



**NEAR EAST UNIVERSITY
INSTITUTE OF GRADUATE STUDIES
DEPARTMENT OF NURSING**

**EVALUATING THE COPING SKILLS OF DRUG AND SUBSTANCE
ABUSERS AND ITS IMPACT ON THEIR PSYCHOLOGICAL WELL-
BEING**

M.Sc THESIS

REJOICE OLUFUNMILOLA ISIAH

NICOSIA

JANUARY 2024

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MASTER THESIS

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Approval

We certify that we have read the thesis submitted by REJOICE OLUFUNMILOLA entitled "EVALUATING THE COPING SKILLS OF DRUG AND SUBSTANCE ABUSERS AND ITS IMPACT ON THEIR PSYCHOLOGICAL WELL-BEING" and that in our combined opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Nursing in PSYCHIATRIC NURSING.

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Declaration

I hereby declare that all information, documents, analysis, and results in this thesis have been collected and presented according to the academic rules and ethical guidelines of the Institute of Graduate Studies, Near East University. I also declare that as required by these rules and conduct, I have fully cited and referenced information and data that are not original to this study.

REJOICE OLUFUNMILOLA ISIAH

...../...../2024

Acknowledgments

Glory be to the Lord Almighty for His abundant grace, unwavering love, and countless blessings in my life! First and foremost, I want to dedicate this thesis to my late father, Isaiah Olugboyega Gbeleje. His love, Prayer, support, and unwavering belief in my abilities have been the driving force behind my pursuit of knowledge. Though he may no longer be with us, his memory and the values he instilled in me continue to inspire and guide me every day. I am forever grateful for the sacrifices he made to provide me with educational opportunities and for his constant encouragement and prayers throughout my academic journey. His wisdom and strength will forever be etched in my heart. I am also deeply grateful to my incredible mother Janet Olugboyega, whose prayers and support have been a constant source of strength and inspiration. She has raised and nurtured me, instilling in me the belief that I can achieve anything I set my mind to. Without her unwavering love and guidance, I wouldn't be where I am today. I would like to express my heartfelt thanks to the Dean, the professors, and all the staff of the Near East University Nursing Faculty, Department of Mental Health and Psychiatric Nursing. Their dedication to education and research has created a nurturing environment for learning and growth, and their support throughout this journey has been truly invaluable.

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Rejoice Olufunmilola Isaia

Abstract

Evaluating the Coping Skills of Drug and Substance Abusers and its Impact on their Psychological Well-Being

Rejoice Olufunmilola Isaiah
M.Sc, Department of Nursing

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Aim: Drugs and substance abuse have become prevalent among adolescents thereby affecting their psychological well-being. There is a need for mental and behavioral strategies to help them deal with both their internal and external sources of stress. This study aims to evaluate the coping skills of drugs and substance users and to see the effects those drugs and substances are having on the psychological well-being of young Adolescents aged 18 – 27.

Method: This study used the quantitative research design. This study included young adults who are at the Vanguard Against Drug Abuse (VGADA) Detox Center, New Life Specialist Hospital and Rehabilitation Center, and the Olive Prime Peridot rehabilitation centers in Abuja, Nigeria. The data was collected using the 42-item Psychological Wellbeing scale and the 29-item Coping scale for children and youth.

Results: The study found that both the Psychological well-being and the coping skills of Adolescents are relatively moderate. The study found a positive statistically significant correlation between coping skills and Psychological well-being ($p < 0.05$). There was also a statistically significant difference between Educational level, coping skills, and psychological well-being ($p < 0.05$). Place of residence had a statistically significant relation with psychological well-being ($p < 0.05$).

Conclusion: Helping adolescents who are substance and drug abusers improve their coping skills which means helping them deal with both their internal and external sources of stress will improve their psychological well – being leading to a better recovery and making them more useful again to society. There should be an incorporation of expressive treatments such as music therapy, theater therapy, or art therapy to offer teenagers who might struggle to articulate their feelings other ways of expressing themselves. Relapse prevention, interpersonal communication skills, and peer support should all be fundamental tenets of group therapy sessions

Key Words: Drug, Substance Abuse, Psychological Well-Being, Coping Skills

ÖZET

Uyuşturucu ve madde bağımlılarının başa çıkma becerilerinin ve bunun psikolojik sağlıkları üzerindeki etkisinin değerlendirilmesi

Rejoice Olufunmilola Isaiah

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Amaç: Uyuşturucu ve madde bağımlılığının ergenler arasında yaygınlaşması, onların psikolojik sağlıklarını da etkilemektedir. Hem iç hem de dış stres kaynaklarıyla baş etmelerine yardımcı olacak zihinsel ve davranışsal stratejilere ihtiyaç vardır. Bu çalışma, uyuşturucu ve madde kullanıcılarının başa çıkma becerilerini değerlendirmeyi ve bu uyuşturucu ve maddelerin 18-27 yaş arası genç ergenlerin psikolojik iyi oluşları üzerindeki etkilerini görmeyi amaçlamıştır.

Yöntem: Bu araştırmada nicel araştırma tasarımı kullanılmıştır. Bu çalışmaya Nijerya'nın Abuja kentindeki Vanguard Against Drug Abuse (VGADA) Detoks Merkezi, New Life Uzman Hastanesi ve Rehabilitasyon Merkezi ve Olive Prime Peridot rehabilitasyon merkezlerinde bulunan genç yetişkinler dahil edildi. Veriler, çocuklar ve gençlere yönelik 42 maddelik Psikolojik İyi Olma Ölçeği ve 29 maddelik Başa Çıkma Ölçeği kullanılarak toplanmıştır.

Bulgular: Çalışmada ergenlerin hem psikolojik iyilik halinin hem de başa çıkma becerilerinin nispeten orta düzeyde olduğu bulunmuştur. Çalışma, da başa çıkma becerileri ile psikolojik iyi oluş arasında istatistiksel olarak anlamlı pozitif bir ilişki bulunmuştur ($p < 0,05$). Eğitim düzeyi, başa çıkma becerileri ve psikolojik iyi oluş arasında da istatistiksel olarak anlamlı bir fark vardı ($p < 0,05$). Yaşanan yer ile psikolojik iyi oluş arasında istatistiksel olarak anlamlı bir ilişki bulunmuştur ($p < 0,05$).

Sonuç: Madde ve uyuşturucu bağımlısı olan ergenlerin baş etme becerilerini geliştirmelerine yardımcı olmak, yani hem iç hem de dış stres kaynaklarıyla baş etmelerine yardımcı olmak, psikolojik sağlıklarını iyileştirecek, daha iyi bir iyileşmeye yol açacak ve onları topluma yeniden daha faydalı hale getirecektir. Duygularını ifade etmekte zorlanan gençlere kendilerini ifade etmenin başka yollarını sunmak için müzik terapisi, tiyatro terapisi veya sanat terapisi gibi dışavurumcu tedavilerin bir araya getirilmesi gerekir. Nüksetmeyi önleme, kişilerarası iletişim becerileri ve akran desteği, grup terapisi oturumlarının temel ilkeleri olmalıdır.

AnahtarKelimeler: Uyuřturucu, Madde Kullanımı, Psikoloji İyi Oluř, Bařa ıkma Becerileri

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List of Abbreviations

WHO: World Health Organisation

NAFDAC: The National Agency of Food Drug Administration and Control

UNODC: United Nations Office on Drug and Crime in Nigeria

SAMHSA: Substance Abuse and Mental Health Services Administration

Drugs & Crime

PTSD: Post-Traumatic Stress Disorder

Nigeria

SCL-90-R

CHAPTER I

Introduction

The problem statement of this study, the purpose of this investigation, the research question that has been asked, the significance of this study, and the constraints of this study will all be described in this chapter.

