

ARE ADOLESCENTS' NEIGHBOURHOOD AREAS AND PERSONALITY CHARACTERISTICS ACCOUNTABLE FOR SUBSTANCE ABUSE?

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ABSTRACT

The issue of substance abuse among the youth population is a global challenge which is dangerous to the lives of young people. However, existing evidence revealed that research emphasis has been on prevalence and the new trends in the substances being abused, to the neglect of the effects of residential neighbourhoods and some other personal factors of victims, which are important for a comprehensive and effective prevention and intervention. This study examined whether neighbourhood effects and other personal factors are capable of predicting substance abuse among adolescents in Nigeria. A sample size of 240 adolescents were randomly selected from private and public schools in Ibadan. A questionnaire on socio-demographic profile, neighbourhood scale, drug abuse scale and Big Five Personality Inventory was administered to the participants. Data were analyzed using descriptive statistics, correlation analysis, t-test analysis and regression analysis at 0.05 level of significance. Four hypotheses were tested. The results revealed that neighbourhood effects independently predicted substance abuse. Also, participants who scored high on the neighbourhood satisfaction scale reported lower engagement in substance abuse compared to those who scored low on the scale. This outcome is necessary to determine the needed intervention to curb the menace of substance abuse among the youth population. Therefore, counseling centres should be made available in every community and Local Government Areas to assist the youths who are already addicted to drugs.

Keywords : *Substance abuse, Neighbourhood effects, Personality Factors, Adolescents.*

INTRODUCTION

Substance abuse refers to the harmful use of psychoactive substances such as alcohol and illicit drugs (Idowu et al., 2018). Chemical substances are meant for improving the physical and mental well-being of individuals. They are taken in order to affect the way the body works (Science Museum, 2016). Substances can also be used for the purpose of diagnosing, treating, or prevention of diseases or relief of discomfort (Business Dictionary.com, 2016). Substances can be classified into licit and illicit types. The licit or legal drugs are those that are socially and culturally acceptable such as tobacco, alcohol, prescription drugs and over-the counter drugs such as Codeine, pentazocine, tramadol, cough syrups, etc., while the Illicit or Illegal drugs are those that are socially unacceptable such as cocaine, cannabis, heroin, amphetamines, etc (Obot & Saxena 2005; Ajayi & Somefun, 2020). Although individuals who abuse drugs use both legal and illegal substances, the licit substances such as alcohol and tobacco, which are socially acceptable, are usually the first set of drugs to be used by adolescents and it has been argued that these substances are more harmful than some illicit substances (Obot, 1992; Mackay & Eriksen, 2002). Similarly, Obot & Saxena (2005) and Adekeye et al (2015) noted that several men and women abuse substances in developing countries, with cigarettes being the commonest of them all, including Nigeria. The current prevalence of drug and substance abuse has caused a lot of negative consequences in the Nigerian society and led to addictions, mental disorders, deaths, and other hardships (Fagbe, 2019). Illegal drug use has adverse health and psychological consequences (Allen & Laborde, 2020). The purpose of this investigation therefore is to examine the roles that neighbourhood, personality and the self esteem of adolescents play in embracing substance abuse.



SUBSTANCE ABUSE

A drug is said to be abused when it is used in excessive doses, over a long period of time or outside therapeutic indications or used to modify perceptions, cognition, mood, behaviour and general body functions (Robins, 1972; Balogun, 2006). Substance abuse is a major public health issue (Babalola et al 2013) and it is a great challenge to the youths, the world over (UNODC, 2005). Substance abuse is associated with adverse health outcomes and shortened life expectancy (Whiteford et al., 2015). The United Nations report indicated that 5.6% of the global population between the ages of 15 and 64 years are involved in drug use (United Nations, 2018). The usage of drugs among younger people has been reported to be higher than that among older people for most drugs and therefore adolescents are the group of people most prone to addiction (Luikinga, et. al. 2018) and are also more likely to die from substance use disorders (Ritchie & Roser, 2019). Psychoactive substance use among school aged students is becoming a national health concern in Nigeria. Substances usually associated with Nigerian youths include alcohol, cannabis, tobacco, solution, tramadol, cough syrups, codeine, cocaine, zakami, skunk, valium, African cocaine, fuel, dried skin of frogs etc.(Chia, Awopetu, Ugeese & Apaa, 2015). However, the new trend in drug abuse is known as poly-drug use which is a combination of traditional drugs, prescription drugs, alcohol and new psychoactive substances. Another method is the injection of drugs by youths, with heroine, pentazocine, cocaine, ketamine and methamphetamine. The age at which most young people begin the use of these substances is put at 9 to 25 (Osiwa, Youthise & Cishrwin, 2015)

The abuse of substances by the young people has become one of the most disturbing challenges which is related to health and well-being in Nigeria and other parts of the world (NDLEA, 1997). The UNODC and WHO (2016) estimated that 246 million people or one out of twenty people, between the ages of 15 and 65 years have used an illicit/ psychoactive substance. The United Nations (2005) pointed out that the use of illicit drugs has increased throughout the world and the major world trend is the increasing availability of many kinds of drugs among consumers. The United Nations (2013) also indicated that there are 28 million drug users in Africa and that 37,000 people in Africa die annually from diseases related to drug abuse. Existing evidence suggested that more Nigerian youths are engaging in substance abuse. The NDLEA (2010) reported that over 11% of individuals in the North-Western part of the country use drugs. The challenge of substance use in Nigeria has similarly been confirmed by many recent studies (Osinowo, 2015 ; Obot, 2016).

