Family and Peer influence on Drug Use Among Nigerian Youth

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Abstract

Many factors have been identified as the reasons why youth use drugs/alcohol. Among these factors include the family and peer influences. Distant, uninvolved and inconsistent parenting; poor parental mentoring, unclear family rules, expectations and rewards can trigger drug use among peers. On the other hand, early initiation and association with friends who use drugs predicts drug use among youth. Hence, this study examined the influence of family and peer on drug use among Nigerian youth. 233 undergraduate students of UNN randomly drawn from departments of Psychology, Sociology and Economics, participated in the study. Their mean age was 24.5 years. Three instruments were used for data collection and the data was analyzed using hierarchical multiple regression. The results however, showed that family influence significantly predicted drug use, R = .167, F (1, 231) = 3.646, P= 0.05 and peer pressure significantly predicted drug use, R= .111, F (1, 230) = 2.887, P= 0.09.

Key Words: Family, Peer, Drug use and Youth.

Introduction

There are many reasons why adolescents initially take to drugs and alcohol. Researchers have suggested that the family and peer influence are the strongest motivator of drug and alcohol use in teens (Kandel, Kessler, & Margulies, 1978; Bush & Iannotti, 1987; Hawkins, Lishner, & Catalano, 1987; Hawkins, Lishner, Jenson, & Catalano, 1987). The social learning theory and other theories have an apt explanation to this finding.

Biddle, Bank, and Martin (1980) defined influence as occurring whenever the behaviour of a person is affected by the pressure of another. Olowu and Olusola, (2010) looked at the original conception of the word 'drug' as dried plants whose active ingredients were used as medicine. Today, drugs refer to substances with psychoactive effect (Olley, 2007 in Olowu & Olusola, 2010; Eze, 2006; Eze & Omeje, 1996). There are however various classifications of drug which, of course, are not the major focus of this research. But mention must be made of some types of drugs always used by adolescents and youth. Such drugs include marijuana, alcohol, tobacco, benzodiazepines, heroin, cannabis, cocaine, etc. Brown, Lohr, and McClenehan, (1986) conceived peer influence to be subjective experience of feeling pressured, urged, or dared by others to do certain things or actually doing a particular thing because others have pressured, urged or dared one. A number of delinquent behaviours such as substance use, theft, skipping classes, have been linked to peer pressure. Some other factors such as (demographics, attitudes,

value and behaviour; psychological distress, family relationship, school relationship, law abidance, guilt) have been found to influence drug use.

The family seems to play the larger role during socialization process of a child. In this process, children learn social behaviours, including drinking behaviours and drug use by mere interacting with significant others – initially with parents and subsequently with peers, who become increasingly influential during later adolescence.

The family-child relationship can form a foundation which can reduce the effect of peer influence on child. Griffin, Botvin, Scheier, Diaz, & Miller, (2000) in their study on parental behaviour and their attempts to influence or change their adolescents' behaviour related to drug use of alcohol relied on two main theories: the individuation theory and social learning theory. The individuation theory posits that if the parent-child relationship transforms from the style based on unilateral authority to that of interdependence and cooperative negotiation, adolescents will still seek their parent's advice, which allows a continued parental guidance over their offspring's development. The social learning theory dwells on mechanisms through which parents and children reciprocally influence each other.

Button, Corley, Rhee, Hewitt, Young, & Stallings, (2007), discovered certain reasons why teens use drugs. Their evidence suggested that adolescents become marijuana users based on their group's attitudes towards marijuana and if their friends are users. Hence, attitude is an interesting factor in drug use among adolescents. The role of attitudes in this regard is the assumption that positive attitude towards drug use should be legalized directly which has been observed to influence the number people using marijuana. Could this be the rationale behind teens' perception of drug use as normal? On the other hand, it is stated that many marijuana using adolescents indicated a "favouring of friends over family, lack of understanding with parents and disagreement with them in regard with appropriate behaviours and choice of friends (Button et al, 2007). In essence, it means that adolescent who uses marijuana usually associate with peers who use the same drug.

The adolescents believe that the only way to achieve/fulfill this identity problem is by indulging in the same behaviour with their peers- which leads to influence. More so, the prevalent, rates, and types of substances used, ages of initiation, and patterns of adolescents drug use vary within and across ethnic samples (Brown, 2004). The prevalence rates show that drug use has increased across all ethnic and racial youth groups (Aker, 1985)**.** Adolescent drug use according to Aker, (1985) is also associated positively with peer drug use. Most adolescents who indulge in drug use see it as culturally accepted; within the peers.