Statement of the Problem

Addiction to drugs, also known as substance use disorder, is a chronic brain and behavior illness characterized by compulsive drug seeking and use despite negative consequences, like health issues, disability, or not being able to do important things at work, school, or home (American Psychiatric Association, 2022). When a person with a drug use disorder continues to use the substance despite serious issues associated to it, it is indicative of a cluster of cognitive, behavioral, and physiological symptoms (APA, 2013). Substance abuse diseases include ten distinct drug categories: alcoholic beverages, caffeine, cannabis, hallucinogens (categorizing phencyclidine and other hallucinogens separately), inhalants, opioids, sedatives, hypnotics, and anxiolytics, stimulants (including cocaine and amphetamine-type substances), tobacco, and other substances. Drugs include substances like alcohol, weed, and tobacco. Those who are hooked on drugs are more likely to take them despite knowing the risks (Mayo, 2023). Abuse of drugs and alcohol claims the lives of over 2.6 million persons in the age band of 10 to 24 years old every single year (APA, 2013; WHO, 2019). Psychological well-being revolves around happy and successful lifestyles. It is the state of being in good spirits while also being able to perform at a high level. Individuals do not need to be happy all the time in order to have sustainable well-being; the experience of unpleasant emotions (such as disappointment, failure, and sadness) is a natural part of life, and the ability to handle these negative or painful emotions is crucial for long-term well-being. However, a person's psychological well-being might be jeopardized when they experience unpleasant emotions to such a degree or for such an extended period of time that they become unable to operate normally in their day-to-day lives (Huppert, 2009). The term "coping" refers to the mental and behavioral strategies that are used in order to deal with both internal and external sources of stress (Folkman & Moskowitz, 2004). "Coping styles" are a collection of generally consistent characteristics that govern a person's behavior in reaction to stress. These styles are determined when an individual is exposed to a stressor, and the various ways in which they cope with it are called "coping styles." These remain constant throughout the course of time

and in a variety of settings (Wilson et al., 2019). In general, coping may be broken down into two categories: reactive coping, which is defined as a response to the stressor, and proactive coping, which focuses on mitigating future stressors. Individuals who are proactive are better able to function well in surroundings that are consistent because they are more routinized, stiff, and less reactive to stimuli. Individuals who are reactive do better in circumstances that are more varied (Elkaderet et al., 2019).

According to the findings of Mallorqu-Bagué et al. (2016), the use of illegal drugs might lead to difficulties in thinking, performance, and the learning process. In addition, drugs have a significant influence on a person's mental health; they are known to produce high levels of anxiety and the incapacity to carry out regular tasks. Heroin and cocaine are two examples of substances that have the potential to develop chemical dependency, which has profound effects on the brain (Nordfjærn, 2011). In general, addiction to drugs may lead to mental health problems such as sadness, mood disturbances, sleeplessness, anorexia, sexual dysfunction, paranoia, and hallucinations (Mohr, 2009). A person may turn to these drugs at the beginning stages of addiction in order to satisfy their need for pleasure. However, in order to acquire the same effect, ever-higher dosages are required to achieve this sensation. In turn, this adds to an increased possibility of major side effects and complications, which in turn increases the risk of mortality (Mohr, 2009; Jones et al., 2015).

In 2002, there were 1.6 heroin users for every 1,000 people. In 2013, that figure grew to 2.6 heroin users for every 1,000 people (CDC, 2015). A person who uses amphetamines may have a variety of negative psychosocial effects, including irritability, sleeplessness, decreased appetite, hostility, anxiety, and mood disruptions. Cannabis is another frequent drug that may have a detrimental effect on a person's psychological well-being. Cannabis can cause forgetfulness, bronchial irritation, delay in movement, lethargy, lack of desire, and disturbances in mood and behavior (Mohr, 2009). Researchers Poudel et al. (2016), reported that 43 percent of people in the United States have used cannabis, with 13 percent doing it regularly.

Mansur (2014) concluded that drug addiction not only has an effect on the patient, but it also has an effect on the patient's connection with members of their family. This, in turn, leads to a decreased sense of safety as well as isolation. Abuse of substances results in the dissolution of relationships and has been linked to intimate partner violence (Alzahrani et al., 2016). This has repercussions for the family unit.

Nordfjaern (2011), who evaluated the effects of high and low use of illegal drugs and alcohol on psychological distress and interpersonal relationships in Norway, came to the same conclusion. He found that excessive consumption of alcohol and illicit substances had a negative influence on both. The research was conducted using a cross-sectional design with a total of 352 participants, 70% of whom were male. The research was conducted with the help of self-administered questionnaires such as the drug abuse screening test (DAST-20), the alcohol use disorders identification test (AUDIT), and the multidimensional symptoms checklist-90-revised (SCL-90-R). These were used to evaluate individuals' levels of psychological distress as well as the circumplex of interpersonal problems (CIP). According to the findings of the research, opioids are the most often used illegal substances; large dosages of illegal drugs were associated with a poor psychosocial state, as shown by symptoms such as melancholy, hostility, aggression, and somatization. On the other hand, the degree of alcohol intake was statistically substantially connected with the felt anxiety in invasive behavior, and the use of illegal drugs was statistically strongly correlated with vengeful behavior against other people. Negative life experiences have been shown to be a triggering factor in the use of illegal substances and alcohol, which in turn leads to an erosion of self-efficacy, an increase in the number of interpersonal issues, and obsessive-compulsive disorders. According to the findings, heavy alcohol use is associated with an increased risk of developing interpersonal issues (Nordfjaern, 2011).

Alinsaif (2012) carried out a research in the eastern area of Saudi Arabia that was a cross-sectional investigation with the purpose of investigating the psychological aspects that contribute to the use of alcohol. Saudi Narcotics Anonymous and the Al-Amal complex located in the eastern area provided the author with 120 participants ranging in age from 18 to 69 for this study. For the purpose of evaluating the participants' psychosocial aspects, a questionnaire that required self-reporting was used. It is interesting to note that the result indicated that 32.7% of participants ascribed their addiction to peer pressure as the primary cause, despite the fact that the majority of them had not been abused as children and did not come from a family with a history of drinking issues. Importantly, the feeling of happiness after consumption was the most common psychological factor that led participants to use alcohol (22.5%); for the personality factor, 32% of participants reported that they were seeking sensation; and for the social factor, 35% of participants reported that the influence of family was the strongest reason for using alcohol. The author reported that 70.3% of the participants had no family history of alcohol use, yet the

conclusion was that 35% listed mimicking family members as a motivation for consuming alcohol. From my vantage point, there is disagreement around the data.

In the same vein, Hassel et al. (2013) carried out a research to evaluate the psychological and interpersonal discomfort that is common among individuals who suffer from drug use disorders. The sample consisted of 346 individuals who attended one of 16 distinct treatment facilities located in Norway. Both the self-administration questionnaire CIP and the general perceived self-efficacy scale (GES) were employed in this study by the researchers. The SCL-90-R was used to assess levels of psychological distress, while the AUDIT and DAST-20 were used to assess levels of alcohol intake. There was an association between increasing age and increased substance misuse, but there was no correlation between gender and increased drug addiction. The findings of the research also revealed that drug use disorder has a detrimental impact on a person's psychological well-being as well as their interpersonal relationships. Additionally, the association between anxiousness, somatization, and concentration was substantially accompanied by both the use of illegal substances and the intake of alcohol. There was a correlation between the use of illegal substances and hostility, susceptibility, suspiciousness, and psychoticism.

