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INDICATORS OF EARLY RECOGNITION AMONG NIGERIAN YOUTH AT HIGH RISK OF SUBSTANCE ABUSE: COUNSELLING IMPLICATION

Olubunmi Adejumo*

Abstract

The aim of the study was to identify psychosocial indicators in micro and macro milieus that reveal adolescents at high risk of substance abuse. The research using a representative sample was carried out among 2,823 high school students throughout Nigeria. We devised a questionnaire to assess student's socio-economic status, family functioning, school functioning, satisfaction with life, and relationships with friends. Students in the group at risk of substance abuse (tobacco smoking, alcohol consumption, and drug use) differ from the students in the group not at risk. The most important variables that determine these differences are: a) respondents' attitudes towards their friends and acquaintances who smoke cigarettes, drink alcohol, and use drugs; b) gender; and c) truancy. In addition, compared to adolescents that are not at risk, adolescents at risk function worse in a family and school milieu and are less satisfied with their life in general. Smoking cigarettes, alcohol consumption, and use of drugs are mainly associated with the use of these substances within peer group. Therefore, to reduce the abuse of psycho-active substances, it is necessary to strengthen an individual's resistance to the social peer pressure and pay attention to the quality of relationships between adolescents as well as with their parents and teachers.

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INTRODUCTION

In the twentieth century, the school counselor's role and functions underwent various transformations in response to changing student and societal needs (Baker, 2001, Gysbers, 2001; Gysbers & Henderson, 2001, Herr, 2001, Paisley & Borders, 1995). Over the years, the role has focused on vocational guidance (pre-1950s), fostering personal growth (1950s), enhancing individual development (1960s), and most recently, on implementing comprehensive developmental guidance and counseling programs (1970s- present; Keys, Bemak, & Lockhart, 1998). If school counseling programmes are to be effective and responsive to societal needs, they should be both proactive and preventive (Borders & Drury, 1992). Considering the prevalence of drug abuse and its negative impacts on the youth there is a need to identify the earlier signals of substance abuse among the youth for early intervention.

LITERATURE REVIEW

THEORY OF DRUG ABUSE

Etiological reviews (Lettieri, Sayers, and Pearson 1980; Hawkins, Catalano, and Miller 1992; Petraitis, Flay, and Miller 1995) or special journals devoted to this topic (e.g., *Journal of Drug Issues*, Spring 1996) have identified the following eight theories as dominant in the field: (1) problem behaviour theory (Jessor and Jessor 1977; Jessor, Donovan, and Costa 1991; Donovan 1996); (2) the theory of reasoned action (Ajzen 1985; Ajzen and Fishbein 1980; Fishbein and Ajzen 1975); (3) social learning theory (Akers 1977; Akers and Lee 1996; Bandura 1977); (4) social control theory (Hirschi 1969; Kandel 1980, 1985, 1996); (5) self derogation theory (Kaplan 1975, 1996; Kaplan, Martin, and Robbins 1984, 1986; Kaplan and Johnson 1992); (6) the integrated delinquency model (Elliott, Huizinga, and Ageton 1985); (7) social development theory (Catalano & and Hawkins forthcoming; Hawkins and Weis 1985; Catalano et al. 1996); and (8) the theory of triadic influence (Flay and Petraitis 1994).

The cultural-identity theory elaborates on micro-, meso-, and macro-level phenomena and the links between them. It seeks to avoid overly reductionist and deterministic claims by insisting on an integrative environmental and individual explanation that guards against a micro or macro-level bias. Furthermore, an approach like this could result in more a more integrated and comprehensive prevention strategy consisting of several programs at different levels (i.e., schools, families, and communities) instead of single programmes located at one level of analysis. The cultural-identity theory focuses on drug subcultural groups (e.g., potheads, dopers, gangs, etc.) instead of peer groups, which highlights identification with specific social groups and the patterns of activity among them (see also Fishkin et al. 1993; Mosbach and Leventhal 1988). It also addresses the subcultural meaning attached to specific drugs (see McRobbie 1991; Hebdige 1979; Willis 1976), which transcends any particular set of individuals and persists over time. These drug-related meaning systems and the identities that youth create in-group settings may be the more important factors for drug abuse etiology and prevention.