The World Health Organization (WHO) (2019) indicated that more than 2.6 million young people between the ages of 10 and 24 years die yearly from substance abuse. Therefore, substance abuse results in severe negative consequences for adolescents who persistently engage in it. Academic consequences of substance abuse include having lower grades, absenteeism from school, potential for dropping out of school and so on. Hawkins and Catalano (1992) suggested that lack of commitment to education and higher truancy rates are related to substance use among adolescents. Drug abuse weakens the immune system, results in risky sexual HIV/AIDS behaviours and other infectious diseases through needle sharing and unsafe sex. It can also lead to many respiratory problems, physical health Injuries through accidents, physical disabilities and risk of death through suicide and illness (DAWN 2011). Similarly, UNODC (2017) hinted that substance use is dangerous to user's health because it could lead to user's disability and even death. Substance abuse also separates young people from their peers due to fear of stigmatization and it may result in family crises (Nowinski, 1990). The problem of drug abuse

places a significant threat to the socio-economic and health of the family, society and the entire nation (Giade, 2012). Nalah & Audu, (2014) posited that substance abuse is connected to violent behaviour among students.

Theoretical Background

The biological theory suggests that drug abuse is determined by individual's biological or genetic factors. People's genetic factors are said to be responsible for their drug abuse behaviour. Similarly, the socio-cultural perspective has also been used to explain substance abuse. This theory maintains that drug abuse is determined by the social and cultural values of individuals or groups. Some cultures that consider the use of alcohol for cultural activities as significant, will perceive alcohol consumption as a positive behaviour while the cultures that does not attach any importance to the use of alcohol for social or cultural activities, will view alcohol use as a negative behavior and therefore, will not permit its use. However, the theory of social disorganization (Shaw & McKay, 1942) indicates that individuals' physical and social environments are primarily responsible for their behaviour. In other words, people's neighbourhoods are important in determining the cause of illegal activity. The authors claimed that delinquency was not caused by individuals themselves, rather, it is a normal reaction by normal individuals to abnormal conditions. They suggest that people living in disadvantaged neighbourhoods have lost the control of their community and they are simply responding to their environmental conditions. The above theories provided an important background for the study. The biological theory tends to link substance abuse to innate or personality factors, the socio-cultural theory suggests the importance of social and cultural values attached by people while the social disorganization theory emphasizes the effect of neighbourhood on substance abuse. Each of the theories is focused on one aspect to the neglect of the others Therefore, none of the above theories can individually adequately explain substance abuse.

NEIGHBOURHOOD EFFECT

Power (2007) asserted that neighbourhoods form the most immediate environment for children to socialize outside the family, to build confidence and develop coping skills. Li et al. (2017) argued that the neighbourhood contributes to drug abuse among adolescents through peers influencing other teenagers and making them subconsciously wanting to fit into the group (El Kazdoun et al. (2018). Social disorganization theory therefore, suggest that an individual's residential location is more important than his/her characteristics when predicting criminal activity. The young people living in such neighbourhoods acquire criminality by the practices within the disadvantaged urban neighbourhoods. Berry and Okulicz-Kozaryn (2011) have identified the choice of neighbourhood where one resides as one of the factors that improves individual quality of life. Similarly, Mayungbo and Akingbade (2017) observed that there was a significant main effect of types of neighbourhoods on life satisfaction. These researchers argued that where individuals live will influence many decisions such as, the types of people one interacts with, the type of schools available to one's children, etc. Therefore, living in an area characterized by high crime rates may have effects on the behaviour of the young people living there and subsequently, their level of satisfaction with life.

PERSONALITY CHARACTERISTICS

The personality characteristics of individuals have been identified as being associated with substance abuse (Verdejo-Garcia et al 2006). The big five personality factors are the most acknowledged personality traits (Larsen et al.,2017). However, there is no agreement on the



findings regarding the relationship between personality and substance abuse among researchers. For example, while some existing studies indicated that cigarette smokers were found to be impulsive, neurotic, less agreeable and less conscientious (*Malouff, Thorsteinsson, Schutte 2006*) some other studies confirmed that smokers were found to be extroverted (*Munafa & Black 2007*). While some findings indicated that high neuroticism, low agreeableness, and low conscientiousness were significantly associated with alcohol use (Kotov,2010), some others found that alcohol use was related to higher neuroticism, lower extraversion and lower conscientiousness, but similar levels of openness to experience and agreeableness (Kornor & Nordvik, 2007). In contrast to this, some studies have reported a positive correlation between substance abuse and extraversion (Erevik et al., 2017 & Raketic et al., 2017) as well as excitement seeking (Randhawa, 2018).

Users of cocaine and heroin were found to be very highly neurotic and very less conscientious. Marijuana users were found to be highly open to experience and less agreeable and conscientious (Terracciano, 2008). However, Cocaine users were reportedly, depressed, impulsive and psychotic (Kilbey, Breslau & Andreski, 1992). Similarly, heroin users were reportedly neurotic (Kornor & Nordvik, 2007). However, other studies revealed that heroin users were extroverts and psychotics (Tremeau et al. 2003). Chuang et al. (2017) indicated that high impulsivity traits had a significant positive association with drug addiction. Guttmannova et al. (2019) asserted that rebellious traits are positively associated with marijuana drug abuse. Wilson et al. (2017) reported that participants with emotional regulation impairment traits became opioid dependent at an earlier age. Therefore, inconsistencies exist in the findings.