In Delhi, India, men who used injectable forms of heroin, marihuana, and diazepam were evaluated for their quality of life, as well as their levels of sadness, anxiety, and suicidal ideation by Armstrong et al. (2013). A total of 420 people took part in the research, which used a cross-sectional survey approach. According to the findings of the research, 76% of the sample was dependent on heroin, 73% of the sample was dependent on marijuana, and 53% of the sample was addicted to diazepam. More than fifty percent of the sample reported having suicidal thoughts in the preceding year, and thirty-six percent of the individuals admitted to having made at least one attempt to take their own lives. According to the findings, there was a significant correlation between living with depression and anxiety, with 84% of people living with depression and 54% living with anxiety. Due to the fact that the participants' needs for mental healthcare in India were not being satisfied, the research concluded that there was a high prevalence of sadness, anxiety, and thoughts of suicide among the participants.

The connection between drug use disorders and serious mental problems was investigated in a research that was carried out in Italy and authored by Tiziana et al (2014). For the purpose of evaluating mental symptoms, we used the brief psychiatric rating scale (BPRS), the global assessment of functioning scale (GAF), and the clinical global impression severity (CGI-S) scales.

The consumption patterns of the 848 individuals during the previous six months were used to categorize them as having either a positive or negative active drug use disorder. According to the findings, those who had an active status were more likely to suffer from mental issues, such as personality disorder cluster B (53%), than individuals who belonged to cluster A (11.36%) or cluster C (35.23%). Depression was yet another common mental condition among those who were actively seeking treatment. The fact that socio-demographic variables, psychiatric histories, and clinical states were not documented is the primary limitation of the results of this research. In addition, the positive and negative syndrome scale (PANSS) is a more sensitive measure of mental symptoms than the brief symptom rating scale (BPRS) (Tiziana et al., 2014).

According to the findings of Arteaga et al (2015), who conducted a study with (n-162) patients who were in the substance addiction treatment Programme. 33 percent of the (n-162) people who had a history of drug addiction had a history of intimate partner violence (IPV). The authors did a comparison between those who had IPV amounting to (n-70) and people who did not have IPV amounting to (n-92). Individuals who reported experiencing IPV showed considerably greater levels of aggressive, pessimistic, paranoid, and delusional illnesses. People who used drugs like alcohol and cocaine often exhibited antisocial behavior. There were various different types of violence that couples were subjected to, the most common of which was physical violence experienced by (n-65), followed by psychological violence experienced by (n-42), and then sexual violence experienced by (n-17) (Arteaga et al., 2015).

A quantitative cross-sectional study with 165 participants was used in the research that was carried out in Saudi Arabia by Alzahrani et al (2015), to investigate the prevalence of depression and related variables among patients suffering from drug use disorders. The study highlighted previous research in which individuals reported using amphetamines at much higher rates (72.2%). In addition, a greater number of people utilized dual drugs (74.5% of people) and multiple kinds of substances (40%) on a regular basis. In addition, the length of time spent taking a drug was revealed to be a more important factor in determining the level of psychological discomfort than the quantity of substances that were used (Alzahrani et al., 2015). At the Al Baha Psychiatric Hospital in Saudi Arabia, Youssef, et al. (2016) compared 122 substance with a control group of 117. The participants in the control group had never considered or attempted suicide in the past. It was found that amphetamines were the substance that was used the most often (87%) followed by cannabis (70%) and alcohol (37%). Based on these findings, it seemed that drug abuse, including

alcohol, amphetamines, and volatile substances, was linked to frequent suicidal ideation (Youssef, et al., 2016).

Using semi-structured interviews with 25 participants, Al Ghaferi et al (2017) performed research in Amman to assess the efficacy of the bio-psychosocial and spiritual model in treating addiction. The study was undertaken to examine the efficiency of the model. The questions asked throughout the interview focused on the beginnings of drug use, progressions of usage and dependency, the implications of addiction on one's physical health, the psychological and social repercussions of addiction, and the search for treatment. The participants reported experiencing unpleasant physical withdrawal symptoms such as sweating, headaches, discomfort, and diarrhea throughout their time in the program. When it came to the psychological components, the focus was placed on mood-related disorders. On the societal level, disruption within families and the dissolution of marriage partnerships were seen (Al Ghaferi et al., 2017).

Using semi-structured interviews with 25 participants, Al Ghaferi et al (2017) performed research in Amman to assess the efficacy of the bio-psychosocial and spiritual model in treating addiction. The study was undertaken to examine the efficiency of the model. The questions asked throughout the interview focused on the beginnings of drug use, progressions of usage and dependency, the implications of addiction on one's physical health, the psychological and social repercussions of addiction, and the search for treatment. The participants reported experiencing unpleasant physical withdrawal symptoms such as sweating, headaches, discomfort, and diarrhea throughout their time in the program. When it came to the psychological components, the focus was placed on mood-related disorders. On the societal level, disruption within families and the dissolution of marriage partnerships were seen (Al Ghaferi et al., 2017).

According to a study conducted by the United Nations Office on Drugs and Crime in Nigeria, an estimated 14.4% of the country population, or 14.3 million persons, aged 15 to 64 engage in drug misuse (UNODC, 2018). Alcohol was found to have the greatest prevalence rate, while cannabis was shown to be the most misused illegal substance, according to the statistical analysis of the data of a countrywide survey that was conducted in 2015 and included 10,609 respondents (Adamson, 2015).

Abuse of illicit substances is pervasive across Nigeria's educational system and extends all the way down to the secondary school level (Idowu et al., 2018). The substantial rise in the misuse of drugs and other substances is throwing away the efforts in the war on drugs, which was

highlighted by the establishment of two federal agencies in Nigeria: The National Drug Law Enforcement Agency in 1990 and the National Agency for Food and Drug Administration and Control in 1993. Both of these organizations were established in response to the rising problem of drug abuse (NAFDAC, 2020). Abuse of drugs and other substances is widespread in all six Geographical zones. According to a report published in 2018 by the United Nations Office on Drugs and Crime, the South-West region of Nigeria, which includes the states of Ekiti, Lagos, Ogun, Ondo, Osun, and Oyo, is reported to have the highest prevalence of drug and substance use (22.4% or 4,382,000 users), particularly in Lagos and Oyo state. This is a zone of serious concern that includes these states. After this zone comes the South-South zone, then the South-East zone, the North-East zone, the North-West zone, and finally the North-Central zone (UNODC, 2018). Low self-esteem, pressure from peers, the desire for additional energy for everyday tasks, bad socioeconomic situations at home, and inquisitiveness to try new things are reasons people start using drugs (Olanrewaju et al., 2022). Alcohol, opioids, benzodiazepines, cannabinoids, barbiturates, and hallucinogens are the six primary classes of drugs that may be distinguished from one another based solely on their chemical composition. Every one of the thousands of different pharmaceuticals that are currently available, both those that are only available with a doctor's prescription and those that are not, can be placed into one of these six categories. The diverse impacts that drugs have both on the mind and the body are also taken into consideration while classifying the substances. For instance, the use of certain medicines might cause an individual to feel animated, whilst the use of other drugs can cause an individual to feel relaxed and tranquil (Discovery, 2023).

There is a connection between alcohol and drug usage and mental health because of the physiological and neurological changes accompanying the psychological impacts of addiction to these substances. The body's machinery relies on a delicate chemical equilibrium, and any disruption to that balance can have a severe impact. Substance misuse can lead to or exacerbate preexisting mental health problems, and the associated risk factors are similar. Abuse of both alcohol and drugs may wreak havoc on the nervous system, alter brain chemistry, and trigger inflammation, all of which can lead to mental health problems. (Lead., 2022).

Problems with cognition, performance, and learning have been linked to drug use, according to research by Mallorqu-Bagué et al (2023). Also, medications profoundly affect mental health, elevating stress levels and making it difficult to carry out regular tasks. Chemical dependence, brought on by drugs like heroin and cocaine, has devastating effects on the brain.

