

**PSYCHOSOCIAL RISK FACTORS INFLUENCING THE USE AND ABUSE OF
DRUGS AMONG ADOLESCENTS OF ABUSED PARENTS FROM SELECTED
HOUSEHOLDS IN IBADAN METROPOLIS, NIGERIA**

Thomas G. Adegoke

*Department of Social Work
University of Ibadan. Ibadan, Nigeria.
E-mail: tgadegoke@yahoo.com*

Abstract

This study examined the psychosocial risk factors influencing the use and abuse of drugs among adolescents of abused parents from selected households in Ibadan metropolis, Nigeria. The study adopted the descriptive survey, using 281 adolescents randomly selected from selected households in five local government areas of Ibadan metropolis. The two instruments used were author-constructed questionnaires with 0.78 and 0.74 reliability coefficients respectively. The data obtained were analyzed using chi-square (X^2) analysis. Results obtained from this study showed that there are significant relationships between psychological risk factors ($X^2 = 121.5$, $df = 8$, $P < .05$), social risk factors ($X^2 = 40.7$, $df = 6$, $P < .05$) and the use and abuse of drugs among adolescents of abused parents. Based on these findings, it was recommended that: mental health centres and social agencies be established exclusively for drug abusers, where they may offer short or long term therapy, or offer group sessions for counselling the drug abusers.

Keywords: Psychosocial risk factors, drug use and abuse, abused parents, psychological risk factors, and social risk factors.

Introduction

Drugs are a social problem, not only because of their adverse effects on individuals, but also as a result of the negative consequences their use has for society as a whole. Everyone is a victim of drug abuse. Drugs contribute to problems within family and cause crime rates, and the economic costs of drug abuse are enormous. Drug abuse also has

serious consequences for health at both the individual and the societal level (Mooney, Knox, and Schacht, 2005).

It is pertinent to first examine the working definitions of a drug and drug abuse as they are related to this study. Thus, in a social problem approach, a drug is any habit-forming substance that directly affects the brain and nervous system. It is a chemical that affect moods, perceptions, body functions, or consciousness, and that has the potential for misuse because it may be harmful to the user. The definition would include food, insecticides, air pollutants, water pollutants, acids, vitamins, toxic chemicals, soap, and soft drinks (Zastrow, 1996).

Drug abuse, however, according to Zastrow (1996), is the regular or excessive use of a drug when, as defined by a group, the consequences endanger relationships with other people; are detrimental to the user's health; or jeopardize society itself. This definition identifies two key factors that determine what is considered drug abuse in a society. The first is the actual drug effects, and the second is a group's perception of the effects. For instance, society's perceptions of the ill effects of a drug are inconsistent with the actual effects. In our society, moderate use of alcohol and tobacco is accepted by many people, even though moderate use of both can cause serious health problems. Also, excessive drinking of coffee (containing caffeine) is accepted in our society but can also lead to health problems.

Following the above working definitions of drug and drug abuse, it has been observed that today's adolescents expect fast results, and drugs are part of society's response to that expectation. For instance, adolescents try drugs for many reasons, of course; the prevalence of drugs in society is just one of them. Adolescence itself is a time of experimentation, and many adolescents explore substances as well as roles and ideas. Part of the attraction of legal drugs such as cigarettes and alcohol is that they are used by adults; when adolescents use them, they feel more adults. Also, advertisements make their use look glamorous. Many adolescents experience peer pressure to use substances, and countless other adolescents use substances to boost low self-esteem, dull pain, feel more confident, or compensate for poor social skills (American Psychiatric Association, 1994; Nancy, 2004).

This study therefore examined psychosocial risk factors influencing the use and abuse of drugs among adolescents of abused parents from selected households in Ibadan metropolis, Nigeria.

Statement of Problem

Adolescent who are frequent users of alcohol, tobacco, and other drugs score lower on measures of psychosocial adjustment as teenagers and are more likely to have been maladjusted as children. Substance abuse during adolescence, whatever its antecedents, is associated with a host of others problems at school-experience psychological distress and depression, have physical health problems, engage in unprotected sexual activity- abuse alcohol as young adults and become involved in dangerous or deviant activities including crime, delinquency, and truancy.

