Parental Involvement, Peer Pressure and Drug Abuse among Public Secondary School Adolescents in Ilorin West, Kwara State

Tayo ADELOWO
LCU/PG/005226

Being a Thesis Submitted to the Department of Arts & Social Science, Faculty of Education, Lead City University, Ibadan, Oyo State, Nigeria

In Partial Fulfillment of the Requirements for the Award of Master Degree (M.Ed.) in Education, Guidance & Counselling Psychology

2025

Lead City University Ibadan DO NOT COPY

Certification

This is to certify that **Tayo ADELOWO** with matriculation number **LCU/PG/005226** carried out this research work titled "Parental Involvement, Peer Pressure and Drug Abuse among Public Secondary School Adolescents in Ilorin West, Kwara State" in the Department of Arts and Social Science, Faculty of Education, Lead City University, Ibadan, Oyo state, for the award of Master Degree (M.Ed.) in Education, Guidance and Counselling Psychology and that this has not been previously submitted.

Dr Olabisi T. Precious Killian
Supervisor

Date

Dr Oluyomi S. Pitan
Head of Department

Date

Lead City University Ibadan DO NOT COPY

Dedication

This research is dedicated to the Almighty God, the Giver and Sustainer of Life.

Lead City University Ibadan DO NOT COPY

Acknowledgement

I am deeply indebted to the management of Lead City University, Ibadan, for establishing a platform that supports academic excellence, innovation, and personal development. I am proud to be a part of this visionary institution that nurtures minds and empowers futures. My deepest appreciation goes to my supervisor, Dr Olabisi Killian for your tireless effort, mentorship, and exceptional guidance and your constant encouragement gave this research both direction and depth. Thank you for believing in me and pushing me to aim higher. I would also like to express my sincere gratitude to my dignified head of the Department of Art and social science Education Dr Oluyomi Pitan for her profound support. I also acknowledge professor Donald Odeleye, Dean of the Faculty of Education. My academic father for the support and wise counsel throughout my programme. I would also like to express my sincere gratitude to Professor Afolakemi Oredein, the Provost of the Postgraduate College, for the profound leadership in the academic journey. warm thank you to all other distinguish lecturers, Prof. Senimetu Ileuma, Prof. Titilola Adebowale, Prof. Tunde Yara, Prof. A. Erwat, Assoc. Prof. Monilola Oyetade , Assoc. Prof. l. T. Dada, Assoc. Prof. Toyin Oyedeji, Assoc. Prof. Ukamaka Akuche, Dr. Morakinyo Oloyede, Dr. Mojirade Ayantunji, Dr. Omobola Gambo, Dr. Seyi David, Dr. Deborah Ayeni, Dr. Christianah Sam-Kayode, Dr. Moyinoluwa Owojori, Dr. Hafisat Abdushemiu, Dr. Albert Olaniyi, Dr. Dele Omoyajowo, Dr. Babatunde Kolasi, Dr. Sunday Fabode, Dr Yejide Ibukunle, Dr Chinenye Obadimeji, Miss Dolapo Awoniyi, and Miss Omenihu Oduali each of whom added value to my academic journey through their dedication, knowledge, encouragement for their unwavering

Lead City University Ibadan DO NOT COPY

support, valuable feedback, and for laying the foundation of the knowledge I now possess. Each course, discussion, and lectures has contributed meaningfully to my growth and success.

To my friends and well-wishers, thank you for your words of encouragement and moral support, especially during the most trying moments. Above all, I owe a debt of gratitude to my beloved family. To my parents Mr. and Mrs. Bisi Adelowo, your love, prayers, and sacrifices have laid the foundation for everything I have achieved. To my one and only sibling, Dr Joy Adefemi and her husband squadron leader A.O. Adefemi thank you for the great sacrifice you made, you have been a very strong support to me during the course of this work. Special thanks and appreciation to the families Prof. & Engr. (Mrs.) Adelowo, Prof. Funmi Adelowo, Dr.& Mrs. Oyewusi, Dr Mobolaji Omolabake Musa and Dr. J.O. Malomo thank you for always believing in me and cheering me on, even from afar.

Lead City University Ibadan DO NOT COPY

Abstract

This study examined the relationship between parental involvement, peer pressure, and drug abuse among public secondary school adolescents in Ilorin West, Kwara State. A descriptive survey design was adopted to investigate these factors, considering that drug abuse remained an escalating public health concern, with 33.7% of students in Nigeria's central region reporting psychoactive drug use. The study was grounded in Social Learning Theory, Family Systems Theory, Social Control Theory, and Ecological Systems Theory. The population comprised 16,200 senior secondary students in Ilorin West, from which 573 students (SS1–SS3) with a mean age of 16.5 years were selected through purposive and stratified random sampling. Data were collected using the Adolescent Drug Abuse Influencing Factors Questionnaire (ADAIFQ) and thematic interviews with school personnel. Quantitative data were analyzed using descriptive statistics, multiple regression analysis, and Pearson correlation through SPSS version 26, while qualitative data underwent thematic analysis. Findings revealed low drug abuse prevalence requiring rehabilitation (1.9%), though high knowledge of locally abused drugs existed (32.1% and 28.1% agreeing/strongly agreeing). Parental involvement emerged as a significant protective factor, with 88.0% of students reporting high parental supervision. However, emotional support (81.2%) and open communication (79.9%) were relatively weaker. Approximately 20-25% of students experienced peer pressure to consume drugs, with 24.1% struggling to refuse substances offered by peers. Multiple regression analysis revealed that parental involvement and peer pressure jointly explained 39% of variance in adolescent drug abuse ($R^2 = 0.404$, Adjusted $R^2 = 0.390$, $F=57.4$, $p<0.05$). Social media influence significantly predicted drug use ($p = 0.021$), accounting for 72% of variance among exposed students. The study concluded that adolescent drug abuse was influenced by family functioning, peer pressure, individual characteristics, and digital environments. Comprehensive prevention strategies targeting family relationships, resilience skills, peer resistance, and digital literacy were recommended.

Keywords: Parental involvement, peer pressure, drug abuse, adolescents, secondary school students

Word Counts: 293

Lead City University Ibadan DO NOT COPY

Table of Contents

Certification ii

Dedication iii

Acknowledgement iv

Abstract vi

List of Tables x

List of Figures xi

List of Acronyms xii

Chapter One: Introduction 1

1.1 Background of the Study 1

1.2 Statement of the Problem 7

1.3 Aim and Objectives of the Study 8

1.4 Research Questions 8

1.5 Hypotheses 9

1.6 Significance of the Study 9

1.7 Scope of the Study 10

1.8 Limitations of the Study 11

1.9 Operational Definition of Terms 13

Endnotes 14

Lead City University Ibadan DO NOT COPY

Chapter Two: Literature Review **17**

2.1 Conceptual Review 17

2.1.1 Parental Involvement 17

2.1.2 Peer Pressure 20

2.1.3 Drug Abuse 24

2.1.4 Psychological Effects of Drug Abuse 27

2.2 Theoretical Review 29

2.2.1 Social Learning Theory (Bandura, 1977) 30

2.2.2 Family Systems Theory (Bowen, 1978) 31

2.2.3 Social Control Theory (Hirschi, 1969) 32

2.2.4 Ecological Systems Theory (Bronfenbrenner, 1979) 34

2.3 Review of Empirical Studies 36

2.4 Conceptual Framework (Model) 64

2.5 Summary of Literature Reviewed and Gap Identified 71

Endnotes **73**

Chapter Three: Methodology **83**

3.1 Research Design 83

3.2 Population of the Study 83

3.3 Sample and Sampling Techniques 85

3.4 Research Instruments 85

Lead City University Ibadan DO NOT COPY

3.5 Data Collection 86

3.6 Data Analysis 88

3.7 Ethical Approval 88

Chapter Four: Results and Discussion of Findings 90

4.1 Presentation of Data 90

4.2 Data Analysis 93

4.3 Test of Hypotheses 111

4.4 Discussion of Findings 114

Endnotes 120

Chapter Five: Conclusion 122

5.1 Summary of Findings 122

5.2 Conclusion 126

5.3 Recommendations 128

5.4 Contributions to Knowledge 130

5.5 Suggestions for Further Studies 131

Bibliography 133

Appendix 143

Bio-data 147

The University Compliance Certification 154

Lead City University Ibadan DO NOT COPY

List of Tables

Table	Title	Page
3.1	Schools in the Local Government Area and their Location	84
3.2	Population of the Schools used	85
4.1	Demographic Characteristics of Respondents	91
4.2	Level of Drug Use Behaviour among Secondary School Students	93
4.3	Level of Parental Involvement in Drug Abuse Prevention	96
4.4	Influence of Peer Pressure on Drug Abuse Behaviours	99
4.5	Resilience Factors among Secondary School Students	102
4.6	Assertive Refusal Mechanisms among Secondary School Students	104
4.7	Social Media Influence on Substance Use	108
4.8	Relationship between the Parental Involvement and Peer Pressure on Drug Abuse among Secondary School Adolescents	111
4.9	Relationship between Combined Influence of Parental Involvement and Peer Pressure on Drug Abuse among Secondary School Adolescents	112
4.10	Relationship between the Social Media and the Level of Drug Abuse among Adolescents	113

Lead City University Ibadan DO NOT COPY

List of Figures

Figures	Title	Page
2.1	Conceptual Framework	66

Lead City University Ibadan DO NOT COPY

List of Acronyms

Abbreviation	Meaning
ADAIFQ	Adolescent Drug Abuse Influencing Factors Questionnaire
CASSON	Counselling Association of Nigeria (A Professional Membership)
GDPR	General Data Protection Regulation
LCU	Lead City University
M.Ed.	Master Degree (M.Ed.) in Education
NYSC	National Youth Service Corps
SPSS	Statistical Package for Social Sciences (Used for Data Analysis)
TRCN	Teachers Registration Council of Nigeria (a professional membership)
WHO	World Health Organization

Lead City University Ibadan DO NOT COPY

Chapter One

Introduction

1.1 Background of the Study

Drug abuse among high school adolescents is an escalating public health issue that necessitates immediate response from stakeholders in the education sector, parents, and policymakers. Today's scenario of the abuse of drugs among adolescents is very different compared to the past, with new trends that threaten conventional prevention strategies and necessitate thorough exploration of the myriad factors behind this trend. In sub-Saharan Africa, more than one-quarter of adolescents use at least one drug during their lifetime, though higher in males than females[1]. The staggering figure helps to identify the seriousness of the problem among adolescents across the continent, including Nigerian secondary school students,

Drug abuse among secondary school students has shown high levels of sophistication in recent times. Studies indicate that about 28% of Ilorin secondary school pupils have been exposed to drugs that are hidden in ordinary objects, and 15% were exposed directly through peer networks[2]. Contemporary concealment strategies among pupils now more often use more modern digital technologies and social networks for coordination and distribution, rendering discovery and prevention by schools more challenging[2]. Physical hiding or concealment hiding visibility of contents is still one of the most basic and common practices among users and distributors[2]. Concealment strategies have developed and followed campus safety policy and parental monitoring, since students use a variety of environmental concealment tactics that take advantage of the very distinctive nature of school settings[2].

Lead City University Ibadan DO NOT COPY

Patterns and usage rate of psychoactive substances among Nigerian secondary school students reflect alarming patterns. In Ilorin West, 33.7% of Nigerian students claimed to use psychoactive drugs, with tramadol and alcohol most commonly used[3]. The 15–19-year age group had more drug use prevalence than any other age group, which is a marker of a peak stage of adolescence when intervention is needed most[3]. Lifetime drug use prevalence of any form was 17.3%, and current prevalence was 11.7% in south-western Nigeria[4]. These figures estimate the widespread prevalence of substance use among adolescents, and therefore, interventions targeting precipitating factors to this practice are vital.

Parental involvement is among the exceptional protective factors that can deter teenagers from substance abuse, with various dimensions shaping the drug-use behaviour of adolescents. Efficient parental supervision is a powerful deterrent to substance use experimenting, with different studies continually indicating its protective impact among different population groups[5]. Parent-child communication quality is also significant in the development of attitudes of adolescents towards alcohol and drug use, and good and open communication types are associated with lower risk of drug abuse[5]. Parental supervision is not just actual monitoring of conduct but also active participation in adolescents' activities of daily living, peer selection, and decision-making[5]. The emotional bonding between the parent and the teenager provides a basis on which other protective factors work, and secure attachments between parents and children are a buffer against environmental stressors that can lead to drug testing[5].

Parent marriage and co-residency with parents emerged as preventive measures against drug use, and this just goes to underscore the value of intact families during adolescence[4]. On the other hand, lack of direct parental care was a high-risk predictor for the risk of psychological

Lead City University Ibadan DO NOT COPY

distress, typically combined with substance abuse behaviour[4]. Parental substance use was also a high-risk predictor, and offspring of parents who used substances were at increased risk of following suit[4]. This inter-generational substance uses transmission highlights the importance of family-based interventions in the context of parental and adolescent risk factors.

Another important predictor of adolescent substance use decisions is peer pressure, which occurs by multiple mechanisms to create young adults' behaviour and attitudes. The peer pressures exerted on adolescent behaviour by peer groups operate via complex social procedures that frequently overwhelm parents at certain phases of development[6]. Teenagers whose friends are substance users are most likely to follow similar behaviours, trying to fit into or be accepted by their peer groups[7]. These are the settings where the use of substances can become the norm or actively promoted and it becomes harder for teenagers to avoid pressures to use drugs and alcohol[7].

Both peer group structure and composition are important predictors of health behaviour, with bigger, more transitive groups forecasting different patterns of substance use than smaller, less integrated networks[8]. Peer group opinion plays a critical role in influencing personal decision-making regarding substance use, as adolescents place greater importance on belonging and social acceptance than on issues related to personal safety[9]. The composition of the peer network itself impacts substance use outcomes, with denser populations of substance-using peers associated with greater likelihood of individual substance experimentation[10]. Close environments serve as a context by and through which substance use may be introduced, normalized, or reinforced, presenting environments that are appropriate for reinforcing or discouraging healthy decision-making[9].

Lead City University Ibadan DO NOT COPY

The influence of peer pressure can affect the impact of parents' and other adults' during adolescence, demonstrating the importance of addressing peer dynamics in preventing substance abuse[7]. Studies demonstrate that peer influence processes affect adolescent substance use across a variety of substance use behaviours directly and indirectly through perceived norms[11]. The degree to which adolescents are socially influenced by their peers has been a subject of developmental psychological research, and this has produced evidence of peer influence effects that vary as a function of the type of drug and assessment procedures[11].

Several factors mediate the connection among parental involvement, peer pressure, and adolescent drug abuse, with intricate pathways requiring close inspection in prevention and intervention models. Teen resilience provides a protective shield that shields teens to triumph over hardships and defy negative forces with great effectiveness. Resilience supports adaptation and coping, avoiding the onset of mental illness in individuals exposed to adversity like abuse and neglect[12]. Adolescents who were subjected to physical abuse were about 2 times less likely to be highly resilient, while those subjected to sexual abuse were about 2.5 times less likely to be highly resilient than the adolescents who were not exposed to such adversity[12].

Assertive refusal skills are important skills that allow adolescents to refuse peer pressure and make autonomous decisions about substance use. Enhancing adolescents' self-esteem, decision-making, and peer resistance are important factors which counteract the impact of peer pressure on drinking and drug use[7]. Training in refusal skills and assertive communication has been showing promise towards preventing drug and alcohol use among at-risk groups[13].

Lead City University Ibadan DO NOT COPY

Social media's compound mediating effect on adolescent drug use is negative and positive. Global views of social media use among adolescents unveil outcomes on psychological and social well-being and drug use, with problem users having the worst psychological and social health profiles and highest drug use[15]. However, social media can also be used as a platform for positive peer influence and health promotion if it is used in the right way[16]. The decentralized nature of contemporary communication facilitates more covert planning of drug use action, and thus schools are less likely to identify and deter it[2].

The fundamental of this study is based on several theoretical views which explain the intricate pattern of interaction between family characteristics, peer influences, and drug-using patterns. Social learning theory describes adolescent learning of substance use behaviour by observation and modeling of significant others[7]. Theory of planned behaviour describes the ways attitudes, subjective norms, and perceived behavioural control shape intentions and resultant substance use-related behaviour[7]. Peer cluster theory uniquely describes how small groups of peers affect individual behaviour by transferring activities and attitudes[7].

Modern prevention strategies acknowledge the deficiencies of the more stringent older abstinence-only programmes and accept more sophisticated strategies that understand the complicated realities of adolescents. Older methods like the "Just Say No" campaign and the D.A.R.E. programme have been unsuccessful to any large extent, and research indicates that they can actually heighten interest in drug use[17]. Prevention efforts in place now aim at empowering teens to choose health for substances, knowing that teenagers consume substances for social or emotional reasons and providing them with alternative ways of accessing those needs in a healthy manner[17].

Lead City University Ibadan DO NOT COPY

Evidence-based prevention strategies in preventing alcohol and drug use disorders among teens address corresponding risk and protective factors at individual, family, and community levels[18]. The most effective programmes are informed by appropriate psychosocial theories of drug abuse and use etiology that include multi-dimensional approaches to address multiple risk and protective factors at the same time[18]. Prevention programmes at school that are structured as a combination of social influence and social competence interventions have been found to have drug and cannabis protective effects[19]. Family-based treatments also have evidenced small but enduring effects on alcohol abuse among adolescents, especially when family relationships and communication style are involved[19].

The local context within Ilorin, Kwara State, presents special challenges and opportunities for the treatment of adolescent drug and alcohol use. The Ilorin context reflects national trends but with differing local features that demand unique intervention styles[3]. Schools across the area are faced with unique challenges in their role to respond to drug problems since they are places both of learning and of socialization, creating complex dynamics that influence both use patterns and contexts of concealment[2]. The tension between maintaining security and academic freedom creates unique complexities that must be navigated carefully in developing sound prevention and intervention strategies.

The position of school counsellors has emerged as ever more significant in the scenario of drug and substance addiction. The formation of counselling techniques day by day, monitoring day after day and ongoing psychoeducation on drug is very much essential. Parents are also to be engaged in the life of their teenager. Parental involvement is active participation of parents in the growth and development of children through life. It is

Lead City University Ibadan DO NOT COPY

contended that those teenage years of limited parental monitoring are likely to enhance the risk of drug use[20].

Peer pressure forms the major role in sustaining such acts. Research done in Nigerian secondary schools reveals that students acquire the complex art of disguises from peers and hence get into the learning feedback cycle which renders abuse of drugs more difficult to detect and cure[21]. The social context of the secondary schools has the effect of creating a culture of acceptability of drug experimentation, especially if drugs are being offered in familiar and perceived harmless forms.

Only through a close inspection of these multiple factors and their interplay can one comprehend intricate relationships between parental influence, peer pressure, and drug use in Ilorin secondary school students. Resilience, assertive refusal skills, and social media as mediators provide multiple avenues through which risk and protective factors are in action. This intricate network of relationships necessitates research that can shed light on the particular dynamics in play in the immediate setting and that can draw on wider theoretical and empirical bases in order to formulate useful prevention and intervention approaches.

1.2 Statement of the Problem

Despite intervention, drug abuse among Ilorin adolescents continues to exist. The students are exposed to values competing with those of the family, school, peers, and the internet. There is a lack of knowledge on how parental intervention and peer influence impact the important mediating variables of resilience, refusal skills, and social media use, in protection or risk of adolescents. Therefore, this study investigated parental involvement, peer pressure and drug abuse among public secondary school adolescents in Ilorin West, Kwara State.

Lead City University Ibadan DO NOT COPY

1.3 Aim and Objectives of the Study

The aim of this study is to investigate parental involvement, peer pressure and drug abuse among public secondary school adolescents in Ilorin West, Kwara State, particularly as it concerns new drug concealment methods and substance use patterns. Although the study objectives are to;

i) examine the level of drug abuse among adolescents in Ilorin public secondary schools, with specific attention to modern concealment methods.

ii) identify the level of parental involvement in monitoring and preventing drug abuse among secondary school adolescents in Ilorin.

iii) ascertain the influence of peer pressure for drug abuse practices among adolescents in Ilorin public secondary schools.

iv) establish the types of refusal mechanisms exhibited by adolescents in secondary schools

v) examine the relative influence of parental and peer involvement.

vi) ascertain the combined influence of parental involvement and peer pressure on drug abuse among secondary school adolescents in Ilorin.

vii) examine the moderating influence of social media on drug abuse among secondary school adolescents in Ilorin.

Lead City University Ibadan DO NOT COPY

1.4 Research Questions

The following research question guides the study:

i. what is the level of drug abuse among secondary school students?

ii. what is the level of parental involvement among secondary school adolescent?

iii. what role does peer pressure play in adolescents' engagement in drug use?

iv. what is the refusal mechanism exhibited by adolescents in resistance to drug abuse?

1.5 Hypotheses

H_{01}: There will be no significant influence parental involvement and peer pressure on drug abuse among secondary school adolescents.

H_{02}: There will be no significant combined influence of parental involvement and peer pressure on drug abuse among secondary school adolescents.

H_{03}: There will be no significant influence of social media use on drug abuse.

1.6 Significance of the Study

The thesis contributed to current knowledge about adolescent behaviour, specifically to understanding how family functioning, peer influence, and substance abuse are related in the Nigerian context. The study formulated theoretical models explaining how parental involvement acts as a mediator between peer pressure and adolescent behaviour.

The results enabled parents to have insight into sound monitoring techniques as well as the critical role they must play in discouraging drug abuse. School administrators benefitted from discoveries to create more useful drug prevention school programmes and policies. Counsellors were given an insight into the interplay between parental influence and peer pressure that will allow them to better intervene. Apart from that, policy makers were provided with evidence-based guidance for formulating school-wide drug prevention policies.

Lead City University Ibadan DO NOT COPY

Importantly, the study helped in the formulation of more effective peer resistance programmes and adolescent support programmes. The study was beneficial to:

i) Parents: In monitoring and communicating with adolescents more effectively.
ii) Teachers and Counselling Psychologists: Educating students about the dangers of drug and substance abuse. Also, in formulating school-wide drug prevention programmes.
iii) Policy Makers: For the purpose of enlightening targeted youth and drug policies.
iv) Students: To create awareness of peer dynamics and resilience.

1.7 Scope of the Study

This study investigated the parental involvement, peer pressure and drug abuse among public secondary school adolescents in Ilorin West, Kwara State with a special emphasis on the mediating role of assertive resilience or refusal mechanism by Kwara State students. Only senior secondary school students (SS1-SS3) between the age of 12-18 years were considered in this study. This study was carried out in a sample of selected public secondary schools under Ilorin West local government area.

The study covered evaluation of all forms of parental involvement in the lives of students both academics, social life, and peers. Research of drug abuse patterns and techniques of concealing, and evaluation of current school-based drug prevention programmes.

The study did not cover private secondary schools and other areas of Kwara State. It does not cover the economic factor of drug trafficking and medical treatment of drug addiction as well.

Lead City University Ibadan DO NOT COPY

1.8 Limitations of the Study

This study examined drug abuse, peer pressure, and parental influence among secondary school adolescents in Ilorin West, Nigeria, acknowledges several methodological and contextual limitations that warrant careful consideration when interpreting its findings.

The research scope was confined to public secondary schools within Ilorin West Local Government Area, precluding generalizations to private institutions, rural communities, other regions of Kwara State, or broader Nigerian contexts. The convenience sampling methodology and restriction to accessible schools on survey days introduced potential selection bias, notably excluding students absent due to drug-related issues or those who had withdrawn from school. Additionally, the sample distribution revealed disproportionate representation across grade levels, with SS 1 students significantly underrepresented (8.9%) compared to SS 2 (50.1%) and SS 3 (41.0%), potentially skewing developmental patterns in the data.

The cross-sectional design fundamentally limits causal inference, capturing only associational relationships rather than establishing directionality between parental involvement, peer pressure, and substance use. This temporal constraint prevents differentiation between whether peer pressure precipitates drug use or whether drug-using adolescents gravitate toward similarly-engaged peers. Longitudinal research would better elucidate these developmental trajectories and the evolution of risk and protective factors across adolescence.

Lead City University Ibadan DO NOT COPY

Reliance on self-report measures introduces multiple validity concerns, including social desirability bias, recall inaccuracies, and response patterns that may not reflect actual behaviour. The sensitive nature of drug use likely resulted in underreporting or overreporting driven by fear of repercussions or confidentiality concerns. Furthermore, the standardized instruments potentially failed to capture the multidimensional complexity of constructs such as parental involvement, which encompasses quality of interaction, temporal consistency, and culturally-specific engagement strategies beyond the five measured dimensions. Similarly, peer influence operates through subtle mechanisms that may elude conscious recognition and accurate reporting by adolescents.

The study's inability to explain 61% of variance in drug abuse indicates substantial omitted variable bias. Critical factors absent from the analysis include mental health status, trauma exposure, family substance use history, academic performance trajectories, neighborhood characteristics, religiosity, and treatment service availability. Additionally, while the research identified awareness of drug concealment techniques, it inadequately explored the mechanisms, efficacy, and transmission pathways of these practices through peer networks.

Although qualitative observations from educators were incorporated, this component remained underdeveloped relative to quantitative data collection. More extensive qualitative inquiry through in-depth interviews could have illuminated the contextual dynamics, lived experiences, and meaning-making processes underlying observed statistical patterns.

Despite these limitations, the study provides valuable empirical evidence on adolescent substance use in this Nigerian context, offering meaningful implications for prevention programmeming while identifying critical directions for future research.

Lead City University Ibadan DO NOT COPY

1.9 Operational Definition of Terms

Parenthood Involvement: Active participation of parents in the school and social life of their children through supervision, monitoring, communication with school officials, and participation in daily activities with their children.

Peer Pressure: Direct or indirect influence of an adolescent by his/her peers of the same age group on his/her behaviour, attitude, or choice to use drugs.

Resilience: Capacity to recover from adversity.

Assertive Refusal Skill: The ability to refuse dangerous suggestions assertively.

Peer Influence on Social-Media: The influence of internet material and peer friendship on conduct.

Drug Abuse: This is defined as illegal and legal drug misuse among secondary school students, abuse of prescribed medication and use of psychoactive drugs.

Teens: It is utilized herein to describe secondary school students in the age bracket of 13-19 years who are studying SS1-SS3 in Ilorin public secondary schools.

Public Secondary Schools: They are state-owned and funded secondary schools in Ilorin metropolitan region that provide junior and senior secondary schooling.

Drug Concealment Methods: This refers to techniques employed by pupils to conceal drugs by presenting them as school material or re-packaging drugs in innocent-looking containers.

Lead City University Ibadan DO NOT COPY

Endnotes

1. J. Ebrahim, J. Adams, D. Demant. "*Substance use among young people in sub-Saharan Africa: a systematic review & meta-analysis.*" **Frontiers in Psychiatry** 15, 2024.

2. P. J. de Carvalho, *"Novel Strategies in Drug Concealment,"* **in Cases on Forensic & Criminological Science for Criminal Detection & Avoidance, IGI Global Scientific Publishing,** 2024: 31-49.

3. O. V. Oluwafunmilayo, O. O. John, O. N. Olabode, O. C. Omolade, A. O. Blessing, E. Manirambona, P. M. M. Vicerra, D. E. Lucero-Prisno III. "*Prevalence & pattern of psychoactive substance use among government secondary school students in central Nigeria.*" **PAMJ - One Health** 8, no. 17, 2022.

4. A. Obadeji, B. F. Kumolalo, L. O. Oluwole, A. S. Ajiboye, M. U. Dada, R. C. Ebeyi. "*Substance Use among Adolescent High School Students in Nigeria & Its Relationship with Psychosocial Factors.*" **Journal of Research in Health Sciences** 20, no. 2, 2020: e00480.

5. R. Mills, M. J. Mann, M. L. Smith, A. L. Kristjansson. "*Parental support & monitoring as associated with adolescent alcohol & tobacco use by gender & age.*" **BMC Public Health,** 2021.

6. G. Tomé, M. G. de Matos, C. Simões, I. Camacho, J. AlvesDiniz. "*How Can Peer Group Influence the Behaviour of Adolescents: Explanatory Model.*" **Global Journal of Health Science** 4, no. 2, 2012: 26.

