacy jointly predict substance abuse ($R^2 = .325$; $F(3, 152) = 24.362$; $p < .000$). Furtherance to this result, observation of coefficient of determination accounted for 32.5% of the total variance observed in substance abuse among university students in Nigeria. Given these results, the study concluded that peer influence, psychological distress, and self-efficacy significantly and positively predict substance abuse among university students in Nigeria. In this light, workshops should be organized for students in Nigeria on psychosocial factors like peer influence, psychological distress, and self-efficacy in order to equip students with better life skills.

INTRODUCTION

Substance abuse remains one of the major global public health challenges. The problem of substance abuse has grown to become an integral part of our contemporary society, and more worrisome is the recent surge in the rate of involvement of the young population in this damaging phenomenon. Before now, cases of substance abuse are commonly associated with the older population, but current findings have established the spread of psychoactive substance use to the younger populations potentially leading to addiction (Agberotimi, 2018; United Nations Office on Drugs and Crimes, 2019; Chisom et al., 2022).

On a global scale, there were about 190 million substance abusers, out of these substance abusers, around 40 million serious illnesses or injuries were identified each year (Rapeah et al., 2018).

Young adulthood is generally considered to be significantly influenced by the transition period between the ages of 18 to 25 years. Individuals progressing through this developmental phase demonstrate changes in cognitive, emotional, and social competencies, which ultimately result in heightened levels of autonomy and responsibility. Finding a happy medium in academics, social life, and personal obligations is a common challenge for university students in their lives. Identifying and addressing the psycho-social challenges among youth is crucial for their better well-being. Young individuals' psychological strain is frequently exacerbated by the obstacles they face while adapting to new circumstances, attaining academic success, and forming their identities, in addition to their pre-existing challenges. Individuals may feel compelled to engage in harmful activities, such as substance abuse, to meet these expectations (Henneberger et al., 2021; Kremer & Levy, 2008).

Students often face mental health obstacles as they progress in their academic endeavours, encountering various psychosocial difficulties. This disease may substantially impact students' academic performance and behaviour. Depression, anxiety, and stress can be intensified by various reasons, including peer influence, support systems, and academic pressures. The conduct of adolescents is profoundly affected by their social networks, especially with illicit substance consumption. Risky behaviour may be impacted by the distinct factor of peer pressure on youth. Interactions with the environment can lead to many behaviours, including association with peers who use illicit drugs, alcohol, tobacco, and other harmful substances. Despite the prevailing issues related to the influence of peer pressure, limited scientific investigation has been made to understand the psychological mechanisms linking peer pressure with substance use (Kollath-Cattano et al., 2020). Early detection and identification of youth psycho-social problems is crucial for their well-being and quality of life.

Research Questions

Given the research objective, the following questions were raised to guide the study:

1. What is the influence of peer pressure on substance abuse among University students in Nasarawa State?

2. What is the influence of psychological distress on substance abuse among University students in Nasarawa State?
3. What is the influence of self-efficacy on substance abuse among University students in Nasarawa State?
4. What is the interactive influence of peer pressure, psychological distress and self-efficacy on substance abuse among University students in Nasarawa State?

Objectives of the Study

This study's fundamental objective is to investigate the predictive interactions among peer pressure, psychological distress and self-efficacy on substance abuse among university students in Nasarawa State. In order to help and prevent young adults from going through critical developmental stages, there is need to understand how interpersonal factor (peer pressure) and intrapersonal factors (self-efficacy and psychological distress) and factors might result in risky behaviours among young adults. This study would significantly advance our understanding and knowledge of how peer pressure psychological distress and self-efficacy influence people's reasons for wanting to use drugs. These concepts could further help in studying more about this issue, developing evidence-based indigenous mental health programs, university policies, and educational initiatives that support pro-social behaviours and lower drug usage, and improving well-being among university students.