The study however examined relationship between psychosocial risk factors and the use and abuse of drugs among adolescents of abused parents.

Objectives of the Study

The main objective of this study is to examine relationship between psychosocial risk factors and the use and abuse of drugs among adolescents of abused parents from selected households in Ibadan metropolis, Nigeria.

Other specific objectives are to:

1. Examine the relationship between psychological risk factors and the use and abuse of drugs among adolescents of abused parents.
2. Suggest strategies in regulating the use and abuse of drugs among adolescents in the society.

Review of Related Studies

Millions of people in the United States (even elsewhere) find it impossible to get started in the morning without coffee or cigarette, or to relax in the evening without a drink. Millions more take medication for pain, pills to sleep, laxatives to correct faulty diets, pills to suppress appetites, and vitamins supplements when they fail to eat enough. Adolescents see quick pick-me-ups and instant remedies modeled everywhere around them. It is little wonder that by their senior high

school, 80% of late adolescents have tried alcohol, 71% have tried a cigarette, 42% have used marijuana, 7% have used some form of cocaine, and 16% have used some other illegal drug (Centres for Disease Control, 1996c; Nancy, 2004).

Drug use must be conceptualized within the social context in which it occurs. Many youths who are at high risk for drug use have been “failed by society” – they are living in poverty; victims of abuse; dependents of addicted and neglectful parents; alienated from school (Fields, 2001; Siegel, 2002; Mooney, Knox, Schacht, 2005). Despite the social origins of drug use, many treatment alternatives, emanating from a clinical model of drug use, assume that the origin of the problem lies within the individual rather than in structure and culture of society.

Drug abuse in Nigeria before the fifties was largely limited to abuse and misuse of alcohol and tobacco and to a negligible degree isolated instances growing and smoking Indian Hemp. To the common people, tobacco and alcohol are the only luxuries to which they have access. By the end of the fifties many young delinquents had begun to smoke hemp (Okunola, 2002). Most adolescents in Nigeria are believed to have started smoking in secondary schools, and as well as, among adolescents with little or no education who are engaged as bus conductors or touts in Ibadan metropolis.

In the study of Centres for Disease Control (1996c) showed that, by the time adolescents reach their senior year in high school, over 71% will have tried cigarettes, more than a third smoking at least once a month and 22% reporting daily cigarette use. Furthermore, longitudinal data confirm that smoking is a difficult habit to break, even among adolescents.

Johnston O’Malley, and Buchman (1989), Insel and Roth (2000), and Nancy (2004) observed that, over 50% of the adolescents who smoke half a pack or more a day said they tried to quit and had not been able to. Nearly 75% of those who smoke in high school on a daily basis were still doing so year later, although 5% thought they would continue when they began. These figures are not surprising, given the withdrawal symptoms adolescents experience when attempting to stop: irritability, nervousness, anxiousness, impatience, difficult concentrating, increased appetite, and weight gain.

Alcohol is usually the first drug adolescents try; more do so before they reach high school (Centres for Disease Control, 1996c).

Many people do not think of alcohol as a drug, because its use is so embedded in the context of everyday life, it is a powerful central nervous system (CNS) depressant. Its effect on the nervous system is to restrain inhibitions, making the person feel more spontaneous. Many people become more talkative, confident, and socially at ease after they have had a drink.

Despite, or perhaps because of, its powerful effects, most high school seniors have tried alcohol; 30% use it with some regularity (defined as drinking on more than two occasions in the previous 30 days). Even though the number of high school seniors who drink daily is low, 31% engage in binge drinking, periodic episodes of heavy drinking in which they are likely to have five or more drinks in a row at least in a two-week period (Assistant Secretary for Planning and Evaluation, 1999; Nancy, 2004). These episodes are more frequent among males, largely due to the frequency with which they drink beer (Centres for Disease Control, 1996c).

The abuse of alcohol is associated with numerous complications. Alcohol is absorbed into all tissues of the body, affecting everything from the central nervous system, to internal organs to the skeletal muscles. Excessive use of alcohol can damage the liver, produce gastritis, affect kidney functioning, lead to sensory disturbances; it can cause blackout, memory loss, coma – and ultimately even death (Insel and Roth, 2000; Nancy, 2004).