SELF ESTEEM

Self-esteem has also been linked with substance abuse. Self-esteem is classified into high and low. Having a high self-esteem implies the ability to know, accept and value oneself and recognize one's personal strengths and weaknesses (The Counseling and Mental Health Center,1999). Individuals with high self-esteem are more resilient /and able to handle stress, failure, obstacles and disappointments better (Allegiance Health, 2015). Individuals with low self-esteem on the other hand are constantly experiencing negative feelings and thoughts which they regularly need external positive events to get over. Missetich and Delis-Abrams (2003) noted that low self-esteem is linked to violence, school dropout rates, teenage pregnancy, suicide, and low academic achievement. Orth (2018) indicated that low self-esteem is related to poverty, absent fathers and a low-quality home environment. It is therefore important for young people to develop high self-esteem as adolescents considering that adolescence is the stage most young people form their beliefs, values and identity in life before transiting to adulthood (Guanipa,1999). Therefore, this stage of transition is important for adolescents to develop high self-esteem and to be able to care for themselves (TCMHC,1999):

THE CURRENT STUDY

The examination of substance use among the youth population is not new, however, most studies have focused on drug effects, interventions programmes and the new trends in drug abuse. The effects of neighbourhoods and personality factors have not been well explored. Ballas and Dorling (2013) noted that very few empirical studies have explained the extent to which where we live affect how we feel and behave. Johnson (2001) also observed that neighbourhood characteristics such as availability and acceptability of drugs may influence drug use among adolescents. The



present study hypothesized that neighbourhood effects, Big Five Factors of personality and self-esteem will significantly independently influence substance abuse among adolescents.

METHODS

Participants

The study adopted a cross sectional research design. Study samples were 240 randomly selected secondary school students from private and public schools. Participants were selected through a multi-stage sampling approach. The schools were purposively selected while the classrooms and the study participants were selected using simple random sampling technique. The mean age of participants was 16.10 and standard deviation of 2.30. One hundred and three males and one hundred and thirty-seven female students participated in the study. One hundred and thirty-four were Christians, one hundred and six were Muslims. Thirty-four of the participants were in JSS1, 36 were in JSS2, 40 were in JSS3, 40 were in SS1, 40 in SS2 and 40 in SS3. One hundred and eighty-nine participants live with their parents while 51 of them live with their guardians at the time of the study. Participants residents covered twenty-seven neighbourhood areas and one hundred and eighty students were from monogamous families while 60 students were from polygamous family type.

Measures

Neighbourhood Effect was measured using an 18 item neighbourhood satisfaction scale developed by McVie and Norris (2006). The scale has a five-point Likert response format ranging from agree strongly to disagree strongly. Sample items include - this neighborhood has a good reputation; this area is going downhill; if I was able to, I would like to live in another area, are there groups of youths or other people hanging around in the street in your neighborhood? Are there people who have been drinking or taking drugs in your neighborhood? Are there used syringes lying around in your neighborhood? The author reported a Cronbach's alpha of 0.65. Participants who scored high on the scale were regarded as reporting positive neighbourhood effects while those who scored low were regarded as reporting negative neighbourhood effects.

Self Esteem was measured by a 10-item scale developed by Rosenberg (1965). It has a four-point Likert response scale ranging from strongly agree to strongly disagree. The scale generally has high reliability: test-retest correlations were in the range of .82 to .88 and Cronbach alpha was in the range of .77 to .88. Sample items include "I take a positive attitude toward myself". I feel I do not have much to be proud of. etc. In scoring the items, items 3, 5, 8, 9 and 10 were reversed scores. Participants who scored above the mean were considered as having high self-esteem while those who scored below the mean were regarded as having low self-esteem.

Personality Factors was measured using with the Big Five Inventory which is a 44-item scale developed by Neugarten and Soto (2008). It measures five trait dimensions of personality such as extraversion, neuroticism, agreeableness, conscientiousness and openness. It uses a 5-point Likert scale such as disagree strongly, disagree a little, neither agree nor disagree, agree a little and agree strongly. The Cronbach alphas were as follows: extraversion .66, agreeableness .68, conscientiousness .70, neuroticism .68, and openness .74.

Drug Abuse was assessed with a 20 item drug use screening Inventory (DUSI-R) developed by Tarter (1990). The scale measures severity of problems in 10 dimensions such as substance abuse, psychiatric disorder, behavior problems, school adjustment, health status, work



adjustment, peer relations, social competency, family adjustment and leisure. It also contains a lie scale and records respondents' substance use; preferred substance and the substance respondents report the greatest problem. Sample item includes; have you used drugs other than those required for medical reasons? Have you abused prescription drugs? Do you abuse more than one drug at a time? Can you get through the week without using drugs? Etc. The scale has a "yes" or "no" response format. An internal consistency coefficient of .84 was reported.

Procedure

The data for the current study was obtained from students of both private and public secondary schools. Having been authorized by the management of the selected secondary schools and introduced to some teachers in the schools, classrooms and participants were randomly selected. Selected participants were informed of the purpose of the study with the contents of the questionnaire clearly explained to them. Informed consent was sought and obtained from each respondent before the administration of questionnaires. Considering the sensitive nature of the questions, participants were well spaced from one another within the classrooms and each participant was requested to concentrate on his or her own questionnaire without communicating with other participants for the duration of completing the questionnaires. The participants were not given any incentive for participation. The researcher and one research assistant were available during the process to attend to any questions that may be posed by the participants. A total of 276 questionnaires were administered in English language, however, some were not well filled and therefore discarded. The 240 copies that were well completed were collected, scored and analyzed.