LITERATURE REVIEW

Peer Pressure and Substance Use among University Students

Various research studies have made an attempt to explore the causative factors of alcohol and drug abuse behaviour but no single factor is sufficient to lead to the alcohol and drug abuse behaviour among individuals. Drug use among youth can be better understood by considering the role of intra-personal and interpersonal factors. Social environments such as friends have a strong influence on adolescent's social and emotional health. It is widely acknowledged that peer pressure plays a significant role in the usage of drugs among teenagers and young people. Efforts to reduce drug usage on college campuses are significantly impacted by peer pressure. When it comes to college students, peer pressure plays a significant role in whether they begin or continue using drugs (Nawi et al., 2021; Alves et al., 2021). Certain individuals initiate drug use to gain peer acceptance or fulfil a perceived obligation to conform. Societal pressure is a major aspect that influences this behaviour. A key factor contributing to substance use is peer pressure, but it is not true for all. Those who have low self-control, lack assertive skills, and low self-confidence are usually affected by their peers. A study conducted by Tadese et al., (2022) found that college students are more inclined to engage in drug use due to heightened expectations from their peers.

When considering the role of social context in one's mental health, the influence of peers becomes more apparent during a younger age; this could shape their lives in the later stage. A study conducted by Roberts and Odumodu (2024) found that the majority of students failed to recognize the impact that their friends' behaviour has on their personal lives. Despite the severe

negative consequences, some may take solace by starting to use drugs to reduce the pain they are experiencing. Anxiety, tension, and apprehension are all indications of psychological distress that are associated with an increased risk of drug use. This approach is especially helpful for young people who are stressed out due to assignment performance and peer pressure. Research has also established a link between psychological distress and drug usage (Sylvestre et al., 2022).

Relationship between Self-efficacy and Substance Abuse

With regards to the above, various studies have been conducted to determine the causes of drug abuse from a psychological perspective. As noted by Bandura (1986), people who have both the necessary skills and strong coping efficacy are likely to mobilize the effort needed to successfully resist situations of high-risk for drinking or drug use. In the event of a slip, highly self-efficacious persons are inclined to regard the slip as a temporary setback and to reinstate control, whereas those who have low self-efficacy are more likely to proceed to a full-blown relapse.

Also, studies have shown that self-efficacy has substantial effects on the important aspects of personality and situation specific behaviours related to health (e.g. coping with stress, conflict resolution) and it is also considered as a factor in reducing physical and psychological problems and protecting general health (Jerusalem & Hessling, 2009). Another study (Baldwin et al., 1993) also confirmed the relationship between self-efficacy and behaviours directed toward controlling alcohol consumption. For this purpose, they chose a sample of 118 students and measured expectations about the effects of alcohol (Torrecillas et al., 2003) and self-efficacy. (UNODC, 2014). The results show that subjects with low scores on self-efficacy, regarding the strategy of rejecting alcohol and the positive rating of the advantages of drinking (they think alcohol allows them to be more assertive, feel more relaxed and improve their sexual relations) consume more alcohol and more frequently than those who have high scores on self-efficacy and do not have these positive opinions about alcohol consumption.

Again, studies have shown that self-efficacy is a predictor of treatment outcome. In some cases, self-efficacy has been found to predict the quantity of alcohol or drugs consumed. Sitharthan and Kavanagh (1990), Kavanagh et al. (1996), and Maisto et al. (2000) found that self-efficacy significantly predicted alcohol consumption for periods of up to twelve months. However, Dolan et al. (2008) found that higher self-efficacy predicted less drug use only after 3 months but not after 6 months. In a study of the effectiveness of step-down continuing care following residential or intensive outpatient care, McKay et al. (2004) found little evidence to support step-down continuing care itself, but they did find that self-efficacy levels were strongly associated with the amount of subsequent alcohol and crack cocaine use and also the amount of participation in continuing care.