Adolescents are influenced in the same way (both differences and similarities) into drugs use. Padilla–Walker, & Carlo, (2004) in a study sampled French adolescents and compared them with American teens on marijuana use. The findings showed that teens who use marijuana are less likely to go to church. Users are more likely to be absent from school; to have a positive attitude towards marijuana use, to be able to distant from their parents, and to be more peer oriented.

Although, it is widely accepted that peer influence is a powerful factor in adolescent development, the impact of peer influence on adolescent development is generally associated with negative connotations. These groups provide an important developmental reference point through which adolescents gain understanding of the world outside their families. Failure to develop close relationships with age mates, however, often results in a variety of problems for the adolescents- from delinquency and substance abuse to psychological disorders (Paschall, Ringwalt, & Flewelling, 2003). Furthermore, higher peer stress and less companionship support

from peers, have been associated with a lower social self-concept in adolescents (Steinberg, Blatt- Eisengart, & Cauffman, 2006).

According to the 1985 National Household Survey, smoking and drinking are the most prevalent activities among 12 to 17 year-olds (Newcomb & Bentler, 1989). Nationally, one-fifth of high school seniors smoke daily, while 35 to 40 percent are "binge" drinkers (Higgins, 1988). Similar trends are found in Wisconsin with 51 percent of seniors, 39 percent of sophomores, and 23 percent of eight graders reporting they drank heavily (5 or more drinks in a row) during the previous month (Small, 1990). According to a 1991 study conducted by the Office of the Inspector General, over one-fourth of 7th to 12th graders drink on a weekly basis (Office of Substance Abuse Prevention, 1991). Nearly 30 percent of 7th to 12th graders have tried at least one illicit drug, primarily marijuana, during their lifetime (Newcomb & Bentler, 1989); the use of any drug other than alcohol, marijuana, or cigarettes, however, is low (Newcomb & Bentler, 1989).

Other studies indicate a disturbing decline in the age of first use of alcohol and other drugs (Higgins, 1988; Falco, 1988); the percentage of students who begin using drugs by the 6th grade has tripled in the last 10 years. Peer and social influences to drink begin as early as the primary four in most Western worlds (Falco, 1988). For instance, 25 years ago, marijuana use was virtually nonexistent among 13 year-olds; now 1 in 6 thirteen-year-olds have used marijuana (Falco, 1988).

Brook and colleagues proposed a family interactional theory for explaining psychosocial aspects of adolescent drug use including developmental perspectives, family influences and vulnerability factors. They found that peer drug use risks were offset by protective factors such as adolescent and parent conventionality, maternal adjustment, and strong parent-child attachment (Brook, Brook, Gordon, & Whiteman, 1990). Research has suggested that when families become involved positively, precursors can be reduced and early signs of problems can be turned around (Bry, 1983).

Dishion, Reid and Patterson's (1988) studies showed that an effective family intervention should target parent monitoring, peer associates, parents' drug use, social skills and antisocial behaviour; and that parent and peer training interventions are viable methods of preventing premature drug use. Family predictors of drug use may also differ by race or ethnic group. Hawkins and colleagues (1992) found significant differences between black, white and Asian American families on measures of family predictors and the initiation of drug use for preadolescents.

Considering family and drug use, youngsters who undergo family transitions often experience temporary psychological difficulties which may be associated with increased substance use (Steinberg, 1991). Distant, uninvolved, and inconsistent parenting has been implicated in drug use (Newcomb & Bentler, 1989; Steinberg, 1991). Studies suggest that authoritative parenting is associated with lower rates of substance abuse than autocratic, permissive or uninvolved parenting (Baumrind, 1987; Dryfoos, 1990; Hawkins, n.d.; Hawkins, Lishner, & Catalano, 1987; Padilla–Walker et al., 2004; Newcomb & Bentler, 1989; Steinberg, 1991). Authoritative parenting is a constellation of parenting characteristics that include warmth and responsiveness as well as moderate to high levels of control; control is defined as firm and consistently enforced rules and standards for the child's behaviour. Negative parent/child communication is yet another factor necessitating drug use among peers. One aspect of parenting that appears particularly important to substance use is negative communication patterns between parents and their adolescents (Dryfoos, 1990; Hawkins, Lishner, & Catalano, 1987; Newcomb & Bentler, 1989). Poor parental monitoring is a powerful predictor of substance use (Baumrind, 1987; Dryfoos,

1990; Hawkins, n.d.; Hawkins, Lishner, & Catalano, 1987; Kandel et al., 1978; Newcomb & Bentler, 1989; Patterson & Southamer-Loeber, 1984; Steinberg, 1991). Knowing where teens are, what they are doing and who they are with may be especially important in the after-school hours; one study linked unsupervised after-school time to substance use and abuse (Richardson, Dwyer, McGuigan, Hansen, Dent, Johnson, Sussman, Brannon, & Phil, 1989).