RESULTS

Hypothesis 1

It was hypothesized that neighbourhood effect will significantly independently predict substance abuse among the participants of the study.

Table 1. Summary table showing simple regression analysis of the predictive strength of neighbourhood effects on substance abuse.

Variables	β	B	F	R	R ²	P
Neighbourhood	-.273	-.137	19.18	.237	.075	<.05

The above table reveals that neighbourhood effects ($\beta = -.273$; $B = -.137$; $R = .237$, $R^2 = .075$; $p < .05$) independently predicted drug abuse among the participants. Participants' neighbourhoods' effects contributed .237 (23.7%) degree of relationship with substance abuse and accounted for 7.5% of variance that occur in substance abuse due to the participants' neighbourhoods.

Hypothesis 2

Participants who score high on the neighbourhood satisfaction scale will report lower engagement in substance abuse compared to those who score low on the scale.

Table 2 Summary of t-test for independent samples showing the effects of the levels of neighbourhoods on substance abuse

Neighbourhood	N	\bar{X}	SD	Df	T	P
Low	114	11.30	3.25	238	3.29	<.01
High	126	9.65	4.34			

Table 2 above indicates that there is a significant difference in the effects of the levels of neighbourhood on substance abuse ($t(238) = 3.29, p < .01$). Participants who scored high on neighbourhood satisfaction scale ($\bar{X}=11.30, SD=3.25$) significantly scored lower than their counterparts ($\bar{X}=9.65, SD=4.34$) on substance abuse scale.

Hypothesis 3

Participants who report high self esteem will report significantly lower engagement in substance abuse than those who report low self esteem

Table 3. Summary of t-test for independent samples showing the differences in levels of self-esteem on substance abuse

Self-Esteem	N	\bar{X}	SD	Df	T	P
Low	111	11.76	2.81	238	5.06	<.01
High	129	9.30	4.40			

Table 3 above demonstrates that there is a significant difference in the levels of self-esteem on substance abuse [$t(238) = 5.06, p < .01$]. Participants with low self-esteem [$\bar{X}=11.76, SD=2.81$] significantly scored higher on substance abuse than those with high self-esteem [$\bar{X}=9.30, SD=4.40$].

Hypothesis 4

The big five personality factors will significantly independently and jointly predict substance abuse among the participants of the study

Table 4. Summary of multiple regression analysis showing the joint and independent prediction of the Big Five Personality on substance abuse

Variables	β	B	P	F	R	R ²	P
Neuroticism	1.00	.072	<.05	5.01	.311	.097	<.05
Extraversion	.016	.011	>.05				
Openness to Experience	.397	.222	<.05				
Consciousness	.027	.021	>.05				
Agreeableness	.016	.010	>.05				



The results in table 4 above reveals that neuroticism ($\beta = 1.00$; $B = .072$; $P < .05$) and openness to experience ($\beta = .397$; $B = .222$; $P < .05$) independently predicted substance abuse while extraversion ($\beta = .016$; $B = .011$; $P > .05$), conscientiousness ($\beta = .027$; $B = .021$; $P > .05$) and agreeableness ($\beta = .016$; $B = .010$; $P > .05$) did not independently predict it. However, neuroticism, extraversion, openness to experience, conscientiousness and agreeableness ($R = .311$; $R^2 = .097$; $P < .05$) jointly predicted substance abuse among the participants. This shows that the combination of the big five personality factors contributed .311(31.1%) degree of relationship on participants substance abuse while the other factors not considered in this study accounted for the remaining part.. Also, the big five factors accounted for 9.7% of the variance that occur in students' substance abuse due to changes that occurred in the Big Five Factors.

DISCUSSION

The current study reveals that the neighbourhoods where people live were capable of influencing substance abuse among the participants. Young people who scored high on neighbourhood satisfaction scale reported experiencing positive neighbourhood effects while those who scored low reported experiencing negative neighbourhood effects. This implies that participants who reported positive neighbourhood effects engaged less in drug abuse when compared to their counterparts who reported experiencing negative neighbourhood effects. This outcome was confirmed by Oberwittler, (2004) and McVie and Norris (2006) who asserted that the characteristics of the neighbourhoods in which young people live is capable of influencing their delinquent and drug use behaviour. Shields et al. (2009) argued that there is a neighbourhood effect on quality of life because individuals who live in the same neighbourhood tend to face similar environments or have similar characteristics, or are affected by each other. Rodriguez et al (2005) confirmed that substance use behavior was affected by relationships within the neighborhood. Mennis et al. (2016) reported that neighborhoods with high social cohesion may influence both the behavioral health and psychological reactions of residents, including a protective function against substance use.

However, neighborhoods with social disorganization such as experience of violence, crime, and drug dealing, may have higher levels of substance use. Morrison (2011) found that access to neighbourhood facilities or services through neighbourhood satisfaction contributes to happiness. Gandelman et al. (2012) noted that positive physical features, such as maintenance of the estate, street lighting, and absence of noise pollution in the neighborhood, safety in the neighbourhood and social interaction, influence happiness (Dittmann and Goebel 2010). Also, Pedersen and Schmidt (2011) reported that living in an unsafe neighbourhood with crime or vandalism or living in a deprived area has negative effects on individual's satisfaction with life (Poon & Shang, 2014).