Other studies found that self-efficacy was related to the occurrence or frequency of drinking or drug use. Stephens et al. (1995) found that self-efficacy was a relatively strong predictor of post-treatment abstinence and the frequency of marijuana use (Hayaki et al., 2011). Greenfield et al. (2000) reported a significant relationship between self-efficacy expectancies during inpatient alcohol dependence treatment and several frequency-related outcome variables: the likelihood of drinking; time to first drink; and time to relapse during the year following treatment. Similarly for

outpatient treatment, Allsop et al. (2000) found that alcoholics' post-treatment self-efficacy was a predictor of time to relapse, and Vielva and Iraurgi (2001) found that those who had high confidence in their ability to resist drinking were more likely to maintain abstinence for 6 months (Borrelli & Mermelstein, 1994; Romo et al., 2009).

Moreover, Brown et al. (2002) observed that individuals whose increased confidence in high-risk situations persisted during follow-up had both fewer days of use and reduced alcohol/drug severity. Among untreated binge drinkers, Blume et al. (2003) found that higher self-efficacy was related to reductions in the frequency of binge drinking episodes over a three-month period, but not to changes in total alcohol consumption. Walton et al. (2003) reported a negative relationship between self-efficacy and relapse to alcohol use, but not for relapse to drug use. In a study comparing four treatment approaches for marijuana dependence (Kadden et al., 2007; Litt et al., 2008), the duration of continuous abstinence over the course of a year was best predicted by self-efficacy at posttreatment, which was a better predictor than abstinence during treatment.

Similarly, Ilgen et al. (2005) found that among alcohol and drug dependent patients in residential treatment, a high level of abstinence self-efficacy at treatment discharge was the strongest predictor of 1-year abstinence, suggesting the clinical importance of developing a high degree of abstinence self-efficacy. Moos and Moos (2006) found that greater self-efficacy (as well as less reliance on avoidance coping) predicted remission from drinking after as long as 3 years, whereas those with less self-efficacy were more likely to relapse. Ramo et al. (2005) reported a protective role of coping self-efficacy against relapse among adolescents with both substance use and psychiatric disorders.

Consequently, Gwaltney et al. (2005) assessed abstinence self-efficacy on a daily basis among smokers attempting to quit. They found that self-efficacy increased as abstinence was maintained. They also found that decreases in daily self-efficacy predicted relapse back to smoking. This study demonstrated that self-efficacy can vary within individuals, and that daily fluctuations predict daily behaviours.

Lastly, other studies have reported a relationship between self-efficacy and subsequent drinking in terms of both quantity consumed and occurrence/frequency of drinking. Oei et al. (2007), Lozano and Stephens (2010), and the Project MATCH Research Group (1997) all reported that self-efficacy predicted both the frequency and volume of drinking. However, when Solomon and Annis (1990) assessed both quantity and frequency outcomes, they found that self-efficacy was strongly associated with the level of subsequent alcohol consumption, but failed to predict the occurrence or frequency of drinking. Studies of dual-diagnosis patients who have both substance use and mental health disorders have also produced mixed results in this regard. In one such study, dual-diagnosis patients' self-efficacy predicted the amount of substance use at follow-up (Warren et al., 2007), but in another, self-efficacy was found to predict the duration of abstinence (Tate et al. 2008).

Peer Pressure, Psychological Distress, Self-Efficacy and Substance Use among University Students

Several studies have shown that people use drugs to deal with their mental health problems. These circumstances make them more vulnerable to adopting risk behaviours. According to Beard and Wolff (2022), teenagers who are less able to cope with their stressors are more likely to use drugs to escape from their difficulties. Lee et al., (2024) focus on how social and psychological pressures affect substance usage and addiction. Their research revealed that even in the absence of numerous temptations, depressed and anxious individuals were far more likely to be affected by peer pressure and drug use than their non-depressed and anxious peers. Individuals with low self-efficacy are more likely to succumb to peer pressure risk behaviours. These findings emphasize the need to integrate mental health components into drug-reduction programs.