Unclear family rules, expectations, and rewards triggers drug use by peers. Youth are more apt to get involved in alcohol use when parents are tolerant of children's use and when there are few or inconsistent rewards for nonuse (Hawkins, Catalano, & Miller, 1992). Parent or sibling drug/alcohol use also encourages the use of drugs. When parents or older siblings are heavy users of alcohol or recreationally use illegal drugs, younger adolescence are more apt to use substances as well (Baumrind, 1987; Hawkins, Lishner, & Catalano, 1987; Hawkins, Lishner, Jenson, & Catalano, 1987; Newcomb & Bentler, 1989). For example, a household which includes one cigarette smoker doubles the likelihood that a teen will smoke or expect to smoke (Hawkins, Catalano, & Miller, 1992). Modeling of drug use by siblings appears to be a better predictor of a younger brother's use than parental use (Hawkins, Catalano, & Miller, 1992). But parents who involve their children in drug use (i.e. asking their child to get them a beer or to light a cigarette) increase the likelihood that teens will use or abuse drugs (Hawkins, Catalano, & Miller, 1992).

On the other hand, associating with peers who use drugs is a predisposing factor to drug use. Individuals who associate with other peers who use drugs have a much greater likelihood of using drugs themselves. Interestingly, negative peer pressure is a risk whether or not other risk factors are present (Hawkins, 1990). For example, even when peers come from well-managed families, and live in a well-connected neighborhood, they are more apt to use drugs if their friends do. Hawkins (1990) observed, however, that peers with fewer risk factors are less likely to hang out with fellow peers who use drugs unless everyone in the school is using it. Adolescents are not merely passive recipients of peer influence but, in fact, select some friends over others (Steinberg, 1991). While it is true that adolescents increase their drug use if they associate with drug-using friends, adolescent's own beliefs about drug use may influence their choice of whom to associate with (Kandel, Kessler, & Margulies, 1978).

Perceived use of drugs by others can as well influence drug use. Peers are more likely to drink or use drugs if the belief rates of drinking or drug use are high among their peers and culture (Bush & Iannotti, 1987; Hawkins, Lishner, & Catalano, 1987; Hawkins, Lishner, Jenson, & Catalano, 1987; Kandel et al., 1978). Drug use is more closely related to what teenagers believe friends do than what is actually going on. Unfortunately, teens often overestimate the number of peers who drink (Steinberg, 1991). This suggests a prevention strategy of allowing opportunities for adolescents to hear directly from peers just how inflated their estimates of peer drug use may be.

Hawkins and Catalano (1990) observed that the two risk factors that are the strongest predictors of peer drug use are early initiation and having friends who use drugs. Granted, peers take on added importance during adolescence, but the peers' influence supplements rather than replace the importance of the family and other influences on peers' development such as the school. For example, peers attachment or bonding to family and school is an important influence on their choice of friends; when teens feel close to parents and find school interesting and meaningful, they are less apt to associate with drug-using peers, unless everyone in the school uses drugs (Hawkins, 1990). Young people in the South Eastern States of Nigeria, for instance, have the highest rates of illicit drug use especially alcohol and tobacco than the true Northern Muslims. Same alarming rate of drug use may be noticeable in other States of Nigeria.

Alienation or rebelliousness has been linked with early or frequent peer use of substance (Baumrind, 1987; Hawkins, Hawkins, Lishner, & Catalano, 1987). When teens exhibit a weak attachment to parents, low commitment to school, and nonconformity to community laws and norms, the chances of substance use increases (Botvin, 1985; Dryfoos, 1990; Hawkins, Lishner, & Catalano, 1987; Higgins, 1988).

Anti-social behaviour has also been traced to peers drug use. Boys, in particular, who are aggressive at ages 5, 6, and 7 have elevated risk of drug use later. For 4 to 15 percent of all young people, early anti-social behavior continues into adolescence; for about 40 percent of these, frequent drug use persists into adulthood (Hawkins, Lishner, & Catalano, 1987). Early anti-social behavior is a more potent predictor of substance use when it occurs in combination with isolation, withdrawal or hyperactivity (Hawkins, 1990). Anxiety and depression are related to greater drug use (Botvin, 1985; Dryfoos, 1990; Higgins, 1988; Kandel, Kessler, & Margulies, 1978; Steinberg, 1991), but the effects appear limited to early adolescence. Panic attacks and depressive symptoms appear to trigger drug use before age 15, but have little effect on use that begins between the ages of 15 and 25 (Robins & Przybeck, 1987).