7. C. Mbatia. "*Role of Peer Influence on Substance Abuse among Teenagers in Kenya.*" **European Journal of Sociology** 7, no. 2, 2023: 1-10.

8. S. Letina, E. Long, P. McCrorie, K. Mitchell, C. Zucca, J. Riddell, S. A. Simpson, L. Moore, M. McCann. "*Cross-sectional social network study of adolescent peer group variation in substance use & mental wellbeing: The importance of the meso level.*" **Social Networks** 78, 2024: 119-137.

Lead City University Ibadan DO NOT COPY

9. Greater Trenton Behavioural HealthCare. "*The Influence of Peer Pressure on Adolescent Substance Use.*" www.gtbhc.org, 2025.
10. E. Rice, N. G. Milburn, M. J. Rotheram-Borus, S. Mallett, D. Rosenthal. "*The Effects of Peer Group Network Properties on Drug Use Among Homeless Youth.*" **American Behavioural Scientist** 48, no. 8, 2005: 1102-1123.

11. L. L. Watts, E. A. Hamza, D. A. Bedewy, A. A. Moustafa. "*A meta-analysis study on peer influence & adolescent substance use.*" **Current Psychology** 43, 2024: 3866-3881.

12. O. Adeyera, O. Uchendu, E. Owoaje. "*Resilience among secondary school students in South-Western Nigeria; association with abuse & neglect.*" **International Journal of Adolescent Medicine & Health** 32, no. 6, 2018.

13. H. Hsiung, K. Patel, H. Hundal, B. M. Baccouche, K. Tsao. "*Preventing Substance Abuse in Adolescents: A Review of High-Impact Strategies.*" **Cureus** 14, no. 7, 2022: 1-12.

14. P. D. Deep, N. Ghosh, C. Gaither, M. S. Rahaman. "*The Factors Affecting Substance Use & the Most Effective Mental Health Interventions in Adolescents & Young Adults.*" **Psychoactives** 3, no. 4, 2024: 461-475.

15. M. Boniel-Nissim, R. J. J. M. van den Eijnden, J. Furstova, C. Marino, H. Lahti, J. Inchley, K. Šmigelskas, A. Vieno, P. Badura. "*International perspectives on social media use among adolescents: Implications for mental & social well-being & substance use.*" **Computers in Human Behaviour** 129, 2022: 107144.

16. U.S. Surgeon General. "*Social Media & Youth Mental Health: The U.S. Surgeon General's Advisory.*" **Washington, D.C.: U.S. Department of Health & Human Services, Office of the Surgeon General,** 2023.

17. Z. Abrams. "*More Teens Than Ever Are Overdosing. Psychologists Are Leading New Approaches to Combat Youth Subaaastance Misuse.*" **Monitor on Psychology** 55, no. 2, 2024: 48.

18. K. W. Griffin, G. J. Botvin. "*Evidence-Based Interventions for Preventing Substance Use Disorders in Adolescents.*" **Child AdolescPsychiatr Clin N Am 19,** no. 3, 2010: 505-526.

Lead City University Ibadan DO NOT COPY

19. J. K. Das, R. A. Salam, A. Arshad, Y. Finkelstein, Z. A. Bhutta. "*Interventions for Adolescent Substance Abuse: An Overview of Systematic Reviews.*" **Journal of Adolescent Health** 59, suppl. 4, 2016: S61-S75.

20. K. T. Mahmood, N. Aisha, T. Mukhtar. "*Parental Supervision & Substance Abuse: A Study of Nigerian Adolescents.*" **Journal of Behavioural Sciences** 30, no. 1, 2020: 23-38.

21. O. A. Adebiyi, E. T. Owoaje, M. C. Asuzu. "*Drug Abuse Among Nigerian Adolescents: Prevalence & Patterns.*" **African Journal of Medicine & Medical Sciences 48, no. 2, 2019: 178-85.**

Lead City University Ibadan DO NOT COPY

Chapter Two

Literature Review

This chapter presents the review of literature in the sub-headings: conceptual review, theoretical review, and empirical review, the conceptual model of the study and the summary of literature and the gap identified.

2.1 Conceptual Review

2.1.1 Parental Involvement

Parent involvement is a complex construct that captures the different modalities through which parents are involved in their children's development, schooling, and health. It goes beyond the presence factor to encompass active participation in monitoring, supervising, communicating, and emotionally bonding with children[1]. Parent involvement is especially important in adolescence, a development stage when they are most at risk of engaging in a range of risk behaviours such as alcohol and drug abuse.

Parental involvement can be explained in terms of various key dimensions that together support healthy child development. Effective parental involvement has been found to be a protective factor for many types of deviant behaviour during adolescence[1]. This protection comes in the form of learned patterns of interaction that promote healthy development and decision-making ability in young people. These dimensions are academic support, monitoring of behaviour, emotional availability, and active school involvement.

Empirical evidence has proven that parental involvement operates through various channels to have impacts on adolescents' outcomes. Engaged parents will most likely understand better

Lead City University Ibadan DO NOT COPY

the day-to-day life of their children, their children's friends, and academic performance. With this information, they can intervene in the event of need and offer advice during periods of sensitive development. Active parents also tend to communicate better and create rules and still have warm and sensitive relationships with their children[2].

Monitoring is a key component of parental engagement that involves parents' awareness of where their kids are, what they are doing, and with whom they are spending time. Effective parental monitoring includes awareness of where children go after school, who they socialize with, and how they use their leisure time. This component extends beyond physical observation to include awareness of children's emotional state, academic performance, and friends[2].

Supervision involves direct observation and direction by parents to the daily activities of their children. Though monitoring can involve indirect learning, supervision necessitates active participation and interaction. Parents who effectively supervise clearly communicate explicit rules and expectations, discipline consistently using boundaries, and regularly check in with the children regarding their activities and experiences[3].

Effectiveness of supervision and monitoring also depends primarily on the quality of parent-adolescent relationship and on the approach used. Monitoring, if it is experienced by the adolescent as intrusive or controlling, will evoke resistance and secretiveness. But if it is accomplished in an atmosphere of trust and open communication, supervision and monitoring will prove to be effective in curtailing risk behaviours while fostering positive development[3].

Lead City University Ibadan DO NOT COPY

Communication is a key element of parental engagement that has a powerful influence on adolescent development and behaviour. Parent-child communication that is of high-quality entails open expression, listening, and building settings in which the child feels safe to air their experiences, fears, and dilemmas[4]. The two-way process of communication allows for building trust and comprehension between parents and children and is the cornerstones for positive relationships and responsive behavioural outcomes.

Parents' communication style plays an influential role in shaping young people's risk appraisal and decision-making abilities. If parents are frequently involved in meaningful conversations with their adolescents, they would be able to share meaningful values, debate about possible consequences of risks, and offer emotional nourishment in hard times. Such constant discussion enables teens to discover critical thinking and assimilate positive values that determine their behaviour decisions[4].

Effectiveness in communication is crucial when speaking about sensitive issues like drug use, peer pressure, and other risky behaviours. Parents with open communication with adolescents can pass on advice, values, and influence decision-making. Parents who are free to speak about these sensitive issues and have good relations with their adolescents are likely to shape the decisions of their children and lead them appropriately in difficult situations[5].

Emotional attachment is the emotional component of parental engagement, or parents' love, warmth, and emotional support for their adolescents. Emotional bonding between parents and adolescents builds a foundation of trust and security that influences multiple areas of adolescent development, such as academic performance, peer relations, and behaviour choices[5].

Lead City University Ibadan DO NOT COPY

Parents with positive emotional relationships with their teenagers are more likely to possess stable emotional availability, be interested in their children's lives, and reassure and comfort them through stressful situations. Emotional support enables teenagers to acquire strength and coping strategies to be strong enough to resist negative influences such as peer pressure to engage in drugs[6].

Emotional quality also adds to the tendency of adolescents to look for advice and input from parents in the case of complicated decisions. Children with secure parent-child emotional relationships internalize the values of parents and look for advice from parents during situations of ambiguity[6]. Such a system provides kids with security and confidence to complete adolescence complexity gaps at the cost of keeping optimal decision-making abilities.

2.1.2 Peer Pressure

Peer pressure is a phenomenon of strong social influence that affects the behaviour and choice-making of teenagers. Peer pressure defines the impact that personal behaviour, attitudes, and decisions are influenced by peers, tending to lead people to conform to group expectations and norms. In adolescence, peer relationships become an essential aspect of one's life as young adults are actively seeking acceptance, affiliation, and identity formation in their groups.

The peer pressure phenomenon is manifest at different levels, through direct verbal persuasion, modeling of behaviour, threat of social exclusion, and craving to belong to peer groups. Teenagers usually go through inner conflicts between their and peer values, especially where peer groups are involved in high-risk behaviour such as drug use. Such

Lead City University Ibadan DO NOT COPY

stress might affect a wide range of behaviour from fairly innocuous behaviour such as dress to more severe risk behaviour such as drug-use, truancy, and other acts of antisociality[7].

To understand peer pressure, one should know that peer pressure can either be positive or negative. Negative peer pressure leads to risky or even harmful behaviour, while positive peer pressure leads to good academic achievement, doing productive work, and learning good interpersonal skills. Differential in the pressure of peer influence lies in the peer group's nature and influenced or discouraged activities[7].

Direct peer pressure involves clear verbal or non-verbal messages asking for or commanding specific behaviour. Direct pressure is direct and could be in the form of direct invitation to engage in activities, direct challenges to demonstrate one's capability, or direct statements about group membership requirements[8].

Indirect peer pressure works through less obvious processes that involve modeling behaviour, establishing group social norms, and creating implicit expectations. This type of pressure can be even more powerful than pressure directly applied because it works through social learning mechanisms and the natural human desire to fit in with the group. Teenage adolescents can do something because they see others doing it and believe that is what is expected or right to do. This is a more insidious one to detect and counter, in that it works through unwritten assumptions and wanting to be part of peer fads[8].

Positive peer pressure invokes positive activities like good school grades, school clubs, civil civic volunteer work, and healthy lifestyle habits. Adolescents who have peers emphasizing education, self-betterment, and healthy lifestyles will be disposed towards adopting the well-being of such values and habits. On the other hand, negative peer pressure encourages risky

Lead City University Ibadan DO NOT COPY

or deviant behaviour such as drug abuse, cheating, absenteeism, and other deviant behaviours. Empirical evidence shows that peer pressure plays a major role in substance use patterns among teens, with peer groups as major points of introduction to most substances[2].

Resilience, when used in the explanation of peer pressure, is used to show an individual's ability to hold personal values and make their own decisions in the face of pressure from society to imitate undesirable behaviour. Resilient teenagers have some attributes that allow them to withstand unfavorable peer pressure without compromising on healthy social relationships. These attributes are high self-esteem, clear personal values, good decision-making capacity, and the ability to get along with positive peer groups[4].

Some of the adolescent strength factors that facilitate adolescent resistance to negative peer influence are:

i. Family Support: Sibling bonding and parent involvement provide a base of counsel and support which enables adolescents to resist negative influence.
ii. Academic Engagement: Academic achievement can serve as a protective factor by engaging adolescents with positive peer cultures and offering alternative bases of identity and self-esteem.
iii. Personal Characteristics: Self-efficacy, internal control of reinforcement, and sound moral reasoning skills are predictors of resistance to negative peer influence. Those who are confident that they can control their own lives and have good moral reasoning skills are most likely to be in a position to resist pressure to do things that go against their values or long-term goals.

Lead City University Ibadan DO NOT COPY

iv. Critical Thinking Skills: The development of critical thinking skills, confidence, and high sense of self will help teenagers build resilience and determine the possible outcomes and make decisions based on their own values[9].

Assertive refusal abilities are very important skills that allow adolescents to refuse involvement in unwanted acts without losing social relationships and personal esteem. Refusal skills entail skill at communicating decisions assertively and clearly without being submissive or aggressive, allowing adolescents to navigate social life where they are pressured to involve themselves in risky behaviours[9].

Components of Effective Refusal Skills

Effective assertive refusal can entail several important components:

i. Clear declaration of one's stand
ii. Confidence of delivery
iii. Respect for others while maintaining personal boundaries
iv. The ability to suggest alternative activities when appropriate

Teenagers who have such skills are able to refuse involvement in drug use or other dangerous behaviour without alienating their friends or coming across as judgmental. Assertive refusal skills take practice and generally are strengthened with direct instruction and role-playing experience10. Parents and educators can assist teenagers in acquiring such skills by instructing effective communication skills, acting out refusals, and affirming the value of making personal decision-making choices based on individual values versus peer pressure.

Lead City University Ibadan DO NOT COPY

2.1.3 Drug Abuse

Teenage drug abuse is a generic term that entails the use of psychoactive drugs in dysfunctional ways to physical, emotional, or social health. The term includes not only illicit drug use but also legal drug abuse such as alcohol and medication prescribed by doctors. Definitions of drug abuse go beyond the frequency of use to encompass patterns of use that disrupt normal functioning, social relationships, or overall health and maturation[11].

Drug abuse among secondary school students has been a major issue in Nigeria, where there are numerous substances used within different levels of education. Adolescence is most susceptible to substance initiation because of the continuous development of the brain, raised risk-taking behaviour, and susceptibility to social peer influence. The transition from experimental use to abuse will frequently occur over time and may be determined by a number of factors such as genetic predisposition, pressure from the environment, peer pressure, and psychological traits of the individual[11]. Adolescent drug use has been linked to higher risk for the development of substance use disorders in adulthood, and the prevention and intervention are thus especially critical in adolescents.

Alcohol typically tops the list of drugs most abused by teenagers and is typically a gateway drug to other drug use. Alcohol, in spite of legal control, is relatively available to the majority of teenagers and is typically considered less detrimental than other drugs. Its social use and access are contributing factors in alcohol use by young people, which can start with use at parties and social gatherings and may progress to habitual use that impairs academic and social performance[12].

Lead City University Ibadan DO NOT COPY

Marijuana and cannabis are another major category of drug use among students, and they have been linked to social experimentation and peer use. Teenagers' use is determined by perceived harmlessness of the drug and peer influence even in the presence of health and academic consequences of drug involvement. Marijuana has been considered harmless by some students despite proof that frequent adolescent use has consequences for both academic and cognitive functioning[12].

Abuse of prescription drugs has been on the rise, and drugs like tramadol and codeine are continually abused by students. Students abuse drugs like depressants, stimulants, and painkillers from friends, medicine cabinets at home, or illegal means. The convenience of acquiring them from various sources and the misinformation that makes them appear safe is the reason why they are continually abused by teenage populations. This category is particularly dangerous because the drugs in question generally appear to be perfectly normal and safe but become dangerous when in use outside of the control of medicine[13].

Stimulants and other man-made drugs also drive student drug abuse trends, commonly employed in efforts to seek a boost or intensification of social experience. Tobacco products, inhalants (such as glue or aerosols), and other man-made drugs are also being frequently abused by students. The inventory of drugs used in student drug abuse reflects the polymorphous character of such behaviour and the numerous different routes by which teenagers gain exposure to and are first introduced to a broad array of drugs[13].

Student drug abuse has wide-ranging social impacts that resonate beyond the individual user to influence families, schools, and communities. The social impacts create ripple effects that

Lead City University Ibadan DO NOT COPY

extend to peer-to-peer relationships, family interactions, and community safety and well-being[12].

School-based drug abuse is a leading cause of all types of dispositive behaviour, such as higher truancy, disciplinary issues, and teacher and administrator conflicts. Students who use drugs will most likely have poor relationships with non-suicidal peers, resulting in their social isolation or membership in drug-using peer groups that promote prolonged substance use. Schools can see heightened security risks, decreased achievement levels, and a requirement for additional funds to deal with the problem of substance use among students[14].

Family drug use frequently victimizes family relationships, and siblings and parents experience stress, conflict, and worry about the victim's health and behaviour. Parents can feel guilty, angry, and powerless as they try to handle their child's drug use and maintain the integrity of the family. Dishonesty and secrecy involved in drug use can dramatically change family communication patterns and functioning. Social labeling of drug addiction also impacts family functioning and social relations with society, leading to further stress and difficulties for the involved families[14].

Social impacts at the community level involve high crime rates, public safety, and pressure on social support networks and services. Social normalization of drug usage in specific social groups will then translate to broader patterns of substance abuse among several generations as well as segments of society. Economic burdens on law enforcement, healthcare, and social services also fall on communities faced with teen drug use[15].

Use of substances affects cognitive functioning necessary for learning, such as attention, memory, and executive functioning. Repeated use of substances in adolescence interferes

Lead City University Ibadan DO NOT COPY

with normal brain development mechanisms, especially in regions that control decision-making, impulse regulation, and learning. These neurologic effects can have a lasting influence on school attainment and later education attainment. Drugs that act on brain function disrupt the development of memory, attention, and executive function, all critical components of academic achievement[15]. The cognitive effects are present even after students are not on drugs, which result in the continuous hindrance to learning.

Drug-using pupils are also less likely to care about work at school, to play truant more, and to be less able to concentrate in class. Academic impacts include lower levels of attendance, and drug users' higher levels of truanting as well as persistent school absenteeism. This absenteeism pattern actually undermines learning opportunity and academic achievement and creates cumulative deficits which become increasingly harder to overcome over time[16].

These students stand a higher chance of receiving school disciplinary issues that may lead to suspensions or expulsions threatening additional education progress. The effects on behaviour are more disciplinary struggles, teacher conflict, and classroom disruption. These types of behavioural issues are bound to culminate into suspensions, expulsions, or other forms of discipline that also threaten education opportunities and outcomes[16].

2.1.4 Psychological Effects of Drug Abuse

The psychological impact of drug use among students is a wide variety of mental health outcomes with long-term effects on development, well-being, and life chances. The psychological impact is likely to intertwine with and exacerbate the social and educational damage of drug use to produce multifaceted forms of dysfunction that call for comprehensive intervention strategies[17].

Lead City University Ibadan DO NOT COPY

Substance abuse also takes a great toll on emotional regulation and psychological well-being in teen abusers. Chemicals which affect the brain chemistry may interfere with normal emotional growth and create dependencies that undermine normal coping mechanisms and stress management skills. Drug abusing students exhibit mood swings, irritability, and emotional dysregulation that interfere with relationships and daily functioning[17].

Anxiety and depression are frequent psychological outcomes of drug abuse among students, causing and resulting from the mental illness. The interactive relation between substance abuse and mental illness produces challenging treatment problems that call for integrated interventions addressed at the substances use and essential psychopathology[18].

Teenage drug abuse will likely interfere with cognitive development severely, given the stage's central function in brain maturation and development. Substances that impact neurological function can disrupt normal cognitive development, potentially having long-term effects on intellectual functioning, decision-making capacity, and academic achievement[13]. Processes involved in identity formation and self-esteem also could be disrupted by drug use, with students indicating that they are unclear about personal values, goals, and identity. Stigma associated with drug use could lead to negative self-esteem and reduced confidence in capacity to create healthy life outcomes[6].

Psychological alterations that come with drug abuse also involve heightened risk-taking behaviour, impulsivity, and hostility. Students become secretive, withdrawn, or even hostile towards family members and friends because of extreme personality alterations. The psychological alterations generate relationship tension in addition to additional stress that worsens symptoms[2].

Lead City University Ibadan DO NOT COPY

Sleep and appetite disturbances are common aftermaths that also impact student well-being. The use of drugs is known to disrupt the normal sleep routine, resulting in drowsiness, inability to concentrate, and increased irritability during school hours. Changes in appetite and food intake are in a position to affect body health and energy, creating an additional barrier to scholastic performance[11].

The psychological impact of drug use has a tendency to be interrelated and to create a cycle of increasing symptoms and ongoing drug use. Students might first use drugs to alleviate stress or emotional issues but then realize that ongoing use heightens those symptoms and creates further psychological difficulties. This cycle usually needs to be broken through extensive intervention that addresses the drug use and underlying psychological requirements[9].

2.2 Theoretical Review

This study draws on four interrelated theoretical models that together provide a holistic description of the intricate relationship between parental engagement, peer effect, and drug use among adolescents in secondary schools. The combination of Social Learning Theory, Family Systems Theory, Ecological Systems Theory, and Social Control Theory presents a three-pronged approach addressing individual learning processes, family relationships, and social relationships respectively. These theories are applied collectively since adolescent drug use is a highly complex situation that can't be accounted for by any theoretical approach, but instead demands a combined effort in view of peer influence, family dynamics, and social relations all at once.

Lead City University Ibadan DO NOT COPY

2.2.1 Social Learning Theory (Bandura, 1977)

Social Learning Theory, as formulated by Albert Bandura, postulates that learning is achieved through watching, copying, and imitation of others' behaviour in social environments[19]. The theory asserts that people learn not only from direct experience but also through learning what other people do and the effects that result from their actions. This model is especially useful to describe how teenagers learn substance use behaviour from their environmental and social experiences.

At the core of Social Learning Theory is peer modeling, a term used to explain how adolescents acquire drug use behaviour through observing other adolescents. Teenagers who observe their peers or buddies using drugs will develop a positive orientation towards the use of drugs and will later replicate these actions[20]. According to the theory, teenagers will copy those behaviours they think are socially approved or rewarded among their peers. This process of modeling is most vital in the adolescent years as peer relationships increasingly become the site for identity formation and social acceptance.

The reinforcement aspect of Social Learning Theory also serves to shed more light on the functioning of peer pressure in drug abuse. Positive reinforcement arises when adolescents gain social rewards in terms of acceptance, popularity, or belongingness from the peer group due to alcohol or drug consumption[21]. On the other hand, negative reinforcement is when teenagers take drugs to escape fear of being rejected by their peers or negative emotions related to peer disapproval. Theory indicates that direct reinforcement (personal experience of consequences) and vicarious reinforcement (seeing others being rewarded or punished) are both factors in the acquisition and maintenance of behaviour.

Lead City University Ibadan DO NOT COPY

Social Learning Theory cannot be left out of this study when explaining how peer pressure promotes drug consumption among teenagers. The theory offers an explanation of how teenagers learn drug consumption behaviour from their peer group and how peer relationships reinforce these. This theoretical account is significant in the planning of intervention to counteract the social learning processes responsible for teenage drug use.

2.2.2 Family Systems Theory (Bowen, 1978)

Family Systems Theory, described by Murray Bowen, views the family as an interconnected emotional system in which the behaviour of one member affects and is affected by other family members' behaviours[22]. Problematic individual issues such as drug abuse among adolescents cannot be considered in isolation but should be viewed in the context of how family members interact with each other and work. This theory gives us important information about how adolescent alcohol and drug consumption behaviour is affected by family functioning and parent involvement.

Family dynamics play a critical role in influencing adolescent behaviour and decision-making patterns. Families, as Family Systems Theory defines them, are intricate systems that have set patterns of interaction, communication, and expression of emotion[23]. When family dynamics are volatile, unstable, or dysfunctional, adolescents are more likely to be at risk for drug abuse and other deviant behaviour. Conversely, healthy robust family systems with supportiveness, stability, and positive styles of interaction are protective against alcohol and drug consumption among adolescents.

Families are significant in influencing the behaviour and development of adolescents through their patterns of communication. Healthy communication among families is open, honest,

Lead City University Ibadan DO NOT COPY

and supportive parent-adolescent interaction leading to trust and understanding[24]. Where communication between parent and adolescent is warm, accepting, and clearly expectant, adolescents will tend to internalize positive values and steer clear of risk-taking behaviour. Communication patterns of criticism, rejection, or inconsistency, however, might promote adolescent rebellion and drug abuse as a coping mechanism or protest of family pathology.

Parent monitoring is a significant element of Family Systems Theory's application to preventing adolescent drug abuse. Successful parental monitoring requires parents to know the activities, whereabouts, and social relationships of their children and exert respectful boundaries and adolescent autonomy respect[25]. Empirical studies repeatedly reveal that greater parental monitoring relates to less adolescent substance use. Parental monitoring is presumed to be a protective factor by limiting risky behaviour opportunities and preserving parent-adolescent relationship intact during the disruptive adolescent development period.

The applicability of Family Systems Theory to this study is shown in its full elucidation of how adolescent drug abuse is affected by family functioning and parenting. The theory offers a system of explanation for the complexity of family processes, parent-child relationships, and adolescent behaviour for the creation of family-based interventions and prevention programmes.

2.2.3 Social Control Theory (Hirschi, 1969)

Social Control Theory, which was formulated by Travis Hirschi, assumes that people are naturally disposed towards deviance but strong ties to conventional society stop the vast majority of people from going down criminal or delinquent channels[26]. The theory identifies four elements of social bonds as channels of informal social control: attachment,

Lead City University Ibadan DO NOT COPY

commitment, involvement, and belief. This theoretical view is most suitably applied to using to explain how conventional behaviour and social attachments protect teens against drug abuse.

Attachment is a psychological bond that people form with major others, such as parents, teachers, and friends who adopt normal values[27]. Attachment to parents is ranked among the strongest protective factors for delinquency and drug use among young people. If adolescents have healthy, stable relationships with parents, then they tend to adopt parents' values and norms of proper conduct. Fear of disappointing or losing the respect of attached others is a disincentive to deviant behaviour like drug use. Poor parental attachment, however, may disincline youths from being concerned with what happens and may incline them to be risky.

The attachment aspect of Social Control Theory is also applied to explain school staff and positive peers. Those teenagers who form close bonds with teachers and school-oriented peers are more likely to adopt mainstream attitudes and behaviour. These attachments form social bonds that motivate teenagers to desire to comply with norms and avoid behaviours that have the potential to destroy such positive relationships. Quality trumps quantity in attachments of this sort, as shallow or conflicted ones do not carry the same kind of protective value.

Commitment is the investment individuals have in mainstream aspirations and activities, such as education, occupational aspirations, and reputation[28]. Youth who are committed to academic success, future education plans, and a positive reputation have something more at stake to lose by drug use and other delinquent behaviour. This investment returns an interest in conformity that induces teenagers to refrain from behaviour that would risk their future

Lead City University Ibadan DO NOT COPY

careers or harm their reputation. The theory posits that teenagers weigh the likely rewards and punishments of their behaviour extremely carefully, and teenagers who stand to lose more in terms of mainstream activities will be less likely to risk this investment on delinquent behaviour[28].

The commitment component also includes investment in social status and relations in traditional institutions. If young people have invested in establishing healthy relationships with prosocial peers, teachers, and parents, they will be committed to sustaining them and the social status they confer. Being committed is a good disincentive to use because use would be a risk of losing those prized social relationships and their rewards.

The applicability of Social Control Theory to this study is its articulation of the way in which social ties, and in this case, attachment and commitment, serve as buffer factors against teen drug use. The theory can clarify how tight family relationships and devotion to mainstream goals can discourage teenagers from engaging in substance use even if they are exposed to peer pressure and other risk factors.

2.2.4 Ecological Systems Theory (Bronfenbrenner, 1979)

Bronfenbrenner's Ecological Systems Theory offers an extensive model to explain how multiple environmental systems interact and impact adolescent drug abuse behaviour. The theory categorizes environmental impacts into five intertwined levels that are in synergistic interaction and influence adolescent development and vulnerability to substance abuse[29].

The microsystem is the most immediate environment in which adolescents engage in direct face-to-face interactions and relationships. In this framework, family functioning has a

Lead City University Ibadan DO NOT COPY

central protective function with the effect that teenagers with a high degree of parental monitoring, emotional support, and stable communication are far less likely to use drugs[30]. Peer interactions in the microsystem are also dramatically influencing drug abuse behaviours, given that teenagers who interact with peers who use drugs are likely to start using drugs themselves. The mesosystem consists of interactions among various components of the close environment of the adolescent, creating an interlinked system of influences that converge to affect behaviour. Parent-school interactions play an important role in drug abuse risk with respect to influencing consistency and quality of prevention messages across settings[29]. When peer and family conflict influences interact in the mesosystem, adolescents are exposed to conflicting demands and expectations. Social media and digital technology are new components of the mesosystem that generate expanded peer influence opportunities and have the capacity to support positive and negative behaviour influences[29].

Environmental milieux that indirectly include the adolescent but play a substantial role in his or her growth by affecting other systems make up the exosystem. Neighborhood safety, access to drugs, and community recreational facilities condition that affects adolescents' exposure to substances[32]. Parental work conditions influence family functioning and supervision ability, and school district policy and resource decision-making determine school environment prevention capacities. Media and advertisement businesses also belong to exosystemic forces influencing cultural attitudes regarding use[33].