Of the eight etiological theories mentioned above, the cultural-identity theory has most in common with Kaplan's theory of self-derogation. Kaplan (1975, 1996) and colleagues (Kaplan and Johnson 1992; Kaplan, Robbins, and Martin 1984, 1986) maintain that self-derogation plays a central role in determining drug use and abuse. For them, negative feelings and statements about one and the socially devaluing experiences that set it up motivate individuals to behave in ways that minimize self-derogation and maximize positive self attitudes. They propose that this explains why individuals reject the normative structure and embrace that which is "deviant" (e.g., drug use, drug peers, and drug subcultures). Cultural identity theory both compliments and enhances these premises. It proposes that negative self-evaluations are part of the etiological process, but articulates a specific mechanism through which such negative self-evaluations lead to drug abuse. It is two social and largely external factors (i.e. personal and social marginalization) that help produce this identity discomfort and can lead to drug related identity change. Kaplan and colleagues have not delineated the same. These theoretical differences about identity or self-definition and the sources of it could account for an important risk factor that distinguishes drug users from abusers.

The most significant difference between self-derogation theory (and the other four theories discussed below) and the cultural-identity theory, however, pertains to the presence of meso- and macro-level concepts in the explanatory model. Kaplan (Kaplan and Johnson 1992; Kaplan 1996) has recently discussed more macro-level influences (e.g., social controls) on drug abuse, but his theoretical model does not yet contain specific concepts and, therefore, does not directly discuss a link between them.

Finally, another major difference between the two is Kaplan's focus on "deviant" acts (see Kaplan 1996) rather than identities and identity change. Elliott et al. (1985) have proposed an integrated sociological theory of drug use that draws from social control theory (Hirschi 1969), strain theory (Merton 1938, 1957), and social learning theory (Akers 1977). They posit that strong bonding with "deviant" peers is the primary cause of drug use. "Deviant" peer bonding, they maintain, is a result of weak conventional bonds with parents and school, prior delinquent behavior, and social disorganization.

PROTECTIVE AND RISK FAMILY FACTORS

Family factors that appear to inhibit substance abuse can be categorized into five broad characteristics or activities that take place both in the home and outside the home. Protective factors within the home include close, mutually reinforcing parent-child relationships (Brook 1993; Brook et al. 1984, 1990; Catalano et al. 1993; Dishion et al. 1988; Werner and Smith 1992). Positive discipline methods on the part of parents are also protective against substance abuse (Block et al. 1988; Catalano et al. 1993; Dishion et al. 1988; Kellam et al. 1983). Protective factors outside the home include monitoring and supervision of children's activities and relationships (Catalano et al. 1992; Chilcoat et al. 1995; Dishion et al. 1988; Ensminger 1990; Fletcher et al. 1995; Richardson et al. 1989; Smart and Gray 1979). Family involvement with and advocacy for the children outside of the home, such as at church and in school, also prove to be protective against substance abuse (Brunswick et al. 1992; Kandel and Davies 1992; Krohn and Thornberry 1993). Finally, parents' taking initiative and seeking information and support for the benefit of their children is protective (Crockenberg 1981; Nye et al. 1995; Rhodes et al. 1992, 1994;

Family Characteristics And Drug Abuse

The critical role of family characteristics is acknowledged in virtually every psychological theory of substance abuse (Brook et al. 1990; Bry 1983; Catalano and Hawkins 1996; Dembo et al. 1979; Dishion et al. 1988; Elliott et al. 1989; Hawkins et al. 1992; Jessor 1993; Kandel and Davies 1992; Kaplan and Johnson 1992; Kellam et al. 1983; Kumpfer 1987; Newcomb and Bentler 1989; Oetting and Lynch 1993; Wills et al. 1992). Family factors that appear to inhibit substance abuse can be categorized into five broad characteristics or activities that take place both in the home and outside the home. Protective factors within the home include close, mutually reinforcing parent-child relationships (Brook 1993; Brook et al. 1984, 1990; Catalano et al. 1993; Dishion et al. 1988; Werner and Smith 1992). Positive discipline methods on the part of parents are also protective against substance abuse (Block et al. 1988; Catalano et al. 1993; Dishion et al. 1988; Kellam et al. 1983). Protective factors outside the home include monitoring and supervision of children's activities and relationships (Catalano et al. 1992; Chilcoat et al. 1995; Dishion et al. 1988; Ensminger 1990; Fietcher et al. 1995; Riahardson et al. 1989; Smart and Gray 1979). Family involvement with and advocacy for the children outside of the home, such as at church and in school, also prove to be protective against substance abuse (Brunswick et al. 1992; Kandel and Davies 1992; Krohn and Thornberry 1993). Finally, parents' taking initiative and seeking information and support for the benefit of their children is protective (Crockenberg 1981; Nye et al. 1995; Rhodes et al. 1992, 1994; Stack 1974). These protective factors appear to reduce adolescent substance abuse by establishing a parent-child relationship, from birth, within which parents exert strong positive influence by knowing what their children do day to day, by providing ample praise for their appropriate behaviours, and by constantly introducing them to and actively supporting their engagement in a variety of pleasurable alternatives to substance abuse.