The third drug to be considered in this study is Marijuana. Marijuana comes from the “*Cannabis Sativa*” plant, which contains the psychoactive substance. This substance produces a high characterized by feeling of relaxation and peacefulness, a sense of heightened awareness of one’s surroundings and of the increased significance of things. Marijuana can distort perception, affect memory, slow reaction time, and impair motor coordination, especially for unfamiliar or complex tasks. Because marijuana affects perception, the reaction action time, and coordination, it impairs one’s ability to drive. Yet adolescents under the influence of marijuana experience heightened confidence in their abilities and are likely to take greater risks while driving, despite their impaired functioning (Insel and Roth, 2000; Nancy, 2004).

Of all illicit drugs, marijuana is the most frequently used by adolescents, with 42% of high school seniors reporting that they have

used it. Marijuana is also one of the first illicit drugs an adolescent is likely to try (Johnston O'Malley, and Bachman, 1989; Centres for Disease Control, 1996c). The use of marijuana among adolescents decline from 1975 to 1992, with 27% of high school seniors reporting use in the former year and 11.9% reporting use in the latter year. In 1993, reported use began to rise and reached 23.7% among seniors in 1997 (Assistant Secretary for Planning and Evaluation, 1999; Nancy, 2004). However, 63% of seniors would disapprove of their peers smoking marijuana, even occasionally.

In this study, three drugs were reviewed and considered very commonly used and abused among adolescents. It is therefore pertinent to show the relationship between psychosocial risk factors and the use and abuse of drugs among adolescents of abused parents. Out of the factors that place an adolescent at risk for drug abuse are psychological and social contexts.

The first set of risk factors is "psychological". Individuals with certain personality characteristics – which typically are present before adolescence – are more likely to develop drug and alcohol problems than are their peers. These characteristics include anger, impulsivity, depression, and academic difficulties (Shedler and Block, 1990; Scheer and Unger, 1998; Wills, Windle, and Cleary, 1998; and Steinberg, 2002). In addition, individuals who have more tolerant attitudes about drug use are at the greater risk for drug abuse, as are those who expect alcohol or other drugs to improve their social relationships (Smith, Goldman, Greenbaum, and Christiansen, 1995; Schulenberg, Wadsworth, O'Malley, Bachman, and Johnston, 1996; Steinberg, 2002). Even as children, for example, individuals who eventually become heavy drinkers as adolescents expect alcohol to have positive effects on them (Dunn and Goldman, 1998).

Excessive drugs use, or, more precisely, drug abuse, is a different matter, adolescents who are frequent users of alcohol, tobacco, and other drugs score lower on measures of psychological adjustment as teenagers and more likely to have been maladjusted as children (Shedler and Block, 1990; Steinberg, 2002). Indeed, a team of researchers who had followed a sample of individuals from preschool into young adult report that, at age 7, the individuals who would later become frequent drug users as adolescents were described as "not getting along well with other children, not showing concern for moral

issues, not painful or likely to think ahead, not trustworthy or dependable, and not self-reliant or confident". As 11 year-olds, these individuals were described as deviant, emotionally liable, stubborn, and inattentive. In other words, drug and alcohol abuse during adolescence is often a symptom of prior psychological disturbance.

Brener and Collins (1998), Wu and Anthony (1999), Holmen, Barrett-Connor, Holmen, and Bjermer (2000), and Steinberg (2002) in their studies observed that, substance abuse during adolescence, whatever its antecedents, is associated with a host of other problems at school, experience psychological distress and depression, have physical health problems, engage in unprotected sexual activity, abuse alcohol as young adults, and become involved in dangerous or deviant activities, including crime, delinquency, and truancy.