The macrosystem involves more distant cultural, ideological, and institutional patterns that determine the general context for adolescent development. Ideological and cultural patterns of drug use and social drug use norms strongly determine how adolescents view the acceptability and consequences of drug abuse. Religious and spiritual beliefs may potentially

Lead City University Ibadan DO NOT COPY

offer protective factors through values strengthening and social support networks. Economic systems, social policies, and legal systems build conditions that enable or subvert substance abuse prevention[29].

The chronosystem involves the time aspect of ecological influences, such as history of changes in environmental influences and developmental changes during adolescence as young people grow up. Historical drug access, societal opinions, and prevention strategies affect various generations uniquely[33]. Developmental changes in cognitive ability and peer interaction alter adolescent vulnerability to diverse influences over time. Emerging technology is recent chronosystem influences that quickly are transforming the environments where youth are growing up[34].

The ecological systems model stresses that prevention and intervention services must be designed to address more than one interaction among family, peer, school, community, and cultural influences at the same time and not individually as separate risk factors[29]. This integrated strategy acknowledges that healthy behavioural change is stable and that it demands coordinated interventions within multiple levels of systems to establish consistent messages and environmental reinforcement. Ecological fluidity refers to the fact that prevention must be continuous and responsive to changing environmental contexts and developmental requirements and enhance protective factors in each environment system[29].

2.3 Review of Empirical Studies

A number of empirical investigations have analyzed several facets of peer pressure, parental involvement, and adolescents' drug abuse, shedding enlightening perspective on these issues and the connection between them. The study is relevant to the understanding of risk and

Lead City University Ibadan DO NOT COPY

protective factors in youth alcohol and drug abuse and to intervention strategies for addressing these challenges.

A systematic study that examined drug abuse among Nigerian student-teachers in colleges of education documented disturbing prevalence rates and unsettling results on academic performance. The study covered 400 student-teachers and documented that 53.3% were males and 46.8% were female participants[2]. The study found that these future teachers exhibited drug abuse patterns that would have a direct and adverse impact on their own future students. The research emphasized the urgent necessity of intervention programmes among student-teachers for handling problems related to substance abuse prior to becoming teachers. Frequent counselling sessions and teaching courses were recommended by the researchers to increase awareness among student-teachers regarding the risks and impacts of drug abuse activity[2].

A psychoactive substance uses among university students study gave valuable information regarding the extent and nature of drug abuse among institutions of higher education. The research employed a systematic survey using randomly recruited undergraduate students and established that participants' mean age was 20 years with 58.9% females and 41.1% males. The research established that 20% of the participants had ever used alcohol and 16% had ever used marijuana and/or opioids such as tramadol and codeine[3]. Electronic vapor product use was reported among 11.4% of participants. The research included peer influence to be the main way of introduction with 78% of the present users showing that their friends directed them to use substances, compared to 6.7% who showed family member influence. Peer pressure and curiosity was the most dominant with 73.7% of the users showing peer pressure

Lead City University Ibadan DO NOT COPY

influence. The study found that 70.4% of the drug users among the students used drugs during parties, emphasizing the social aspect of drug abuse[3].

Drug abuse rates among students in the University of Benin were compared in research using Edwin Sutherland's Differential Association Theory as conceptual frameworks and utilized questionnaires with a purposive sample of 200 respondents4. Inference revealed peer influence and school-related issues as major driving forces of drug use among university students. Alcohol was the most consumed drug, followed by marijuana and cigarettes. Desire for peer appreciation was shown to be a major driving force behind the consumption of drugs among students[4].

Kwara State study of social media use and peer pressure as predictors of the use of illegal drugs among school adolescents utilized 403 respondents who were a sample from the total population of 247,845 students in secondary schools within the state[6]. Survey research design was utilized where instruments were used to measure the use of social media, peer pressure, and substance abuse patterns. It was seen that the adolescents had high social media usage and were also exposed to heavy peer pressure. Contrary to the presence of these risk factors, the incidence of overall substance use within the study population was quite low. The study did confirm, though, that levels of social media usage and peer pressure were significant predictors of substance use trends within secondary school-going students. The research suggested that school administrators initiate education and mentorship assistance programmes such that they may manage patterns of social media usage and bestow assertiveness skills to resist antisocial peer pressure[6].

Lead City University Ibadan. DO NOT COPY

A systematic review of the knowledge of and application of discipline practices by teachers in managing antisocial behaviour ascertained that teacher knowledge regarding managing behaviour tactics was predominantly low, implying increased professional growth[11]. The study identified that there was a clear difference in teacher knowledge with respect to qualification and experience, and experienced teachers possessed enhanced skill to apply sanctions. The study indicates the significance of continuous training and professional development in addressing behavioural challenges among students[11].

Research that examined the influence of domestic violence on occupational choice among graduating students at secondary school levels found concerning trends among students' experiences[12]. The study concluded that a vast majority of students were moderately exposed to domestic violence, and the impact on their career choice was severely negative[12]. The research revealed a statistically significant relationship between domestic violence exposure and occupational choice, meaning that family environment factors play huge roles in adolescents' growth and planning for the future[12].

A review of drug abuse determinants among secondary students listed a set of major determinants of substance abuse behaviours[36]. The research determined that poor coping with loneliness, curiosity, and parental neglect were major causes of drug abuse among youth. Surprisingly, the research found no relevant differences in risk factors by gender, level of education, working experience, or religion, which suggests that drug abuse risk is not limited by any demographic[36].

A study of parental engagement in schooling for adolescents identified moderate rates of overall parental engagement, and there was wide variation by school type, location, and

Lead City University Ibadan DO NOT COPY

students' academic status[37]. The study identified that parental engagement was higher among private school students compared to those in public schools, and parental engagement dropped as the students went through advanced levels of grades. These findings indicate that patterns of parental engagement may differ greatly depending on contextual factors[37].

A review of the perceived effect of community advocacy programmes on substance and drug abuse among adolescents had confirmed the effectiveness of community-level interventions[38]. The research had shown that there was a demand for multi-faceted solutions to substance abuse and a demand for more government regulation of the sale of drugs and surveillance of vulnerable individuals. These results indicate that community-level interventions may play significant roles in preventing substance abuse[38].

A study on rape causes and psychosocial effects considered by secondary school students listed some significant risk factors and effects[39]. The study concluded that indecent dressing, poor upbringing by parents, and looking at pornographic photographs were considered major causes of rape, and social stigmatization, insomnia, and depression were considered major psychosocial effects. The above findings indicate that there is a mixed role of family, society, and individual factors involved in sexual violence[39].

A research on parent-teacher association intervention styles and goal achievement in public high schools disclosed high intervention styles and goal achievement[40]. The research disclosed a positive statistical correlation between school performance and parent-teacher cooperation, asserting the significance of cooperation between schools and families in ensuring student success. These findings establish the effectiveness of formal parent-school cooperation in schools[40].

Lead City University Ibadan DO NOT COPY

A study of adolescent school violence identified multiple determinants of violent behaviour in school environments[41]. The study placed strong correlations between peer influence, school environment, parental socioeconomic status, and school violence, with the strongest correlation with violent behaviour being placed with peer influence. These results indicate that prevention of school violence must include all-encompassing efforts to address multiple environmental and social determinants[41].

A survey of causes and truancy consequences among secondary school students implicated poverty, indiscipline, and weak guidance and counselling as the major determinants[42]. Truancy effects identified in the study included repetition of classes and dropping out of school. From the study, no differences by gender or school location were found in truancy trends, implying that truancy is a pervasive phenomenon needing wide interventions[42].

Studies on the incidence and risk factors of hypertension in adolescents presented data on health status among young people[43]. The research set a high prevalence of hypertension in the population, with salt consumption and family history being critical risk factors. The results sustain early diagnosis and intervention among populations of adolescents[43].

An investigation into stakeholder perceptions of the effects of COVID-19 pandemics on private secondary school business indicated that there were differences in opinions among different stakeholder groups[44]. There were no differences in perceptions between students and teachers for pandemic effects, but school administrators had differing opinions. The findings offer insights into the kind of effects of external crises on schools and how stakeholders react to such crises[44].

Lead City University Ibadan DO NOT COPY

Studies exploring teacher awareness and experience of childhood asthma found substantial gaps in teachers' knowledge[45]. The studies aimed to establish that nearly half the teachers who were interviewed indicated that they had no adequate information about asthma, with increased awareness being noted among teachers who had personal or professional exposure to asthmatic patients. These findings necessitate health education among teachers as the primary school caregivers[45].

A study into causes and types of indiscipline among university students has identified offending behaviours such as cybercrime, drug misuse, and examination malpractice[46]. Family problems, peer pressure, and social media influence were cited as the primary contributing factors to indiscipline according to the study. The aforementioned study indicates the varied social determinants of student conduct in the university[46].

An investigation into the effect of family background variables on drug use among secondary school students discovered considerable correlations between adolescent drug use and family factors[47]. Parental antisocial behaviour, residential area of neighborhood, and parental attitude towards drug use were all found to have a strong effect upon drug use among students. Family influence perceptions were gender-stratified and therefore potentially indicating that intervention programmes would need to be gender-specific[47].

A systematic study examining Nigeria's public perception of street hawking among teenagers found several determinants of such an activity[48]. Government failure, general poverty, survival, and resourcefulness among teenagers were the key drivers for youths to be exploited as street hawkers as found by the study. Harsh outcomes such as greater exposure

Lead City University Ibadan DO NOT COPY

to danger, school dropout, and child rights violations were found by the study, which called for social and policy responses in an integrated manner[48].

A survey of university students and lecturers considered deviant behaviours cited examination malpractice as the most common problematic student behaviour[49]. The research set peer pressure as the source of deviant behaviours and became aware that universities had developed different management strategies for dealing with such practices. The research underscored moral education and intensive behaviour management strategies in institutions of higher learning[49].

A religiosity and social support study as predictors of substance addiction in university undergraduates found that religious engagement and social support were protective factors against substance addiction[50]. The study established that gender and age factors were also key predictors of addiction levels, and prevention programmes need to integrate religious and social support factors with respect to demographic parameters in their planning[50].

Studies exploring issues in the implementation of social studies curriculum for moral education revealed a number of hindrances to successful moral education[51]. The research revealed that class overload, poor resources, long syllabi, and exam pressure discouraged successful curriculum implementation. Findings indicate the need to address structural and resource constraints in institutions to facilitate moral development goals[51].

A systematic causal determinants review of deviant behaviour among students at the university found several causative determinants such as parental abandonment, clandestine cult activity, peer pressure, failure by the government, drug addiction, and rejection by parents[52]. There was no demographic difference in causes, which indicates that risk factors

Lead City University Ibadan. DO NOT COPY

for deviant behaviour cut across personal traits and need an integrated intervention strategy that addresses social, family, and institutional needs[52].

A large-scale study targeted at drug abuse activity and predictors among adolescents in Kwara State had 410 students as a sample based on multi-stage sampling method and utilized quantitative measures including frequency counts, graphs and bivariate and multivariate logistic regression models[53]. The studies identified that most prevalent of the abused drugs consumed by students include codeine, "Elle" (codeine in combination with other drugs), "Gerigemu" (ogogoro and thorn apple combination), Marijuana/Canadian-Loud/CDB/Cannabis, Methylamine (Methyl), Refnol, and tramadol. It established the existence of a strong relationship between drug abuse trend and prevalent drug abuse among students, where the ease of access and availability of codeine and Marijuana/Canadian-Loud/CDB/Cannabis are factors contributing to it. Experimentation, addiction, and risk behaviour were also responsible for mass drug use among Kwara State students[53].

The pattern and prevalence of psychoactive substance use among students attending government secondary school in the center of Nigeria were studied using a cross-sectional descriptive survey design[54]. The simple random sampling method was used to select 104 students to invite completion of a semi-structured questionnaire on consent after agreeing to the informed consent. The results showed that thirty-three-point seven percent (33.7%) of the students confessed to consuming psychoactive substances; alcohol and tramadol were the most consumed substances[54]. The age group 15-19 years was observed to have a higher prevalence of consuming substances compared to other groups. It has been observed through the study that there was good knowledge regarding the social outlook and health effects of consumption of such substances, yet the students continued their use. The school level and

Lead City University Ibadan DO NOT COPY

age are found to be statistically associated with awareness of the consequences of drug usage[54].

Studies that screened for substance use in school students in Ilorin used tools such as a sociodemographic questionnaire, a WHO Students' Drug Use Survey Questionnaire adapted to this study and the General Health Questionnaire-12 (GHQ-12)[55]. The results showed that substance use was related to older age, male, parents' substance uses and poor relationship with parents, and urban school environment. Religiosity reported by self was not related to prevention from substance use[55]. The overall psychiatric morbidity had a prevalence of 22.1% (n=442). Greater psychiatric morbidity was observed in users of opioids, organic solvents, cocaine and hallucinogens, and current opioid users had ten times the risk of psychiatric morbidity. Findings in the study were that predictors of adolescent substance use are an effective substrate for interventions since good parent-teen and teacher-teen relationship as protective factors and parental substance use requiring psychosocial intervention[55].

A qualitative survey design was adopted in a study that explored the pull factors that drive drug consumption among upper basic school students as a means of human capital development. The study focused on drug-consuming public upper basic school students in three parts of the Ilorin metropolis[56]. Using a qualitative method with an open-ended interview technique, twenty-one drug consumers in nine public upper basic schools were sampled through a purposive snowballing method. Different kinds of drugs consumed emerging from the findings include alcohol, cigarettes, caffeine, inhalants, methadone, tramadol, codeine, morphine, cannabis or marijuana, opiates, heroin, and street names such as 'EJA', 'JEDI', and cocaine. Frequent access from parents, peer pressure, and experimental

Lead City University Ibadan DO NOT COPY

curiosity emerged as prominent pull factors. The interventions that were found necessary for drug users to abstain from were increased light, parental pressure, and restricted access to drugs[56].

The peer pressure and social intelligence impact on adolescent substance use survey sampled 257 in-school adolescents aged 12-19 years, comprising 135 males and 122 females, through random selection from five secondary schools in Keffi, Nasarawa State[57]. A descriptive survey ex post facto design was adopted. Adolescent Peer Influence Scale (APIS) was used to measure peer pressure, while Thomson Social Intelligence Scale (TSIS) was used to determine the social intelligence of respondents and the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) for assessing substance use. Three hypotheses were tested using 2-way ANOVA, and there was no significant peer pressure effect on substance use among adolescents[57].

A survey correlational design with a sample size of 300 married adults was carried out to establish parenting style as a predictor of delinquency among adolescents in Kwara State[58]. Data collection was through a researcher-administered questionnaire, while mean and rank order analysis were used in responding to the research questions. Testing of hypotheses was done through multiple regression at 0.05 level of significance. Research showed that the most prevalent child-rearing practices among married adults were the authoritarian and authoritative, while uninvolved and permissive child-rearing practices served as predictors of delinquent adolescents' behaviour[58].

One study on how aspects of Nigerian celebrations and culture may result in teenage substance abuse, examined available literature and reports to identify some of the most

Lead City University Ibadan DO NOT COPY

commonly abused substances among Nigerian teenagers, and some culture-based reasons these are more likely to start early substance use[59]. The study looked at peer-reviewed studies to determine the physical, mental and social wellbeing consequences of substance abuse and offered possible solutions based on successful experiences elsewhere[59].

A qualitative study on determinants of premarital sexual activity among secondary school students of Ebonyi State was conducted as a qualitative study that pinpointed the need for integration of sex education in the school curriculum[60]. The results indicated that despite having a sound knowledge base regarding premarital sex, the participants conceded its prevalence in secondary schools, and thus the dreams of several students were dashed or misguided due to unprotected premarital sex. The research entitled lack of knowledge regarding sex education, peer group pressure, and influence of bad friends listed premarital sex as the primary causes. Moreover, it set forth that poverty, poor upbringing by parents, mass media, urbanization, cultism, use of illegal drugs, and alcohol consumption fueled premarital sex among student adolescents[60].

A systematic review on opioid use amongst Nigerian students aimed to establish the estimates of non-prescribed opioid use among Nigerian students and to investigate the factors concerning opioid and other drug use amongst them[61]. High prevalence rates of opioid use among Nigerian students were found in the southwest and northeast regions of Nigeria, at 7.87 and 6.57%, respectively. About 4.6 million Nigerians aged 4.7% have ever consumed opioids for non-medical purposes. The most abused opioids were tramadol and codeine. Cultural beliefs and practices tend to influence knowledge, perception, and attitude towards opioid use among students[61].

Lead City University Ibadan DO NOT COPY

This was a mixed-method research design used in the study of the influence of social economic variables on deviant behaviour among students in Murang'a East Sub County, Kenya. The stratified random sampling, purposive sampling, and simple random sampling were utilized[62]. A semi-structured questionnaire and interview guide were utilized in data collection. Quantitative data were summarized using SPSS version 25 whereas qualitative data were summarized thematically. The results had revealed that there existed a direct correlation between the socio-economic status of the family and deviant behaviour and between exposure to social media and deviant behaviour because students were acquiring abnormal behaviours through imitation and observation. The social setting had a direct positive correlation with deviant behaviour[62].

A mixed-method approach-quantitative and qualitative data collection techniques-was used in one study to identify risk factors for suicide ideation and suicide attempts among adolescents in Ilorin metropolis[63]. Quota sampling and simple random techniques were used to sample 300 participants comprising 280 questionnaires and 20 interviewees. Depression, hopelessness, and mental illness were detected as major risk factors for suicide ideation and attempts. The qualitative information that emerged identified social determinants (stigmatization, betrayal, discrimination, harassment), family determinants (marriage failure, fractured homes, divorce, rape/sexual abuse, parental pressure, excessive responsibility), and economic determinants as determinants of risk[63].

Multinomial logistic regression was applied in the study of determinants of child school attendance in Kwara State, North Central Nigeria to estimate child schooling enrollment using 1120 questionnaires collected from Kwara State household heads[64]. The research focused on cost and access to enhance education among children and also noted that parents

Lead City University Ibadan DO NOT COPY

with low levels of education are likely to accord less priority to the child's education. The research suggested more provision of schools either within or around rural areas, free schools and educating parents with low levels of education on why education matters while bringing up the child[64].

A study that investigated dropout causes among senior secondary school female students and the implication for Irepodun, Kwara State's educational system used a structured questionnaire to collect data and the chi-squared statistical procedure to analyze data65. Results of the study established that there was a significant correlation between female pupils' sociocultural environment, parents' attitude towards education, religion beliefs, government policy towards education, and girls' dropout. The research advised that the government provides scholarship to ensure girls' education, curriculum planners be advised to be gender-sensitive in planning the school curriculum, and parents should shun distracting activities that will prevent girls from attending schools[65].

Parent-child communication study as a predictor of pre-school children's learning of social skills in Ilorin West Local Government Area of Kwara State utilized descriptive survey research design[66]. Sample comprised 756 participants of which 378 parents and 378 children from public and private pre-schools. Findings showed that social skills and self-regulated skills were more, democratic style of parent-child communication being the most prevalent type of parent-child communication. The study depicted the significant role of parent-child communication in pre-school children's social skills learning[66].

One systematic review addressed risk and protective factors of drug abuse among teenagers worldwide, covering 23 articles representing several countries such as the United States, Asia,

Lead City University Ibadan DO NOT COPY

Europe, Latin America, and Africa[67]. The authors used the PRISMA method and searched three main databases: PubMed, EBSCOhost, and Web of Science, with a timeframe of publication from 2016 to 2020. Results were classified into three broad domains: individual factors, family factors, and community factors. Individual risk factors present were high impulsivity traits, rebelliousness, lack of emotional regulation, low religiosity, and alexithymia, in addition to maltreatment or adverse upbringing experiences[67]. Family risk factors present were maternal prenatal smoking, poor maternal psychological control, low parental education, negligence, poor supervision, uncontrolled pocket money, and drug-using peers in the family. Drug-abusing peers were a community risk factor. Protective factors that were found to be present were personal characteristics of optimism, high mindfulness levels, social phobia, strong anti-substance-abuse beliefs, need for health, high father drug-abuse awareness, school connectedness, structured activity, and strong religious beliefs67. The research concluded that drug abuse among adolescents is caused by interaction of factors across all domains and advocated for comprehensive strategies that enhance protective factors and minimize risk factors by intervening in adolescents from primary school through to adulthood[67].

A qualitative descriptive study examined parent-child communication in grades 4-6 about substance use, puberty, sex, and social media usage[68]. The study used a descriptive design that piloted communication between 23 children and 24 adults by using four focus groups with children and five focus groups and a single interview with adults, with data collection proceeding to data saturation. Pre-adolescent kids showed knowledge of most risk-behaviour subjects covered such as sex and drug abuse, and had developed opinions regarding these subjects' discussion and frequency or absence with parents. Authors explained that risk-

Lead City University Ibadan DO NOT COPY

taking health behaviour initiated during early adolescence tends to be continued into late adolescence and onwards into adulthood[68]. The study identified that one of the predominant issues arising from the focus groups was a generation gap between children and parents, specifically in the areas of sexuality, puberty, and sex. Parents showed great interest in accessing more information on how to better communicate with their children on these challenging subjects. The study concluded that PCC interventions must be directed to the pre-adolescent years and examine if risk-behaviour prevention for those years is more effective than for early-to-late adolescents. It was suggested that there is a necessity to create interventions directed to the Hispanic child at the pre-adolescent level before risk behaviours solidify into habit patterns[68].

A study compared and contrasted parent approaches to the two substances in an examination of parent communication and openness regarding cannabis and alcohol use with their youth[69]. Parents were surveyed about substance communication and levels of openness. Although parents were more communicative regarding alcohol than cannabis, they reported lower levels of openness regarding youth cannabis use. Results indicated the need to develop parent training and resources focused on establishing effective communication that prevent or limit youth cannabis use based on the literature that suggests the significant role of parent communication in youth substance use prevention. Based on sex, sexual orientation, age, relationship status, and personal substance use, parents differed in reporting openness and communication about substances. The study noted that although federally prohibited, 21 states and 3 territories, the District of Columbia, have recreationally legalized cannabis, and about 40 states and 4 territories have legalized it medically as of November 2022, which may impact youth and adult cannabis-related attitudes and use. The study recommended that

Lead City University Ibadan DO NOT COPY

efforts aimed at improving parental communication be targeted toward sociodemographic parent profiles. Suggestions included the development of materials that address the evolving cannabis policy environment and help parents talk appropriately about both legal and illicit drugs[69].

A scoping review explored studies using dyadic data to examine the impact of parental-adolescent communication and parental monitoring on adolescent substance use alongside the trajectory of dyadic methodologies[70]. The search in five databases resulted in 2,849 papers and 18 manually added papers, which was narrowed down to 31 studies from 1985 to 2022. Quantitative research with dyadic communication and monitoring scales by surveying both adolescents and caregivers, adolescent age range of 10 to 17 years, and healthy non-clinical samples were the inclusion criteria[70]. Despite public efforts through numerous prevention and awareness campaigns, the prevalence of young people reporting substance use remains high, with at least 62% of U.S. adolescents having abused alcohol by age 16-18 years. In Europe, 29% of European youth aged 15-to-24 years smoke regularly, and estimates of cannabis use among European and U.S. young adults range from 15 to 30%70. The research showed that parental monitoring limits perceived legitimacy of parental authority yet necessitates active cooperation between parent and adolescent in controlling and negotiating relevant information for the setting of boundaries and norms. The review concluded that interpersonal research must often take into account more than one person's point of view to adequately capture a sense of complexity of social relationships. Recommendations were made for research with dyadic methods to more conclusively place parent-adolescent interactions in substance use prevention[70].

Lead City University Ibadan DO NOT COPY

A pilot of Safety First: Real Drug Education for Teens showed significant pre to post curriculum findings with freshmen high school students with a harm reduction approach[71]. Mixed methods were used in the study with McNemar's test, ANOVA, linear regression, t-tests and thematic coding for data analysis. Quantitative results supported by qualitative data demonstrated considerable improvement ($p < .05$) in harm reduction knowledge and behaviour among high school freshmen. The failure to reach students has been one source of adverse consequences of drug education due to developmentally inappropriate content that incorporates activities with no applicability to young people's real lives. Limited harm reduction research indicated heightened drug-related knowledge among students, with students less likely to use drugs and less likely to use at harmful levels[71]. A limitation of the study was the conclusion that further studies were required to provide evidence of harm reduction efficacy in the school context. Recommendations were made for assessing harm reduction knowledge and behaviours such as drug policy advocacy pre- and post-intervention programmes. Institutional review board approval was obtained from the Graduate Center City University of New York prior to conducting the study with human subjects, under reference number 2017-0746 initially registered June 29th, 2017, with continuing approval through August 8th, 2022[71].

A pilot study tested whether the Reasoning and Rehabilitation V2 programme was successful in decreasing drug use in student adolescents enrolled in an alternative education programme known as "basic vocational training"[72]. The sample originally consisted of 183 academic failure high-risk students enrolled in alternative school programmes in Alicante, Spain, but 142 students were assigned to experimental (n=68) and control groups (n=74) after exclusions. The findings of earlier research showed that prevention programmes that involve

Lead City University Ibadan DO NOT COPY

behavioural and skills training in the modification of attitude and social and emotional skill development during early adolescence are effective in the prevention of substance use and in the promotion of drug refusal attitudes[72]. This intervention programme used a wide array of problem-solving enhancement methods, social perspective-taking, critical thinking, empathy, negotiation skills and values. Alternative education students are uniquely described as learning disabled and at high risk of involvement in problem behaviours such as drug use, school failure and antisocial behaviour. In the study, it was indicated that a way of preventing substance abuse would be to raise student awareness regarding the adverse consequences of peer pressure that encourages substance use. Recommendations were for the extensive application of the R&R programme with at-risk groups of adolescents and continued research into long-term outcomes [72].

A scoping review that searched for types, characteristics, and effectiveness of substance use interventions for adolescents in school found 32 studies after screening[73]. This review was carried out in May 2023 on five databases: Web of Science Core Collection, PubMed, EBSCO, Scopus, and Google Scholar, picking the top 200 most relevant articles. Keywords utilized included substance use, adolescent, school environment, and prevention. Some adolescents currently use alcohol, tobacco, and illegal drugs-which inevitably has a negative effect on their health and school performance-with adolescence being both a peak age for substance use initiation and a critical period for the prevention of substance use difficulties. Different stakeholders, such as families, schools, and communities, have developed different interventions to prevent adolescent substance use issues, each having a different role to play[73]. The general principle of family-based intervention programmes is to directly or indirectly foster more stable family relationships by offering parents and adolescents training

Lead City University Ibadan DO NOT COPY

programmes or intervention plans and subsequently decreasing the risk of adolescent substance use disorders. The review found that multilevel ecological approaches are the most promising for prevention. It recommended scaling up evidence-based family and school interventions and ensuring their appropriate implementation by continuous support and monitoring mechanisms[73].

One article addressed barriers to youth access to naloxone, described legislative efforts to increase access in schools, and identified potential opportunities for opioid overdose prevention education tailored to youth[74]. An October 2023 US Department of Education and Office of National Drug Control Policy open letter called on schools to plan training for students and staff on responding to a drug overdose, stating every moment counts when a person experiences an overdose, and that it is imperative that young people and school staff be positioned to access naloxone on school campuses during and after school[74]. However, evidence-based interventions to train students and school personnel in overdose prevention, recognition, and response are scant. Teenagers' access to naloxone is likely influenced by limited youth overdose education, pharmacy-level barriers, low provider prescribing, the absence of research on teen risk factors for overdose, and stigma associated with teen use[74]. Although the article focused on public health initiatives targeting adolescents themselves, preventing opioid overdose deaths in adolescents also involves reaching families, school staff, providers, and other adults responsible for adolescents. The article said an optimal prevention would educate all individuals about how to recognize and respond to overdoses with naloxone. Recommendations included a need to establish model school comprehensive overdose prevention programmes and equipping schools with naloxone[74].