Numerous studies have found a strong link between the peer pressure and substance use among university students, highlighting the significance of social influence in determining their behaviour. According to Simons-Morton and Farhat (2010), peer groups can influence students directly or indirectly by giving them drugs or modelling proper usage that students can follow to fit in or avoid rejection. Peer dynamics that mainstream or encourage the use of substances like alcohol, tobacco, and illegal drugs are especially dangerous for university students, who are often seeking social acceptability and identify with the group of peers (Borsari & Carey, 2001). Significant amounts of academic, social, and financial stress are common among university students, and this can result in psychological distress such anxiety and depressive symptoms (Bayram & Bilgel, 2008). To cope up with the difficult situation, students look for social support to cope with this situation, this may make them more vulnerable to peer pressure (Schulenberg & Maggs, 2002).

Hypotheses

The following hypotheses were raised for the study:

1. There will be a significant influence of peer pressure on substance abuse among University students in Nasarawa State.
2. There will be a significant influence of psychological distress on substance abuse among University students in Nasarawa State.
3. Self-efficacy will significantly predict substance abuse among University students in Nasarawa State.
4. Peer pressure, psychological distress and self-efficacy will interactively predict substance abuse among University students in Nasarawa State.

METHODS

Design

Cross-sectional survey design was employed for the study. The design is considered appropriate due to its merit to describe the existing phenomenon. Also, this design provides information on population characteristics, testing of hypothesis, and interpret results in line with the variables of study.

Participants

The sample for this study includes students having or showing the behaviour of substance abuse and undergoing substance abuse at Keffi Youth Foundation. The treatment center had around 611 substance abusers undergoing treatment. A simple random technique was used to obtain the 156 samples of male and female students from the treatment center. The choice of the proposed number of participants was due to the number of both in-patient and out-patient on substance use and abuse disorder cases referred from the hospitals. Hence, A cross-sectional study design comprising 321 university students.

Instruments

Resistance to Peer Influence Scale

The Resistance to Peer Influence (RPI) scale by Xiao et al. (2023) assesses the degree to which individuals resist peer pressure. The scale consists of 10 paired statements reflecting conformity or resistance, rated on a 4-point Likert scale (1 = “really true for me,” 4 = opposite statement “really true for me”). Higher scores α indicate greater resistance to peer influence. The scale has demonstrated good internal consistency ($\alpha = 0.74$).

Kessler Psychological Distress Scale

The Kessler Psychological Distress Scale (KPDS) by Yiengprugsawan et al. (2022) consists of ten questions that evaluate psychological stress experienced during the past 30 days. On the scale, 0 signifies “never,” and 4 denotes “always.” A scale is inscribed with the numeral forty. An elevated score correlates with an increased incidence of injuries. This evaluation is a reliable means of assessing the intensity of psychological distress ($\alpha = 0.85-0.93$).

The General Self-Efficacy Scale (GSE):

The General Self-Efficacy Scale is a 10-item psychometric scale that is designed to assess optimistic self-beliefs to cope with a variety of difficult demands in life. The scale was developed in German by Matthias Jerusalem and Ralf Schwarzer in 1995 and has been used in many studies with hundred thousands of participants. In contrast to other scales that were designed to assess optimism, this one explicitly refers to personal agency, i.e., the belief that one's actions are responsible for successful outcomes. Scoring: Not at all true, Hardly true, Moderately true and Exactly true. The total score is calculated by finding the sum of the all items. For the GSE, the total score ranges between 10 and 40, with a higher score indicating more self-efficacy. Reliability:

Internal reliability for GSE = Cronbach's alphas between .76 and .90 Validity: The General Self-Efficacy Scale is correlated to emotion, optimism, work satisfaction. Negative coefficients were found for depression, stress, health complaints, burnout, and anxiety.

Drug Abuse Screening Tool

The Drug Abuse Screening Tool (DAST) by Skinner et al. (2024) is a brief self-report measure designed to assess the severity of substance use. It consists of 10 binary items (YES/NO), with higher scores indicating a greater substance use severity. The tool categorizes scores into levels: 0 (no issue), 1–2 (low level, monitor), 3–5 (moderate, further assessment), 6–8 (high, intervention needed), and 9–10 (very high, comprehensive evaluation required). The internal consistency of the scale has been ($\alpha = 0.86-0.94$), which is acceptable.