Drug addiction can lead to psychological and physical health issues such as melancholy, mood disruption, sleeplessness, anorexia, sexual dysfunction, paranoia, and hallucinations. A person may take these substances for pleasure-seeking during the initiation phase of addiction. But to maintain this sensation, ever-increasing dosages are required. As a result, there is a higher chance that the individual will experience major adverse effects or problems, increasing the potential that they will pass away (Hasan., 2019). Over 350 thousand people died in 2017 due to alcohol and drug overdoses. (Ritchie & Roser, 2018). Between 2 and 10% of deaths can be traced back to alcoholic beverages in the majority of nations. This percentage, however, is far greater in a number of other places; in some Eastern European countries, for example, alcohol is directly responsible for roughly a quarter of all deaths. (GBD, 2017). Noncommunicable and mental health problems account for roughly 49% of alcohol-attributable DALYs, while injuries account for about 40% (Degenhardt et al., 2018). The prevalence of alcohol use disorders in the past 12 months (January to December) varies considerably by gender. In the world, alcoholism affects an estimated 237 million males and 46 million females (WHO, 2018). A third of teenagers have issues at family, school, work, or in the community because of substance misuse. Tense relationships with adults at home, such as parents or siblings, might undermine kids' ability to trust others. Substance use disorders harm academic performance, resulting in missed class time and low marks. This is a common reason why students don't perform well enough to move on to the following grade or graduate. Social difficulties such as legal problems and stigmatization might negatively impact mental health. (Rehab after work, 2023). There were 0.7 million fatalities and 26.1 million disability-adjusted life years (DALYs) among women because of alcohol use (Degenhardt et al., 2018). Investigation of the associations between adverse childhood experiences and later substance use revealed that varied exposure patterns to adverse childhood experiences may be related to distinct substance use outcomes (Shin, 2018). Children whose parents have a history of alcohol misuse have an increased likelihood of developing mental and behavioral issues, regardless of the degree to which their parents abused alcohol. According to the findings of the study, it is essential to do an early assessment of the dynamics of the family in order to minimize the risk of future difficulties for the children (Raitasalo et al., 2019). Our research shows that it is crucial to investigate the interplay between a person's many early life stressors and their likelihood of developing a substance use disorder later in life. (Shin., 2018).

Purpose of the study

According to a study conducted by the United Nations Office on Drugs and Crime in Nigeria, an estimated 14.4% of the country population, or 14.3 million persons, aged 15 to 64 engage in drug misuse (UNODC, 2018).

In recent years, there has been a significant increase in the number of young people incarcerated due to the consumption of drugs and other substances and the criminality connected with these behaviors (Olanrewaju et al.,2022).

Looking at how widespread the issue of drugs and substance abuse is across Nigeria and the impact that it is having on Nigeria, the rehab centers in Nigeria are challenged. The purpose of this study is to evaluate the coping skills of drugs and substance users and to see the effects those drugs and substances are having on the psychological well-being of young Adolescents aged 18 – 27.

Research Question

This study examines the following research questions which are cardinal to this study:

1. What are the psychological well-being scores of drug and substance users?
2. What are the coping skills of drug and substance users?
3. What factors affect the coping skills of drug and substance abuse users?
4. What factors affect the Psychological well-being of drug and substance users?
5. Is there a relationship between coping skills and the psychological well-being of adult drug users?

Significance of the study

Mental health or Psychiatric nurses have the responsibilities of Providing excellent treatment to patients with acute conditions through connection-building and meeting their physical and emotional needs, Giving patients their prescribed medicine and taking notice of how well it's working, addressing the unique manifestations of mental disease, calming tense situations, and assisting patients in meeting and conquering obstacles, arranging social and artistic activities for patients as part of group therapy sessions to aid in their emotional rehabilitation. Seeing their huge responsibilities, it is important for them to check their success against those whom they are caring for, this research will help mental health nurses at the facilities where this research will be conducted to see whether their efforts are helping adolescent drug and substance abuse users with

their coping skills and to see what impact their efforts are having on those adolescents' psychological well-being.

This research is also crucial as it will help the Nigeria government to understand the present condition of young adolescent drug users and see what preventive or public health strategies to put in place so as to get a better grip on the issue of drugs in the country and save the future of the country.

This study will help experts in the field of mental health to see what better strategies they can put in place to adjust to the present reality of today's young people in help them deal with the coping mechanism of drugs lastly, it will also contribute to the existing literature that will be very beneficial to future researchers.

Study Limitations

Like many other studies, this study is limited to young adolescent drug users between the ages of 18 – 27, restricted to three rehab centers in Nigeria, the Vanguard Against Drug Abuse (VGADA) Detox Center, New Life Specialist Hospital and Rehabilitation Center, and the Olive Prime Peridot rehabilitation centers in Abuja. The participants needed to know how to read the English language as the questionnaire is exclusively in English and since it was a questionnaire, some of the study participants randomly chose answers without giving full thought to the questions.

Definition of terms

Abuse of drugs, often known as substance abuse, is the practice of using drugs or other substances with the intention of eliciting pleasurable responses in the brain (Mandal, 2023). Alcohol, opioids, benzodiazepines, cannabinoids, barbiturates, and hallucinogens are the six primary classes of drugs that may be distinguished from one another based solely on their chemical composition. Every one of the thousands of different pharmaceuticals that are currently available, both those that are only available with a doctor's prescription and those that are not, can be placed into one of these six categories. The diverse impacts that drugs have both on the mind and the body are also taken into consideration while classifying the substances. For instance, the use of certain medicines might cause an individual to feel animated, whilst the use of other drugs can cause an individual to feel relaxed and tranquil (Discovery, 2023).

Psychological well-being - revolves around happy and successful lifestyles. It is the state of being in good spirits while also being able to perform at a high level. Individuals do not need to be happy all the time in order to have sustainable well-being; the experience of unpleasant emotions (such as disappointment, failure, and sadness) is a natural part of life, and the ability to handle these negative or painful emotions is crucial for long-term well-being. However, a person's psychological well-being might be jeopardized when they experience unpleasant emotions to such a degree or for such an extended period of time that they become unable to operate normally in their day-to-day lives (Huppert, 2009).

Coping Skill - refers to the mental and behavioral strategies that are used in order to deal with both internal and external sources of stress (Folkman & Moskowitz, 2004). "Coping styles" are a collection of generally consistent characteristics that govern a person's behavior in reaction to stress. These styles are determined when an individual is exposed to a stressor, and the various ways in which they cope with it are called "coping styles." These remain constant throughout the course of time and in a variety of settings (Wilson et al., 2019). In general, coping may be broken down into two categories: reactive coping, which is defined as a response to the stressor, and proactive coping, which focuses on mitigating future stressors. Individuals who are proactive are better able to function well in surroundings that are consistent because they are more routinized, stiff, and less reactive to stimuli. Individuals who are reactive do better in circumstances that are more varied (Elkader et al., 2019).

CHAPTER II

Literature Review

In this chapter, we provide conceptual definitions, descriptions, and background information on the topic based on the existing literature.

Overview

Substance abuse could be described “as a maladaptive pattern of drug use leading to clinically significant impairment or distress” (Kpae & Opinion, 2019). The Expert Council of the World Health Organization defines drug misuse as any use of medicinal substances that is either incompatible with or unrelated to safe and effective medical treatment. The study estimates that by 2020, around 284 million people worldwide, between the ages of 15 and 64, will have used at least one illicit substance. A gain of 26% as compared to the previous decade. Drug abuse among young people nowadays is substantially higher than it was when their parents were young adults. This is true in a wide range of nations. Substance abuse treatment centers across all of Africa and Latin America see a disproportionately high number of patients under the age of 35. The poll estimates that 11.2% of the U.S. population uses injectable methods to obtain opioids. This estimate took into consideration the approximately 1.4 million people who were living with HIV on their own in addition to the approximately 1.2 million people who were coping with HIV and hepatitis C simultaneously (Hansford, 2022; UNODC, 2023).