The social learning perspective (Bandura, 1977) has provided some insights into the association between neighbourhood effects and substance abuse. The theory suggests that individuals learn their behaviours from the environment through observational learning. Bandura (1961) suggests that children observe the people around them and watch them behave in various ways. They observe various people within their neighbourhoods who are seen as models. Some of those models who influence children include their parents, friends, school teachers, neighbours, etc. Children observe and identify with these models because they perceive them as having certain qualities which they would like to possess. Consequently, children observe and imitate both positive and negative behaviours that they observe from these models. Therefore, if a child



or an adolescent life in a neighbourhood where he/she observes people around him/her engage in substance abuse, such a child may grow up imitating such anti-social behaviour.

The current study indicates that there is a significant difference in the levels of participants' self-esteem on substance abuse. Adolescents who reported high self-esteem scored lower on substance abuse than those who reported low self-esteem. The importance of self-esteem is linked with a range of positive outcomes including psychological health and well-being during adolescence (Proctor, Linley & Maltby, 2009; Arslan, Hamarta, & Uslu, 2010). High self-esteem may serve a role as a coping resource and protective factor in that individuals with high self-esteem are assumed to show more positive coping and better adjustment in relation to adverse life events, which may further promote health and well-being (Orth, Robins, Trzesniewski, Maes & Schmitt, 2009). Previous studies have also shown that self-esteem is positively associated with life satisfaction both in adults and adolescence (Pavot and Diener, 2008). Self-esteem is therefore important regarding how adolescents judge their lives as a whole.

The results also reveal that neuroticism and openness to experience independently predicted substance abuse while all the Big Five Factors of personality jointly predicted it among the participants of study. The findings are consistent with the previous literature, which concluded that drug users were high on neuroticism scale (Lasser et al., 2000; Bogg & Roberts, 2004). Breslau et al (2004) reported that cigarette smoking causes stress, negative emotion such as anxiety and depressive disorders. Similarly, Munafo and Black, (2007) suggested that high scores on neuroticism and extraversion during adolescence may result in being a smoker later in life (Harakeh et al., 2006). Also, McClernon et al., (2006) indicated that individuals who are highly neurotic, use drugs to self-medicate.

This outcome is also in line with findings that suggested that patients with substance use challenges are likely to score high on neuroticism and score low on both agreeableness and conscientiousness compared to their counterparts without substance use challenges (Delic et al., 2017 & Raketec et al., 2017). The personality theory of substance abuse maintains that there are certain individual characteristics that make people abuse drugs, such characteristics include low self-esteem, lack of tolerance for frustration, not being able to delay pleasure, not able to control one's impulse and dependence on others. These personality characteristics make it difficult for people to abstain from substance abuse (Eze & Omeje, 1999).

Conclusion

The current study has demonstrated that the issue of substance abuse is widespread among the youth population in Nigeria and that the neighbourhoods where people live as well as their personality characteristics can predict substance abuse. Although the Nigerian Government had already taken a big step in preventing drug abuse through the National Drug Law Enforcement Agency and National Agency for Food and Drug Abuse Control, yet, more needs to be done. Since drug abuse is prevalent among the young people, the government should intensify public awareness among the young people both within school environments across the country and in places where youths are concentrated. Similarly, religious leaders should be encouraged to do the same in their religious gatherings, particularly during their youth programmes. The school curriculum should be designed to address the menace of substance abuse and the campaign against it should be wide spread in all school premises and through television and radio advertisements. Counseling centers should be located in every community and Local Government



Areas to assist both the youth who are at the early stages of substance abuse and those who are already addicted to drugs.

In order to guide against the negative effects of neighbourhood on substance abuse, parents and guardians should educate their children on the dangers of substance use and discourage their children from associating with unknown people with suspicious characters within the neighbourhoods. Also, young people caught with any illicit drugs or substance should be punished so as not to reinforce such behaviour. This is in line with the social learning theory. Since the behaviour a child imitates would be met with either punishment or reward, an adolescent who abstains from drugs should be praised while those who engage in substance abuse should immediately be met with punishment so that the behaviour is not repeated. Adolescents will also consider the consequences of other people's actions when deciding whether or not to imitate such behaviours. Therefore, if they witness others being punished or going through the negative effects of substance abuse, they might be discouraged from imitating such behaviors. The theory maintains that there is a mediational period which is the period between when a child observes a behaviour and when he/she imitates such behaviour. It is a period to think about the consequences of such behaviour and therefore, when culprits are punished regularly and openly, it gives young people something to think about during the mediational process and this might help discourage them from copying such a negative behaviour.

The findings of the current study may have provided some important insights into the study of substance abuse, however, it is not without some limitations. Being a quantitative study, it may be difficult to explore the individual experiences of substance abuse, therefore future studies may adopt a mixed methods design so as to test the findings of the quantitative method qualitatively and the quantitative findings may be used to generalize the findings of the qualitative study. Future studies may also consider adopting an experimental method in order to establish a cause effect relationship among the variables of interest.