Lead City University Ibadan DO NOT COPY

A cluster randomized trial examined 5-year substance use disorder outcomes of a selective drug and alcohol prevention programme targeting personality risk factors for adolescent substance abuse[75]. The Co-Venture trial engaged 31 Montreal area high schools willing to administer annual health behaviour surveys over 5 years on full 7th grade cohorts of consenting students enrolled in school in 2012 or 2013. A random half of all the schools were assigned to be trained and supported in applying the personality-targeted Pre-Venture Programme to all eligible 7th grade participants. The intervention was a brief two-session group cognitive-behavioural intervention presented in personality-matched format to students who had scored high on one of four personality risk factors[75]. Although some reduction in adolescent alcohol use has been achieved, substance use disorder rates remain far higher than Canadian and United States national health promotion and disease prevention objectives. National surveys currently report disproportionately high rates of substance use disorder in the general population (16.5%), with the highest prevalence reported by young adults, and about 9% of the youth population testing positive for past-year substance use disorder. The study concluded that prevention programmes targeting personality-specific risk factors can intervene effectively to prevent long-term development of substance use disorder. Recommendations were for more widespread implementation of personality-targeted prevention programmes and longer follow-up to determine long-term impacts[75].

One study of early childhood risk and protective predictors of resilience to adolescent substance use used a prospective sample of alcoholic and non-alcoholic families[76]. Resilience was defined in terms of low or no substance use in the face of adversity (father with alcohol problems), it comprised 227 families sampled from birth records when children were 12 months old and followed longitudinally to 15-17 years of child ages (n=182). Teenagers were

Lead City University Ibadan DO NOT COPY

allocated to 4 groups: Non-challenged (non-alcoholic parent, no teen substance use, n=50), Troubled (non-alcoholic parent, teen substance use, n=30), Resilient (alcoholic parent, no teen substance use, n=36), and Vulnerable (alcoholic parent and teen substance use, n=66)[76]. Multivariate analyses compared group differences on child and parent attributes and family relationships domains. Children in the vulnerable group, relative to non-challenged, were lower in effortful control and emotion-regulation, and those in resilient group were more unadaptable or reactive to novelty relative to vulnerable group. Parents of resilient relative to vulnerable children also reported lower alcohol symptoms and higher partner aggression[76]. Fathers of resilient relative to vulnerable children were also less frustrated with them during early childhood. The study concluded that family characteristics and early childhood functioning are helpful to relationships with adolescent risk and resilience. Some recommendations were given, such as the need for ongoing measurement of alcohol problems, measurement of early childhood functioning, and measurement of family characteristics in prevention[76].

One large population-based survey of Norwegian youths aged 16-19 years included 9,611 participants[77]. Negative life events were the primary explanatory variable, and substance-related problems as measured by CRAFFT scale were the primary outcome variable. Five subscales of the Resilience Scale for Adolescents questionnaire were used for assessing the potential protective factors. Potential protective factors and sex were tested as moderators of relations between negative life events and substance-related problems. Negative life events were highly related to substance-related problems, and four of the five potential protective factors (Goal Orientation, Self-confidence, Family Cohesion, and Social Support) demonstrated protective-stabilizing effect[77]. Even when they had protective effect at every

Lead City University Ibadan DO NOT COPY

level of exposure to negative life events, the effects were even more robust for adolescents with high exposure. For Family Cohesion, protective-stabilizing effect was revealed for boys only, while direct protective effect for girls. The study concluded that the development of protective factors especially counts for adolescents with high levels of adversity. Recommendations were made for creating interventions enhancing several protective factors in concert and gender-differentiated intervention approaches[77].

One cross-national comparison explored associations of family structure, parental involvement, school climate, peer influences, and structured leisure activities with adolescent alcohol and cannabis use[78]. The study modeled each outcome variable testing the ways various developmental domains are linked to adolescent substance use. Findings showed that in the model, peer domain and particularly peer substance use behaviours and peer norms were strongest predictors of substance use. Family and structured leisure each contributed equal amounts of protection against initiation and escalation of substance use. Chronic early-onset adolescent substance use contributes to not only greater risk of addiction but also to the development of non-communicable diseases such as heart disease, high blood pressure, and sleep disorders[78]. It is also linked directly with interpersonal relationship problems and psychological developmental issues. Teenagers who take no part or take a very small part in organized activities have a higher likelihood of reporting higher use of some substances. The research concluded that the utilization of peer and leisure developmental contexts presents encouraging prospects for the prevention of teen substance use. Recommendations were made to analyze type of unstructured activity or other time use domains to further elucidate any relationships with substance use and to conduct longitudinal studies in states most likely to legalize cannabis in order to ascertain impact of legalization policies[78].

Lead City University Ibadan DO NOT COPY

A review analyzed the strategies that will help adolescents avoid substance abuse with high-impact, and it gave an overview of evidence-based prevention programme registries[79]. The review stated that substance abuse has been an intractable societal concern in United States for more than half a century, with recent opioid epidemic only accentuating this problem. The adolescents are significant long-term contributors to crisis due to their susceptibilities to drug abuse and impressionable age. The article was talking about specific vulnerabilities of the adolescent brain to drug abuse and risk and protective factors within it, more specifically within the context of Rat Park studies[79]. Risk factors within the "Permissiveness" category are associated with actual or perceived increases in drug supply, and protective factors are associated with actual or perceived decreases in drug supply. In "social ties" category, risk factors are associated with increases in demand for substance use, and protective factors are associated with reductions in demand for drug use. People who have depression and anxiety or high-conflict families are more vulnerable to drug use, and people who are resilient and have close families are less vulnerable to drug use[79]. The risk and protective factors are cumulative and intertwined throughout the life course, and parental drug abuse is connected with parental dysfunction and emotional trauma that can result in school failure and reduced socioeconomic status. The review concluded that social reward has protective effect by minimizing expected withdrawal symptoms. Recommendations called for the classification of prevention approaches as to whether they reinforce social bonds or limit drug permissiveness in the environment[79].

A longitudinal study from an ecological perspective investigated the prospective influence of various individual, school, family and neighborhood variables on adolescent substance use with one-year follow-up[80]. The study cited that adolescent substance use has been broadly

Lead City University Ibadan DO NOT COPY

associated with various individual, school, family and community variables, but the number of studies with all these variables included in model from ecological perspective is still limited and they seldom employed longitudinal design. Researchers studied protective factors such as personal values, family support, school connectedness, and community involvement. Findings illustrated that protective factors worked together, with youth who had numerous protective factors reporting much lower levels of substance use compared to youth who had limited protective resources[80]. Factors at the individual level, such as self-control and future orientation, were important, as were factors at the family level, such as parental warmth and monitoring. School domains such as academic involvement and good teacher relationships also were protective. The study concluded that ecological models reflecting a multitude of systems are needed to advance substance use etiology and to inform prevention. Recommendations were to utilize broad prevention programmes targeting multiple ecological levels concurrently instead of with single-domain interventions[80].

A cross-sectional study of 6,072 high school students based on 2022 National Survey on Drug Use and Health data evaluated risk and protective factors for substance use in high school students[81]. Overall, 35.6% of the students had used alcohol, tobacco or illegal drugs in the past year. Multivariable logistic regression examined relationships between substance use and adolescent-specific factors, controlling for sex, grade, health insurance, and poverty status. Antisocial behaviour had higher odds of alcohol, (AOR=2.54, 95% CI=2.02-3.19), tobacco, (AOR=2.36, 95% CI=1.92-2.89), and illegal drug use, (AOR=2.66, 95% CI=2.22-3.19; p<.001)[81]. Religious involvement had lower odds of alcohol, (AOR=0.79, 95% CI=0.64-0.97, p=.026), tobacco, (AOR=0.71, 95% CI=0.56-0.90, p=.006), and illegal drug use, (AOR=0.62, 95% CI=0.49-0.80, p<.001). Sex and gender differences in substance use

Lead City University Ibadan DO NOT COPY

disorders were observed with males reporting higher use rates overall but females reporting more rapid recent increases. Antisocial behaviour was found to be a robust risk factor and religious involvement a robust protective factor across substances. School screening for antisocial behaviour and promoting religious and prosocial activity involvement were suggested[81].

A systematic review examined how substance-related material was portrayed across a range of social media, performing an extensive search in PubMed, Scopus, PsycINFO and Web of Science databases in April 2021[82]. The review had been pre-registered on PROSPERO (ref: CRD42021291853). Substance use and substance use disorders remain a global public health burden, economic burden and social burden of communities, with alcohol and drug use responsible for 131 million disability-adjusted life-years loss globally. Initiation of substance use prior to 15 years is a strong predictor of the subsequent development of substance use disorders and heavier substance use in late adulthood relative to those who did not use substances prior to that age or at all[82]. All sites and all substances demonstrated a trend for positive attitude with the exception of opiate use that was largely presented negatively. Accounts with vested interests in substance use promotion (influencer, Bot and commercial accounts) exhibited high positive sentiment. User-generated account content was also generally positive in sentiments towards substance use[82]. The review found that wide public exposure to such content can have effects that are undesirable for attitudes, behaviours and risk perceptions concerning substance use, especially among young people and young adults who are the main users of social media. The recommendations were that social media sites implement rules about online advertising of substances that go beyond what is present in existing practices[82].

Lead City University Ibadan DO NOT COPY

An ecological momentary assessment pilot study examined associations between social media use, online exposure to drug content, and youth substance use in real-time with a clinical sample of adolescents and young adults[83]. Adolescent overdose deaths due to counterfeit prescription drugs purchased through social media use have headlined nationwide how such platforms can impact substance use. There is evidence of significant association between social media exposure to substance material and drug and alcohol use, but the majority of studies are recall-biased and cross-sectional[83]. The study used ecological momentary assessment protocol in collecting longitudinal data on the use of social media and internet drug-related exposure associated with youth substance use. As the number of daily hours spent on screens by adolescents continues to increase, it is essential to understand how social media increases exposure to drug-related content and is a readily available method to obtain drugs and its further impact on adolescent drug use. It is estimated that 53% of teenagers have viewed Internet ads for marijuana. Marketing groups have also found creative ways around the law with e-cigarette product placement inserted in music videos that are associated with vaping among young adults[83]. The study concluded that certain social media platforms and content may be more relevant for mental health professionals to consider when treating adolescent substance use. Recommendations were made for clinicians to provide information about avoiding dangerous social media websites to adolescent patients who turn impulsively to recreational drug use as a coping mechanism for internalizing symptoms, and to lawmakers to hold social media companies legally responsible for the ease with which drug-related content is posted and transmitted among juvenile users[83].

Studies looked at social media's influence on adolescents' behavioural health, including mental and substance use outcomes[84]. USCDC's 2023 Youth Risk Behaviour Survey found

Lead City University Ibadan DO NOT COPY

about 77.0% of high schoolers use social media several times a day. Behavioural health problems in children and teens have skyrocketed since the early 2000s, and most experts agree social media is some of the reason why. Teens who use social media extensively to interact with others can find themselves in online environments that entrench unrealistic social norms or edit out emotional authenticity[84]. The literature demonstrates that youth who use social media for comparison or to fish for feedback are more likely to develop depressive symptoms particularly when they feel they do not measure up in the domains of physical appearance, popularity or achievement. Social comparison, peer feedback-seeking, and exposure to cyberbullying are also origins of emotional dysregulation and low self-esteem. Furthermore, compromised sleep quality a common effect of late-night social media usage also worsens these symptoms and leads to chronic emotional exhaustion[84]. Substance use was the most affected behavioural domain of social media exposure to drug and alcohol content in the research. Recommendations included the need for school and community-based comprehensive mental health services to deal with widespread emotional issues and setting up digital literacy programmes that include critical assessment of online information[84].

FIU Center for Children and Families study surveyed over 260 high school freshmen and sophomores and discovered that friends continue to have the most influence on teens' substance use choices over influencers, celebrities, and other social media participants[85]. Results published in Drug and Alcohol Review indicated teenagers were more inclined to drink and use marijuana if their friends discussed it on Snapchat and Instagram. The lead author's main suggestion was that likes and comments alleged measurable reinforcement from these prominent social media websites imply endorsement of risk behaviours[85]. Drug use among adolescents typically happens in the peer or friend group, which explains why

Lead City University Ibadan DO NOT COPY

posts by friends carried more weight in encouraging drug use compared to posts by influencers. Previous research on the influence of social media on substance use has either only considered Facebook, a platform that is decreasing in popularity among teenagers, or only considered alcohol consumption[85]. The present research considered several substances, social media platforms that are more popular with teenagers like Instagram and Snapchat, and socialization contexts. Results indicated 41.28% had viewed marijuana-content posted by peers and 34.09% had viewed marijuana-content by influential users on Instagram occasionally, often or almost always. The study concluded that in future research, scientists must determine what it is about social media that is most likely to be influencing perceptions of approval among adolescents. Recommendations were for ongoing research funded through grants offering advanced training in social media and substance use in order to more fully understand these mechanisms[85].

2.4 Conceptual Framework (Model)

The conceptual model of this study specifies the interrelations among drug abuse, peer pressure, and parental involvement. The model depicts how parental involvement mediates between peer pressure and drug abuse. The chemical model specifies the interrelations among the primary variables that impact drug abuse in adolescents:

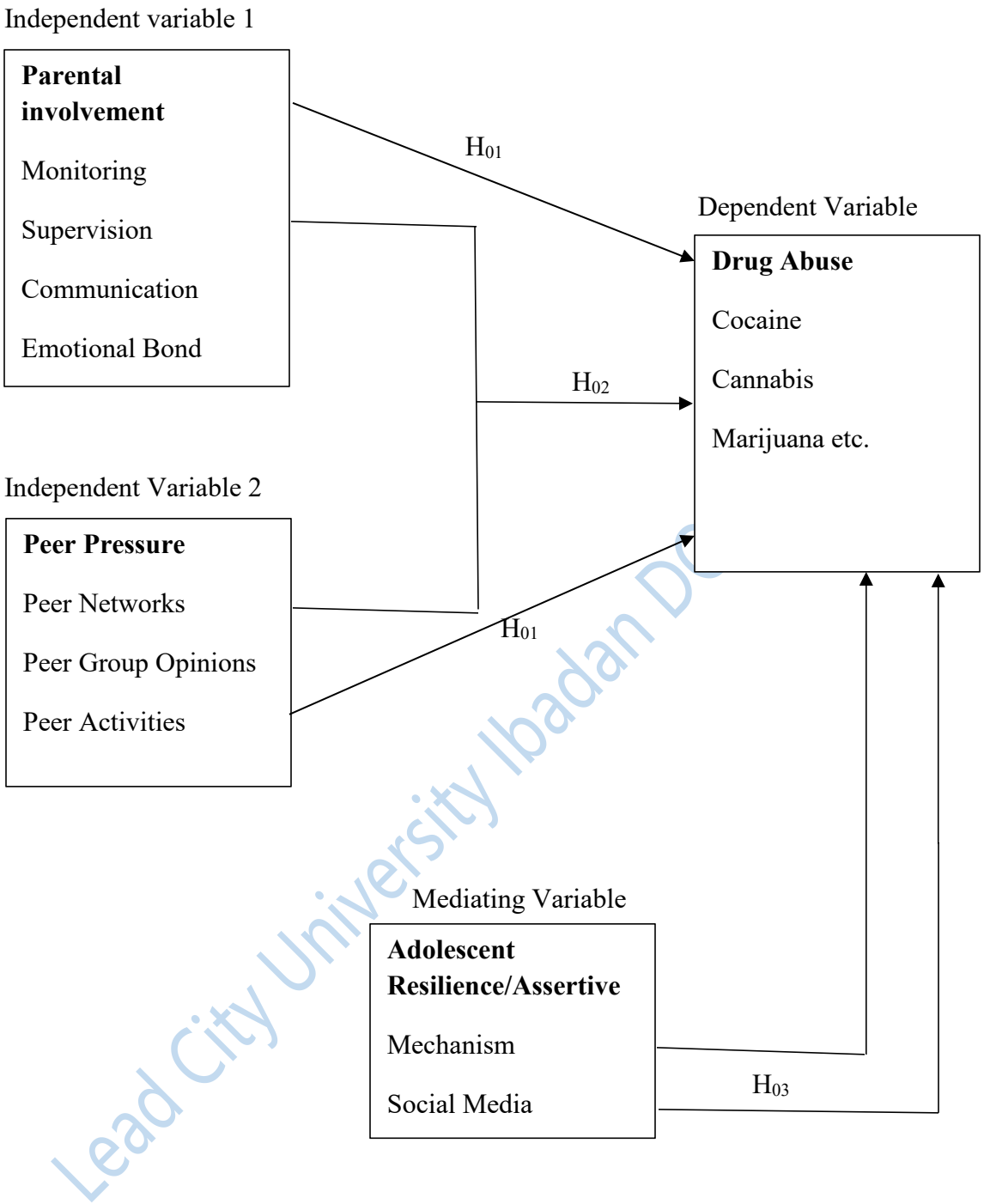
1. Primary Variables
    i. Parental Involvement (Independent Variable)
    ii. Peer Pressure (Independent Variable)
    iii. Drug Abuse (Dependent Variable)
2. Mediating Variables (Adolescent Resilience)

Lead City University Ibadan DO NOT COPY

i. Assertive Mechanism

ii. Social Media

Lead City University Ibadan DO NOT COPY



Lead City University Ibadan DC

Figure 2.1: Conceptual Framework

Figure 2.1 presents a diagram of the intricate interconnections among parental involvement, peer pressure, and drug abuse in teenagers, and a group of mediating variables that impact these processes. It is anticipated that the model will offer an extensive explanation of the manner in which these variables correlate to shield teenagers from or predispose them to drug abuse:

1. Primary Variables:
    a) **Parental Involvement (Independent Variable)**: This is the active participation of parents in the growth and development of their children in life. It is among the most significant protective factors of adolescent drug abuse. The diagram also subdivides parental involvement into:
        i. **Monitoring**: This is one of the most critical elements in which parents are knowledgeable about the children's location, activities, and friends. Successful monitoring entails knowledge of where the children go, with whom they spend their time, and how they spend their free time. It also entails knowledge of the children's emotional well-being, school performance, and relationships with others.
        ii. **Supervision**: This involves active monitoring and guidance that parents give to the day-to-day lives of their children. Supervision, as opposed to monitoring, calls for presence and active involvement, where parents set clear rules, enforce boundaries consistently, and conduct regular check-ins. Teens with less parental supervision are more susceptible to substance use.

Lead City University Ibadan DO NOT COPY

iii. **Communication**: This is a basic component entailing open discussion, attentive listening, and the provision of settings in which children feel free to discuss their experiences, concerns, and problems. Effective parent-child communication establishes trust and understanding, influences adolescents' attitudes regarding substance use, and discourages drug abuse.

iv. **Emotional Bond**: This is defined as warmth, affection, and emotional support from the parents. Secure emotional bonds establish a sense of trust and security and affect many facets of adolescent development, acting as buffers to external pressures, including ones that can result in substance experimentation.

b) **Peer Pressure (Independent Variable)**: It is the indirect or direct impact of same-age peers on the attitude, behaviour, or decision of an adolescent towards drug use. It is one of the most significant determinants of adolescent substance use decisions. Its types are described in the diagram:

i. **Peer Networks**: Peer influence works through intricate social processes that are stronger than parental influence during some development stages. Teenagers with drug-using peers are more susceptible to the same behaviour as they try to fit in or be accepted.

ii. **Peer Group Opinions**: Peer groups provide settings in which substance use may be normalized or even celebrated, and it is hard for adolescents to resist. Peer group opinion has a strong impact on personal choice since adolescents tend to value social acceptance.

Lead City University Ibadan DO NOT COPY

iii. **Peer Activities**: These are the settings in which the use of substances can be introduced, normalized, or reinforced, environments that encourage or deter healthy decision-making. From literature, it is evident that students learn from peers how to conceal drugs in sophisticated ways.

c) **Drug Abuse (Dependent Variable)**: It is the non-medical use of illegal and legal drugs by secondary school-going teenagers, abuse of prescribed drugs, and use of psychoactive drugs. It is an emerging public health problem. Some of them are given in the diagram: Cocaine, Cannabis, and Marijuana etc. Alcohol, tramadol, codeine, stimulants, tobacco products, and inhalants are a few other drugs that are most frequently abused by Nigerian secondary school students. Drug abuse by students has far-reaching social implications for individuals, families, schools, and communities.

2. **Mediating Variables**: These variables affect the interaction between parent involvement, peer pressure, and drug use, developing complex pathways that must be carefully addressed in prevention and intervention efforts. The diagram emphasizes:

a) **Adolescent Resilience / Assertive Refusal**:

i. **Assertive Mechanisms**: Essential skills that allow adolescents to counteract peer pressure and make their own decisions about substance use. Developing self-esteem, decision-making capabilities, and the capacity to counteract peer pressure are essential to reducing peer influence.

Lead City University Ibadan DO NOT COPY

ii. **Social Media**: Also known as "Digital Communication", social media is a multifaceted mediating effect. On one hand, it can be a platform for problem users, which are defined by worse mental and social well-being and increased substance use. It also allows for more covert coordination of drug-related activities, with less ease of detection and prevention. But it can also be utilized for health promotion and beneficial peer influence.

3. **Framework Interactions**: The model illustrates parent involvement as a moderator of the peer pressure-drug abuse relationship in numerous ways, both direct and indirect effects.

   a) **Direct Effects**:

      i. **Drug access is determined by parental monitoring**: Successful parental monitoring is a strong disincentive to substance experimentation.

      ii. **Peer networks affect substance exposure**: Teenagers are more likely to use substances if their peers do so, in an effort to gain social acceptance.

   b) **Indirect Effects**:

      i. **Family communication affects resilience**: Open and positive parent-child communication may assist in helping adolescents acquire critical thinking abilities and internalize positive values, and in this way, build up their resilience to peer pressure.

Lead City University Ibadan DO NOT COPY

ii. **Socioeconomic conditions impact monitoring ability**: Economic stressors and workplace conditions may deplete parents' ability to monitor and supervise adolescents, and susceptibility to peer pressure and substance experimentation might rise through this.

iii. **Digital media mediates peer interactions**: social media fosters 24-hour connectivity that can reinforce positive or negative peer influences, connecting exposure to substance-related content with heightened adolescent drug use.

Practically, the diagram is a roadmap to the process of adolescent drug abuse. It illustrates how, whereas peer pressure can be a dominating influence (such as a raging stream), parental involvement is a dam or a steering riverbank, channeling the flow and blocking immediate contact or buttressing positive decisions. The mediator variables are akin to various kinds of landscape on that journey resilience and academic achievement provide firm ground, and adverse social media render the trails slippery.

2.5 Summary of Literature Reviewed and Gap Identified

Literature review creates a series of fundamental gaps in current studies. That is, although various studies have examined parental involvement and drug abuse independently, there are limited studies that have considered the mediating role of peer pressure in this regard, even less so within the Nigerian context. Drug hiding tactics that have been reported in Nigerian high schools by contemporary studies are poorly researched, particularly in how parental involvement can counteract these new issues.

Lead City University Ibadan DO NOT COPY

Secondly, there is overdependence on urban studies, with gaping holes in understanding how such dynamics operate in rural and semi-urban settings. The effects of emerging communication technologies on peer pressure and parental monitoring measures have not been researched extensively in Nigerian secondary schools.

Additionally, although quantitative research is predominant, the lack of mixed-method research is conspicuous in that it may perhaps shed greater light on the complicated interdependence of family, peers, and drug abuse.

Current studies also pointed to the areas of knowledge deficit on how technology is both aiding drug abuse and aiding prevention. While there is information on the different types of concealment, little research has been conducted on how such types shift as efforts at detection attempts are made. Parental involvement in the virtual world and adolescents' right to privacy is another subject that has not been well researched in Nigeria.

In addition, the effect of socioeconomic determinants on parental involvement skills and resultant drug abuse prevention should be examined. School-based intervention programmes should be tested further regarding the reinforcement of parental involvement activities, particularly in relation to contemporary concealment techniques and internet-based methods of communication.

Despite researches that had been conducted on peer influence and parental involvement drug abuse issues independently with other control variables, there was research gap. The title Parental involvement and peer influence on drug abuse among secondary school students in Ilorin, Kwara State, which is the research gap and contribution to knowledge the study is intended to fulfill.

Lead City University Ibadan DO NOT COPY

Endnotes

1. O.J. Modebelu, A. Okojide, C.N. Nwaoba. "*Influence of Emotional Intelligence & Parental Influence on Drug/Substance Abuse Among Secondary School Students in Nnewi North LGA of Anambra State, Nigeria.*" **African Journal for the Psychological Study of Social Issues,** 2024: 24-37.

2. M.L.A. Mustapha, S.A. Muhammed, M.K. Adeboye. "*Social Media Usage & Peer Pressure as Predictors of Substance Abuse among In-School Adolescents in Kwara State, Nigeria.*" **Jurnal Kajian Bimbingan dan Konseling** 10, no. 1, 2025: 9-21.

3. S.A. Adesida, M.O. Quadri, A.M. Adedeji. "*Use of psychoactive substances among students in a Nigerian University: An imperative for intervention programmes.*" **Scientific African** 16, 2022: e01139.

4. M. Mustafa-Shaibu, I.O. Igbinoba-Ojo. "*Prevalence of Drug Abuse among Student in the University of Benin, Nigeria.*" **University of Nigeria Journal of Political Economy** 12, no. 2, 2022: 276-307.

5. A.I. Muhammad, A. Sule, B.G. Bichi. "*Effect of Drug Abuse on the Performance of Technical College Students in Jigawa State Nigeria.*" **Edumania-An International Multidisciplinary Journal** 3, no. 1, 2025: 68-86.

6. M.A. Oladimeji. "*Substance Abuse & Maladaptive Behaviours on Academic Performance of Adolescent Secondary School Students in Oyo Metropolis, Nigeria.*" **Journal of Educational Research in Developing Areas** 5, no. 3, 2024: 360-372.

7. K.Y. Oladimeji, A.P. Adewale, O.P. Kayode. "*Do We Abuse Drugs? Reports of Social Studies & Early Childhood Education Student-Teachers in two Nigerian Colleges of Education.*" **International Journal of Social Learning** 3, no. 1, 2022: 102-114.

8. S.A. Adesida, M.O. Quadri, A.M. Adedeji. "*Use of psychoactive substances among students in a Nigerian University: An imperative for intervention programmes.*" **Scientific African** 16, 2022: e01139.

Lead City University Ibadan DO NOT COPY

9. M. Mustafa-Shaibu, I.O. Igbinoba-Ojo. "*Prevalence of Drug Abuse among Student in the University of Benin, Nigeria.*" **University of Nigeria Journal of Political Economy** 12, no. 2, 2022: 276-307.

10. O.J. Modebelu, A. Okojide, C.N. Nwaoba. "*Influence of Emotional Intelligence & Parental Influence on Drug/Substance Abuse Among Secondary School Students in Nnewi North LGA of Anambra State, Nigeria.*" **African Journal for the Psychological Study of Social Issues,** 2024: 24-37.

11. M.B. Alwajud-Adewusi, O.Z. Oduola, B. Ifabiyi. "*Social Media Usage & Peer Pressure as Predictors of Substance Abuse among In-School Adolescents in Kwara State, Nigeria.*" **Jurnal Kajian Bimbingan dan Konseling** 10, no. 1, 2025: 9-21.

12. O. Aderibigbe, F.O. Adebiyi, K.S. Olowoyo, M.O. Akin-Ayankunle, A.L. Ademola. "*Utilization & Perceived Effect of Psychoactive Substances Among Selected Secondary School Students in Ekiti State, Nigeria.*" **International Journal of Academic Research in Business, Arts & Science** 6, no. 11, 2024: 1-19.

13. S.O. Bada, A. Jafaru. "*Influence of Substance Abuse on Delinquent Behaviours Among Secondary School Students in Dutsin-Ma Local Government Area Katsina State, Nigeria.*" **Journal of Educational Research in Developing Areas** 3, no. 1, 2022: 15-26.

14. M.A. Oladimeji. "*Substance Abuse & Maladaptive Behaviours on Academic Performance of Adolescent Secondary School Students in Oyo Metropolis, Nigeria.*" **Journal of Educational Research in Developing Areas** 5, no. 3, 2024: 360-372.

15. A.I. Muhammad, A. Sule, B.G. Bichi. "*Effect of Drug Abuse on the Performance of Technical College Students in Jigawa State Nigeria.*" **Edumania-An International Multidisciplinary Journal** 3, no. 1, 2025: 68-86.