The earlier the teens have their first drug experience, the more likely they will have problems later in adolescence (Dryfoos, 1990; Hawkins, 1990; Hawkins, Lishner, & Catalano, 1987; Hawkins, Lishner, Jenson, & Catalano, 1987; Higgins, 1988). Overall, about 8 percent of male users and 4 percent of female users develop severe dependence; when use begins before age 15, however, the rates are 6 to 10 times higher with 50 percent of men and 40 percent of women developing drug dependency (Higgins, 1988; Robins & Przybeck, 1987).

Religious beliefs protect children from involvement in drug use (Hawkins, Lishner, & Catalano, 1987; Hawkins, Lishner, Jenson, & Catalano, 1987; Higgins, 1988). Regardless of denomination or socioeconomic standing, faith gives children a belief that their lives have meaning and the confidence that things will work out despite hard times. Peers who use drug tend to be risk-takers who have a high need for stimulation or excitement (Hawkins, Lishner, Jenson, & Catalano, 1987; Higgins, 1988; Newcomb & Bentler, 1989). This suggests that healthy alternatives to drugs may need to be high sensation activities that provide an element of danger to replace the risk that alcohol or drugs provide.

For a typical teenager, drug experimentation occurs in social or peer settings, but the use or problem of use of drugs is generated by internal distress, limited life opportunities, and unhappiness (Newcomb & Bentler, 1989); in other words, the evidence suggests that peers use drugs for social reasons, but often times abuse drugs to cope with stress, loneliness, boredom, anti-social behavior, family conflict, school failure, or other personal or social problems (Hawkins, Lishner, & Catalano, 1987)**.** Furthermore, factors associated with early or late initiation into drugs often differ from those associated with more normative initiation into drug use. Most substance use that begins between the ages of 15 and 24 appears related to social influences. Drug use that begins early (before age 15) or abnormally late (late 20s), however, is closely related to psychological disturbances (Robins & Przybeck, 1987) and anti-social acts (Hawkins, Lishner, & Catalano, 1987; Newcomb & Bentler, 1989; Robins & Przybeck, 1987). Thus, the risk factors for early use are also the risk factors for heavy use and, therefore, for abuse (Newcomb & Bentler, 1989).

Therefore, the purpose of this study is to investigate the family and peer influence on drug use among adolescents in Nigeria. It was however, hypothesized that family influence will predict drug use among adolescents. Secondly, peer pressure will predict drug use among adolescents in Nigeria.

Method

Participants

233 (two hundred and thirty three) youth were used for the study. They consisted of 100 and 200 levels students of Psychology, Sociology and Economics Departments in University of Nigeria Nsukka. Their ages ranged from 20 and 29 years, with mean age of 24.5years. 128 participants from 200 levels and 105 participants from 100 levels undergraduates were selected using simple random sampling technique.

Instruments

Three instruments were used in the study. One of them is the Parker, Tulping & Brown Family Influence Inventory (Parker, Tulping & Brown, 1979). It is a 25-item inventory, including 12 'care' items and 13 'overprotection' items. This 25-item inventory has four response patterns of: Very likely =3, Moderately Like =2, Moderately unlike =1, and Very unlike =0 and has only direct scoring patterns. The second instrument was the Santor, Messervey & Kusumakar Peer Pressure Inventory (Santor, Messervey & Kusumakar, 1994**)**. It consisted of 11 items scored on a 4 response scale of: A little = 1, Somewhat = 2, A lot = 3 and Not at all = 4. A reliability index of .84 and a retest reliability coefficient of .54 were reported by Santor et. al, (1994). The third instrument used in the study was a Substance Use Self Inventory designed by Hoffman, (1999**)**. It is made up of 8 items scored along the axis of Frequently = 1, Always =2 and Not at all =3. According to Hoffman, (1999) 2 or more positive responses indicate possible use/abuse or dependence while 4 or more positive responses strongly indicated dependence. There was no time limit for the completion of the questionnaires. Pilot study was conducted on the three instruments to validate them for Nigerian samples.