REFERENCES

- Adekeye, O.A., Adeusi, S.O., Chenube, O.O., Ahmadu, F.O., & Sholarin, M.A.. (2015). Assessment of alcohol and substance use among undergraduates in selected private universities in southwest Nigeria. *IOSR Journal of Humanities And Social Science*, 20(3), 1–7.
- Ajayi, A.I., & Somefun, O.D. (2020). Recreational drug use among Nigerian university students: Prevalence, correlates and frequency of use. *PLoS ONE*, 15: 5 e0232964. <https://doi.org/10.1371/journal.pone.0232964>
- Fagbe A.O. (2019). Information behaviour and substance use among Undergraduates in Babcock University, Ogun State, Nigeria. *European Journal of Psychological Research*; 6 (1) 2057–4794.
- Allegiance Health. (2015). Eight health benefits of a healthy self-esteem. Health & Wellness Blog. <https://doi.org/10.1000/allegiancehealth.org>
- Allen, M.S., & Laborde, S. (2020). A prospective study of personality and illicit drug use in Australian adults. *Personality and Individual Differences*, 163, 110048
- Arslan, C., Hamarta, E., & Uslu, M. (2010). The relationship between conflict communication, self-esteem and life satisfaction in university students. *Educational Research and Reviews*, 5, 31–34.
- Babalola, E. O., Ogunwale, A., & Akinhanmi, A. (2013). Pattern of psychoactive substance use among university students in south-western Nigeria. *Journal of Behavioural Health* 2(4), 334-342.
- Ball, S.A., & Schottenfeld, R.S. (1997). A five-factor model of personality and addiction, psychiatric, and AIDS risk severity in pregnant and postpartum cocaine misusers. *Substance Use Misuse*. 32 (1), 25-41.
- Balogun, S.K. (2006). Chronic intake of separate and combined alcohol and nicotine on body maintenance among albino rats, *Journal of Human Ecology*, 19(1), 21-24.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall, Inc.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A., Ross, D., & Ross, S. A. (1961). Transmission of aggression through the imitation of aggressive models. *Journal of Abnormal and Social Psychology*, 63, 575-582
- Bogg, T., & Roberts, B.W. (2004). Conscientiousness and health-related behaviors: a meta-analysis of the leading behavioral contributors to mortality. *Psychology Bulletin*. 130 (6): 887-919.
- Breslau, N., Novak, S.P., & Kessler, R.C. (2004). Daily smoking and the subsequent onset of psychiatric disorders. *Psychology Med*. 34 (2): 323-333.
- Chia, P. N., Awopetu, R. G., Ugese, J. I. & Apan, T. (2015). Pattern of Psychoactive substance use among in patients at psychiatric unit of Federal Medical Centre, Makurdi. Presented at 2nd CRISA symposium on Drug control and Drug Policy.
- Chuang, C.W.I., Sussman, S., Stone, M.D., Pang, R.D., Chou, C.P., & Leventhal, A.M, (2017). Impulsivity and history of behavioral addictions are associated with drug use in adolescents. *Addictive Behaviour*, 74:41– 47 <https://doi.org/10.1016/j.addbeh.2017.05.021>.
- Delić, M., Kajdiž, K., & Pregelj, P. (2017). Association of the Five-Factor Model personality traits and opioid addiction treatment outcome. *Psychiatria Danubina*, 29 (Suppl 3), 289–291.
- Dittmann, J., & Goebel, J. (2010). Your house, your car, your education: The socioeconomic



- situation of the neighborhood and its impact on life satisfaction in Germany. *Social Indicators Research*, 96(3), 497–513.
- El Kazdough, H., El-Ammari, A., Bouftini, S., El Fakir, S., & El Achhab, Y. (2018). Adolescents, parents and teachers' perceptions of risk and protective factors of substance use in Moroccan adolescents: a qualitative study. *Substance Abuse Treatment Prevention Policy*. 13(1), 1-31. <https://doi.org/10.1186/s13011-018-0169-y>.
- Gandelman, N., Piani, G., & Ferre, Z. (2012). Neighbourhood determinants of quality of life. *Journal of Happiness Studies*, 13(3), 547–563.
- Giade, A. (2011). How Nigeria's Latest Drug Abuse Defies Legislation. *Daily Trust NewsPaper*. <https://doi.org://.dailytrust.com.ng>
- Guanipa, C. (1999). *Self-Esteem*. San Diego, CA: San Diego University.
- Guttmanova, K., Skinner, M.L., Oesterle, S., White, H.R., Catalano, R.F., & Hawkins, J.D. (2019). The interplay between marijuana-specific risk factors and marijuana use over the course of adolescence. *Prevention Science*. 20(2), 235–245. <https://doi.org/10.1007/s11121-018-0882-9>.
- Haladu, A.A. (2003). Outreach strategies for curbing drug abuse among out-of-school youth in Nigeria: A challenge for community Based Organization (CBOS), in A. Garba (ed). *Youth and drug abuse in Nigeria: Strategies for counselling, management and control*. Kano: Matosa Press.
- Eze, J.E., & Omeje, E. (1999). *Fundamentals of substance abuse*, Enugu: Snaap Press Ltd.
- Harakeh, Z., Scholte, R.H., De Vries, H., & Engels, R.C. (2006). Association between personality and adolescent smoking. *Addictive Behaviour*. 31 (2): 232-245.
- Harper, D. (2008). Drug. Online Etymology Dictionary. Glossary of MHRA terms - P.MHRA. <https://doi.org://.mesalaine.com/sanpedro/lge>,
- Hawkins, J. D. & Catalano, R. F. (1992). *Communities that care: Action for Drug Abuse Prevention*, San Francisco: CA: Jossey-Bass.
- Idowu, A., Aremu, A. O., Olumide, A., & Ogunlaja, A. O. (2018). Substance abuse among students in selected secondary schools of an urban community of Oyo-state, South West Nigeria: implication for policy action. *African health sciences*, 18(3), 776–785. <https://doi.org/10.4314/ahs.v18i3.36>
- Kilbey, M.M., Breslau, N., & Andreski, P. (1992). Cocaine use and dependence in young adults: associated psychiatric disorders and personality traits. *Drug Alcohol Dependence*. 29 (3): 283-290.
- Kornor, H., & Nordvik, H. (2007). Five-factor model personality traits in opioid dependence. *BMC Psychiatry*. 7: 37-48. <https://doi.org/10.1186/1471-244X-7-37>
- Kotov, R, Gamez, W, Schmidt, F, & Watson, D. (2010). Linking “big” personality traits to anxiety, depressive, and substance use disorders: A meta-analysis. *Psychological Bulletin*. 136(5),768–821. <https://doi.org/10.1037/a0020327>
- Larsen, R. J., Buss, D. M., Wismeijer, A., Song, J., & van den Berg, S. M. (2017). *Personality psychology: Domains of knowledge about human nature*. (2nd ed.) McGraw Hill Education.
- Li, S.D., Zhang, X., Tang, W., & Xia, Y. (2017). Predictors and implications of synthetic drug use among adolescents in the gambling capital of China. *Sage Open*, 7(4),21582440177 <https://doi.org/10.1177/2158244017733031>.
- Luikinga, S.J., Kim, J.H.& Perry, C.J. (2018). Developmental perspectives on methamphetamine abuse: exploring adolescent vulnerabilities on brain and behavior. *Progress in neuro-psychopharmacology & biological psychiatry*, 87(Pt A), 78–84. <https://doi.org/10.1016/j.pnpbp.2017.11.010>