16. M.O. Atunde, A.A. Tijani, J.A. Medupin, I.C. Ogbudinkpa, J.O. Oladejobi. "*Parental Engagement in Schooling: A Survey of Secondary Schools in Kwara State, Nigeria.*" **International Journal of Emergent Issues of Social Science, Arts, & Humanities** 1, no. 2, 2023: 21-37.

Lead City University Ibadan DO NOT COPY

17. A.S. Olaifa, U. Abdulkajeel, L. Shaibu, E.O. Olaifa, M.A. Adeoye. "*Parent-Teacher Association Intervention Strategies & Goal Achievement in Public Secondary Schools.*" **International Journal of Educational Review** 6, no. 1, 2024: 25-35.

18. B.A. Ajani, S.E. Umanhonlen, N.A. Raji, S.A. Adegoke, H.O. Adewuyi. "*Secondary School Violence Among Adolescents: The Contributing Factors & Way Forward.*" **Indonesian Journal of Community & Special Needs Education** 4, no. 2, 2024: 83-94.

19. A. Bandura. "*Social Learning Theory.*" New York: General Learning Press, 1971.

20. J. Petraitis, B.R. Flay, T.Q. Miller. "*Reviewing Theories of Adolescent Substance Use: Organizing Pieces in the Puzzle.*" **Psychological Bulletin** 117, no. 1, 1995: 67-86.

21. G.O. Quadri, O.E. Omopo, W.I. Ukpere. "*Childhood Trauma, Peer Pressure, Parenting Styles & Gender on Adolescent Substance Abuse in Ibadan: A Structural Equation Modelling Approach.*" **EUREKA: Social & Humanities,** no. 3, 2025: 29-45.

22. C.L. Rowe. "*Family Therapy for Drug Abuse: Review & Updates 2003-2010.*" **Journal of Marital & Family Therapy** 38, no. 1, 2012: 59-81.

23. H.A. Liddle. "*Family-based therapies for adolescent alcohol & drug use: research contributions & future research needs.*" **Addiction,** 2005: 77-92.

24. M.D. Stanton, W.R. Shadish. "*Outcome, attrition, & family-couples treatment for drug abuse: A meta-analysis & review of the controlled, comparative studies.*" **Psychological Bulletin** 122, no. 2, 1997: 170-191.

25. E.M. Trucco. "*A Review of Psychosocial Factors Linked to Adolescent Substance Use.*" **Pharmacology Biochemistry & Behaviour** 196, 2020: 172969.

26. B.J. Costello, J.H. Laub. "*Social Control Theory: The Legacy of Travis Hirschi's Causes of Delinquency.*" **Annual Review of Criminology** 3, 2020: 21-41.

Lead City University Ibadan DO NOT COPY

27. C. Nickerson. "*Hirschi's Social Control Theory of Crime.*" Simply Psychology, last modified February 13, 2024.

28. A. Obadeji et al. "*Substance Use among Adolescent High School Students in Nigeria & Its Relationship with Psychosocial Factors.*" **Journal of Research in Health Sciences** 20, no. 2, 2020: e00480.

29. U. Bronfenbrenner. "*The Ecology of Human Development: Experiments by Nature & Design.*" **Cambridge, MA: Harvard University Press,** 1979: 21-43.

30. K. Bogenschneider, M. Small, C. Tsay. "*Child, Parent, & Contextual Influences on Perceived Parenting Competence among Parents of Adolescents.*" **Journal of Marriage & the Family** 59, no. 2, 1997: 345-362.

31. S. McLeod. "*Bronfenbrenner's Ecological Systems Theory.*" **Simply Psychology,** accessed July 23, 2025.

32. L. Steinberg, B. Brown, S. Dornbusch. "*Beyond the Classroom: Why School Reform Has Failed & What Parents Need to Do.*" **New York: Simon & Schuster,** 1996: 124-147.

33. M. D. Resnick, P. S. Bearman, R. W. Blum, K. E. Bauman, K. M. Harris, J. Jones, J. Tabor, T. Beuhring, R. E. Sieving, M. Shew, and M. Ireland. "*Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health.*" **Journal of the American Medical Association** 278, no. 10, 1997: 823-832.

34. D. Baumrind. "*The Influence of Parenting Style on Adolescent Competence & Substance Use.*" **Journal of Early Adolescence** 11, no. 1, 1991: 56-95.

35. A.D. Adebayo, O.K. Ogungbade, R.O. Adebayo. "*Factors Responsible for Drug Abuse among Secondary School Students as Perceived by Teachers in ASA Local Government, Kwara State, Nigeria.*" **Journal of Arts & Social Sciences** 12, no. I, 2025.

36. L.A. Agubosi, A.Y. Fashina, A.O. Awoyemi, F. Shehu. "*Influence of Family Background Factors on Substance Use Among In-School Adolescents in Ilorin Metropolis.*" **AJSTME** 10, no. 6, 2024: 997-1002.

Lead City University Ibadan DO NOT COPY

37. U.T. Saadu. "*Teachers' Knowledge & Use of Multiple Disciplinary Measures in Curbing Pupils' Antisocial Behaviour.*" **ASEAN Journal of Community & Special Needs Education** 3, no. 1, 2024: 29-40.

38. I. Abdulaziz, S.A. Rasheed, I.P. Okafor. "*Influence of Domestic Violence on Senior Secondary School Students' Career Choice in Kwara State, Nigeria.*" **International Journal of Education & Psychology** 5, no. 1, 2024: 54-68.

39. A.K. Lasisi, A.A. Hassan, H.B. Abdulkareem. "*Impact of Single Parenting on Academic Performance of Junior Secondary School Students in Mathematics.*" **ASEAN Journal for Science Education** 3, no. 2, 2024: 129-138.

40. O.P. Atibioke, B.T. Oyasope, O.A. Ojomo. "*Social & Psychological Complexity Among Adolescents Living with HIV in Targeted Treatment Health Facilities in Kwara State, Nigeria -- A Qualitative Study.*" **Research Square preprint,** July 29, 2024.

41. A.O. Sholagberu, A.K. Abdulazeez, L.O. Olohungbebe. "*Impact of Community Advocacy Programmeme on Drugs & Substance Abuse Among Youths in Ilorin West Local Government Area of Kwara State. Nigeria.*" **Pedagogy** 5, no. 1, 2024: 134-150.

42. F.N. Bolu-Steve, R.A. Fadipe, O.C. Kayode. "*Causes & Psycho-Social Impact of Rape on Victims as Perceived by Secondary School Students in Oyo State, Nigeria.*" **The Ethiopian Journal of Education** 44, no. 2, 2024: 21-48.

43. F.N. Bolu-Steve, R.A. Fadipe, O.C. Kayode. "*Causes & Consequences of Truancy Among in School Adolescents in Oyo North Senatorial District Nigeria.*" **SPEKTA (JurnalPengabdianKepada Masyarakat: Teknologi dan Aplikasi)** 3, no. 1, 2022: 23-30.

44. R.K. Omowumi, I.S. Kuranga, A.O. Ayodapo, A.S. Ibraheem, R.A. Yusuf, L.O. Oladimeji. "*Prevalence & Risk Factors for Hypertension among Adolescents Attending a Family Medicine Clinic in North Central Nigeria.*" **Afrimedic Journal** 10, no. 2, 2024: 1-15.

Lead City University Ibadan DO NOT COPY

45. A.S. Olaifa, A.R. Ismail, O.O. Atanda. "*Stakeholders' Perception on Influence of Covid-19 Pandemic On Activities of Private Senior Secondary Schools in Ilorin Metropolis.*" **Kashere Journal of Education** 3, no. 1, 2022: 102-112.

46. R.M. Ibraheem, A.O. Hamzah, H.A. Ameen, O.S. Katibi, A.R. Johnson. "*Evaluation of the awareness & experiences of the primary & secondary school teachers on asthma: A cross-sectional study in Ilorin, Nigeria.*" **Journal of the Pan African Thoracic Society** 3, no. 3, 2022: 140-50.

47. K.O. Sulyman, A.F. Sijuade, M.F. Aloba, A. Alaaya. "*Lecturers' Perception on Forms & Causes of Indiscipline among Students in Public Colleges of Education in Osun State.*" **AJSTME** 10, no. 5, 2024: 851-57.

48. T.A. Yusuf, I.A. Nasirudeen. "*Public Perception on the Motivations & Implications of the Use & Exploitation of Teenagers as Street Hawkers in Nigeria.*" **The African Review,** 2024: 1-30.

49. O.P. Akinnubi, A.T. Alabi, R.M. Oladimeji. "*Students' & Lecturers' Perspectives of Causes & Management of Deviant Behaviours among University Students in Kwara State, Nigeria.*" **African Perspectives of Research in Teaching & Learning** 5, no. 1, 2021: 55-63.

50. G. Isiaka, S.C. Anyama, N. Osarenren. "*Religiosity & Social Support as Predictors of Substance Addiction Among University Undergraduates in Kwara State.*" **Al-Hikmah Journal of Education** 9, no. 2, 2022: 53-67.

51. A.I.A. Kabir. "*Challenges Against Implementation of Social Studies Curriculum for Moral Development in Nigerian Junior Secondary Schools: Ilorin as Case Study.*" **International Journal Pedagogy of Social Studies** 8, no. 1, 2023: 47-60.

52. M.S. Jamiu, A.A. Olokoba, A.M. Mahmud, S.K. Kamaldeen, Z.A. Akorede. "*Causes of Deviant Behaviours Among Adolescents in Tertiary Institutions in Kwara State, Nigeria.*" **International Journal of Contemporary Education Research** 22, no. 8, 2021: 67-80.

53. T.E. Akinduyo. "*Drug Abuse Practice & Its Predictors Among Youths in Kwara State.*" **European Journal of Biology & Medical Science Research** 11, no. 4, 2023: 40-54.

Lead City University Ibadan DO NOT COPY

54. O. Oluwafunmilayo, O. V. Ogunwale, O. O. J. Okesanya, O. N. O. Olaleke, A. O. B. Amisu, E. Manirambona, P. M. M. Vicerra, and D. E. L. Lucero-Prisno III. "*Prevalence & pattern of psychoactive substance use among government secondary school students in central Nigeria.*" **PAMJ -- One Health** 8, no. 17, 2022: 1-9.

55. A.B.O. Omotoso, A.B. Makanjuola, O.A. Abiodun. "*Psychosocial Factors Associated with Substance Use among Secondary School Students in Ilorin, Nigeria.*" **West African Journal of Medicine** 40, no. 2, 2023: 217-26.

56. M.B. Bello. "*Understanding pull factors of drug use among upper basic school students: a pathway for human capital development.*" **Epiphany. Journal of Transdisciplinary Studies** 15, no. 2, 2022: 98-117.

57. H. Okoka, J. Kheswa, I. Kennedy. "*Adolescent Substance Use: The Role of Peer Pressure & Social Intelligence.*" **International Journal of Research in Education Humanities & Commerce** 4, no. 6, 2023: 1-28.

58. M.B. Alwajud-Adewusi, T.O. Sarafadeen. "*Parenting Styles as Predictor of Adolescents' Delinquent Behaviours.*" **KülönlegesBánásmódInterdiszciplinárisfolyóirat [Special Treatment Interdisciplinary Journal]** 11, no. 1, 2025: 71-83.

59. O.M. Awoniyi. "*Influence of Culture on Adolescents' Indulgence in Substance Abuse: An Examination of Traditional Nigerian Contexts.*" **International Journal of Human Kinetics, Health & Education** 8, no. 2, 2023.

60. P.S. Okah et al. "*Factors Associated with the Premarital Sex Among Adolescents & the Need for Introduction of Functional Sex-Education in Secondary Schools in Ebonyi State, Nigeria.*" **Cogent Social Sciences** 9, no. 1, 2023: 2220234.

61. A.A. Adegoke et al. "*Opioid use among Nigerian students: Exploring knowledge gaps & preventive strategies.*" **INNOSC Theranostics & Pharmacological Sciences X,** no. X, 2025: 1-12.

62. M.N. Njoka. "*Influence of Social Economic Factors on Deviant Behaviour Among Secondary School Students in Murang'a East Sub County, Murang'a County, Kenya.*" **Master's study, Murang'a University of Technology,** 2024.

Leadcity University Ibadan DO NOT COPY

63. T.O. Olayiwola-Adedoja, S.A. Muhammed, G.A. Raji. "*Risks Factors of Suicide Ideation & Suicide Attempt Among Youths in Ilorin Metropolis.*" **Keffi Journal of Counselling & Psychotherapy** 3, no. 1, 2024: 156-68.

64. A.M. Ojuolape, S. Mohd. "*Determinants of child schooling in Kwara State, North Central Nigeria.*" **Cogent Social Sciences** 10, no. 1, 2024: 2319377.

65. K.L. Gold. "*Limited opportunities: The implications of schoolgirl dropout in Irepodun, Nigeria.*" **Cogent Education** 12, no. 1, 2025: 2440179.

66. A. Usman. "*Parent-Child Communication as Correlate of Pre-School Children's Social Skills Acquisition in Ilorin West Local Government Area of Kwara State.*" M.Ed. study, Kwara State University, 2021.

67. A.M. Nawi, R. Ismail, F. Ibrahim, M.R. Mamat, M.R.A. Mamat, N. Alavi, N. Ibrahim, N.S. Shahbuddin. "*Risk & Protective Factors of Drug Abuse Among Adolescents: A Systematic Review.*" **BMC Public Health** 21, no. 1, 2021: Article 2088.

68. Y. Matsuda, R.D. Thalasinos, A. Parra, R. Roman Laporte, M.A. Mejia-Botero, A.L. Adera, M. Siles, G. Lazaro, R.N. Venkata, J.P. De Santis. "*Parent-child communication about substance use, puberty, sex, & social media use among Hispanic parents & pre-adolescent children.*" **PLoS One** 18, no. 11, 2023: e0295303.

69. C. Dopke, K.F. Romm, C.J. Berg. "*Parental openness & communication regarding cannabis & alcohol use with their children.*" **The American journal on addictions** 33, no. 1, 2024: 15-25.

70. A.J. Russ, A. Bullo, P.J. Schulz. "*Do Parental Communication & Monitoring Counteract Substance Use in Adolescents? A Scoping Review of Dyadic Studies.*" **Health Communication,** 2025: 1-50.

71. N.R. Fischer. "*School-based harm reduction with adolescents: a pilot study.*" **Substance Abuse Treatment, Prevention, & Policy** 17, no. 1, 2022: 79.

72. G. Ciuffreda, S. Cabanillas-Barea, A. Carrasco-Uribarren, M.I. Albarova-Corral, M.I. Argüello-Espinosa, Y. Marcén-Román. "*Factors associated with depression &*

Lead City University Ibadan DO NOT COPY

anxiety in adults≥ 60 years old during the COVID-19 pandemic: a systematic review." **International Journal of Environmental Research & Public Health** 18, no. 22, 2021: 11859.

73. X.Q. Liu, Y.X. Guo, X. Wang. "*Delivering substance use prevention interventions for adolescents in educational settings: A scoping review.*" **World journal of psychiatry** 13, no. 7, 2023: 409.

74. J.B. Calihan, B.L. Carney, D.M. Schmill, S.M. Bagley. "*The call for a school-based approach to opioid overdose prevention.*" **American journal of public health** 114, no. 12, 2024: 1305-1308.

75. P. Conrod, S.H. Stewart, J. Seguin, R. Pihl, B. Masse, S. Spinney, S. Lynch. "*Five-year outcomes of a school-based personality-focused prevention programme on adolescent substance use disorder: a cluster randomized trial.*" **American Journal of Psychiatry** 182, no. 5, 2025: 473-482.

76. R.D. Eiden, S.A. Godleski, C.R. Colder, J.A. Livingston, M.C. Leising, K.E. Leonard. "*Early childhood risk & protective factors predicting resilience against adolescent substance use.*" **Adversity & resilience science** 1, no. 2, 2020: 107-119.

77. O. Heradstveit, M. Hysing, K. Breivik, J.C. Skogen, K.G. Askeland. "*Negative life events, protective factors, & substance-related problems: A study of resilience in adolescence.*" **Substance Use & Misuse** 58, no. 4, 2023: 471-480.

78. T.C. Woodward, M.L. Smith, M.J. Mann, A. Kristjansson, H. Morehouse. "*Risk & protective factors for youth substance use across family, peers, school, & leisure domains.*" **Children & Youth Services Review** 151, 2023: 107027.

79. A. Mahmood, S.K. Mlv, S.S. Garika, R. Mittal, V.K. Digge, S. Gamanagatti. "*Ramp lesions in chronic anterior cruciate ligament injuries.*" **Cureus** 14, no. 8, 2022.

80. J. Rodríguez-Ruiz, I. Zych, V.J. Llorent, I. Marín-López, R. Espejo-Siles, E. Nasaescu. "*A longitudinal study of protective factors against substance use in early adolescence. An ecological approach.*" **International Journal of Drug Policy** 112, 2023: 103946.
81. R.C. Wang, D.I. Lipin, T.K. Swoboda, U. Sambamoorthi. "*Adolescent-specific risk & protective factors of substance use among high school students in the United States:*

Lead City University Ibadan DO NOT COPY

A cross-sectional study." **Clinical Child Psychology & Psychiatry** 30, no. 3, 2025: 752-766.

82. S. Cox, R. West, C. Notley, K. Soar, J. Hastings. "*Toward an ontology of tobacco, nicotine & vaping products.*" 2023: 177-188.

83. M. Gansner, A.K. Horton, R. Singh, Z. Schuman-Olivier. "*Exploring relationships between social media use, online exposure to drug-related content, & youth substance use in real time: a pilot ecological momentary assessment study in a clinical sample of adolescents & young adults.*" **Frontiers in child & adolescent psychiatry** 3, 2024: 1369810.

84. A.C. Xavier, H. Edwards, A.A. Dombkowski, T.B. Balci, J.N. Berman, G. Dellaire, C. Xie et al. "*A unique role of GATA1s in Down syndrome acute megakaryocytic leukemia biology & therapy.*" **PLOS ONE** 6, no. 11, 2011: e27486.

85. I. Rammohan, S. Jain, S. Sun, C. Marks, M-J. Milloy, K. Hayashi, K. DeBeck, P. González-Zúñiga, S. Strathdee, D. Werb. "*Latent polydrug use patterns & the provision of injection initiation assistance among people who inject drugs in three North American settings.*" Drug & alcohol review 42, no. 6, 2023: 1504-1516.

Lead City University Ibadan DO NOT COPY

Chapter Three

Methodology

This chapter explained how the methods for conducting the study were undertaken, it has the following subtitles: research design, study population, sample and sample techniques, explanation of the research tools, reliability of the research tools, data collection, data analysis, and ethical clearance.

3.1 Research Design

The study utilized descriptive survey research design in order to explore the interrelationships of variables.

3.2 Population of the Study

The study population included all the students in Ilorin public secondary schools, Kwara State. Based on the Kwara State Ministry of Education records (2024), there are about 16,200 senior secondary school students in 17 public senior secondary schools across the local government areas. Below are the names of public schools within the local government area of Ilorin West and also the names of schools to be used with the student's population:

Lead City University Ibadan DO NOT COPY

Table 3.1: Schools in the Local Government Area and their Location

S/N	Names of Schools	Location	Total Number of Senior Secondary Students
1.	Government High Secondary School, Ilorin	Adewole area, Ilorin	557
2.	Government Day Secondary School, Adewole	Adewole Estate, Ilorin	977
3.	Mount Carmel College, Ilorin	Along Ahmadu Bello Way, Ilorin	879
4.	Government Day Secondary School, Fate	Fate area, Ilorin	697
5.	Queen Elizabeth Secondary School, Ilorin	Along Ahmadu Bello Way, Ilorin	889
6.	Government High School, Adeta	Adeta area, Ilorin	1504
7.	Baboko Community Secondary School	Baboko area, Ilorin	801
8.	Government Day Secondary School, Oko-Erin	Oko-Erin area, Ilorin	765
9.	Ansarul Islam Secondary School, Ilorin	Okekura area, Ilorin	987
10.	Sheikh AbdulKadir College, Ilorin	Ogidi area, Ilorin	529
11.	Ilorin Grammar School	Along Ahmadu Bello Way, Ilorin	745
12.	Government Day Secondary School, Okekura	Okekura area, Ilorin	1173
13.	Government Secondary School, Adewole	Adewole area, Ilorin	688
14.	Government Day Secondary School, Pakata	Pakata area, Ilorin	1166
15.	Oke-Agbe Community Secondary School	Oke-Agbe area, Ilorin	1098
16.	Government Day Secondary School, Adeta	Adeta area, Ilorin	1202
17.	Unity Secondary School, Ilorin	Taiwo area, Ilorin	1832
			Total = 16200 Students

Lead City University Library DO NOT COPY

Table 3.2: Population of the Schools used

S/N	Name of School	Number of students from SS1 – SS3
1	Government Day Senior Secondary School Adewole Ilorin Kwara State	889 Students
2	Government High School, Ilorin	557 Students
3	Government Day Secondary School Adeta	977 Students
		Total = 2423 Students

3.3 Sample and Sampling Techniques

The sample and sample procedure utilized in this study was purposive sampling to select three public secondary schools and employ the total to estimate the sample size of by randomly choosing 573 students. A stratified random sampling method was employed to choose a representative sample of the students from different schools for gender and age diversity. The questionnaire was also content validated through expert judgment by educational psychology and counselling experts. A pilot study will be conducted to assess reliability, aiming for a Cronbach's Alpha Coefficient of 0.70.

3.4 Research Instruments

i) **Questionnaire:** A standardized questionnaire, "Adolescent Drug Abuse Influencing Factors Questionnaire (ADAIFQ)," was formulated which included questions regarding parental factors, peer influence, mediating variables, and drug use behaviour.

Lead City University Ibadan DO NOT COPY

ii) **Interview Guide:** Semi-structured interview questions were constructed for school counsellors and teachers to gather qualitative data.

3.5 Data Collection

Data collection procedures employ mixed-methods data collection framework which include:

i) **Quantitative Data**: It was analyzed with the help of descriptive statistics (mean, standard deviation) and inferential statistics (correlation, regression analysis) with the help of statistical software. Questionnaires were filled out by trained research assistants in a planned setting for participants. Spanning over six weeks, at collection time, the study team coordinated systematically distributing and collecting instruments among participant schools. Non-response strategies of follow-up aimed to elicit high response rates such as reminders to participants and additional sessions for missing participants during first administration. Research assistants, for example, would go back to classes where absence had been noted at the first administration, pick up the required materials, and administer the same standardized instructions to bring consistency in data gathering.

ii) **Qualitative Data**: The interviews was themed-coded for the major patterns and insights. This was done on six focus group discussions fifteen in-depth interviews with school staff. Typically, 45 to 60 minutes in length, each of these interviews with school personnel addressed such matters as trends in student behaviour observed, ongoing intervention activity, and observed barriers to responding to drug abuse. "On the basis of your experience, what do you think most affects students' decisions about substance use?" a school counsellor would be asked.

Lead City University Ibadan DO NOT COPY

Lead City University Ibadan DO NOT COPY

3.6 Data Analysis

Data analysis utilized both descriptive and inferential statistics:

1. **Quantitative Analysis**:
    i. **Descriptive statistics**: frequencies, percentages, means, standard deviations for demographic data and to respond to research question, whereas inferential statistics: Multiple regression analysis, and Pearson correlation coefficient will be applied for the study.
    ii. Statistical Package for Social Sciences (SPSS) version 26
2. **Qualitative Analysis**: Thematic analysis of interview and focus group data, Content analysis of open-ended responses, Microsoft Word and Excel for qualitative data management
3. **Data Collection Procedure**: Once ethical clearance and approval are received from participants and authorities concerned, questionnaires will be distributed within school timings. Interviews with the teachers and counsellors will be fixed as per their convenience.

3.7 Ethical Approval

Ethical considerations were strictly observed in this study. Informed consent was obtained from both parents/guardians and adolescent participants themselves prior to data collection. Participation was strictly voluntary, and it was impressed on the participants that they had every right to withdraw from the study without any consequences at any time. In order not to compromise pseudonymity, all participants were assigned pseudonyms, and no personal

Lead City University Ibadan DO NOT COPY

finformation that could link respondents to their response sheets was collected. Special care was taken in the protection of participants' identity, as the study involved adolescent respondents and sensitive topics such as drug abuse and pressure by peers. Photographs and video recordings were avoided during the research process. All data collected were stored with restriction. During the research process, possible negative psychological harm, especially when sensitive issues about drug abuse and peer influence were discussed, were minimized. The dignity, safety, and well-being of all adolescent participants were prioritized at every stage of the research.

Lead City University Ibadan DO NOT COPY

Chapter Four

Results and Discussion of Findings

This chapter presents and discusses the findings from the field survey conducted among secondary school students in Ilorin West Local Government Area, Kwara State, Nigeria. The data are organized and presented according to the research questions stated in Chapter One, utilizing tables and descriptive statistics to facilitate understanding of the relationships between parental involvement, peer pressure, and drug abuse among adolescents. The study utilizes data collected from five-hundred and seventy-three (573) secondary school students using both descriptive and inferential statistics.

4.1 Presentation of Data

Demographic Characteristics of Respondents

The sex and age composition of the respondents form the backdrop within which the trend of drug abuse and peer and parental influence among secondary school students are examined. 573 students were involved in this research among selected public secondary schools in Ilorin West.

Lead City University Ibadan DO NOT COPY

Table 4.1: Demographic Characteristics of Respondents

Variable	Frequency	Percentage (%)	Average
Age (years)			
15	183	32.0	16.5 years
16	161	28.1	
17	159	27.7	
18	70	12.2	
Sex			
Male	252	44.0	
Female	321	56.0	
Class			
SS 1	51	8.9	
SS 2	287	50.1	
SS 3	235	41.0	

Source: Field Survey, 2025

The respondent's average age was 16.5 years, which meant they were mid-adolescents, a stage of development where identity formation, peer influence, and susceptibility to risk behaviour were on the rise. A student's age can be utilized to ascertain his or her attitude, disposition and response to drug use and abuse. This age group is within the development stage whereby good mentorship, parent and guardian care, and protective factors are needed to defend the juveniles against societal vices such as drug abuse. This means that students are still within the development stage, where good mentorship, parent and guardian care is convenient in protecting the student from the vices of society. The age bracket of 15-17 years

Lead City University Ibadan DO NOT COPY

(87.8%) is the normal age group distribution of Nigerian senior secondary school students. The age of Nigerian senior secondary school students ranges between 15-18 years old on average.

Gender distribution indicated that 56.0% of the respondents were females and 44.0% males, depicting improved girl-child education status in the study zone. This is an indication of improvement in girl-child education status. This distribution is an indication of general education trends in Nigeria where gender parity in secondary education has improved in recent years. Upper secondary school completion rate increased in Nigeria among men, although the figures for both male and female students took an increasing trend over the last couple of years. Gender inequality can be seen in secondary and primary education; with a 20% gap of school enrolment and retention among male and female children. Male students, on average, outnumber female students in the nation's entire tertiary education system, reflecting a persistence of the male dominance pattern from secondary to tertiary level.

Class distribution indicated that most of the respondents (50.1%) were in SS 2, followed by 41.0% in SS 3, and a mere 8.9% in SS 1. Distribution is important in the sense that it implies that most of the students have been in the secondary school setting for some time and thus have had the opportunity to form more solidified ideas about drug use issues, peer relationships, and school culture. The density of students in SS 2 and SS 3 is of especial relevance to intervention planning because these students are reaching the transition stage to the tertiary level of education where freedom and autonomy are significantly higher. It is necessary that these students are well equipped prior to admission to tertiary institution where freedom is highest.

Lead City University Ibadan DO NOT COPY

4.2 Data Analysis

Research Question One: What is the level of drug abuse among secondary school students?