Procedure

The researchers obtained official permission from the University management who provided approval before data collection commenced through the research ethics committee of the University. The purpose of the study was explained to the participants as they were also given assurance of confidentiality and anonymity of their identities and responses. A good rapport was established with the participants. Participation was voluntary and they were encouraged to respond sincerely to all items in the questionnaire.

RESULTS

The data for this study was analyzed using multiple regression analysis and the result is as presented in the tables below.

The first hypothesis of this study stated that there will be a significant influence of peer pressure on substance abuse among University students in Nasarawa State. This was tested using simple linear regression analysis and the result is presented in table 1.

Table 1: Summary of Simple Linear Regression Showing the Prediction of Peer Influence on Substance Abuse among University Students in Nasarawa State

Model		Unstandardized Coefficients		Standardized Coefficient	t	Sig
1		B	Std. Error	B		
Substance Abuse	Constant	36.611	.937		39.075	.000
	Peer Influence	.052	.013	.299	3.890	.000

Result in table 1 shows that there was a significant positive prediction of peer influence on substance abuse among students of Nasarawa State University, Keffi ($\beta = .299$, $t = 3.890$; $p =$

$p < .000$). The result showed a positive prediction meaning that as peer influence increases among students, their level of substance abuse also increase and vice versa. Based on this result, hypothesis one which stated that 'there will be a significant prediction of peer influence on substance abuse among students of Nasarawa State University, Keffi' was therefore accepted.

The second hypothesis stated that there will be a significant prediction of psychological distress on substance abuse among University students in Nasarawa State. This hypothesis was tested using simple linear regression and the result is presented in table 2.

Table 2: Summary of Simple Linear Regression Showing the Prediction of psychological Distress on Substance Abuse among University Students in Nasarawa State

Model		Unstandardized Coefficients		Standardized Coefficient	t	Sig
1		B	Std. Error	B		
Substance Abuse	Constant	38.860	1.611		24.124	.000
	Psy. Distress	-.235	.064	-.282	-3.648	.000

Result in table 2 shows that there was a significant negative prediction of self-efficacy on substance abuse among students of Nasarawa State University, Keffi ($\beta = -.282$, $t = -3.648$; $p = p < .000$). The result showed a negative prediction implying that students with low level of self-efficacy engage in substance abuse more than those with high level of self-efficacy. Based on this result, hypothesis three which stated that 'self-efficacy will significantly and positively predict substance abuse among University students in Nasarawa State University' was therefore not supported.

The third hypothesis stated that there will be a significant influence of self-efficacy on substance abuse among University students in Nasarawa State. This hypothesis was tested using simple linear regression and the result is as presented in table 3

Table 3: Summary of Simple Linear Regression Showing the Prediction of Self-Efficacy on Substance Abuse Among University Students of Nasarawa State

Model		Unstandardized Coefficients		Standardized Coefficient	t	Sig
1		B	Std. Error	B		
Substance Abuse	Constant	36.611	.937		39.075	.000
	Self-Efficacy	.052	.013	.299	3.890	.000

Result in table 3 shows that there was a significant positive prediction of self-efficacy on substance abuse among University students in Nasarawa State ($\beta = .299$, $t = 3.890$; $p = p < .000$). The result showed a positive prediction meaning that as self-efficacy increases among students, their level of substance abuse also increase and vice versa. Based on this result, hypothesis one which stated that 'there will be a significant prediction of self-efficacy on substance abuse among University students in Nasarawa State was therefore accepted

The fourth hypothesis stated that peer pressure, psychological distress and self-efficacy will interactively predict substance abuse among University students in Nasarawa State. This was tested using multiple regression analysis and the result is presented in table 4.