In Nigeria, the prevalence of drug misuse is relatively high at 14.4%, which amounts to 14.3 million people aged 15-64. This figure is significantly higher than the annual global prevalence of 5.6% (Merz, 2018). Most drug usage among those aged 25-59 can be attributed to this, making it the single most major contributor to numerous societal ills, especially among young people (Merz, 2018). Because students play a big role in the management of neighborhood social and economic development initiatives, it is vital to pay attention to the issues they face from a variety of different perspectives (Zivari-Rahman, Lesani, Shokouhi-Moqaddam, & health, 2012). In Katsina, Nigeria, the location of our study, where an estimated 14% of the population engages in drug use, there is a significant problem with substance abuse among young adults between the ages of 25 and 39 (Merz, 2018).

It is common practice in today's culture, where there are few opportunities for making excuses for failure, to keep an eye out for young people who are having a hard time making it through life and

who may not succeed. Some of the potential risks that young people who abuse drugs and alcohol face include being poor and unemployed, being violent, having family problems, and being sick. The first stage in the progression from drug and/or substance use to addiction is the acquisition or beginning of use by vulnerable persons, most commonly young people. This is the first step in the path from drug and/or substance use to addiction (Merz, 2018). One of the most significant and urgent socioeconomic problems plaguing many nations, including Nigeria, is the prevalence of drug and substance addiction among young people (Zivari-Rahman et al., 2012).

Many factors, including but not limited to discontent with social, political, and notably economic problems, joblessness, and peer pressure, contribute to substance abuse (Merz, 2018). Other contributors include alcohol and drug use disorders. Abuse stems from a combination of these and other factors. Many people, including experts, incorrectly use the terms "drug" and "substance" interchangeably. What we call a "substance" is anything other than a "drug" that, if ingested, could alter a person's senses, emotions, thoughts, behaviors, or motor skills. The term "drug" is used to describe any medication recommended by a doctor for the purpose of treating a disease or illness. A "drug" is any medicine prescribed by a doctor for the treatment of a medical condition. Abuse is defined as the purposeful induction of the physiological or psychological effects of a drug or substance for a goal that is not treatment or the reduction of the effects of the drug or substance. This can be done for a variety of reasons. Addiction to drugs and alcohol has far-reaching effects for the young of today, including but not limited to failure in education, poor mental and sexual health, and early abandoning of one's responsibilities (Green et al., 2017).

While just about 0.05 percent of the adult population worldwide is affected by drug use disorder, about 5 percent of the adult population worldwide is affected by alcohol use disorder. Addiction to any substance, whether legal or illegal, is known to increase the likelihood of developing debilitating conditions and fatal ones at a younger age. Substance abuse treatment is an important public health measure because it increases the likelihood of sustained abstinence from drugs and alcohol (Johannessen, Nordfjærn, & Geirdal, 2019).

According to the findings of the World Drug Report 2022, the distribution of illegal drugs can have repercussions on a local, national, and even international scale. The fact that one kilogram of cocaine has a carbon footprint that is thirty times larger than one kilogram of cocoa beans is one of the most significant findings. Another significant outcome is that indoor cannabis production

typically results in a carbon footprint that is sixteen- to one hundred-times larger than outdoor cannabis production (Hansford, 2022; UNODC, 2023).

General population surveys reveal that underage drug use is still significantly more prevalent than drug use among adults, despite the fact that there are certain exceptions connected to the historical consumption of narcotics such as opium and khat. This is the case despite the fact that traditional uses of substances like opium and khat have declined in recent decades. This is true a majority of the time, with a few notable exceptions. According to the majority of studies, the onset of substance abuse is most likely to occur between the ages of 12 and 14, and it may reach its highest point between the ages of 18 and 25, at a time when young adults are at their most self-sufficient (Drugs & Crime, 2018).

Study done in Dar es Salaam, Tanzania, the untimely death of a loved one can act as a "trigger" for substance misuse. Early sexual partners were often the first individuals a person tried drugs with or got HIV from, both of which were life-changing experiences for many people. Many people's lives have been upended by the sad end of a relationship, which was the tipping point that forced them to engage in sexual labor for the purpose of subsistence or to finance their drug use. As a direct consequence of this, sexual labor was frequently followed by painful events such as sexual or physical abuse. The majority of people who have been diagnosed with HIV have described the experience as traumatic. The diagnosis came for many of them after they had started using drugs, and it frequently came during pregnancy or when they were severely ill. Despite this, the motivation of some patients to participate in drug use therapy changed once they were given an HIV diagnosis, particularly during pregnancy. It was frequently cited as a risk factor for poor mental health and subsequent drug use as a coping technique that the accumulation of traumatic experiences was a factor that contributed to this risk (West et al., 2023).

There was no statistically significant difference between the circumstances in terms of the percentage of drug-free urine screens, the effectiveness of coping mechanisms, or the rate at which methadone therapy was prolonged. Patients who were diagnosed with RL plus TAU participated in additional group therapy sessions during their treatment for substance abuse disorders and for self-help. Higher rates of abstinence were seen among individuals who utilized RL systems on a more regular basis (Moore et al., 2019).

Types of drug abuse and prevalence

The subjects' alcohol and cannabis intake at the beginning of the study was analyzed and the mean, standard deviation, and range were computed. With possible values ranging from 0 to 109, the average score for alcohol usage was found to be 25.9 (plus 18.1% standard deviation). This gave the impression that, on average, respondents' alcohol consumption was getting dangerously close to an unsafe level. With a total score that could fall anywhere between 0 and 38, the average score for cannabis use was 8.9 (+10.2 SD). This finding suggests that the typical danger associated with the respondents' consumption of cannabis was one that was relatively high (Ndegwa, 2018).

According to the findings of earlier studies, approximately 22% of the population in the sample admitted to having used drugs within the past year. The use of a transcendent orientation and avoidance were regarded as less efficient coping methods, while the employment of a constructive outlook and a concentration on the problem at hand were regarded as very successful coping mechanisms. When compared to students who majored in economics and biological sciences, students who majored in medicine and law were less likely to report having used drugs within the previous year. This was a significant difference. On the other hand, students of other majors reported almost the same amount of drug usage over the previous academic year. After taking into account differences in gender and age, it was shown that individuals who possessed a transcendence orientation had a reduced risk of substance use (31.6%), but individuals who possessed a problem orientation had a higher risk (23.2%) than individuals who possessed an avoidant orientation (26.5%, 22.2%, 5.1%). When coping strategies were taken into account, researchers found that male participants were twice as likely to use drugs as female participants, and that younger students were more likely to use drugs than older students. Younger pupils were also shown to be more likely to engage in drug use than their more mature counterparts (Caricati & Ferrari, 2021).

It was found that a total of 37% of the students had used alcohol or drugs sometime within the previous month. Eighty percent of people who took part in the poll had been a member of the system for the treatment of substance addiction for a period of less than four years. The overwhelming majority of these students reported that they already had a connection to the university in order to gain admission there. The college was not the location of any of their initiation experiences with alcohol or illicit substances (Wada, Khalid, Shitu, & Ibrahim, 2021).

The largest percentage of pupils who had previous information on the subject of the drug misuse and other substances was 59.7 percent. Additionally, the overwhelming majority of people thought that anti-drug initiatives were successful. Additionally, 45.5% of the student body was of the opinion that the usage of drugs or substances increased one's IQ. Sixty-nine-point eight percent of students who tried drugs or substances for the first time did so as a result of some combination of curiosity and frustration (Wada et al., 2021).