The second set of risk factors is social. Individuals with distant, hostile, or conflicted family relationships are more likely to develop substance-abuse problems than their peer who grow up in close, nurturing families. Drug-abusing youngster on the other hand, are more likely than their peers to have parents who are excessively permissive, uninvolved, neglectful, or rejecting. They are more likely to come from homes in which one or more other family members (parents or siblings) use drugs or tolerant of drug use (Baumrind, 1991; Griesler, Kandel, and Davies, 1998; Dishion, Capaldi, and Yoerger, 1999; Kilpatrick et al., 2000; Farrel and White, 1998; and Steinberg, 2002).

In this study, however, the parents who are excessively permissive, uninvolved, neglectful, or rejecting are regarded as "abused parents" rather than "wife battering" which they are often involved, and moreso, they are more likely to use and abuse drugs. Although, virtually all adolescents experiment alcohol, adolescents with an alcoholic parent move from experimentation to more frequent and heavier drinking and drug use more rapidly.

Nevertheless, individuals with drug abuse problems also are more likely to have friends who use and tolerate the use of drug, both because they are influenced by these friends and because they are drawn to them. In the same vein, drug-using adolescents seek drug-using peers, and drug-using peers encourage even drug use among their friends (Hazard and Lee, 1999; Rose, Chassin, Presson, and Sherman, 1999; Steinberg, 2002). All other factors being equal, adolescents who have easy access to drugs, who believe that there are

ample opportunities to use drugs, and who are exposed to messages that tolerate or even encourage drug use are more likely to use and abuse drugs.

Research Hypotheses

Based on the introduction and review of related studies, the following hypotheses were tested at .05 level of significance in order to achieve the objectives of this study.

Ho₁: There is no significant relationship between psychological risk factors and the use and abuse of drugs among adolescents of abused parents.

Ho₂: There is no significant relationship between social risk factors and the use and abuse of drugs among adolescents of abused parents.

Methodology

The survey design was used to examine psychosocial risk factors influencing the use and abuse of drugs among adolescents of abused parents' from selected households in Ibadan metropolis, Nigeria.

The participants for the study were made up of 281 adolescents from selected households randomly drawn from five local government areas of Ibadan metropolis – Ibadan North, Ibadan North-East, Ibadan North-West, Ibadan South-West, and Ibadan South-East. Oyo State is made up of thirty-three local government areas of which, Ibadan metropolis is cosmopolitan in nature with different ethnic groups. A purposive sampling of 281 respondents (adolescents) of the study population was made. The adolescents' ages range between 12 years and 17 years old, attending secondary schools, secondary school drop-outs, and those who are engaged as bus conductors or touts from selected households in Ibadan metropolis. 121(43.1%) were those who currently in secondary schools, 100(35.5%) were the school drop-outs, and 60(21.4%) were the bus conductors or touts. Eligibility was based on such criteria as adolescents' parental background, their parents marital status, among others.

The two instruments used in this study were – Psychological Risk Factors Questionnaire (PRFQ), and Social Risk Factors Questionnaire (SRFQ). The two instruments were author-constructed. The psychological risk questionnaire was constructed by adapting psychological well-being inventory (PWI) with 42-items by Ryff (1989),

Ryff and Keyes (1995), and Carr (1999). It measures psychological risk factors such as anger, depression, anxiety, impulsivity, academic difficulties, stress, and loss of memory. Thus 25 items were adapted out of original 42 items, and were measured on 3-point rating scale ranging from strongly agree (3) to disagree (1). The respondents were required to indicate their degree of agreement with each item by ticking one of the options for each item. The internal consistency estimate of PRFQ is .87, and revalidation reliability of .78 when administered 100 adolescents after three weeks of administration.

The second instrument – Social Risk Factors Questionnaire contained 20 items adopted 3-point rating scale ranging from strongly agree (3) to disagree (1). The questionnaire measured social risk factors such as truancy, deviance, sexual promiscuity, violence, delinquency, and academic difficulties. The questionnaire has a test-retest reliability of .78 at 2-week interval, and internal consistency of .74. All the two instruments were considered valid, through the favourable comments of experts in psychometrics on the suitability of the items.

The questionnaires were administered on the adolescents, irrespective of their gender composition and their parental socio-economic status. The questionnaires were administered by the researcher and his research assistants employed. A total of 500 questionnaires were distributed out of which 281 were returned and well administered. This represents a return of 56.2% which is considered appropriate to analyze the results of the study.