Procedure

Two hundred and Fifty (250) questionnaires were administered to the participants selected through random sampling method while in their lecture halls, after thorough establishment of rapport has been made and the objective of the study clearly explained. Out of the 250 questionnaires distributed, 233 were properly completed and filled indicating an 89 percent return rate. Responses from the 233 questionnaires were therefore used for data analysis.

Design/Statistics

The study used a cross sectional survey and hierarchical multiple regression was used to analyze the data.

Results

Before the regression analysis was performed, scores on peer pressure and family influence were mean-centered to reduce the multicolinearity to obtain the mean centered scores, which was used in the analysis. To obtain the mean centered scores, the mean of each variable was subtracted from each score on the variable. Hierarchical multiple regression was used for the analysis with enter method as the derivation technique. The hierarchical method allows for the examination of the impact of each of the variable, while taking cognizance of the effect of other variables. However, descriptive statistics was conducted on the variables as shown in Table 1.

Table 1: Mean scores of adolescents on the variables before mean-centering

Variables	N	Minimum	Maximum	Mean	St. Deviation

Family Influence	233	10.00	48.00	59.68	11.68
Peer Pressure	233	25.00	96.00	21.45	7.64
Drug Use	233	10.00	33.00	27.34	4.25

Table 1 shows that the adolescents scored higher mean on the family influence (mean=59.68, SD= 11.19) than on peer pressure (mean= 21.45, SD= 7.64). Pearson correlation analysis was conducted on the variables as illustrated in Table 2.

Table 2: Correlation matrix of family influence, peer pressure and drug use

		Drug Use	Peer Pressure	Family Influence
Pearson Correlation	Drug Use	1.000	.111*	.134**
	Peer Pressure	.111	1.000	.097
	Family Influence	.134	.097	1.000

*= Significant, **= Significant.

The correlation table shows that the correlation between peer pressure and drug use is low, but significant P= 0.04. Also, the correlation between family influence and drug use yielded significant result P= 0.02. And the hierarchical multiple regression was used to examine the predictive ability of peer pressure and family influence on drug use. Peer pressure was first entered into the equation. The modal summary showed positive and significant relationship on the variables, as shown in Table 3.

Table 3: Hierarchical multiple regression summary on family influence and peer pressure on drug use.

Model	R	R Square	Change Statistics			
			change	df1	df2	Sig
Peer Pressure	.111	.012	2.887	1	231	.091*
Family Influence	.167	.028	3.646	1	230	.057**

*= Significant, **= Significant

Table 3 illustrates that family influence significantly predicted drug use, R = .167, F (1, 231) = 3.646, P= 0.05 and peer pressure significantly predicted drug use, R= .111, F (1, 230) = 2.887, P= 0.09.

Discussion

The result of the first hypothesis showed that family influence predicted drug use among adolescents R= .167, F (1,231) = 3.646, P = 0.05. This finding is consistent with the result of Dryfoos, (1990); Newcomb and Bentler, (1989); Steinberg, (1991). Amongst these variables examined, family influence was observed to have the greatest predictability of drug use amongst

adolescents with R = .167 as against .111 of peer pressure (Table 3). This means that parents who show less commitment and involvement in training of their children have established a formidable platform for their child/children's behaviour to be more inclined towards the the use of drugs. Also, as part of the parental influence, Baumrind, (1987); Lishner and Catalano, (1987) found that poor parental monitoring is a powerful predictor of drug use. Richardson, Dwyer, McGuigan, Hansen, Dent, Johnson, Sussman, Brannon and Phil, (1989) have identified certain other family factors like unclear family rules, expectations and as well as parent/sibling use of drug as having high drug use predictability among adolescents.

On the other hand, peer pressure also significantly predicted drug use among adolescents R = .111, F (1,230) = 2.887, P = 0.09. This result confirms the second hypothesis. The family is expected to be a grooming interactive forum where good attitudes and behaviours are expected to be moulded and nurtured. When this role is adequately achieved, the child/children would have less likelihood of being influenced by peer pressure. However, when the family fails from this responsibility, the child/children are therefore left at the mercy of peer pressure (Hawkins, 1990; Kandel, Kassler & Margulies, 2006). Consequently, such precursors as identifying and associating with drug using friends become obvious. The implication therefore is anti-social behaviours, alienation/rebelliousness, anxiety and depression, high rate of risk-taking behaviours.

In conclusion, family influence and peer pressure predicts drug use. Family influence has however shown to be more predictive of drug use amongst youth than peer pressure. This may be because the family is expected to have moulded a particular manner of behaviour before the advent of external influence such as peer pressure.

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