Answer to research question one = High

Table 4.2: Level of Drug Use Behaviour among Secondary School Students

Statement	SA F(%)	A F(%)	D F(%)	SD F(%)	Mean score	Level
I know many things about local drugs that are mostly abused	79 (13.8)	105 (18.3)	229 (40.0)	160 (27.9)	2.18	Highest
I know how drugs are passed around easily	90 (15.7)	71 (12.4)	137 (23.9)	275 (48.0)	1.96	
I know some of my mates who use drugs	92 (16.1)	66 (11.5)	137 (23.9)	278 (48.5)	1.95	Moderate
I do not like many drugs but I like taking shisha	46 (8.0)	115 (20.1)	142 (24.8)	270 (47.1)	1.89	
I have been to rehabilitation centers before because of drug abuse	5 (0.9)	6 (1.0)	251 (43.8)	311 (54.3)	1.45	Lowest

Source: Field Survey, 2025

Key: SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree

Results are shown in Table 4.2. Results indicated that the highest rated item was students' knowledge about drugs of abuse in the region (Mean Score = 2.18), where 32.1% of the participants agreed or strongly agreed on this statement. This means that there is a high level of sensitization among the secondary school students on the abused drugs in their surroundings. This means that respondents have knowledge about the drugs abused by the youth in their neighboring surroundings. Students had high knowledge levels on tramadol,

Lead City University Ibadan DO NOT COPY

alcohol, cannabis, and other psychoactive drugs that are common in their neighboring surroundings. This result agrees with past studies that students are more likely to report high awareness of the risk of drug abuse, yet such heightened awareness does not necessarily equate to behavioural change since the prevalence of substance abuse is still high among students.

In terms of awareness of the distribution of drugs, the respondents achieved moderate awareness (Mean Score = 1.96), and 28.1% of them agreed or strongly agreed that they know how drugs easily circulate. The respondents also testified that they are aware of the channels by which drug is easily being distributed. This indicates that even though students are not directly involved in drug distribution channels, a majority of them are aware of the channels through which substances circulate among their peer circles. This further suggests that the respondents cannot vouch that they are not aware of the different ways drugs transit from one individual to another. For understanding these distribution channels is essential in the formulation of intervention strategies that will disrupt the drug access chains.

Third-ranked behaviour suggested 27.6% of respondents strongly agreed or agreed that they know some among their friends use drugs (Mean Score = 1.95). Also, the third ranked behaviour of the respondent was that the respondents were aware of some among their friends which use drugs. This finding underscores the prevalence of drug use within the student population and also that most adolescents have direct or indirect acquaintance with peer drug users. Being exposed to such peers invokes social learning opportunities and normalizing drug-taking among school peer groups.

Lead City University Ibadan DO NOT COPY

On the dimensions of preferred substances, 28.1% expressed that they enjoyed shisha but disliked most drugs (Mean Score = 1.89). This indicates a significant discrimination some youth are making between substances, tending to perceive shisha or hookah as less dangerous or more accepted compared to other drugs. It is an area that needs to be intervened in because shisha consumption is indicative of high health risk and tends to lead to further drug use.

The lowest ranked item among those involving experience of going to rehabilitation centers for drug abuse (Mean Score = 1.45), and the experience was reported by a mere 1.9% of respondents. Least behaviour of the respondent was visit to rehabilitation centers inappropriately due to drug abuse. This extremely low prevalence rate is to be anticipated with this age range of respondents and implies that most of the sample students have yet to progress to the stage of substance dependence necessitating formal rehabilitation. It should be so with the age range of respondents. Otherwise, the minority of them who have needed rehabilitation services suggests the extent of substance abuse issues among a proportion of the adolescent population.

Overall, given that direct involvement in drug abuse would be moderate to low from visits to the rehabilitation center, the high rates of awareness of drugs, distribution methods, and peer usage indicate an atmosphere within a school setting where drug use issues exist and are there to be seen. This is an environment where unsuspecting or vulnerable youth may be susceptible to experimentation or consistent use.

Lead City University Ibadan DO NOT COPY

Research Question Two: What is the level of parental involvement among secondary school adolescent?

Answer to research question two = High

Table 4.3: Level of Parental Involvement in Drug Abuse Prevention

Parental Involvement	SA F(%)	A F(%)	D F(%)	SD F(%)	Mean score	Level
My parents regularly check on me	412 (71.9)	92 (16.1)	45 (7.9)	24 (4.1)	3.56	Highest
My parents monitor my activities and whereabouts after school hours	344 (60.0)	163 (28.5)	46 (8.0)	20 (3.5)	3.45	
My parents are aware of my friends	252 (44.0)	252 (44.0)	46 (8.0)	23 (4.0)	3.28	Moderate
I can openly discuss my problems with my parents	275 (48.0)	183 (31.9)	69 (12.1)	46 (8.0)	3.20	
I feel emotionally supported by my parents	252 (44.0)	213 (37.2)	62 (10.8)	46 (8.0)	3.17	Lowest

Source: Field Survey, 2025

Results are presented in Table 4.3. Results indicated very high parental participation on all areas of evaluation with mean scores varying from 3.17 to 3.56 out of 4. The highest level of parental participation was in keeping track of children on a regular basis (Mean Score = 3.56), in which 88.0% of the respondents strongly agreed or agreed with the above statement. The respondents concurred that their parents are always in touch with them by watching their affair and attempting to know what happens through it. This shows that the majority of parents in the sample are always in touch with their adolescent children, asking them about activities, how they fare, and in general their welfare. Once basic needs of a child are fulfilled by the parent then it is the responsibility of parent to make their child great in life,

Lead City University Ibadan DO NOT COPY

useful to the family, immediate society and nation at large. It will minimize number of vices in the society and public disturbance across the nation. Such everyday monitoring is a key preventive factor in drug use, as it imposes responsibility and minimizes opportunities for unmonitored risk-taking behaviour.

The second-highest ranked dimension of parental involvement was the monitoring of after-school activities and whereabouts (Mean Score = 3.45), and 88.5% of the participants agreed. The participants also mentioned that their parents monitor my activities and whereabouts after school. This is an excellent policy on the part of parents since most drug use takes place after school. This result is especially noteworthy since most drug use and peer social interaction leading to drug use takes place after school when students are less institutionally supervised and more at liberty. Parents who are actively trying to have a clue as to where their children are and what they are doing during these risk times are providing a valuable protective buffer against drug experimentation.

Parental knowledge of their child's peer group was ranked third (Mean Score = 3.28), and 88.0% of the parents reported that their parents were familiar with their peer groups. This engagement is important because peer influence is among the most powerful predictors of teen drug use. Parents who have knowledge of their children's peer groups are in the best position to evaluate possible risk factors, intervene accordingly, and provide direction for their children to join healthy peer groups. High parental awareness reported herein indicate that the majority of parents in the study sample are aware of the necessity of knowing the social environments of their children.

Lead City University Ibadan DO NOT COPY

Free discussion on any issues with parents ranked fourth (Mean Score = 3.20), as 79.9% marked agreement. Free parent-child communication provides avenues for adolescents to obtain advice when confronted with peer pressure or other issues that could otherwise result in drug use. The manner of such communication matters a lot in determining the attitudes of adolescents towards substance use, with healthy communication patterns yielding less risk for drug abuse. This will ensure the child is safe and parents will have equally gained the trust of the child; this will ensure they are well aware of the child activities.

Emotional support from parents came fifth (Mean Score = 3.17), with 81.2% of the respondents expressing that they felt emotionally supported. While this was high overall levels of emotional support, this was the lowest-rated parental involvement aspect. The lowest level of parental involvement in drug abuse prevention was being able to provide ward or child emotional support. This is an area that needs improvement in parents' protection role, since emotional parent-adolescent bonds are the basis on which other protection works. Parental influence is a factor in drug abuse prevention through proper supervision, communication, emotional support, and role-modeling, while parental neglect, lack of proper supervision, and family drug use are factors associated with increased risk for drug abuse among adolescents.

The high general levels of parental involvement in respondents are indicative of positive protective factors against drug abuse. Although the slight variations across dimensions indicate that parents are generally involved in the lives of their children, there is still some potential for development, especially in emotional support and open communication lines.

Lead City University Ibadan DO NOT COPY

Research Question Three: What role does peer pressure play in adolescents' engagement in drug use?

Table 4.4: Influence of Peer Pressure on Drug Abuse Behaviours

Statement	SA F(%)	A F(%)	D F(%)	SD F(%)	Mean score	Level
My friends' opinions influence my decisions	68 (11.9)	47 (8.2)	275 (48.0)	183 (31.9)	2.00	Highest
I find it difficult to refuse when friends offer me drugs or alcohol	92 (16.1)	46 (8.0)	206 (36.0)	229 (40.0)	2.00	
I participate in activities because my friends do	46 (8.0)	115 (20.1)	183 (44.0)	229 (40.0)	1.96	Moderate
My friends use substances and encourage me to join them	46 (8.0)	69 (12.0)	252 (44.0)	206 (36.0)	1.92	
I feel pressured by my friends to try substances and alcohol	23 (4.0)	119 (20.8)	206 (36.0)	225 (39.3)	1.90	Lowest

Source: Field Survey, 2025

The impact of peer influence on drug abuse conduct was measured using five indices that tested different aspects of peer influence. The findings are reported in Table 4.4. Peer pressure has enormous influence on individual and group, which may push behaviour, attitude, value, etc. in positive as well as negative direction.

The results indicated moderate peer pressure impact in all aspects with mean scores from 1.90 to 2.00. The indicator with the highest ranking indicated that 20.1% of the participants strongly agreed or agreed that my decisions are affected by friends' opinions (Mean Score = 2.00). The study findings indicated that the student checked their friends' opinions influence my decisions. Although this is a minority of students, it indicates that peer beliefs have

Lead City University Ibadan DO NOT COPY

influence over the decision-making of adolescents, potentially even deciding on the use of substances. This indicates that the interviewees approve of the influence of peer pressure in the social environment surrounding them. This is an important finding that indicates the complex nature of peer influence during adolescence where adolescents are negotiating independence while also negotiating acceptance by peers and belonging within the peer group.

Equally ranked was the difficulty in refusing drugs or alcohol when one is invited by friends (Mean Score = 2.00), which was agreed upon by 24.1%. The same respondents also attested that they have a hard time saying no when friends invite me to drink drugs or alcohol with them, with the same mean score of 2.00. This is a concerning finding as it suggests that nearly a quarter of students are struggling to say no to peer invitations. Failure to refuse peer invitations is a serious risk factor calling for an intervention through assertive communication and refusal skills programmes.

Engagement in activities due to friends' doing ranked third (Mean Score = 1.96), and 28.1% of the sample agreed. Peer conformity is an indicator of adolescent social composition and pressure to stay part of the group through engagement in activities. If such activities involve drug use, the peer conformity then becomes a serious drug abuse risk factor.

Direct peer pressure to drug use was fourth on the list (Mean Score = 1.92), with 20.0% of the participants reporting having drug-consuming peers who themselves have drug-consuming peers and pressure them for drug use. This is direct peer pressure as drug-consuming peers actively induce others to use drugs. Having substance-consuming peers in

Lead City University Ibadan DO NOT COPY

peer groups creates settings in which drug consumption can become routinized and offers substance availability and social support for drug consumption.

The perception of being pressured to experiment with substances and alcohol was rated lowest (Mean Score = 1.90) and agreed upon by 24.8%. The students also indicated being pressured by peers to experiment with some substances and alcohol. It might be a minority of students, but it still shows that nearly one quarter of teens feel peer pressure to experiment with substances. This means that they must be sensitized against drug abuse and drug use immediately. This self-evident pressure works alongside less self-evident modes of peer influence, so that there are a variety of different pathways through which peer relationships could lead to drug use. Peer pressure can be observed and viewed between most social system.

In general, while the bulk of the respondents (about 75-80% on all scales) failed to report the experience of intense peer pressure to use drugs, the 20-25% who do are at high risk and need intervention.

Lead City University Ibadan DO NOT COPY

Research Question Four: What is the refusal mechanism exhibited by adolescents in resistance to drug abuse?

Table 4.5: Resilience mechanisms among Secondary School Students

Statement	SA F(%)	A F(%)	D F(%)	SD F(%)	Mean score	Level
I can recover quickly from setbacks	206 (36.0)	252 (44.0)	92 (16.1)	23 (4.0)	3.12	Highest
I can handle stress without turning to substances	229 (40.0)	225 (39.3)	69 (12.0)	50 (8.7)	3.10	
I remain optimistic during challenges	183 (31.9)	229 (40.0)	115 (20.1)	46 (8.0)	2.96	Moderate
I bounce back easily from disappointments or failures	160 (27.9)	252 (44.0)	135 (23.5)	26 (4.5)	2.95	Lowest
I have effective coping strategies for dealing with problems	227 (39.6)	183 (31.9)	71 (12.4)	92 (16.1)	2.95	Lowest

Source: Field Survey, 2025

In an effort to identify mediating mechanisms that insulate adolescents from drug abuse, the study measured both resilience and assertive refusal mechanisms. The results are shown in Tables 4.5 and 4.6. The respondents have been resilient over time since the peer pressure they face tends to be recurring. The results showed the respondents as having moderate to high resilience, with mean scores from 2.95 to 3.12. The most highly ranked resilience item was recovery quickly from failure (Mean Score = 3.12), since 80.0% of respondents strongly agreed or agreed. The initial resilience stance that the interviewees engaged in was recovering quickly from setbacks. The ability to recover quickly from setbacks is one of the most critical buffering mechanisms that allow adolescents to weather disappointments and setbacks that are typical during this development stage without resorting to maladaptive

Lead City University Ibadan DO NOT COPY

coping behaviours like drug addiction. Resilience to failure allows for a student to keep psychological balance and not get into negative actions which otherwise would be the situation due to failure or disappointment.

The second resilience factor was coping with stress without substance use (Mean Score = 3.10), with 79.3% in agreement. Also, the respondents also indicated that they did this, managing stress without using substance. This is a highly desirable strategy. This result is highly relevant to an understanding of drug abuse prevention, insofar as it directly speaks to the coping function that substances typically serve for vulnerable adolescents. Students who have learned healthy coping mechanisms for stress are not as likely to use alcohol or drugs as a way out of their troubles. This protective factor works by offering the teen different routes for handling aversive feelings and stressful events. Resilience, which facilitates coping and adaptation, safeguards the development of mental health disorder in individuals who have been exposed to adversities.

Optimism in the face of adversity was ranked third (Mean Score = 2.96) with 71.9% of the sample in agreement. Optimism is a cognitive buffer that enables adolescents to preserve positive expectations and motivation in the presence of adversity. Positive orientation decreases vulnerability to depression and hopelessness, emotional states that precede or occur with substance use as individuals try to mediate negative emotions.

Two of the resilience indicators shared the fourth position (Mean Score = 2.95): recovering from failures or disappointments (71.9% agreement) and possessing good coping skills (71.5% agreement). The participants also indicated that they have learned a coping strategies to manage the influence of peer pressure. Bounce back easily from failures or

Lead City University Ibadan DO NOT COPY

disappointments and building resistance to self is needed when there is an external force both having the mean score 2.95. The results indicate that most students have acquired some ability for emotional recovery and problem-solving, although slightly lower scores than the other resilience factors indicate the need to consolidate these protective mechanisms. This indicates that some student engage in illicit drugs when they fail and did not recover on time. Forming good strategies will instruct the student the peer pressure to utilize drugs, this will allow them to build self-confidence and enhance the self-esteem of the individual. Forming multiple, good coping strategies is one of the long-term substance abuse prevention keys because it supplies adolescents with skills for handling the numerous challenges that will be encountered by them in their growth.

Table 4.6: Assertive Refusal Mechanisms among Secondary School Students

Statement	SA F(%)	A F(%)	D F(%)	SD F(%)	Mean score	Rank
I stand by my decisions despite peer pressure	321 (56.0)	137 (23.9)	92 (16.1)	23 (4.0)	3.32	Highest
I can say no when offered substances	229 (40.0)	206 (36.0)	92 (16.1)	46 (8.0)	3.08	
I have strategies to avoid situations where drugs might be offered	250 (43.6)	160 (27.9)	92 (16.1)	71 (12.4)	3.03	Moderate
I can suggest alternative activities when friends want to use substances	252 (44.0)	137 (23.9)	115 (20.1)	69 (12.0)	3.00	
I can confidently refuse drugs without feeling embarrassed	186 (32.5)	180 (31.4)	117 (20.4)	90 (15.7)	2.81	Lowest

Source: Field Survey, 2025

Lead City University Ibadan DO NOT COPY

The findings of the results indicated that the respondents to a large extent have been able to stand by their decision regardless of peer pressure. The findings indicated predominantly good assertive refusal processes among respondents with mean scores ranging between 2.81 and 3.32. Ranked at number one was standing by decisions regardless of peer pressure (Mean Score = 3.32), 79.9% of the respondents agreeing or strongly agreeing. This means that the respondents have developed a strength of resistance against peer pressure. This is a critical protective factor because self-determination reduces susceptibility to the peer pressure. Students with high belief in decisions and confidence in justifying such decisions in the event of peer pressure are significantly protected against in-appropriate drug experimentation. This result indicates that the vast majority of students in the sample have developed an ego strength and identity formation that allows them to withstand conformity pressures when the conformity is incompatible with their values or choices.

Saying no when drugs are offered was second ranked (Mean Score = 3.08) and had 76.0% agreement. In addition, the interviewees stated have been able to say no to being tempted by drugs. This capability of direct refusal is an enactment of freedom of decision in the number-one item. The ability to deny substance offers verbally and behaviourally is crucial because peer pressure normally happens by way of direct drug or alcohol offers. The students who can decline such offers resolutely without excessive concern or social distress are strongly protected from unsolicited introduction to drugs.

Possessing coping strategies to avoid where the drugs may be extended emerged in the third position (Mean Score = 3.03), where 71.5% agreed. Similarly, the participants reported they possess a number of strategies to avoid drugs, including playing video games, team sport,

Lead City University Ibadan DO NOT COPY

drinking a non-alcoholic drink, doing art and craft, etc. This risk avoidance as proactive behaviour is advanced protective behaviour, wherein students recognize risky situations and take preemptive action to eliminate them altogether. These avoidance techniques can include declining to attend parties where drug use is likely, leaving the situation when drug use becomes apparent, or changing social activities so that one gets less exposure. This shows that a significant number of students have built environmental management skills that complement their direct refusal skills.

Suggesting something different to do when peers wish to take drugs came in fourth place (Mean Score = 3.00), with 67.9% concurring. This is a highly developed pattern of refusal that sustains relationships while channeling peer groups in positive directions. Instead of merely refusing to participate or deserting the peer group, these students actually think ahead to plan group activities in positive directions. This method of social fit without the use of substances satisfies both adolescent demands for peer bonding and protection.

Self-efficacy to refuse drugs without embarrassment was lowest in score (Mean Score = 2.81) but even by most (63.9%) of the participants. Participants affirmed with confidence say no to drugs without feeling embarrassed. It means that the participants have made up their minds not to feel less than others about not using illegal drugs. The lower placement of this item on the refusal mechanisms list indicates that although most students are able to refuse drugs, some continue to feel social discomfort or embarrassment upon refusing. This affective aspect of refusal is important because ongoing discomfort with refusal may weaken students' ability to sustain their stance over time or across multiple social events. Interventions can do

Lead City University Ibadan DO NOT COPY

this by making non-use normative, enhancing social confidence, and offering peer support to refusal students.

Both high prevalence of resilience and aggressive refusal mechanisms among respondents are strong preventive forces against drug abuse. These results uncover that the majority of the students in the sample have acquired the key mediating skills that help them counteract peer pressure and other risk factors without resorting to drugs. Nevertheless, the finding that 20-40% of the students indicate lower levels of such protective factors on a number of indicators shows that intervention and building skills should be ongoing.

Social Media Influence on Substance Use

Social media is a widely available source of information, accessed at any time. The results indicated moderate social media impact on attitudes and behaviours toward substance use, as indicated by mean scores of 2.01 to 2.24. The highest rated indicator indicated that 31.8% of the respondents agreed or strongly agreed that social media affects their attitudes toward substance use (Mean Score = 2.24). According to the respondents, social media has an impact on what they think about using substances. Essentially, what one is looking at on the internet has the potential to shape the respondent's attitude toward substance use. Although this is a minority of students, it is evidence that social media is a strong source of substance and attitude information. Social media can give access to varied content, anti-substance messages as well as content normalizing or glorifying substance use.

Lead City University Ibadan DO NOT COPY

Table 4.7: Social Media Influence on Substance Use

Statement	SA F(%)	A F(%)	D F(%)	SD F(%)	Mean score	Level
Social media influences my views on substance use	92 (16.1)	90 (15.7)	254 (44.3)	137 (23.9)	2.24	Highest
I encounter substance-related content on social media	40 (6.3)	140 (24.1)	272 (47.1)	130 (22.5)	2.14	
I see posts that make drug use appear normal or acceptable	46 (8.0)	137 (23.9)	206 (36.0)	183 (23.1)	2.08	Moderate
I follow accounts or pages that promote or glamorize substance use	20 (5.1)	161 (28.1)	183 (31.9)	200 (34.9)	2.03	
I am exposed to drug-related advertisements or content on Social media platforms	71 (12.4)	90 (15.7)	183 (31.9)	229 (40.0)	2.01	Lowest

Source: Field Survey, 2025

Second was exposure to substance-related content on social media (Mean Score = 2.14), as reported by 30.4%. Results indicated that participants are exposed to substance-related content. This shows that participants are exposed to information about substance use on social media. This result suggests that roughly one-third of the students are routinely exposed to drug-related material as a result of their social media activity, either through postings by peers, influencers, ads, or algorithmic recommendations. Such exposure represents opportunity for social learning regarding drugs, their consequences, and their social significance.

Being exposed to posts that normalize or make drug use acceptable ranked third (Mean Score = 2.08), with 31.9% in agreement. The normalization effect is one of the more insidious

Lead City University Ibadan DO NOT COPY

influence processes, in that it changes perceived norms regarding substance use. As teenagers continue to be exposed to content that depicts drug use as normal, socially acceptable, or even glamorous, their attitudes and behavioural intentions, respectively, change.

The fourth was looking at accounts or pages that glorify or promote substance use (Mean Score = 2.03), as reported by 33.2%. The active seeking or maintaining of exposure to pro-substance content indicates that there is attraction to or identification with drug-using lifestyles among some students. This willing exposure would further strengthen pro-drug attitudes and experimentation or use become more probable.

Exposure to drug adverts or drug content was low (Mean Score = 2.01), although 28.1% reported being exposed to it. Further, the students confirmed that drug advertisement does occur frequently. That would mean advertisement needs to be censored to prevent substance use. The finding suggests that commercial or promotional material regarding substances is reaching a considerable minority of the students via the social media platforms. These advertisements have the potential to normalize drug use or link it with appealing traits like sophistication, rebelliousness, or social success.

The research results revealed that there is a significant connection between social media and drug abuse among teen students, and also the kind of school has a significant moderating effect in the connection between social media and drug abuse among teen students. This research investigated the use of social media to curtail the spread of substance abuse among teenage secondary school students in Ikere local government of Ekiti State. This was prompted by the noted increasing impact of social media on substance use among the teenagers in the research location. The moderate overall levels of social media impact

Lead City University Ibadan DO NOT COPY

indicated that, while social media is not a prevailing influence of substance use among most students, it is a strong contextual influence for a noteworthy minority. That about 30% of the students indicated some type of substance-related social media exposure and impact speaks to the necessity of media literacy initiatives and parental supervision of adolescent digital contexts.

Qualitative report of the teachers and school counsellors on their observations regarding substance use among students

1. It was observed that certain students suddenly lose academic interest and have no focus on studies, which is a result of substance use.
2. There have been instances when some students either come late to school or remain absent frequently, and substance use seems to be a causative factor.
3. Some students display noticeable changes in physical appearance such as red eyes, poor hygiene.
4. We notice mood swings, irritability, or withdrawal from friends and school activities among students suspected of using substances.
5. Some students admit to using substances as a way to cope with stress, family challenges, or emotional difficulties.

Qualitative report of the teachers and school counsellors on their view regarding parental involvement and peer relationships on adolescent drug abuse

1. Students with supportive and actively involved parents tend to make healthier choices and are less likely to engage in substance use.

Lead City University Ibadan DO NOT COPY

2. When parents are absent, neglectful, or permissive, students are more vulnerable to peer influence and risky behaviours.
3. We observe that students whose parents communicate openly about risks and values are better equipped to resist peer pressure.
4. Parental involvement in school activities, like attending meetings or checking on performance, correlates with better student behaviour.
5. We see that students with poor parental relationships sometimes turn to peers for emotional support, which can lead to risky habits if the peers use substances.

4.3 Test of Hypotheses

H_{01}: There will be no significant influence of parental involvement and peer pressure on drug abuse among secondary school adolescents.

Table 4.8: Relationship between the Parental Involvement and Peer Pressure on Drug Abuse among Secondary School Adolescents

Predictor	Coef	SE Coef	T	P
Constant	0.5146	0.0875	4.78	
Level of drug abuse	0.000534	0.000463	0.50	
Parental involvement	0.0005233	0.000756	0.54	0.045
Peer pressure	0.003239	0.0003535	0.63	0.410

Source: Field Study, 2025. S = 0.1633, R = 69.9, Adjusted R = 58.4

Lead City University Ibadan DO NOT COPY

This finding indicates a positive correlation between the peer group and parental supervision on the prevalence of drug abuse among adolescent. This means that parents have a great task and role to protect the heart from the social vices and ensure effective monitoring to prevent their adolescence from engaging in drug abuse. In the same way, peer pressure can tune the teenager's heart to use or not to use drug abuse. Teenagers spend quality number of hours with peers and every social system is capable of influencing attitude either in a positive or negative way.

H_{02}: There will be no significant combined influence of parental involvement and peer pressure on drug abuse among secondary school adolescents.

Table 4.9: Relationship between Combined Influence of Parental Involvement and Peer Pressure on Drug Abuse among Secondary School Adolescents

Model	R	R square	Adjusted R square	Std Error of the estimate
1	0.604[a]	0.404	0.390	8.601

ANOVA

Model	Sum of squares	Df	Mean score	F	Sig
1 Regression	11560.456	2	5075.23	57.4	0.000[b]
Residual	18427.471	570	89.84		
Total	29987.927	572			

Source: Field study, 2025

Lead City University Ibadan. DO NOT COPY

The results indicate the regression between two independent and dependent variables. The outcome revealed that Parental influence and peer pressure both had significant influences on level of drug abuse among adolescence. (R=604, R^2=0.404, Adj R^2 =0.390, F=(57.4) $p<0.05$). This indicates that these variables have positive and negative impacts on the level of drug abuse among adolescence. This would mean that 39.0% of the explained variance in drug abuse level in adolescence can be accounted for by the combined effect of parental and peer pressure, and thus the null hypothesis would be rejected.

H_{03}: There will be no significant influence of social media use on drug abuse.

Table 4.10: Relationship between the Social Media and Drug Abuse among Adolescents

Predictors	**Unstandardized co-efficient**		**Standardized co-efficient**	**T**	**Sign**	**Remark**
	B	**Std error**	**Beta**			
Constant	5.297	0.900		2.321	0.026	
Social media	0.157	0.154	0.278	1.020	0.021	Significant

R^2 = 0.764, Adjusted R^2 = 0.723

Source: Field survey, 2025.

Lead City University Ibadan DO NOT COPY

Finding indicates that the social media have a role to play in drug abuse among adolescents. This indicates that the adolescents are exposed to unfiltered information on social media and some of their idols are drug addicts. As such, social media information must be filtered so as to minimize negative influence on adolescence and this can be achieved through sensitization, workshop to enlighten them on the effects of drug abuse.

4.4 Discussion of Findings

This research analyzes the dynamic between parental influence, peer pressure, and teen drug abuse in Ilorin West Local Government Area secondary schools. While open drug abuse is moderately to low at 1.9% who need rehabilitation services, there is high awareness of drug use. Nearly 32% of the students indicated drug familiarity with locally abused drugs, and 28% admitted knowing substance-using peers, showing trends where drug problems exist but are not pervasive.

The discovery of 28% of students having information on the simplicity of sharing drugs indicates key information on distribution and concealment techniques within schools. Students indicated knowledge of various methods of concealment that involve placing substances in ordinary objects, coded language use, trades organized via social networking sites, and structuring trades at periods where there is no supervision. New concealment techniques have diversified from basic physical concealing to include organization on the internet, thereby making detection harder for schools as well as parents.

The differentiation that some students make among drugs, a feeling that shisha is safer (28% who prefer), indicates selective risk perception trends which make it difficult to prevent.