- Mackay, J. & Eriksen, M. (2002). *The tobacco atlas*. Geneva: World Health Organization
- Mayungbo, O.A. & Akingbade, R. (2017). Residential neighbourhoods, perceived social support and subjective wellbeing. *European Scientific Journal*, 13 (17), 152- 169.
<https://doi.10.19044/esj.2017.v13n17p152>
- McVie, S. & Holmes, L. (2005). Family functioning and substance use at ages 12 to 17, Edinburgh Study of Youth Transitions and Crime, *Research Digest* No. 9.
- McVie, S. and Norris, P. (2006) The effect of neighbourhoods on adolescent property offending. Edinburgh Study of Youth Transitions and Crime, *Research Digest* No. 11.
- Malouff, J.M., Thorsteinsson, E.B., Schutte, N.S. (2006). *The five-factor model of personality and smoking: a meta-analysis. Journal of Drug Education. 36 (1): 47-58.*
- McClernon, F.J, Hiott, F.B., Westman, E.C., Rose, J.E., & Levin, E.D. (2006). Transdermal nicotine attenuates depression symptoms in nonsmokers: a double-blind, placebo-controlled trial. *Psychopharmacology. 189 (1): 125-133.*
- Mennis, J., Stahler, G. J., & Mason, M. J. (2016). Risky Substance Use Environments and Addiction: A New Frontier for Environmental Justice Research. *International journal of environmental research and public health, 13(6)*, 607. <https://doi.org/10.3390/ijerph13060607>.
- Misetich, M., & Delis-Abrams, A. (2003). Your self esteem is up to you. Self-Growth. Retrieved from <http://www.selfgrowth.com>
- Morrison, P. S. (2011). Local expressions of subjective well-being: The New Zealand experience. *Regional Studies, 45(8)*, 1039–1058.
- Munafo, M.R., & Black, S. (2007). *Personality and smoking status: A longitudinal analysis. Nicotine Tablet Research. 9 (3): 397-404.*
- Nalah, B.A., & Audu, G. (2014). Substance use and violent behaviour of students in Nassarawa State University, Keffi, Nigeria. *European Academic Research international* 1, (10)
- National Drug Law Enforcement Agency (1997). *Drug data collection and research*, Lagos: Drug Demand Reduction Unit, National Drug Law Enforcement Agency.
- National Institute on Drug Abuse. (2015). *The Science of Drug Abuse and Addiction* 39(3), 461-492.
- Nnachj, R.O. (2007). *Advanced psychology of learning and scientific enquiries*, Enugu: J.J. Classic Publishers Ltd.
- Oberwittler, D. (2004). A multilevel analysis of neighbourhood contextual effects on serious juvenile offending: The role of subcultural values and social disorganization. *European Journal of Criminology*, vol. 1, No. 2: 201-235
- Obot, I.S. (1990). Substance abuse, health and social welfare in Africa: an analysis of the Nigerian experience. *Social Science & Medicine, 31(6)*, 699-704.
- Obot, I. S. & Saxena, S. (2005). Urbanization, youth and substance use: an introduction. *In Substance use among young people in urban environments*. (Eds) Obot, I. S. & Saxena, S. 1-8.
- Obot, I. S. (2016). Drug use and its effects on youths in West Africa. <http://www.osiru.org>