An assessment of hazardous levels of alcohol consumption was performed at each stage of the research project: at the beginning, in the middle, and at the conclusion. The comparison in the study shows that harmful alcohol consumption at baseline (64.5%) was significantly higher when compared to that of midline (35.5%; $p=0.001$) and that of end line (30.6%; $p=0.001$) and that of end line (30.6%; $p=0.001$) and that of end line (30.6%; $p=0.001$) respectively. The population as a whole underwent significant shifts, as indicated by a significant p-value (0.001), as determined by the study of the percentage changes in harmful alcohol use between the baseline and the midline. In the same way, when comparing the percentage of harmful alcohol consumption at the beginning and the conclusion of the study, there were more significant shifts ($p = 0.001$). The fact that there was a significant decrease in risky drinking patterns at both the midpoint and the endpoint of the study is evidence that the intervention's benefits have been sustained after it has been completed (Ndegwa, 2018).

The following is a list of categories that can be used to classify the most commonly abused substances in Nigeria: stimulants, which are medications that act on the central nervous system in a way that induces stimulation and are themselves a form of stimulation. In the beginning, consumers experience positive effects such as an increase in their energy levels. They mostly consist of caffeine as an active component. The term "hallucinogen" refers to a class of psychoactive substances that modify one's perceptions by acting on the sensory processing system of the brain. Hallucinations, anxiety, exhilaration, despair, and a profound sense of inner delight are frequently the results of using narcotics such as marijuana, LSD, and other compounds with similar effects. Third, narcotics are opiate-based medications that also have a sedative effect on their users. They can be found in substances such as heroin, codeine, opium, and others. Sedatives come in at number four on the list of substances that are often used yet often abused. As well as the reality that some of them help users sleep, relieve tension, relax, and forget about their troubles, the widespread belief that they lessen feelings of stress and anxiety is a significant contributor to

their widespread usage. Valium, alcohol, promotazine, and chloroform are the substances that can be used to make these. The collective name for a class of psychoactive inhalants and volatile solvents that produce euphoria, emotional disinhibition, and lasting cognitive distortion. The vast majority of it originates from products such as adhesives, stain removers, perfumes, chemicals, repairing tubes, and other similar activities. Sixth, it is believed that tranquilizers, such as Librium, Valium, etc., might generate a state of relaxation in their users without causing them to get sleepy (Haladu& control, 2003).

The following have been cited as primary contributors to problematic drug use: The urge to try out different substances and gain knowledge about their effects is what drives many adolescents to begin their drug use at a young age. When someone first tries drugs, they experience emotions of elation and pleasure, which are responsible for keeping them going back for more. A significant number of young individuals are prompted to try drugs for the first time as a result of the influence of their friends. This is because young individuals are consistently subjected to the influence of their peers. As they become less dependent on their parents, they begin to place a greater emphasis on the relationships they have with their peers. If you don't behave in the same way that people in Nigeria do, it will be difficult for you to make friends there, or anyplace else for that matter. Many parents are unable to keep an eye on their children because they are preoccupied with their own commitments and routines. While some parents almost ever engage in conversation with their offspring, others are always harping on their children to perform well in school and raise their grades. These situations provide the ground for and magnify the effects of drug abuse. Substance abuse and dependency are riskier behaviors for adolescents who have personality difficulties that are a direct result of their socioeconomic circumstances. The majority of people in Nigeria are classified as having a socioeconomic standing that is lower than average. Many of our young people are put in a position where they have no choice but to beg on the streets in order to make ends meet as a result of the pervasive poverty, broken homes, and rising rates of unemployment. The severity of these challenges can be attributed, in part, to a lack of available training and retraining opportunities, as well as a dedication on the part of private and community entrepreneurs to actively promote the development of new employment opportunities. Misusing drugs turns into a coping method for the tension and worry that arises as a direct result of these concerns. Working for Prolonged Amounts of Time Consumes Energy Stores In This Way: As a result of the deteriorating economy, many families are put in the difficult position of having to send their children out into the workforce. This, in turn, contributes to the widespread poverty and lack of

agency felt by the population. These adolescents frequently turn to narcotics in order to give themselves an extra burst of energy, which enables them to engage in activities such as hawking, driving buses, loading heads, scavenging, and working in food canteens. Availability of the drug: in many parts of the world, the cost of drugs has become more affordable as a direct result of increased availability. It is essential to take precautions against withdrawal symptoms:” withdrawal symptoms” are what a drug user experiences when they suddenly stop taking the drug they have been abusing. The majority of people report experiencing symptoms such as shaking, discomfort, anxiety, and excessive perspiration. The inability of the user to tolerate the effects of withdrawal is the primary driver of addiction (Haladu& control, 2003).

Coping skills and psychological well-being

Coping refers to the mental and behavioral strategies people employ to deal with the pressures imposed on them by a stressful situation or scenario. Both an emotional and a problem-focused approach to coping were described. Emotionally focused coping strategies lessen or eliminate the negative feelings and emotions that are typically connected with them (Caricati& Ferrari, 2021). In contrast, problem-focused coping techniques are actions taken to remove or resolve the sources of stress. One way of looking about coping strategies is as a process of adaptation in reaction to changes in one's environment, rather than as a set of fixed personal traits. Although different people may have different preferences, both emotion-focused and problem-focused coping strategies can lead to beneficial or harmful effects. This holds true despite the fact that some may have a preference for one approach over another (Lyness, Koehler, & Youth, 2016).

In order to evaluate the patients' ability to deal with their addictions, a poll was conducted in Cairo, Egypt. The study showed that there was association ($p<0.05$) between the patients' ratings on a scale assessing their desire for drugs and a measure of their ability to cope with stressful situations. About three quarters of the patients studied for desire were wanting drugs for the ability to confront hard situations and for the sharing of peer pressure, suggesting that social aspects of seeking play a significant role in this phenomenon. Patients who took part in the research provided the data used here. This was the case even after the patients had received instruction in coping mechanisms and other social skills vital to reducing the likelihood of the high-risk contacts that impeded their recovery from desire (Ahmed Ahmed, Loutfi, & Abed El Hamid Zaki, 2022). The ability to cope with negative emotions, panic attacks, and other stressful situations helps patients learn how to deal with stress in a healthy way, which is one reason why coping skills increase resilience. You

might be able to put a terrible experience in the past and go on to better things if you've finished working through your feelings about it (Algorani & Gupta, 2023).

Changing one's perspective on a problem, making use of humor, seeking out and making use of the support of others, releasing one's emotions, engaging in regular physical activity and exercise, lowering one's expectations of oneself, and avoiding self-blame are all examples of common coping mechanisms (Somers, Casal, & Health, 2021). One needs to make use of a wide range of mental and behavioral methods if they are going to be able to cope with a stressful situation. The process of modifying one's actions, thoughts, or feelings in response to demanding circumstances or significant life events is known as stress adaptation. The death of a loved one, being the victim of physical, sexual, or emotional violence or abuse, being let go from one's job, or going through a divorce are all instances of stressful events that can occur in one's life. Even positive life transitions, such as landing a new job, getting married, becoming a parent, or moving, can be stressful and require the development of coping mechanisms (Jacobs, Dabengwa, & Behaviour, 2020).

According to the findings of a study conducted in Myanmar, the most significant sources of socioeconomic burden are financial constraints, loss of income, social limitations, and a negative impact on the ability of families to remain united. On the other hand, the most significant sources of psychological distress for caregivers of persons with drug use disorder are feelings of anger, stress, and worry. A number of effective coping methods, such as acceptance, money management, religious practices, and planning, are utilized by caregivers. Furthermore, there was a very high level of perceived stigma directed against people with drug use disorders and their caregivers, and caregivers received almost no social assistance. This was partly due to the fact that the country's drug law fosters stigma and prejudice. The caretakers in Myanmar did not receive any financial assistance from the Myanmar government or any other organization in the country. The findings of this study demonstrated that providing care for those who have a substance use disorder can have a catastrophic impact on the caregivers and the families of the caregivers. The vast majority of respondents engaged in active coping, whereas only a minority admitted to attempting to detach from the source of their distress. Active coping techniques that caregivers utilize to address the obstacles of providing support for someone who has a substance use disorder include participating in religious activities, coming to terms with the current circumstances, searching for information,

preparing for the future, and budgeting one's resources (Thein, Herberholz, Sandar, & Yadanar, 2021).