The data were analyzed using Chi-Square (X^2) statistics to establish the relationship between psychosocial risk factors and the use and abuse of drugs among adolescents of abused parents.

Results

The results of the study obtained for the null hypotheses were presented in the tables below.

Hypothesis 1

There is no significant relationship between psychological risk factors and the use and abuse of drugs among adolescents of abused parents.

Table 1: Cross-Tabulation and Chi-Square analysis of psychological risk factors and the use and abuse of drugs among adolescents of abused parents

Psychological Risk Factors	Respondents' responses to the use and abuse of drugs			Total	X ² Cal.	X ² Critical	df	P
	Strongly Agree	Agree	Disagree					
Anger	17(6.0)	37(13.2)	33(11.7)	87(31.0)				
Depression	17(6.0)	95(33.8)	9(3.2)	121(43.1)				
Stress	4(1.4)	15(5.3)	16(5.7)	35(12.4)	121.5	2.73	8	<.05
Impulsivity	0(0.0)	29(10.3)	0(0.0)	29(10.3)				
Loss of Memory	0(0.0)	9(3.2)	0(0.0)	9(3.2)				
Total	38	185	58	281				

$$X^2 = 121.5, df = 8, P < .05$$

The results in table 1 indicated a significant relationship between psychological risk factors and the use and abuse of drugs among adolescents of abused parents. This is so because the X² calculated value (121.5) is greater than X² critical (2.73) at .05 level of significance. The null hypothesis is therefore rejected, indicating that there is significant relationship between psychological risk factors and the use and abuse of drugs among adolescents.

Hypothesis 2

There is no significant relationship between social risk factors and the use and abuse of drugs among adolescents of abused parents.

Table 2: Cross-Tabulation and Chi-Square Analysis of Social Risk Factors and the use and abuse of drugs among adolescent of abused parents

Social Risk Factors	Respondents' responses to the use and abuse of drugs			Total	X ² Cal.	X ² Critical	df	P
	Strongly Agree	Agree	Disagree					
Truancy/Violence	4(1.4)	54(19.2)	0(0.0)	58(20.6)	40.7	1.64	6	<.05
Deviance/de linquency	8(2.9)	77(27.4)	9(3.2)	94(33.5)				
Sexual promiscuity	4(1.4)	116(41.3)	0(0.0)	120(42.7)				
Academic difficulties	4(1.4)	5(1.8)	0(0.0)	9(3.2)				
Total	20	252	9	281				

$$X^2 = 40.7, df = 6, P < .05$$

Table 2 shows the relationship between social risk factors and the use and abuse of drugs among adolescents of abused parents. The table reveals that X² calculated value (40.7) is greater than X² critical value (1.64) at .05 level of significance. The null hypothesis is therefore rejected. This indicates that there is significant relationship between social risk factors and the use and abuse of drugs among adolescents of abused parents.

Discussion of findings

The study examined the relationship between psychosocial risk factors and the use and abuse of drugs among adolescents of abused parents. The result obtained negated hypothesis 1 which states that there is no significant relationship between psychological risk factors and the use and abuse of drugs among adolescents of abused parents. The study therefore showed the significant relationship between those psychological risk factors such as anger, depression, stress, impulsivity, and loss of memory and the use and abuse of drugs among adolescents in the study population.

The results are in support of the research findings of Brener and Collins (1998), Wu and Anthony (1999), Holmen, Barrett-Connor, Holmen, and Bjermer (2000), Farrel and Dintcheff (2000), Steinberg (2002), and Nancy (2004) found that individuals with certain personality characteristics, which typically are present before adolescence, are more likely to develop drug and alcohol problems than are their peers. These characteristics include anger, impulsivity, depression, stress, and loss of memory.

In the similar findings, Scheer and Unger (1998), Wills, Windle, and Cleary (1998), Dunn and Goldman (1998), and Steinberg (2002) found that individuals who have more tolerant attitudes about drug use are at the greater risk for drug abuse, as are those who expect alcohol or other drugs to improve their social relationships. Even as children, for example, individuals who eventually become heavy drinkers as adolescents expect to have positive effects on them. They concluded that drug and alcohol abuse during adolescence is often a symptom of prior psychological disturbances.