On the other hand, there are other family factors that clearly increase the probability that a child will abuse substances. Parental rejection and neglect heighten the risk of substance abuse (Block et al. 1988; Shedler and Block 1990). Physical abuse, sexual victimization, and other exposure to violence greatly increase the probability of substance abuse (Briere 1988; Briere and Zaidi 1989; Burnam et al. 1988; Clayton 1992; Dembo et al. 1989, 1992; Miller et al. 1987; Polusny and Follette 1995; Rohsenow et al. 1988; Zierler et al. 1991). Finally, substance abuse by parents and siblings greatly increases the chance that children will abuse substances (Andrews et al. 1993; Brook et al. 1991; Dishion et al. 1988; Merikangas et al. 1992; Sher et al. 1991). In sum, these family risk factors seem to increase substance abuse by producing children with memories of rejection, pain, humiliation, and interpersonal conflict, while depriving them of the protective factors of interpersonal warmth, supervision, and positive guidance in effective life functioning. The unpleasantness in these children's lives increases the reinforcing value of substance use, while the missing protective factors leave the children without viable, alternative methods to gain pleasure or relief from pain. An obvious implication of the above review of protective and risk family factors is that perhaps substance abuse could be prevented if family functioning could be changed. . .

This study, therefore, set out to investigate the indicators of early recognition among Nigerian youth at high risk of substance abuse. It was therefore hypothesized that:

- 1: There would be no significant difference in attitude towards friends and acquaintances who smoke cigarette,

drink alcohol and use drug between respondents at high risk of substance abuse and those who are not.

2: There would be no significant difference in age and truancy between respondents at high risk of substance abuse and those who are not.

3: There would be no significant difference in satisfaction with ones life between respondents at high risk of substance abuse and those who are not.

4: There would be no significant difference in family and school functioning between respondents at high risk of substance abuse and those who are not.

METHODOLOGY

Participants

The research using a representative sample was carried out among 2, 823 high school students throughout Nigeria. The population that this study draws from includes students who participated in the Inter-Command Sports Competition for the year 2003. The Inter-Command Sports Competition was sponsored by the Nigerian Army Education Corps / Schools. Of the students sampled, 44% were from South-West region, 13% were from South-South, 11% were from South-East region, 6% were from

North-East region, 17% were from Northwest and 11% were from North Central. The age ranges between 14-20 years with average age of 16 years. The sample was made of 1,453 girls and 1,470 boys.

RESEARCH INSTRUMENT

Questionnaires were used to collect data in the study. The questionnaire consists of three sections. Section A, measured the demographic variables of samples such as sex, age. Section B contained 12 structured items that measure school and family functioning, attitude to friends who smoke and drink, and satisfaction with ones life. Inventory (revised) (DUSI-R) was used to identify the drug user. The DUSI-R measures severity of problems in 10 domains: (1) substance abuse, (2) psychiatric disorder, (3) behaviour problems, (4) school adjustment, (5) health status, (6) work adjustment, (7) peer relations, (8) social competency, (9) family adjustment, and (10) leisure/recreation. In addition, it contains a lie scale and documents drug and alcohol use, preferred substance, and substance with which they report the greatest problem. The instruments used were standardized [.84 internal validity]