Factors related to Drug use and prevalence

It was shown that students who did not routinely attend religious services had a much higher rate of drug use in the previous month, regardless of the demographic parameters that were taken into account. The odds of alcohol use (OR = 2.52; 95% CI: 2.08- 3.06), tobacco use (OR = 2.83; 95% CI: 2.09- 3.83), marijuana use (OR = 2.09; 95% CI: 1.39- 3.11), and illegal drug use (OR = 1.42; 95% CI: 1.12-1.79) among students who did not regularly attend religious services were all higher. Regular churchgoers were less likely to engage in risky behaviors including drinking, smoking, or using drugs (Gomes, de Andrade, Izbicki, Moreira Almeida, & Oliveira, 2013).

According to the findings of a study conducted at a university in Finland, 1.5% of the sample participated in regular use of illicit drugs, 19% participated in occasional use of illicit drugs, and 79% did not participate in any use of illicit drugs at all. For example, men were more likely to be less religious (adjusted odds ratio [AOR] 1.49, P = 0.022), less likely to live with their parents (adjusted odds ratio [AOR] 2.59, P 0.001), more likely to be single (adjusted odds ratio [AOR] 0.51, P 0.001), and more likely to have ever (lifetime) used illicit drugs. It's disturbing to see that 20.5% of individuals have used drugs at some point in their lives. Significant independent predictors of ever using illegal drugs include not living with one's parents, having a lower level of religiosity, smoking cigarettes on a regular basis, drinking severely on occasion, and perhaps being alcohol dependent. The odds ratio for ever using illegal drugs ranges from 2.38 to 3.69. Education and prevention programs that place an emphasis on the repercussions of drug use can assist individuals in avoiding drug use. Beliefs and expectations around the use of illegal drugs have to be the focus of health promotion initiatives that are geared toward adolescents and young adults who are at risk (El Ansari, Salam, & Suominen, 2020). According to the findings of another study, 33.1% of students admitted to have consumed alcohol at some point in their lives, while 13.9% claimed to have tried khat and 7.9% admitted to smoking cigarettes. A comparable portion of the population regularly consumes alcohol (27.1%), khat (10.4%), and cigarettes (6.4%). More than fifty-nine percent of the students who were polled admitted that they had experimented with psychoactive substances because their peers were doing so. Sixty-six percent of the persons who participated in the study concurred with the statement that psychoactive substances are beneficial for winding down, whereas only 19 percent stated the same thing about lowering stress levels.

Chewing khat was associated with being Muslim [adjusted odds ratio (AOR) 3.74, 95% confidence interval (CI) (1.57, 8.91)], belonging to the Oromo ethnic group [AOR 2.63, 95% confidence interval (CI) (1.19, 5.81)], having consumed alcohol [AOR 6.32, 95% confidence interval (CI) (2.96, 13.48)], and having smoked cigarettes [AOR 9.16, 95% confidence interval (CI) (4.33, 19.38)] (Adere, Yimer, Kumsa, & Liben, 2017).

On the dysfunctional attitude scale, those individuals who were dependent on substances had an average score of 115.18, whereas those individuals who were healthy had an average score of 87.32. In the category of problem-focused coping, persons who abused substances had a score of 18.56 (2.53), while healthy people had a score of 12.02 (2.47). In addition, there were variations in the two groups that were associated ($P < 0.05$) when it came to the measurements of dysfunctional attitudes and coping techniques (Lyness et al., 2016).

According to the operational definitions employed in this study, the most often abused substances among the students were tobacco (14.0%) and cannabis (13.3%). These two substances accounted for the majority of the students' substance abuse. The frequency with which male students used these substances was significantly higher than that of their female counterparts. Coffee and inhalants were the substances that were misused the least frequently among the student population, and there were no reports of any students abusing volatile agents. Although female students were more likely to misuse cough syrups (14.7% versus 11.3%), male students were more likely to abuse opioids than female students were. Students of both sexes abused codeine at almost the same percentage (9.1%), making little distinction between the two. Antibiotics (19.6%), pain medications (13.3%), and tranquilizers (5.2%) were also often overused substances among the students (Wada et al., 2021).

It was discovered that drug and substance misuse among students is linked to factors such as class attendance, student knowledge, and belief in risk (all of which had P values of 0.050 or lower). These factors all have been shown to have an influence on the academic performance of students. Only 2.3% of those who use drugs are considered to have good marks, but 49.4% of people who abuse drugs or other substances are considered to have low grades. Only 10 out of the total respondents (3.3%), or those who filled out the survey, claimed having perfect attendance, while 46.1% said they had chronic absences. Because their P -values were higher than 0.05, the variables in the Pearson's chi-square analysis did not reach the level of statistical significance required to be considered significant (Wada et al., 2021).

A comprehensive review and meta-analysis were carried out in Nigeria, and the results showed that twenty percent to forty percent of students and twenty-nine percent of young adults in the country reported using illegal drugs. Cannabis, cocaine, amphetamines, heroin, diazepam, codeine, cough syrup, and tramadol are only some of the most commonly abused substances. Others include amphetamines and heroin. People who were addicted to drugs obtained their narcotics from a variety of sources, including medical experts, open drug markets, street vendors, friends, acquaintances, and even members of their own families. Undergraduate students, high school students, young people, drivers of commercial buses, farmers, and workers in the sex industry were disproportionately affected by the overuse of drugs. Users noted its benefits in reducing stress, improving athletic performance, and enhancing their ability to pursue pleasure. Low socioeconomic level and a lack of formal education are two common characteristics that contribute to the likelihood of drug abuse (Jatau et al., 2021).

A study that was carried out in Italy revealed that more than 25 percent of the participants had used an illegal drug within the previous year; male participants were found to be more likely to have used drugs than female participants; the risk of using drugs decreased with increasing age. A multilevel logistic model that took into consideration the nested structure of the data within the department was used to conduct an analysis on the association that exists between coping techniques and the usage of illegal drugs. The findings of the analysis showed that a transcendence-orientation and a problem-orientation were connected with a lower risk of having used drugs. On the other hand, there was a correlation between avoidance and a positive attitude leading to an increased risk of having used drugs. Finally, there was a positive but not very strong correlation found between seeking social assistance and increasing one's drug use (Caricati & Ferrari, 2021).

In a different study that was carried out in Kenya, researchers looked into whether or not the social settings of respondents had any bearing on their drug use. Only a little more than half of the respondents (51%) said they had seen their fathers drink, but the vast majority of respondents (92,3%) said they had never seen their fathers take illegal drugs. The overwhelming majority of respondents (69.3%) stated that they had never witnessed their mothers using alcohol or any other drugs (96.4%). The majority of respondents (88.6%) were friends with people who drank alcohol, 75% of respondents were friends with people who used other drugs, and 75% of respondents attended parties where alcohol was present. More than sixty-two-point nine percent of the respondents said that the drug or drugs they used were readily available to them. According to

these findings, the fact that respondents' fathers drank alcohol, having acquaintances that used alcohol and other drugs, and having easy access to drugs all had a role in the respondents' decision to use drugs (Njoki, 2013).