The results obtained from hypothesis 2 revealed that social risk factors are significantly positively related to the use and abuse of drugs among adolescents of abused parents. This finding corroborates the work of Dishion, Capaldi, and Yoerger (1999), Kilpatrick et al (2000), Farrel and Dintcheff (2000), Steinberg (2002), Nancy (2004), and Mooney, Knox, Schacht (2005) found that social risk factors such as truancy, deviance, sexual promiscuity, violence, delinquency, and academic difficulties are significantly related to the use and abuse of drugs among adolescents.

Furthermore, they observed that individuals with distant, hostile, or conflicted family relationships are more likely to develop drug-abuse problems than their peers who grow up in close, nurturing families. According to them, drug-abusing adolescents are more likely than their peers to have parents who are excessively permissive, uninvolved, neglectful, or rejecting. They are more likely to come from homes in which one or more other family members use drugs or tolerant of drug use. They concluded that adolescents who have easy access to drugs, who believe that there are ample opportunities to use drugs, and who are exposed to messages that tolerate or even encourage drug use are more likely to use and abuse drugs.

Implications of the Findings

A number of implications emerge from the results of this study. When psychosocial risk problems associated with the drug use and abuse among adolescents are difficult to control or prevent, counselling psychologists, family therapists, social workers, health professionals, schools, mass media, government, religious organizations, and non-governmental organizations (NGOs) should mount intervention strategies for curbing drug use and abuse among adolescents in the society. For example, it is probably safe to say that problems in families can contribute to alcohol abuse in individual members (including the adolescents) and that the alcohol abusers are becoming increasingly aware that family therapy is an important tool in the treatment of alcoholics and their family system.

The implication, however, is that there is a need for prevention of drug use and abuse among adolescents through government spending and media publicity to control or limit the availability of drugs, and finding ways of changing adolescents' motivation to use drugs, and environment in which they live, since it has proven virtually impossible to remove drugs totally from society.

Following the findings of this study, the following recommendations were specifically made to curb or prevent the drug use and abuse among adolescents in the society.

1. There should be educational programmes showing "scare tactics" – showing pictures of fatal automobile crashes after drug use, suggesting that taking drugs would forever ruin the users' lives. Although, this method may not be that effective because the young see their parents, other adults and their peers using drugs without dire consequences. But in a more effective manner, the mass media and schools can launch major campaigns to prevent drunk driving, alcohol abuse, smoking, and illegal drug use.
2. Mental health centres and social agencies should be established exclusively for drug abusers. They may offer short- or long-term therapy, combine other chemical therapy, or offer group sessions for drug abusers.
3. Social workers should help in a variety of traditional social work settings – juvenile courts, adult probation and parole, mental health clinics, hospitals, family counselling centres, schools,

university health and counselling centres, and in private practice. In addition, many social workers are the administrators as well as the therapists, that can work with the psychiatrist, physician, psychologist, and often ex-addicts who may, or may not, have had professional training as counsellors to support the drug abusers when assistance is needed.

4. There should be government regulations limiting the use and distribution of legal and illegal drugs. For instance, the government should impose sanctions on those who violate drug regulations. The sanctions should include the prohibitions about importing drugs, and law establishing 21-year-old drinking age.
5. Out-patient treatment should be encouraged for drug users in that it allows individuals to remain in their home and work environments and is often less expensive when compared with inpatient treatment. In out-patient treatment the patient is under the care of a physician who evaluates the patient's progress regularly, prescribes needed medication, and watches for signs of a relapse.

Conclusion

In conclusion, spouses and adolescents of alcohol abusers are at the risk for developing serious physical and emotional problems. Although the majority of adolescents reared in alcoholic homes are likely to suffer some kind of pathology, they are more likely to exhibit a variety of behavioural and emotional problems than are adolescents from families that do not include an alcoholic member. These problems include conduct disorders or delinquency, alcohol abuse, hyperactivity, difficulties with school work, anxiety, depression, or other health problems.

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