Table 4: Summary of Multiple Regression Analysis Showing the Prediction of Peer Influence, Psychological Distress and Self-Efficacy on Substance Abuse among University Students in Nasarawa State

DV	Predictor(s)	R	R ²	F	df	β	t	p
Substance Abuse	Constant	.570	.325	24.362**	3, 152			
	Peer Influence					.272	3.973	.000
	Psy. Distress					-.282	-3.648	.000
	Self-Efficacy					-.353	-5.235	.000

**** $p < .001$**

Result in table 4 shows that peer influence, psychological distress and self-efficacy significantly predict substance abuse among University students in Nasarawa State ($R^2 = .325$; $F(3, 152) = 24.362$; $p = .000$). Observation of coefficient of determination shows that peer predict and self-efficacy significantly and jointly accounted for 32.5% of the total variance observed in substance abuse among University students in Nasarawa State. Based on this result, hypothesis four which states that 'peer influence, psychological distress and self-efficacy will interactively predict substance abuse among University students in Nigeria' was therefore supported.

DISCUSSION OF THE FINDINGS

This section discusses the study results with respect to each hypothesis.

Meanwhile, the present study aims to investigate the analysis of psychological distress, peer influence, and self-efficacy as predictors of substance abuse amongst University Students in Nigeria. Thus, hypothesis one which stated that 'peer influence will significantly influence substance abuse among university students in Nigeria' was therefore accepted. This implies that as peer influence increases among students, their level of substance abuse also increases. The possible explanation for this outcome can be attributed to the important role peers play in influencing emerging adults' substance use behaviours. This is consistent with some results (Andrews et al., 2002; Ary et al., 1999; Bauman & Ennett, 1994; Curran et al., 1997; Dishion et al., 1995; Hawkins et al., 1992; Huba et al., 1980; Kandel & Davies, 1991) who have provided support for the importance of peers in the development of substance use and abuse. In addition, present result agreed with the findings obtained by Santor et al., (2000) in their study with a sample of 148 adolescents wherein peer pressure and peer conformity have been identified as the strong predictors of risk behaviour than other factors. Also, result agreed with the report of (Kandel, & Davies, 1996) who concluded that association with delinquent peer group as the major determinant of delinquent behaviour among adolescent including substance use. Likewise, result support (Burton et al., 2003) whose findings reported peer pressure as one of the common determinants of undesirable activities among students such as drinking, experimentation with the drugs, vandalism and stealing.

With respect to the second hypothesis which stated that psychological distress will significantly influence substance abuse among students, was therefore accepted. The reason for this result is possibly because of individuals use various substances, including alcohol, marijuana and cocaine to relieve, and of course alleviate symptoms of mental or psychological distress and negative emotions. This corroborates with other recent studies that substance use leads to psychological distress (Oshodi et al., 2010; Matthews & Bruno, 2011; Tschann et al., 1994; Shedler & Block, 1990; Degenhardt et al., 2001). Furthermore, result finding is similar to the findings of (Mirowsky & Ross 2002; Wheaton, 2007) who submitted that substance use, including intoxication and withdrawal, may induce symptoms of depression and anxiety; which may later spontaneously resolve with the cessation of use and abatement of withdrawal symptoms (Davidson, 1995; Hasin et al., 1996). Additionally, current finding is in tandem with (Kleinman, 1991; Kirmayer, 1989; Khantzian, 1985) report that substance use may lead to psychological distress in the long term because the consequences of use may set an individual on a trajectory of long-term disadvantage. It further exemplifies other report that frequent alcohol and marijuana use increases the risk of poor outcomes including educational failure, unemployment, and criminal arrests (Green and Ensminger, 2006; Green et al., 2010; Staff et al., 2008), which over time may induce psychological distress. Finding disagreed with other studies who opines that people often abuse alcohol or drugs to ease the symptoms of an undiagnosed mental disorder, to cope with difficult emotions, or to temporarily change their mood; as such there is insignificant relationship between mental health and drug intakes (Czeisler et al., 2020).