Procedure

In the case of alcohol, two questions from the data set were used as variables: (a) had the student ever been under the influence of alcohol? and (b) had the student ever had two or more, alcoholic beverage drinks at one sitting? In the latter case, one would expect a student to get high from consuming two or more drinks in one sitting. "Being under the influence" of cigarettes was more difficult to determine, because the outward manifestations are less clear. Therefore, the cigarette variable was based on whether students smoked regularly (every day). For each question, those students that replied affirmatively were coded with the value 1. Students were assured that their answers to these questions would remain totally confidential. Self-reports appear to be a more reliable estimate of actual behavior than more objective measures, which would likely identify only the most conspicuous and "hard-core"

use of these substances within peer group. When examined individually, i.e., without the other drug variables included, there was a strong inverse relationship between the likelihood that an adolescent was under the influence of cigarette while at school. Doherty and Needle (1998) and Wallerstein and Lewis (1999) note that family disruption, especially in the family structure of the home, can also make substance abuse more likely. A considerable amount of research appears to support this perspective (1999). Substance abuse may be a product of a number of other factors as well, including the extent to which a student is depressed or under a considerable amount of stress (Curtin et al., 1998; McFarlane, 1998).

The results obtained should also be understood in their proper context. Whatever the causal linkage involved in drug consumption, recognizing the relationship between the consumption of the drugs studied and variables identified is an important relationship of which teachers should be aware. To whatever extent teachers become aware of adolescents consuming these drugs, particularly to an excessive degree, this awareness can help sensitize the teacher to possible factors at work in the life of that adolescent that may have produced this behaviour. More research needs to be done examining the most common causes of adolescent drug consumption and the ways that teachers can sensitize themselves to these issues.

COUNSELLING IMPLICATION

Bry and associates (1986), Dry and Krinsley (1992), and Krinsley (1991) have repeatedly found evidence of delayed or "sleeper" effects on youth substance abuse precursors as a result of the researchers' prevention intervention, which combines home-based, family behavioural counseling and school-based, youth behavioural counseling. A therapist meets weekly both individually with an "at risk" youth at the middle school and together with the youth and his or her parents at home. At the meetings, the therapist reviews what one of the youth's teachers says that the youth can do specifically that week to improve his or her grades or behavior. Then the therapist helps the youth plan how to accomplish the goal and models and coaches the parents to facilitate and recognize the accomplishment. As a function of the current collaboration between project directors Bry and Associates (1991) and Boyd-Franklin (1989), the prevention intervention is now known as Targeted Adolescent/Family Multisystems Intervention (TAFMI). The youth substance abuse precursors that this family prevention intervention reliably reduces are poor middle-school performance; early adolescent substance use, if use has already commenced; and the initiation of substance use, if use has not already commenced:

In the most recently completed study, Krinsley (1991) guided the school personnel in an ethnically mixed (black, white, and Hispanic) working-class, northeastern town to identify the seventh and eighth graders with the highest numbers of substance abuse precursors. After the researchers received consent from 88 percent of the parents, who were told that their adolescents were identified because they could do better in school, the youth all received a year of school-based monitoring and behavioural and academic counseling plus booster these invariably improved their academic performance, behaviours, and mental health. Mental health in childhood and adolescence is characterized by the achievement of developmental, cognitive, social, and emotional milestones (NASP, 2003). The U.S. Department of Health and Human Services (as cited in Bucy, et al., 2002) reports that an estimated four million children and adolescents suffer from a mental illness that results in a major impact at home and school. With these increased needs for services, schools are looking for ways to address the nature and scope of "support

services” (Adelman & Taylor, 2000). One way to make mental health services effective is to ensure that they are comprehensive, coordinated, and accessible to students and families (NASP, 2003). Recognizing the psychosocial indicators will equally go along way in helping youth live a drug free life.

Conclusion

Based on the findings of this study, it becomes obvious that adolescent whose parents are well adjusted and psychologically healthy are less likely to use or abuse substances. High levels of parental support have been related to less adolescent substance use. Parental support actually has reduced the effect of negative life events on adolescent substance use. A teen who feels that his or her family works together toward common goal, to deal with stress is less likely to use substances. Bonding together as a family does indirectly affect adolescent alcohol use by influencing teens' choice of friends and their educational commitment. Kids who feel loved and wanted in their families also have a lower risk of adolescent substance use. Having healthy communication with your teen results in less teen substance use. Affectionate parent- adolescent interaction reduces the influence of risk factors on teen drug use. Parents can help their teens avoid using substances by talking to them about misleading media messages that glamorize drinking and smoking. This study shows that a strong family is essential to the successful prevention of substance abuse in teens. Despite the many circumstances that encourage adolescents to smoke and drink, parents need not feel helpless. They need to cooperate with school counselors to intervention strategies that are effective.

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