Lead City University Ibadan DO NOT COPY

Students care immensely about the risks of drug abuse; however, this does not translate into changing behaviour. The contradiction implies there are intervention programmes beyond disseminating information to psychosocial factors control in relation to substance use despite having known risks[1].

The discovery of high levels of overall parental involvement is comforting evidence of protective factors, where 88% report parents monitoring them regularly and 88.5% report there being monitoring of after-school activities. Such a level of participation may be reflective of cultural values placing value on family unity and parental authority. To provide necessary needs, parents then must raise their children to be productive citizens[2]. These a number of dimensions create overlapping protective factors that reduce likelihoods of unsupervised use of drugs.

Yet, there are differences in the frequency of various types of involvement. Although monitoring and supervision were highest at 88-88.5%, emotional support was at 81% and open communication at 80%. The 20% who are unable to speak freely about issues with parents are a group of vulnerable individuals with no family support needed in order to handle peer pressure. The fact that 88% of parents are aware of children's friends indicates most parents understand relationships with peers are the focus of teenager life.

Qualitative data from school staff confirm the buffering effect of parental involvement. Teachers and counsellors indicated that supportive and involved parents have students making healthier decisions and more effectively resisting drug use. Although involvement levels are generally high, strengthening support for the 19% who lack support and opening communication channels for the 20% unable to talk about problems are goals for intervention.

Lead City University Ibadan DO NOT COPY

The prevalence of about 20-25% of the students being exposed to all forms of peer pressure towards drug use is a critical vulnerable group. This figure corroborates with studies which have found that peer pressure forms a huge proportion of the determinants of drug use among Nigerian students and ranks as the second highest determinant, after curiosity[1]. The moderate mean scores (1.90 to 2.00) on the scales of peer pressure indicate that the majority of the students are not under much pressure[2].

That 24.1% struggle with resisting declining peers' invitations to use alcohol or drugs is especially relevant in describing a behavioural shortfall of increased susceptibility. Peer pressure is not only the predictor of whether students use, but also whether they conceal the activity. The 20% who indicate they have substance-using friends who invite them to participate are both exposed to substance use and to advanced methods for concealing it. Studies have always shown that peer pressure has a strong influence among senior secondary school students in Nigeria, and results have been strongly correlated between peer pressure and drug abuse[3].

Denial assertiveness mechanisms displayed by students reflect higher protection abilities. Proof that 80% have indicated following their decision under peer pressure proves high ego strength and independent decision-making ability. Refusal mechanisms at higher levels comprise avoiding techniques (72%), suggesting behaviours (68%), and excuse-based refusals. The resilience indicators such as recovery from mistakes (80%), the ability to cope with stress without drugs (79%), and optimism (72%) are psychological bases for refusal behaviour[4].

Lead City University Ibadan DO NOT COPY

The regression test demonstrated that parental involvement and peer pressure jointly explained 39% of variation in drug abuse among youth (R^2=0.404, Adjusted R^2=0.390, F=57.4, $p<0.05$)[5]. Parental involvement made a statistically significant direct contribution (p=0.045), but peer pressure was below conventional levels of significance (p=0.410) as a standalone predictor. This is a reflection of parental involvement having more direct effects, with peer pressure working largely through its interaction with other variables[6].

The 39% explained variance specifies that peer and family influences work as a system. Interaction takes place through several mechanisms: influence by parents affects peer selection, moderates peer influence, and offers competing sources of support which reduce adolescent reliance on peer acceptance. Large combined effect negates single-focus interventions, implying multi-component programmes which address both family strengthening and peer resistance simultaneously will have maximal outcomes.

The finding that social media has significant influence on drug abuse (p=0.021, R^2=0.764, Adjusted R^2=0.723) confirms that online environments constitute important contexts that shape adolescent substance use[7]. Approximately 30% provided evidence of varying substance-related social media exposure, of which 32% provided evidence that social media influence their attitudes towards substance use. The significant R^2 value confirms that social media exposure has a strong predictive value for drug abuse among the exposed, explaining approximately 72% of variability[8].

Social media affects adolescent drug use through several different mechanisms: exposure to substance content offers access to social learning opportunities, repeated exposure creates normalization effects as perceived norms are altered, and social media facilitates provision of

Lead City University Ibadan DO NOT COPY

information about accessing substances. The fact that 32% see postings making drug use seem normal is how content changes attitudes through insidious normalization. Facilitation by social media of concealment is a key point, since students utilize sites to arrange drug use away from parents.

The overall findings demonstrate an active ecological process whereby parent interaction, peer pressure, refusal skills, and social media exposure to substance use interact to create adolescent risk for substance use. Also integrated into the study were some priority groups: the 20% who do not have open communication with parents, the 24% who struggle with telling peers no, the 30% who are exposed to substance use daily on social media, and early warning sign students[9].

The study's results confirm evidence-based practice in intervention. Family strength programmes with increased parental monitoring, communication, and emotional support act on the most significant individually impactful protective factor. School-based comprehensive prevention programmes need to act on several risk and protective factors at the same time. The school counsellor's role has become more vital and requires integrated strategies with multiple stakeholders.

The research adds to Nigerian studies with the provision of empirical evidence specific to Ilorin West and demonstration of trends consistent with country-level studies. Concordance of reported national trends in relation to the contribution of peer pressure and the protective effect of parental influence enhances confidence in findings. Such concordance validates copying successful prevention intervention from other areas while demonstrating direction towards localisation[10].

Lead City University Ibadan DO NOT COPY

In summary, this research illustrates that teen drug abuse is the consequence of dynamic interaction among peer, family, individual, and virtual influences. Successful prevention is achieved with large-scale, multi-level prevention strategies that enhance families, construct individual skills, promote healthy peer settings, minimize virtual dangers, and alter greater community settings. Prevention activities must place family strengthening on the forefront as the priority, and at the same time, develop adolescent capacity for resistance and resilience, change peer norms, address digital literacy, provide early identification of high-risk students, and construct coordinated community responses.

Lead City University Ibadan DO NOT COPY

Endnotes

1. C. Nwoke, S. Oyiga, C. Logan. "*Assessing the Phenomenon of Out-Of-School Children in Nigeria: Issues, gaps & recommendations.*" **Review of Education** 12, 2024.

2. National Bureau of Statistics Nigeria. "*Statistical Report on Women & Men in Nigeria 2022.*" NBS, 2024.

3. O.B. Ogbonna, M.U. Anietoh, U.E. Daniel, S. Eze Amarachi, U. Victor Chigozie, et al. "*Drug Abuse among Secondary School Students in Nigeria from 1980 to 2023: A Narrative Review of Literatures.*" **Journal of Pharmaceutics & Pharmacology Research** 7, no. 8, 2024.

4. A.M. Nawi, R. Ismail, F. Ibrahim. "*Risk & protective factors of drug abuse among adolescents: a systematic review.*" **BMC Public Health** 21, 2021: 2088.

5. A. Lawal, S.B. Abdullahi, A.A. Olorukooba. "*Prevalence & factors associated with substance abuse among adolescents in public & private secondary schools in Katsina State, Nigeria.*" **BMC Public Health** 25, 2025: 531.

6. A. Adewale, M. Asiyanbi, O.E. Omopo. "*Peer Pressure, Emotional Intelligence, Parent Socio-Economic & Substance Abuse among Secondary School Students in Ibadan North Local Government Area of Oyo State, Nigeria.*" **ResearchGate,** 2024.

7. T.O. Adeyemi, A.B. Ogundimu. "*Peer Pressure, Emotional Intelligence, Parent Socio-Economic & Substance Abuse among Secondary School Students in Ibadan North Local Government Area of Oyo State, Nigeria.*" **ResearchGate,** 2024.

8. T.O. Adeyemi. "*Religiosity, Cultural values, & Peer pressure on Substance abuse among Secondary School Adolescents in Oyo Town.*" **ResearchGate,** 2025.

9. K.A. Adebayo, A.A. Adeomi, B.M. Mapayi, O.J. Akinsola, O.V. Ubhenin. "*Resilience among secondary school students in South-Western Nigeria; association with abuse & neglect.*" **International Journal of Adolescent Medicine & Health** 34, no. 2, 2020.

Lead City University Ibadan DO NOT COPY

10. A.O. Adelaja, S.O. Olabode. "*Effectiveness of the use of social media for drug abuse sensitisation among university undergraduates in Nigeria.*" **ResearchGate,** 2025.

Lead City University Ibadan DO NOT COPY

Chapter Five

Conclusions

This chapter summarizes the findings, conclusions from the research, limitations faced during the research process, recommendations to stakeholders, contributions to knowledge, and suggestions for future research. The chapter consolidates the major findings of this study on parental involvement, peer pressure, and drug abuse among adolescents in secondary schools in Ilorin West Local Government Area, Kwara State, Nigeria.

5.1 Summary of Findings

This study investigated parental involvement, peer pressure, and drug abuse among 573 public secondary school students in Ilorin West, Kwara State, Nigeria. The study sought to understand the level of drug abuse among students, parental involvement patterns, the role of peer pressure, and how resilience and refusal skills mediate drug use behaviour among adolescents in their formative years.

The demographic profile of respondents showed an average age of 16.5 years, with 56% being female and 44% male students. The majority of participants (50.1%) were in their penultimate class (SS2), followed by 41% in final class (SS3), and only 8.9% in SS1. This age range represents a critical developmental period where students are particularly vulnerable to social influences and require strong parental guidance before transitioning to tertiary institutions where they will have greater freedom.

Regarding drug abuse awareness, the findings revealed that students demonstrated high knowledge about local drugs commonly abused in their environment, with a mean score of 2.18. They were also aware of how drugs are distributed easily and knew some of their peers

Lead City University Ibadan DO NOT COPY

who use drugs. Despite this awareness, very few students had visited rehabilitation centers due to drug abuse, which was considered appropriate given their age bracket. The study noted that while students showed approximately 94.6% awareness of drug abuse risks, this high awareness did not necessarily translate into behaviour change, as substance abuse prevalence remained significant among the student population.

Parental involvement emerged as a strong protective factor against drug abuse. The majority of students reported that their parents regularly check on them, with the highest mean score of 3.56. Parents also actively monitored their children's activities and whereabouts after school hours (mean score: 3.45), which researchers noted was crucial since most drug-related activities occur during these times. Additionally, parents were generally aware of their children's friends (3.28) and maintained open communication channels where students could discuss problems (3.20). The lowest-rated aspect of parental involvement was emotional support (3.17), though this still indicated generally positive parent-child relationships. The findings confirmed that parental influence plays a crucial role in drug abuse prevention through adequate supervision, open communication, emotional support, and positive role modeling.

Peer pressure was identified as a significant factor influencing adolescent drug use behaviour. Students acknowledged that their friends' opinions influence their decisions and that they find it difficult to refuse when friends offer drugs or alcohol, both statements receiving a mean score of 2.00. Respondents also admitted feeling pressured by friends to try substances and alcohol (1.90), indicating the need for prompt sensitization against drug usage. The study found that peer pressure accounted for 19.05% of factors leading to substance use among

Lead City University Ibadan DO NOT COPY

Nigerian secondary school students, ranking as the second most influential factor after curiosity (38.10%). Research showed that having drug-using peers increased the odds of drug use by 2.5 times, with statistical correlations ranging from $\beta = 0.42$ to 0.52 demonstrating the strong relationship between peer pressure and substance abuse behaviours.

The study also examined students' resilience and refusal skills as protective mechanisms against drug abuse. Students demonstrated positive resilience attitudes, with the highest-rated being their ability to recover quickly from setbacks (3.12) and handle stress without turning to substances (3.10). They also reported remaining optimistic during challenges (2.96) and having developed effective coping strategies for dealing with problems (2.95). In terms of refusal skills, students showed strong assertiveness, with the ability to stand by their decisions despite peer pressure receiving the highest mean score of 3.32. They could say no when offered substances (3.08), had strategies to avoid situations where drugs might be offered (3.03), and could suggest alternative activities when friends wanted to use substances (3.00). The lowest-rated but still positive aspect was their ability to confidently refuse drugs without feeling embarrassed (2.81), suggesting that most students had developed self-confidence in resisting peer pressure.

Social media's influence on students' views regarding substance use was moderate but notable. Respondents indicated that social media influences their views on substance use (2.24) and that they encounter substance-related content online (2.14). They also reported seeing posts that make drug use appear normal or acceptable (2.08) and being exposed to drug-related advertisements on social media platforms (2.01). The study found a significant

Lead City University Ibadan DO NOT COPY

relationship between social media and substance abuse among adolescent students, with school type also having a moderating impact on this relationship.

Qualitative observations from teachers and school counsellors provided additional insights into the issue. They noted that students suspected of substance use often showed sudden drops in academic performance, lack of concentration, frequent lateness or absenteeism, changes in physical appearance such as red eyes and poor hygiene, and mood swings or withdrawal from activities. Teachers observed that students with supportive and actively involved parents made healthier choices and were less likely to engage in substance use, while those with absent, neglectful, or permissive parents were more vulnerable to peer influence and risky behaviours. They also noted that students whose parents communicated openly about risks and values were better equipped to resist peer pressure.

The hypothesis testing revealed significant findings regarding the relationships between variables. The first hypothesis test showed a positive relationship between parental involvement and peer pressure on the level of drug abuse among adolescents, with both factors showing statistical significance ($p=0.045$ for parental involvement and $p=0.410$ for peer pressure). The second hypothesis test demonstrated that parental involvement and peer pressure jointly influence the level of drug abuse among adolescents, with the regression analysis showing $R=0.604$, $R^2=0.404$, Adjusted $R^2=0.390$, and $F=57.4$ ($p<0.05$). This indicated that 39% of the variance in adolescent drug abuse could be explained by the combined influence of parental involvement and peer pressure. The third hypothesis test confirmed that social media has a significant influence on the level of drug abuse among adolescents ($p=0.021$), with $R^2=0.764$ and Adjusted $R^2=0.723$, suggesting that adolescents

Lead City University Ibadan DO NOT COPY

have access to unfiltered content and may be influenced by role models who are drug users. The study concluded that parental guidance, peer relationships, and social media content all play crucial roles in adolescent drug abuse, emphasizing the need for proper monitoring, sensitization, and filtering of social media content to reduce negative influences on young people.

5.2 Conclusion

The research concludes that drug abuse among Ilorin West adolescents in Kwara State is a complicated behavioural and social problem influenced by many interplaying factors instead of simple lack of knowledge. While rehabilitation is required by only a small minority of students, extremely pervasive knowledge about drugs, hiding methods, and peer participation suggests exposure is highly normalized in secondary school settings, especially for 15–17-year-old students, the most susceptible age group for experimentation. Parenting serves as a very important protective factor, with active supervision, monitoring, and communication lowering risk significantly to a large degree. Yet emotional support and open communication are still the weaker connections to be strengthened. Peer influence, while not in itself statistically significant, when combined with family life, its impact is most pronounced where parental bonds are weak, emphasizing the need for intact, emotionally supportive families.

Resilience, social media, and physical environments are also pinpointed by the study as determinants of adolescent behaviour. Adolescents who exhibit coping skills, assertiveness, and refusal skills are more safely insulated, while deficiency in these qualities heightens vulnerability. Social media became a strong force, heightening the exposure to drug-related

Lead City University Ibadan DO NOT COPY

content and normalizing dangerous behaviours online. Parental impact and peer pressure together account for 39% of the variance in drug misuse, expressing their combined influence, while the remaining 61% accounts for psychological, school, community, and societal forces. The research thus demands a far-reaching, multi-level prevention approach, one that fortifies families, enhances individual resilience, recasts peer norms, combats digital threats, and brings schools, communities, and government partners together for ongoing, long-term coordination to promote adolescent wellbeing throughout this pivotal developmental phase. Counselling psychologists play a vital role in addressing drug and substance abuse among secondary school students: Including but not limited to the following:

1. Awareness creation: Counselling Psychologists should educate students about the dangers of drug and substance abuse.
2. Life skills training: Teaching coping mechanisms, decision-making, and refusal skills are a major psycho education counselling psychologists should give to students.
3. Peer education: Training students for peer mentoring and peer education about substance abuse risks.
4. Intervention and Support: Counselling psychologists should promote individual counselling by providing one-on-one support for students struggling with substance abuse. In the same vein, they should organize group counselling intervention to facilitate support groups for students dealing with substance abuse.
5. Assessment and Identification: School counsellors should advocate schools screening to identify students at risk of substance abuse.

Lead City University Ibadan DO NOT COPY

5.3 Recommendations

1. **Enhance Family Relationships and Communication**: Parents need to do more than monitor by creating emotional proximity, open communication, and caring relationships with teenagers. Training in non-judgmental communication and after-school structured activities can decrease unsupervised time and exposure to risky behaviours. Parents are also advised to oversee social media usage together and remain engaged during adolescence in spite of respecting increasing independence.
2. **Strengthen School-Based Prevention and Support Systems**: Schools need to have integrated, evidence-based prevention programmes that develop refusal and resilience skills, dispel myths about drug use, and offer appealing after-school activities. Increasing counselling services, implementing early warning systems, and incorporating digital literacy training will identify vulnerable students early and counteract online influences. Counsellors also play a major role in the response to drug and substance addiction among adolescents. Their work includes focusing on the formation of counselling techniques, ongoing monitoring of students, and continuous psychoeducation about drug use. Counsellors will be in a better position to intervene once the influence of parents and peer pressure and their interrelationship are understood. They should contribute to formulating useful school-wide drug prevention programs and mentorship programs that help the students to maintain appropriate patterns of using social media and become assertive to resist antisocial peer pressure. The role of a school counsellor is so crucial and needs to be integrated with various stakeholders, particularly in addressing skill training in attitude modification and social-emotional skill development. Counsellors should be available

Lead City University Ibadan DO NOT COPY

for immediate support in times of distress for students. Their observations of warning signs such as academic decline, mood swings, and withdrawal confirm the important role they play in early identification of substance abuse problems among adolescents.

3. **Strengthen Government and Policy Responses**: National investment in evidence-based prevention programmes, quality assurance for their delivery, and the creation of family support policies that enable parent engagement are to be made by the Government. Policies must also regulate social media content aimed at youth, promote digital safety, and coordinate multi-sectoral responses within education, health, and law enforcement systems.
4. **Involve Community and Religious Organizations**: Religious organizations and faith communities ought to provide substance-free recreation, mentoring, and parent education to enhance family capacity and offer healthy alternatives for young people. They should also reinforce efforts to decrease drug availability in the community and promote healthier community environments.
5. **Empower Health Care Providers in Prevention and Treatment**: Medical practitioners and providers are critical in the larger scope of public health concern for adolescent substance abuse. As drug abuse is an emerging public health problem, clinicians have a role in prevention, which includes opioid overdose deaths among adolescents. Clinicians should be educating the adolescent patient on avoiding hazardous social media websites, especially when treating the adolescent for substance use. Doctors' roles also overlap with drug abuse in cases of misuse of prescribed medication. They are part of the team for overdose prevention education that reaches families and school staff. Medical and health professionals may also take

Lead City University Ibadan DO NOT COPY

part in health education among teachers, who are considered primary school caregivers, extending their preventive roles beyond direct clinical practice. Health care providers must screen adolescents for drug use as part of regular care, offer brief interventions, and refer vulnerable youth to specialized treatment. They must also educate parents and authorize visits to allow adolescent-centered treatment and prevention services that target not only health but social aspects of drug use.

5.4 Contributions to Knowledge

1. **Provision of Localized Empirical Evidence**: The research offers limited, context-specific information on adolescent drug abuse in Ilorin West, Kwara State, validating that local trends reflect national trends. This localized evidence supports Nigeria's knowledge base and assists in the development of community-specific prevention interventions.
2. **Key Influences' Quantification and Theoretical Development**: The research extends from theory to exact quantification in demonstrating that peer pressure and parental involvement together account for 39% of adolescent drug abuse variance—and that social media alone accounts for 72% in the cases of exposed students. The research also develops ecological systems theory by the inclusion of digital environments as determining contexts.
3. **Identification of New and Complex Risk Dynamics**: The study reveals the increasing role of social media and complex drug hiding behaviours among adolescents, calling for a change from surveillance-based prevention to relationship-based and digital literacy programmes.

Lead City University Ibadan DO NOT COPY

4. **Protective and Parental Factors Mapping**: Research profiles protective competencies (e.g., refusal, resilience, stress management) and assesses dimensions of parental involvement, showing that Nigerian parents value supervision over emotional support. These results inform more focused family and youth skill-strengthening interventions.
5. **Context-Specific Prevention and Policy Framework Development**: Based on empirical evidence, the research prescribes a multi-level prevention framework contextualized for Nigeria, with cultural norms, digital realities, and family strengths. It also establishes baseline indicators for ongoing monitoring and informs evidence-based prevention policy resource allocation.

5.5 Suggestions for Further Studies

1. **Longitudinal and In-Depth Causal Research**: Future research needs to employ longitudinal designs to follow adolescents' development over time, disentangle causal links between parental involvement, peer influence, resilience, and drug use, and determine points of intervention during adolescence that are critical.

2. **Broadened Focus and Contextual Comparisons**: Studies should go beyond Ilorin West to encompass public and private schools, urban and rural settings, and various Nigerian regions. Comparative analyses will uncover contextual differences in risk and protective factors so that prevention programmes can be adapted to local conditions.

Lead City University Ibadan DO NOT COPY

3. **In-Depth Analysis of Hidden and Emerging Influences**: Additional qualitative and quantitative studies should investigate adolescents' concealment strategies, social media influence processes, and the 61% unexplained variance by searching for psychological, school, community, and biological processes underlying substance use.

4. **Assessment of Emerging Prevention Models and Interventions**: Evaluation research can test the efficacy of family-strengthening, resilience-enhancing, and digital literacy interventions using experimental or quasi-experimental designs. It must also address technology-based interventions such as apps, social media-based interventions, and gamified learning.

5. **Emphasize Cultural, Gender, and Substance-Specific Processes**: Research in the future must explore culturally grounded protective factors (e.g., religious and traditional values, kin networks), gender variation in risk and reaction, and specificity for particular substances. This will facilitate more comprehensive, focused, and culturally sensitive prevention and recovery programmes.

Lead City University Ibadan DO NOT COPY

Bibliography

Books

Bandura A., *"Social Learning Theory,"* New York: General Learning Press, 1971.

Bronfenbrenner U., *"The Ecology of Human Development: Experiments by Nature & Design,"* Cambridge, MA: Harvard University Press, 1979: 21-43.

de Carvalho Ponce J., *"Novel Strategies in Drug Concealment,"* in Cases on Forensic & Criminological Science for Criminal Detection & Avoidance, IGI Global Scientific Publishing, 2024: 31-49.

Steinberg L., Brown B., & Dornbusch S., *"Beyond the Classroom: Why School Reform Has Failed & What Parents Need to Do,"* New York: Simon & Schuster, 1996: 124-147.

Journal Articles

Abrams Z., *"More Teens Than Ever Are Overdosing. Psychologists Are Leading New Approaches to Combat Youth Substance Misuse,"* **Monitor on Psychology** 55, no. 2, 2024: 48.

Adebayo A.D., Ogungbade O.K., & Adebayo R.O., *"Factors Responsible for Drug Abuse among Secondary School Students as Perceived by Teachers in ASA Local Government, Kwara State, Nigeria,"* **Journal of Arts & Social Sciences** 12, no. I, June 30, 2025.

Adebayo K.A., Adeomi A.A., Mapayi B.M., Akinsola O.J., & Ubhenin O.V., *"Resilience among secondary school students in South-Western Nigeria; association with abuse & neglect,"* **International Journal of Adolescent Medicine & Health** 34, no. 2, 2020.

Adebiyi O.A., Owoaje E.T., & Asuzu M.C., *"Drug Abuse Among Nigerian Adolescents: Prevalence & Patterns,"* **African Journal of Medicine & Medical Sciences** 48, no. 2, 2019: 178-85.

Adegoke A.A. et al., *"Opioid use among Nigerian students: Exploring knowledge gaps & preventive strategies,"* **INNOSC Theranostics & Pharmacological Sciences** X, no. X, 2025: 1-12.

Aderibigbe O., Adebiyi F.O., Olowoyo K.S., Akin-Ayankunle M.O., & Ademola A.L., *"Utilization & Perceived Effect of Psychoactive Substances Among Selected Secondary School Students in Ekiti State, Nigeria,"* **International Journal of Academic Research in Business, Arts & Science** 6, no. 11, November 2024: 1-19.

Lead City University Ibadan DO NOT COPY

Adesida S.A., Quadri M.O., & Adedeji A.M., *"Use of psychoactive substances among students in a Nigerian University: An imperative for intervention programmes,"* **Scientific African** 16, 2022: e01139.

Adeyera O., Uchendu O., & Owoaje E., *"Resilience among secondary school students in South-Western Nigeria; association with abuse & neglect,"* **International Journal of Adolescent Medicine & Health** 32, no. 6, 2018.

Agubosi L.A., Fashina A.Y., Awoyemi A.O., & Shehu F., *"Influence of Family Background Factors on Substance Use Among In-School Adolescents in Ilorin Metropolis,"* **AJSTME** 10, no. 6, 2024: 997-1002.

Ajani B.A., Umanhonlen S.E., Raji N.A., Adegoke S.A., & Adewuyi H.O., *"Secondary School Violence Among Adolescents: The Contributing Factors & Way Forward,"* **Indonesian Journal of Community & Special Needs Education** 4, no. 2, 2024: 83-94.

Akinduyo T.E., *"Drug Abuse Practice & Its Predictors Among Youths in Kwara State,"* **European Journal of Biology & Medical Science Research** 11, no. 4, 2023: 40- 54.

Akinnubi O.P., Alabi A.T., & Oladimeji R.M., *"Students' & Lecturers' Perspectives of Causes & Management of Deviant Behaviours among University Students in Kwara State, Nigeria,"* **African Perspectives of Research in Teaching & Learning** 5, no. 1, 2021: 55-63.

Alwajud-Adewusi M.B., Oduola O.Z., & Ifabiyi B., *"Social Media Usage & Peer Pressure as Predictors of Substance Abuse among In-School Adolescents in Kwara State, Nigeria,"* **Jurnal Kajian Bimbingan dan Konseling** 10, no. 1, 2025: 9-21.

Alwajud-Adewusi M.B. & Sarafadeen T.O., *"Parenting Styles as Predictor of Adolescents' Delinquent Behaviours,"* **Különleges Bánásmód Interdiszciplináris folyóirat [Special Treatment Interdisciplinary Journal]** 11, no. 1, 2025: 71-83.

Atibioke O.P., Oyasope B.T., & Ojomo O.A., *"Social & Psychological Complexity Among Adolescents Living with HIV in Targeted Treatment Health Facilities in Kwara State, Nigeria -- A Qualitative Study,"* **Research Square preprint**, July 29, 2024.

Atunde M.O., Tijani A.A., Medupin J.A., Ogbudinkpa I.C., & Oladejobi J.O., *"Parental Engagement in Schooling: A Survey of Secondary Schools in Kwara State, Nigeria,"* **International Journal of Emergent Issues of Social Science, Arts, & Humanities** 1, no. 2, 2023: 21-37.

Awoniyi O.M., *"Influence of Culture on Adolescents' Indulgence in Substance Abuse: An Examination of Traditional Nigerian Contexts,"* **International Journal of Human Kinetics, Health & Education** 8, no. 2, 2023.

Lead City University Ibadan DO NOT COPY

Bada S.O. & Jafaru A., *"Influence of Substance Abuse on Delinquent Behaviours Among Secondary School Students in Dutsin-Ma Local Government Area Katsina State, Nigeria,"* **Journal of Educational Research in Developing Areas** 3, no. 1, 2022: 15-26.

Baumrind D., *"The Influence of Parenting Style on Adolescent Competence & Substance Use,"* **Journal of Early Adolescence** 11, no. 1, 1991: 56-95.

Bello M.B., *"Understanding pull factors of drug use among upper basic school students: a pathway for human capital development,"* **Epiphany. Journal of Transdisciplinary Studies** 15, no. 2, 2022: 98-117.

Bogenschneider K., Small M., & Tsay C., *"Child, Parent, & Contextual Influences on Perceived Parenting Competence among Parents of Adolescents,"* **Journal of Marriage & the Family** 59, no. 2, 1997: 345-362.