Consequently, the third hypothesis which stated that self-efficacy will significantly and positively influence substance abuse among university students in Nigeria' was therefore not supported. Implying that, self-efficacy was found to be a significant negative influence of substance abuse. This result or finding can be explained by the fact that sense of high self-efficacy can help people to manage and control themselves when they are exposed to undesirable behaviour like substance abuse. This could also be ascribed to the fact that people who have both the skills and high efficacy are likely to mobilize the effort needed to successfully resist situations of high-risk for drinking or drug use. This outcome is not in line with the study of (Marlatt & Gordon, 1985) who reported that high level of self-efficacy is predictive of improved alcoholism treatment outcomes. In furtherance, result is in contrast with other previous findings who also pointed out that improvement in self-efficacy positively also leads to curb drug addiction (Roddenberry & Renk, 2010; Mahmood & Mohd, 2002). In other words, result agreed with (Bavojdan et al., 2011) who stressed that self-efficacy belief makes people able to interpret potentially threatening expectations as manageable significant challenges and help them feel stressful in such situations.

Moreso, hypothesis four which further stated that peer influence, psychological distress and self-efficacy will jointly and positively influence substance abuse was therefore supported. The results of this study showed that the three independent variables (peer influence, psychological distress, and self-efficacy) were effective in predicting substance abuse of university students. The significant F-value of 24.362 indicates that the effectiveness of the independent variables in predicting substance abuse could not have happened by chance. The magnitude of the relationship between substance abuse and a combination of the three independent variables is reflected in the values of the coefficient of multiple regression ($R = 0.570$) and multiple R^2 square ($R^2 = 0.325$), as shown in Table 5. Thus, about 32.5% of the total variance in substance abuse of the respondents is accounted for by a combination of the three independent variables. This depicts that about 67.5% of the variance in the substance abuse of university students could not be explained by this data and are therefore, due to other factors. The explanation for this finding is not far fetch. As psychosocial factors (peer influence, psychological distress, and self-efficacy) have demonstrated to predict many behavioural tendencies or outcomes. Based on peer influence, youth usually influenced by his/her peer group in order to increase his/her popularity as a member of the pressure group which is in consonance with research outcomes reported by (Trucco et al., 2011; Tucker et al., 2011).

Conclusion

In conclusion, the result of this study demonstrated that, peer influence, psychological distress and self-efficacy were found to be major predictors of substance abuse experiences among University students in Nasarawa State.

This research represents an important contribution to research investigating peer influence, psychological distress and self-efficacy as predictors of substance abuse among University students in Nasarawa State. Also, this study indicates and support that psychological treatments components such as Cognitive Behavioral Therapy and Behavior Modification should be included

as active rehabilitation and reformation programs of substance abuse treatment for patients receiving treatment in Nigeria. This will contribute to the evidence-based approach to rehabilitation.

Recommendations

The following recommendations are made based on the outcome of the study:

1. There is need for mental health services to be provided for inmates in incarceration like Cognitive-Behavioural Therapy (CBT). This will make it possible for policies on intervention strategies to accommodate the mental health component and promote psychological well-being of patients undergoing treatment.
2. Specialized therapies by psychologists serving in the Hospital and tertiary health institutions should be deployed to safeguard the psychological health of the patients undergoing treatment especially those low self-efficacy, distressed patients, those who may be under peer pressure. The training should target building their efficacy levels and ability to bounce back in response to stressful situations.
3. Psycho-education training and sessions should be provided to Individuals who are influenced by their peers could lose self-control which pushes them towards using drugs. To be accepted by peers and/ or adolescents who use drugs, the individuals succumb to their peers' desires and get trapped in using drugs. Other possibilities could be that individuals experiencing social and emotional stressors want to get relief from those stressors or to numb those uncomfortable emotions and feelings they engage in such risky behaviors as a way of coping. As we know youth has a pivotal role in socio-economic development of a country, so providing a conducive and healthy environment for youth is crucial to shaping their lives, who may positively contribute to the welfare of the society.

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