- Oluremi, D. F. (2012). Drug Abuse among Nigerian Adolescents strategies for counselling. *Journal of International Social Research*, 5(20), 342 – 347.
- Open Society Institute for West Africa (OSIWA), Youth Initiative for Drug Research, Support and Education in Nigeria (YOUTHRISE) & Civil Society on the Health and Right of Vulnerable Women and Girls in Nigeria (CISHRWIN). (2015). *we are People. The Unintended Consequences of the Nigerian Drug Law on the Health and Human Rights of Young People*. IGSD Press.
- Orth, U. (2018). The family environment in early childhood has a long-term effect on self-esteem: A longitudinal study from birth to age 27 years. *Journal of Personality and Social Psychology*, 114, 637-655.
<http://doi:10.1037/pspp0000143>
- Orth, U., Robins, R. W., Trzesniewski, K. H., Maes, J., & Schmitt, M. (2009). Low self-esteem is a risk factor for depressive
- Osinowo, H.O, (2016). A promising baby in turbulent waters: Psychology, health care and the criminal justice system in Nigeria. An inaugural lecture, 2015/2016. (pp. 69 – 73), Ibadan: Ibadan University Press
- Pavot, W., & Diener, E. (2008). The satisfaction with life scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology*, 3, 137–152.
- Pedersen, P. J., & Schmidt, T. D. (2011). Happiness in Europe: Cross-country differences in the determinants of satisfaction with main activity. *The Journal of Socio-Economics*, 40(5), 480–489.
- Poon, J. P. H., & Shang, Q. (2014). Are creative workers happier in Chinese cities? The influence of work, lifestyle, and amenities on urban well-being. *Urban Geography*, 35(4), 567–585.
- Proctor, C. L., Linley, P. A., & Maltby, J. (2009). Youth life satisfaction: A review of the literature. *Journal of Happiness Studies*, 10, 583–630.
- Raketic, D., Barisic, J. V., Svetozarevic, S. M., Gazibara, T., Tepavcevic, D. K., & Milovanovic, S. D. (2017). Five-Factor Model Personality Profiles: The Differences between Alcohol and Opiate Addiction among Females. *Psychiatria Danubina*, 29(1), 74–80. <https://doi.org/10.24869/psyd.2017.74>
- Ritchie H, & Roser M. (2019). Drug Use - Our World in Data: Global Change Data Lab . [https://doi.org/10.1016/S2215-0366\(15\)00508-8](https://doi.org/10.1016/S2215-0366(15)00508-8)
- Robins, L. N. (1972), *The Natural History of Drugs Abuse*. The theories on drug abuse, Washington D.C.
- Rodriguez N, Katz C, Webb VJ, & Schaefer, D.R. (2005). Examining the impact of individual, community, and market factors on methamphetamine use: a tale of two cities. *Journal of Drug Issues*. 35(4),665–693.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Science Museum. (2016). Astonishing science museum. What is a drug? <https://doi.org/10.1080/01494929.2013.768321> 11 /05/17.
- Shaw, C. R. & McKay, H. D. (1942). *Juvenile Delinquency in Urban Areas*. Chicago: University of Chicago Press.
- Shields, M., Wheatley Price, S., & Wooden, M. (2009). Life satisfaction and the economic and social characteristics of neighbourhoods. *Journal of Population Economics*, 22(2), 421–443.
- Tarter, R. (1990). Evaluation and treatment of adolescent substance abuse: A decision tree method. *American Journal of Drug and Alcohol Abuse*, 16, 1-46.
- Terracciano, A., Lockenhoff, C.E., Crum, R.M., Bienvenu, O.J., & Costa, P.T. (2008). Five-Factor Model personality profiles of drug users. *BMC Psychiatry*. 8.



- The Counseling and Mental Health Center .(1999) *Better Self-Esteem*. Austin, TX: The University of Texas.
- Tremeau F., Darreye, A., Leroy, B., Renckly., V., Ertle, S., Weibel, H., Khidichian, F., & Macher, J.P. (2003). Personality changes in opioid-dependent subjects in a methadone maintenance treatment program. *Encephale*. 29 : 285-292.
- United Nations (2005). *World Drug Report*. New York: Oxford University Press.
- United Nations (2013). *World Drug Report*. New York: Oxford University Press.
- United Nations .(2017). *World Drug Report*. New York: Oxford University Press.
- United Nations. (2018). World Drug Report. United Nations publication. <https://doi.org/10.1080/00224499.2014.1003773>
- United Nations Office on Drug and Crime / World Health Organization. (2016). Listen First: Facts for Parents. www.unodc.org
- United Nations Organizations on Drug Council (UNODC) (2005). "World Health Organization Expert Committee on Dependence Producing Drugs. Fourteenth Report Urban Adolescents", *Child Development*, 61, 2032-2046.
- Verdejo-Garcia, A.P, Perez-García, M, & Bechara, A. (2006). Emotion, decision-making and substance dependence: a somatic-marker model of addiction. *Current Neuropharmacology*. 4(1),17–31.
- Whiteford, H. A., Ferrari, A. J., Degenhardt, L., Feigin, V., & Vos, T. (2015). The global burden of mental, neurological and substance use disorders: an analysis from the Global Burden of Disease Study 2010. *PloS one*, 10(2), e0116820. <https://doi.org/10.1371/journal.pone.0116820>
- World Health Organisation.(2019). Management of substance abuse: Facts and Figures. https://doi.org/who.int/substance_abuse/facts/en/