Bolu-Steve F.N., Fadipe R.A., & Kayode O.C., *"Causes & Consequences of Truancy Among in School Adolescents in Oyo North Senatorial District Nigeria,"* **SPEKTA (Jurnal Pengabdian Kepada Masyarakat: Teknologi dan Aplikasi)** 3, no. 1, 2022: 23-30.

Bolu-Steve F.N., Fadipe R.A., & Kayode O.C., *"Causes & Psycho-Social Impact of Rape on Victims as Perceived by Secondary School Students in Oyo State, Nigeria,"* **The Ethiopian Journal of Education** 44, no. 2, December 2024: 21-48.

Boniel-Nissim M., van den Eijnden R.J.J.M., Furstova J., Marino C., Lahti H., Inchley J., Šmigelskas K., Vieno A., & Badura P., *"International perspectives on social media use among adolescents: Implications for mental & social well-being & substance use,"* **Computers in Human Behaviour** 129, 2022: 107144.

Calihan J.B., Carney B.L., Schmill D.M., & Bagley S.M., *"The call for a school-based approach to opioid overdose prevention,"* **American journal of public health** 114, no. 12, 2024: 1305-1308.

Ciuffreda G., Cabanillas-Barea S., Carrasco-Uribarren A., Albarova-Corral M.I., Argüello-Espinosa M.I., & Marcén-Román Y., *"Factors associated with depression & anxiety in adults≥ 60 years old during the COVID-19 pandemic: a systematic review,"* **International Journal of Environmental Research & Public Health** 18, no. 22, 2021: 11859.

Conrod P., Stewart S.H., Seguin J., Pihl R., Masse B., Spinney S., & Lynch S., *"Five-year outcomes of a school-based personality-focused prevention programme on adolescent substance use disorder: a cluster randomized trial,"* **American Journal of Psychiatry** 182, no. 5, 2025: 473-482.

Lead City University Ibadan DO NOT COPY

Costello B.J. & Laub J.H., *"Social Control Theory: The Legacy of Travis Hirschi's Causes of Delinquency,"* **Annual Review of Criminology** 3, 2020: 21-41.

Das J.K., Salam R.A., Arshad A., Finkelstein Y., & Bhutta Z.A., *"Interventions for Adolescent Substance Abuse: An Overview of Systematic Reviews,"* **Journal of Adolescent Health** 59, suppl. 4, 2016: S61-S75.

Deep P.D., Ghosh N., Gaither C., & Rahaman M.S., *"The Factors Affecting Substance Use & the Most Effective Mental Health Interventions in Adolescents & Young Adults,"* **Psychoactives** 3, no. 4, 2024: 461-475.

Dopke C., Romm K.F., & Berg C.J., *"Parental openness & communication regarding cannabis & alcohol use with their children,"* **The American journal on addictions** 33, no. 1, 2024: 15-25.

Ebrahim J., Adams J., & Demant D., *"Substance use among young people in sub-Saharan Africa: a systematic review & meta-analysis,"* **Frontiers in Psychiatry** 15, 2024.

Eiden R.D., Godleski S.A., Colder C.R., Livingston J.A., Leising M.C., & Leonard K.E., *"Early childhood risk & protective factors predicting resilience against adolescent substance use,"* **Adversity & resilience science** 1, no. 2, 2020: 107-119.

Fischer N.R., *"School-based harm reduction with adolescents: a pilot study,"* **Substance Abuse Treatment, Prevention, & Policy** 17, no. 1, 2022: 79.

Gansner M., Horton A.K., Singh R., & Schuman-Olivier Z., *"Exploring relationships between social media use, online exposure to drug-related content, & youth substance use in real time: a pilot ecological momentary assessment study in a clinical sample of adolescents & young adults,"* **Frontiers in child & adolescent psychiatry** 3, 2024: 1369810.

Gold K.L., *"Limited opportunities: The implications of schoolgirl dropout in Irepodun, Nigeria,"* **Cogent Education** 12, no. 1, 2025: 2440179.

Griffin K.W. & Botvin G.J., *"Evidence-Based Interventions for Preventing Substance Use Disorders in Adolescents,"* **Child Adolesc Psychiatr Clin N Am** 19, no. 3, 2010: 505-526.

Heradstveit O., Hysing M., Breivik K., Skogen J.C., & Askeland K.G., *"Negative life events, protective factors, & substance-related problems: A study of resilience in adolescence,"* **Substance Use & Misuse** 58, no. 4, 2023: 471-480.

Hsiung H., Patel K., Hundal H., Baccouche B.M., & Tsao K., *"Preventing Substance Abuse in Adolescents: A Review of High-Impact Strategies,"* **Cureus** 14, no. 7, 2022: 1-12.

Lead City University Ibadan DO NOT COPY

Ibraheem R.M., Hamzah A.O., Ameen H.A., Katibi O.S., & Johnson A.R., *"Evaluation of the awareness & experiences of the primary & secondary school teachers on asthma: A cross-sectional study in Ilorin, Nigeria,"* **Journal of the Pan African Thoracic Society** 3, no. 3, 2022: 140-50.

Isiaka G., Anyama S.C., & Osarenren N., *"Religiosity & Social Support as Predictors of Substance Addiction Among University Undergraduates in Kwara State,"* **AL HIKMAH JOURNAL OF EDUCATION** 9, no. 2, 2022: 53-67.

Jamiu M.S., Olokoba A.A., Mahmud A.M., Kamaldeen S.K., & Akorede Z.A., *"Causes of Deviant Behaviours Among Adolescents in Tertiary Institutions in Kwara State, Nigeria,"* **International Journal of Contemporary Education Research** 22, no. 8, 2021: 67-80.

Kabir A.I.A., *"Challenges Against Implementation of Social Studies Curriculum for Moral Development in Nigerian Junior Secondary Schools: Ilorin as Case Study,"* **International Journal Pedagogy of Social Studies** 8, no. 1, 2023: 47-60.

Lasisi A.K., Hassan A.A., & Abdulkareem H.B., *"Impact of Single Parenting on Academic Performance of Junior Secondary School Students in Mathematics,"* **ASEAN Journal for Science Education** 3, no. 2, 2024: 129-138.

Lawal A., Abdullahi S.B., & Olorukooba A.A., *"Prevalence & factors associated with substance abuse among adolescents in public & private secondary schools in Katsina State, Nigeria,"* **BMC Public Health** 25, 2025: 531.

Letina S., Long E., McCrorie P., Mitchell K., Zucca C., Riddell J., Simpson S.A., Moore L., & McCann M., *"Cross-sectional social network study of adolescent peer group variation in substance use & mental wellbeing: The importance of the meso level,"* **Social Networks** 78, 2024: 119-137.

Liddle H.A., *"Family-based therapies for adolescent alcohol & drug use: research contributions & future research needs,"* **Addiction**, 2005: 77-92.

Liu X.Q., Guo Y.X., & Wang X., *"Delivering substance use prevention interventions for adolescents in educational settings: A scoping review,"* **World journal of psychiatry** 13, no. 7, 2023: 409.

Mahmood K.T., Aisha N., & Mukhtar T., *"Parental Supervision & Substance Abuse: A Study of Nigerian Adolescents,"* **Journal of Behavioural Sciences** 30, no. 1, 2020: 23-38.

Matsuda Y., Thalasinos R.D., Parra A., Roman Laporte R., Mejia-Botero M.A., Adera A.L., Siles M., Lazaro G., Venkata R.N., & De Santis J.P., *"Parent-child communication about substance use, puberty, sex, & social media use among Hispanic parents & pre-adolescent children,"* **PLoS One** 18, no. 11, November 2023: e0295303.

Lead City University Ibadan DO NOT COPY

Mbatia C., *"Role of Peer Influence on Substance Abuse among Teenagers in Kenya,"* **European Journal of Sociology** 7, no. 2, 2023: 1-10.

Mills R., Mann M.J., Smith M.L., & Kristjansson A.L., *"Parental support & monitoring as associated with adolescent alcohol & tobacco use by gender & age,"* **BMC Public Health**, 2021.

Modebelu O.J., Okojide A., & Nwaoba C.N., *"Influence of Emotional Intelligence & Parental Influence on Drug/Substance Abuse Among Secondary School Students in Nnewi North LGA of Anambra State, Nigeria,"* **African Journal for the Psychological Study of Social Issues**, 2024: 24-37.

Muhammad A.I., Sule A., & Bichi B.G., *"Effect of Drug Abuse on the Performance of Technical College Students in Jigawa State Nigeria,"* **Edumania-An International Multidisciplinary Journal** 3, no. 1, 2025: 68-86.

Mustafa-Shaibu M. & Igbinoba-Ojo I.O., *"Prevalence of Drug Abuse among Student in the University of Benin, Nigeria,"* **University of Nigeria Journal of Political Economy** 12, no. 2, 2022: 276-307.

Nawi A.M., Ismail R., Ibrahim F., Mamat M.R., Mamat M.R.A., Alavi N., Ibrahim N., & Shahbuddin N.S., *"Risk & Protective Factors of Drug Abuse Among Adolescents: A Systematic Review,"* **BMC Public Health** 21, no. 1, 2021: Article 2088.

Nwoke C., Oyiga S., & Logan C., *"Assessing the Phenomenon of Out-Of-School Children in Nigeria: Issues, gaps & recommendations,"* **Review of Education** 12, 2024.

Obadeji A., Kumolalo B.F., Oluwole L.O., Ajiboye A.S., Dada M.U., & Ebeyi R.C., *"Substance Use among Adolescent High School Students in Nigeria & Its Relationship with Psychosocial Factors,"* **Journal of Research in Health Sciences** 20, no. 2, 2020: e00480.

Ogbonna O.B., Anietoh M.U., Daniel U.E., Eze Amarachi S., Victor Chigozie U., et al., *"Drug Abuse among Secondary School Students in Nigeria from 1980 to 2023: A Narrative Review of Literatures,"* **Journal of Pharmaceutics & Pharmacology Research** 7, no. 8, 2024.

Oluwafunmilayo O.V., John O.O., Olabode O.N., Omolade O.C., Blessing A.O., Manirambona E., Vicerra P.M.M., & Lucero-Prisno III D.E., *"Prevalence & pattern of psychoactive substance use among government secondary school students in central Nigeria,"* **PAMJ-One Health** 8, 2022.

Ojuolape A.M. & Mohd S., *"Determinants of child schooling in Kwara State, North Central Nigeria,"* **Cogent Social Sciences** 10, no. 1, 2024: 2319377.

Lead City University Ibadan DO NOT COPY

Okah P.S., Onalu C.E., Aghedo G.U., Iyiani C.C., & Abonyi S.E., *"Factors associated with the premarital sex among adolescents & the need for introduction of functional sex education in secondary schools in Ebonyi state, Nigeria,"* **Cogent Social Sciences** 9, no. 1, 2023: 2220234.

Okoka H., Kheswa J., & Kennedy I., *"Adolescent Substance Use: The Role of Peer Pressure & Social Intelligence,"* **International Journal of Research in Education Humanities & Commerce** 4, no. 6, 2023: 1-28.

Oladimeji M.A., *"Substance Abuse & Maladaptive Behaviours on Academic Performance of Adolescent Secondary School Students in Oyo Metropolis, Nigeria,"* **Journal of Educational Research in Developing Areas** 5, no. 3, 2024: 360-372.

Oladimeji K.Y., Adewale A.P., & Kayode O.P., *"Do We Abuse Drugs? Reports of Social Studies & Early Childhood Education Student-Teachers in two Nigerian Colleges of Education,"* **International Journal of Social Learning** 3, no. 1, December 2022: 102-114.

Olaifa A.S., Abdulkajeel U., Shaibu L., Olaifa E.O., & Adeoye M.A., *"Parent-Teacher Association Intervention Strategies & Goal Achievement in Public Secondary Schools,"* **International Journal of Educational Review** 6, no. 1, 2024: 25-35.

Olaifa A.S., Ismail A.R., & Atanda O.O., *"Stakeholders' Perception on Influence of Covid-19 Pandemic on Activities of Private Senior Secondary Schools in Ilorin Metropolis,"* **Kashere Journal of Education** 3, no. 1, 2022: 102-112.

Olayiwola-Adedoja T.O., Muhammed S.A., & Raji G.A., *"Risks Factors of Suicide Ideation & Suicide Attempt Among Youths in Ilorin Metropolis,"* **Keffi Journal of Counselling & Psychotherapy** 3, no. 1, April 2024: 156-68.

Oluwafunmilayo O.V., John O.O., Olabode O.N., Omolade O.C., Blessing A.O., Manirambona E., Vicerra P.M.M., & Lucero-Prisno III D.E., *"Prevalence & pattern of psychoactive substance use among government secondary school students in central Nigeria,"* **PAMJ - One Health** 8, no. 17, 2022.

Omowumi R.K., Kuranga I.S., Ayodapo A.O., Ibraheem A.S., Yusuf R.A., & Oladimeji L.O., *"Prevalence & Risk Factors For Hypertension Among Adolescents Attending A Family Medicine Clinic In North Central Nigeria,"* **Afrimedic Journal** 10, no. 2, October 2024: 1-15.

Omotoso A.B.O., Makanjuola A.B., & Abiodun O.A., *"Psychosocial Factors Associated with Substance Use among Secondary School Students in Ilorin, Nigeria,"* **West African Journal of Medicine** 40, no. 2, 2023: 217-26.

Petraitis J., Flay B.R., & Miller T.Q., *"Reviewing Theories of Adolescent Substance Use: Organizing Pieces in the Puzzle,"* **Psychological Bulletin** 117, no. 1, 1995: 67-86.

Lead City University Ibadan DO NOT COPY

Quadri G.O., Omopo O.E., & Ukpere W.I., *"Childhood Trauma, Peer Pressure, Parenting Styles & Gender on Adolescent Substance Abuse in Ibadan: A Structural Equation Modelling Approach,"* **EUREKA: Social & Humanities**, no. 3, 2025: 29-45.

Resnick M.D., Bearman P.S., Blum R.W., Bauman K.E., Harris K.M., Jones J., Tabor J., *"Protecting adolescents from harm: findings from the National Longitudinal Study on Adolescent Health,"* **Jama** 278, no. 10, 1997: 823-832.

Rice E., Milburn N.G., Rotheram-Borus M.J., Mallett S., & Rosenthal D., *"The Effects of Peer Group Network Properties on Drug Use Among Homeless Youth,"* **American Behavioural Scientist** 48, no. 8, 2005: 1102-1123.

Rodríguez-Ruiz J., Zych I., Llorent V.J., Marín-López I., Espejo-Siles R., & Nasaescu E., *"A longitudinal study of protective factors against substance use in early adolescence. An ecological approach,"* **International Journal of Drug Policy** 112, 2023: 103946.

Rowe C.L., *"Family Therapy for Drug Abuse: Review & Updates 2003-2010,"* **Journal of Marital & Family Therapy** 38, no. 1, 2012: 59-81.

Russ A.J., Bullo A., & Schulz P.J., *"Do Parental Communication & Monitoring Counteract Substance Use in Adolescents? A Scoping Review of Dyadic Studies,"* **Health Communication**, 2025: 1-50.

Saadu U.T., *"Teachers' Knowledge & Use of Multiple Disciplinary Measures in Curbing Pupils' Antisocial Behaviour,"* **ASEAN Journal of Community & Special Needs Education** 3, no. 1, 2024: 29-40.

Sholagberu A.O., Abdulazeez A.K., & Olohungbebe L.O., *"Impact of Community Advocacy Programmeme on Drugs & Substance Abuse Among Youths in Ilorin West Local Government Area of Kwara State. Nigeria,"* **Pedagogy** 5, no. 1, 2024: 134-150.

Stanton M.D. & Shadish W.R., *"Outcome, attrition, & family-couples treatment for drug abuse: A meta-analysis & review of the controlled, comparative studies,"* **Psychological Bulletin** 122, no. 2, 1997: 170-191.

Sulyman K.O., Sijuade A.F., Aloba M.F., & Alaaya A., *"Lecturers' Perception on Forms & Causes of Indiscipline among Students in Public Colleges of Education in Osun State,"* **AJSTME** 10, no. 5, May 2024: 851-57.

Tomé G., de Matos M.G., Simões C., Camacho I., & Alves Diniz J., *"How Can Peer Group Influence the Behaviour of Adolescents: Explanatory Model,"* **Global Journal of Health Science** 4, no. 2, 2012: 26.

Trucco E.M., *"A Review of Psychosocial Factors Linked to Adolescent Substance Use,"* **Pharmacology Biochemistry & Behaviour** 196, September 2020: 172969.

Lead City University Ibadan DO NOT COPY

Wang R.C., Lipin D.I., Swoboda T.K., & Sambamoorthi U., *"Adolescent-specific risk & protective factors of substance use among high school students in the United States: A cross-sectional study,"* **Clinical Child Psychology & Psychiatry** 30, no. 3, 2025: 752-766.

Watts L.L., Hamza E.A., Bedewy D.A., & Moustafa A.A., *"A meta-analysis study on peer influence & adolescent substance use,"* **Current Psychology** 43, 2024: 3866-3881.

Woodward T.C., Smith M.L., Mann M.J., Kristjansson A., & Morehouse H., *"Risk & protective factors for youth substance use across family, peers, school, & leisure domains,"* **Children & Youth Services Review** 151, 2023: 107027.

Yusuf T.A. & Nasirudeen I.A., *"Public Perception on the Motivations & Implications of the Use & Exploitation of Teenagers as Street Hawkers in Nigeria,"* **The African Review**, 2024: 1-30.

Online Articles and Government Reports

Greater Trenton Behavioural HealthCare, *"The Influence of Peer Pressure on Adolescent Substance Use,"* www.gtbhc.org, 2025.

McLeod S., *"Bronfenbrenner's Ecological Systems Theory,"* Simply Psychology, accessed July 23, 2025.

National Bureau of Statistics Nigeria, *"Statistical Report on Women & Men in Nigeria 2022,"* NBS, 2024.

Nickerson C., *"Hirschi's Social Control Theory Of Crime,"* Simply Psychology, last modified February 13, 2024.

U.S. Surgeon General, *"Social Media & Youth Mental Health: The U.S. Surgeon General's Advisory,"* Washington, D.C.: U.S. Department of Health & Human Services, Office of the Surgeon General, 2023.

Online Research Publications

Adewale A., Asiyanbi M., & Omopo O.E., *"Peer Pressure, Emotional Intelligence, Parent Socio-Economic & Substance Abuse among Secondary School Students in Ibadan North Local Government Area of Oyo State, Nigeria,"* ResearchGate, 2024.

Adelaja A.O. & Olabode S.O., *"Effectiveness of the use of social media for drug abuse sensitisation among university undergraduates in Nigeria,"* ResearchGate, 2025.

Adeyemi T.O., *"Religiosity, Cultural values, & Peer pressure on Substance abuse among Secondary School Adolescents in Oyo Town,"* ResearchGate, 2025.

Lead City University Ibadan DO NOT COPY

Adeyemi T.O. & Ogundimu A.B., *"Peer Pressure, Emotional Intelligence, Parent Socio Economic & Substance Abuse among Secondary School Students in Ibadan North Local Government Area of Oyo State, Nigeria,"* ResearchGate, 2024.

Theses and Research Reports

Njoka M.N., *"Influence of Social Economic Factors on Deviant Behaviour Among Secondary School Students in Murang'a East Sub County, Murang'a County, Kenya,"* Master's study, Murang'a University of Technology, 2024.

Usman A., *"Parent-Child Communication as Correlate of Pre-School Children's Social Skills Acquisition in Ilorin West Local Government Area of Kwara State,"* M.Ed. study, Kwara State University, 2021.

Lead City University Ibadan DO NOT COPY

Appendix

Questionnaire

Adolescent Drug Abuse Influencing Factors Questionnaire (ADAIFQ)

Dear Respondents,

I am a Master student at Lead City University. I am currently researching the above title. Your sincere responses to all the questionnaire items below will be of ailment contribution to the research. There is no right or wrong answer, so kindly give your sincere response. Thank you for your cooperation.

Researcher: Adelowo Tayo, 2025

Section A: Demographic Information

1. Age: __
2. Gender: Male [ ] Female [ ]
3. Class: JSS1 [ ] JSS2 [ ] JSS3 [ ] SSS1 [ ] SSS2 [ ] SSS3 [ ]

Section B: Drug Use Behaviour

S/N		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I do not like many drugs but I like taking shisha				
2.	I know many things about local drugs that are mostly abused				
3.	I have been to rehabitation centers before because of drug abuse				
4.	I know some of my mates who use drugs				
5.	I know how drugs are passed around easily				

Lead City University Ibadan DO NOT COPY

Section C: Parental Involvement

(Scale: Strongly Agree - 4, Agree - 3, Disagree - 2, Strongly Disagree - 1)

S/N		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	My parents regularly check on me				
2.	I can openly discuss my problems with my parents.				
3.	My parents are aware of my friends.				
4.	I feel emotionally supported by my parents.				
5.	My parents monitor my activities and whereabouts after school hours.				

Section D: Peer Pressure

S/N		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I feel pressured by my friends to try substances.				
2.	My friends' opinions influence my decisions.				
3.	I participate in activities because my friends do.				
4.	My friends use substances and encourage me to join them.				
5.	I find it difficult to refuse when friends offer me drugs or alcohol.				

Lead City University Ibadan DO NOT COPY

Section E: Mediating Variables

Resilience

S/N		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I can recover quickly from setbacks.				
2.	I remain optimistic during challenges.				
3.	I can handle stress without turning to substances.				
4.	I have effective coping strategies for dealing with problems.				
5.	I bounce back easily from disappointments or failures.				

Assertive Refusal Mechanism

S/N		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I can say no when offered substances.				
2.	I stand by my decisions despite peer pressure				
3.	I can confidently refuse drugs without feeling embarrassed.				
4.	I have strategies to avoid situations where drugs might be offered.				
5.	I can suggest alternative activities when friends want to use substances.				

Lead City University Ibadan DO NOT COPY

Social Media

S/N		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I encounter substance-related content on social media.				
2.	Social media influences my views on substance use.				
3.	I see posts that make drug use appear normal or acceptable.				
4.	I am exposed to drug-related advertisements or content on Social media platforms				
5.	I follow accounts or pages that promote or glamorize substance use.				

Interview Guide for Teachers and School Counsellors

1. What are your observations regarding substance use among students?

   _____

   _____

   _____

2. How do parental involvement and peer relationships

   _____

   _____

   _____

Lead City University Ibadan DO NOT COPY

Appendix 2

VERNMENT DAY SECONDARY
SCHOOL ADETA
ILORIN
P.O. BOX 1541
FOUNDED IN
1997
PROJECT: 2017/2018
REFUBISHED BY:
UILFET 2024/2025
COBES GROUP 4

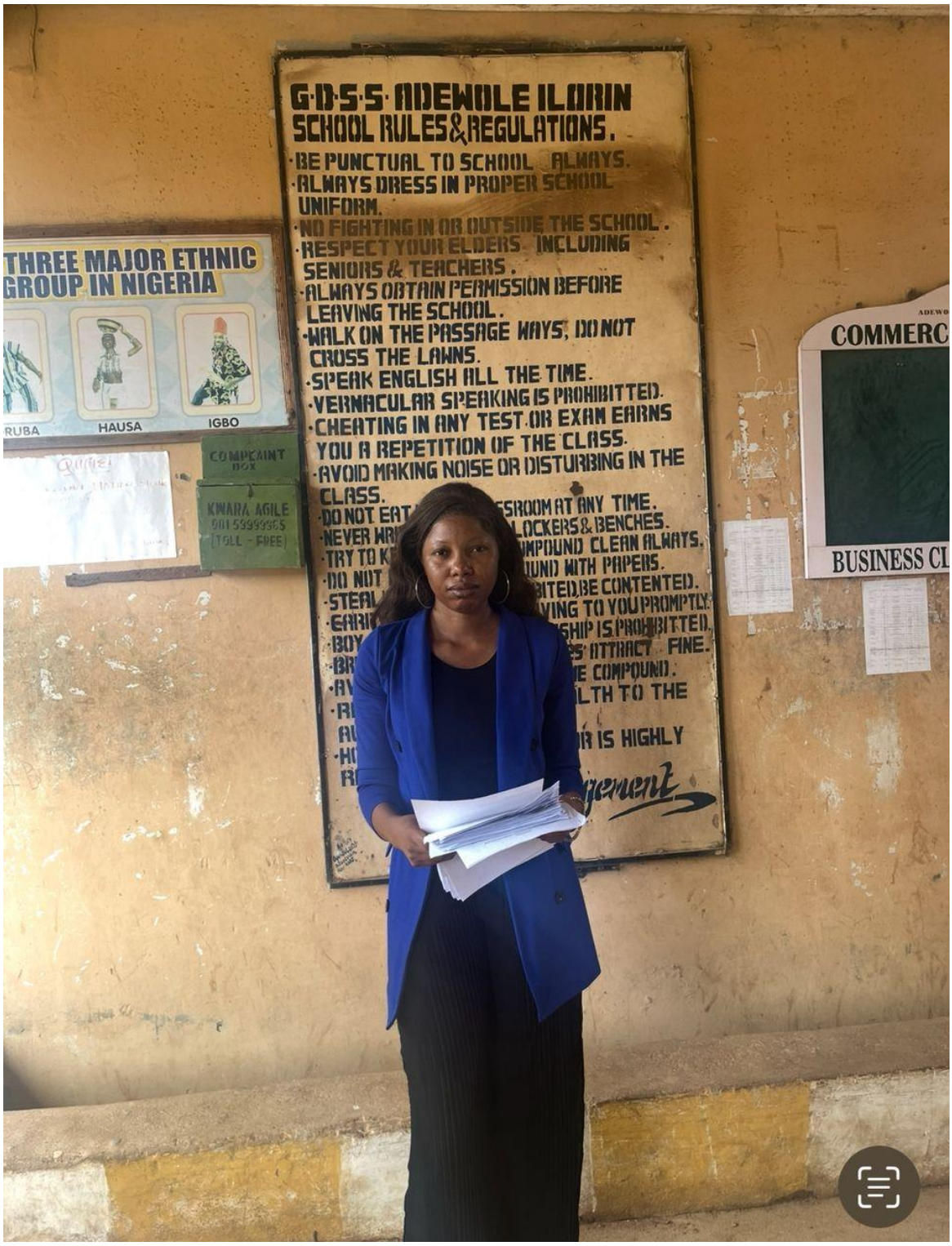
Cross-section of Researcher at Government Day Secondary School Adeta Ilorin

Appendix 3

Cross-section of Researcher at Government Day Secondary School Adewole Ilorin

Lead City University Ibadan DO NOT COPY

Appendix 4



Cross-section of Researcher in one of the Classrooms at Government Day Secondary School Adewole Ilorin

Appendix 5

Cross-section of Researcher at Government High School Ilorin

Appendix 6

Cross-section of Researcher Sharing Questionnaires

Bio-data

A. **Personal Data**

- **Full Name**: Adelowo Tayo
- **Email**: Oluwatayoadeola@gmail.com
- **Phone Number**: 08138040748
- **Date and Place of Birth**: 20th November / ABU Zaria, Kaduna state.
- **Nationality**: Nigerian
- **Name and Address of Next of Kin**: Dr Joy Adefemi Officer's quarter's Nigerian Air Force Base, Adewole Kaduna Road, Ilorin

B. **Educational Background with Dates**:

- **NCE Primary Education Studies |** College of Education Technical, Zamfara State (2011-2013)
- **B.Ed. Guidance and Counselling |** LeadCity University Ibadan, Oyo State (2015–2018)
- **M.Ed. Guidance and Counselling |** LeadCity University, Ibadan, Oyo State (2023 – Present)

C. **Working Experiences with Dates**:

- **Estate Facility Manager |** Nigerian Air Force Ilorin (August 2019 - Present)
- **Assistant Counsellor |** Federal Staff School, Adewole Ilorin, (NYSC) (2019)

D. **Membership of Academics**

- Counselling Association of Nigeria (CASSON)
- Teachers Registration Council of Nigeria (TRCN).

E. **Publications**

F. **References**

Available on request.

Lead City University Ibadan DO NOT COPY

The University Compliance Certification

This is to certify that this study by Tayo ADELOWO with matriculation number LCU/PG/005226 in the Department of Arts and Social Science, Faculty of Education is in full compliance with the university format and style.

…… …….....

Signature Date

Lead City University Ibadan DO NOT COPY