A little over half of respondents (54.5% in another study) selected cigarettes as the substance that was misused the most frequently, while the majority of respondents (61.5% in one study) named alcohol as the substance that was abused the most frequently. The use of cough medicine (33%), shisha (30%), and cannabis (25%), followed by the use of tramadol (35%), was the order of popularity for the most popular drugs after cigarettes. "To get high" was cited as the most prevalent reason for drug use (81.3%), followed by "to help you when you feel depressed or nervous" (65%), "to help you forget about your problems" (65%), and "to cheer you up when you're in a bad mood" (64.5%). The "not to feel left out" option was selected by 59.8% of the respondents (239 total) (Olanrewaju et al., 2022).

The top five reasons given for substance dependency in this study all have something in common: the respondents' attempts, however unsuccessful, to deal with social and psychological concerns or to seek psychological escape are common among the top five reasons. Notably, the group that was evaluated exhibited the highest risk for substance use and abuse due to the socioeconomic and environmental factors that were present. In spite of the fact that efforts to lessen the likelihood of substance abuse should be continued and expanded, it is imperative that careful consideration be given to the social and environmental elements at play in order to assist the most helpless people of these communities. People won't feel the need to "get high" or try to dull their sensations if the underlying social, economic, and psychological difficulties are addressed and resolved. This is because those issues will no longer exist. Because these aspects are directly tied to the reason why people abuse substances or consume illicit drugs, we anticipate that treating them can be a fundamental strategy to resolving the drug addiction problem in the population. This is because these aspects are directly related to the problem (Olanrewaju et al., 2022).

There is not a solitary factor that contributes to an increase in the amount of drug usage among adolescents. When young people are exposed to various factors that contribute to drug usage, this increases the likelihood that they may acquire behaviors that involve the misuse of drugs. The emergence of patterns of drug abuse is influenced by a wide variety of factors, including the following: The use of drugs can result in pleasurable feelings and a sense that one's emotional well-being has been enhanced. Young people may experiment with drugs in order to blend in with

their peers who misuse drugs or to gain approval from their peers who abuse drugs. Some young people may look to drugs as a means of finding relief from the physical discomfort, mental anguish, or worry they are experiencing as a result of difficulties related to stress. Young people who desire to improve their athletic or intellectual abilities frequently resort to using medicines and supplements that enhance performance, such as anabolic steroids and other performance-enhancing substances. It's not uncommon for young individuals to feel they want to attempt something completely different, particularly something exciting or dangerous (Bunu, Isyaku, & Umar, 2023)

It is not unusual to find multiple demographic characteristics and risk factors for drug misuse coexisting with one another. Having a low socioeconomic status, beginning drug use at an early age, engaging in risky social activities, and residing in a culture that accepts the use of illegal substances are all examples of risk factors. There are a great number of extra risks that could arise. Listed below are some specific examples of potential hazards that could arise: The influence of one's family on their life: There are a number of characteristics that have been associated to increased rates of substance usage among young people. Some of these factors include strained relationships between parents and children, sibling rivalry, and parental and sibling substance abuse (Drugs & Crime, 2018). The following is a list of some examples of distinctive characteristics. A low level of educational attainment and the existence of early-onset externalizing challenges, such as attention-deficit disorders or behavioral concerns, such as tendencies toward sensation-seeking, are both connected with an increased risk of substance misuse in later life. This risk can be further exacerbated if the individual has a history of engaging in sensation-seeking behaviors (Drugs & Crime, 2018; Patel, Chisholm, Dua, Laxminarayan, & Medina-Mora, 2016). In addition to this, the influence of one's peers is a significant factor in the drug use of young people. Being in the company of individuals who already have a history of substance misuse is one of the most powerful risk factors that can lead to adolescent substance use (Drugs & Crime, 2018). The study of biology: an individual's genetic make-up accounts for nearly half of the likelihood that they may get addicted to drugs. A person's gender, ethnicity, and the presence of other mental health conditions are all factors that may increase their likelihood of engaging in drug use and addiction (Bunu et al., 2023; Drugs & Crime, 2018; Vanyukov & Tarter, 2019); the setting in which a person lives can have a variety of effects on them, including the influence of their family and peers, the security of their financial situation, and their overall quality of life. Drug use and addiction have been linked to social and environmental factors such as peer pressure, physical and

sexual abuse, early drug exposure, stress, and a lack of parental monitoring. Substance misuse is a widespread problem, and peer pressure is a major contributor (Bunu et al., 2023; Drugs & Crime, 2018; Vanyukov & Tarter, 2019), and factors relating to a person's development. Critical stages of a person's development interact with genetic factors to determine the likelihood that they will take drugs. Misuse of drugs is possible at any age, but those who are particularly susceptible to engaging in risky drug misuse behaviors may have their developmental processes disrupted as a result. This is because the areas of their brains that regulate decision-making, judgment, and self-control are still maturing at this point in their lives (Bunu et al., 2023; Vanyukov & Tarter, 2019).

Another poll was conducted in 2018 in Nigerian schools, and the results showed that 20.7% of students had tried alcohol, and 40.0% of students had a positive attitude on the addiction to substances. The results of the survey revealed that thirty-one (26.3%) of individuals who participated satisfied the criteria for substance abuse. Of those who reported abusing narcotics, 39.0% stated that tramadol was one of the substances they abused. In point of fact, the majority of substance abusers, or 35.5%, believed that their habit would help them do better in school. Students who had not been exposed to any classroom instruction on the subject were more likely to become addicted to substances than their peers who had been lectured upon (47.5% vs 29.7%; $p=0.023$) (Idowu, Aremu, Olumide, & Ogunlaja, 2018).

Predisposing factors to Drugs Addiction and Impact of drug use on Psychological well-being

Some people are more prone to developing an addiction than others as a result of particular circumstances and situations that make them more susceptible to the effects of substance abuse. This sensitivity can be mitigated to some degree by taking preventative measures and delaying the onset of substance usage for as long as possible. The provision of emotional support from family members, the establishment of mental health programs, and the instruction of young people in the use of adaptive coping strategies are all components of an approach that seeks to protect young people (Bunu et al., 2023; Drugs & Crime, 2018).

A diverse set of socioeconomic factors can have an impact on disorders of the brain and nervous system as well as those caused by substance abuse (MNS). According to (Patel et al., 2016), a number of the disorders have been connected to factors like age, gender, and ethnicity, in addition to socioeconomic difficulties such as poverty, unemployment, income inequality, lack of education, and lack of social support. Inadequate housing, overcrowding, and neighborhood violence are all causes, as are natural disasters, war, conflict, climate change, and migration, as

well as the social and environmental repercussions of urbanization and industrialization. Other contributors include natural disasters, war, conflict, climate change, and migration. It has been reported that between 62.7% and 84.5% of students attending colleges and universities in Africa are currently partaking in the usage of illegal drugs. The three substances that are used the most frequently are alcohol, tobacco, and cannabis. Being male, living off campus, having a roommate or friend who uses drugs, being sexually active, having numerous sexual partners, infrequently attending religious fellowships, and feeling depressed are all risk factors for drug use among this population of people (Jelagat, Budambula, Ngari, & Budambula, 2023).

The highest prevalence of smoking was observed among adults between the ages of 21 and 30 years old ($p < 0.05$), according to a study that was carried out in Port Reco, which is located in the United States. The definition of a smoker in this study was someone who smoked more than one cigarette per day. A lack of connection was discovered between smoking and either academic pressure or eating habits. The majority of people who smoked identified relieving stress as their primary motivator for picking up the habit. More than seventy percent of the students who were polled fit the criterion for heavy drinking, which is defined as consuming more than zero drinks on a daily basis. The prevalence of heavy drinking was highest among students aged 21 to 30 (90.6%), women (63.5%), and those from low- to middle-income families ($p < 0.05$). Although there was no association between alcohol consumption and dietary habits or course loads ($p > 0.05$), students who drank alcohol were more likely to show moderate academic stress ($p < 0.05$). This was the case despite the fact that there was no correlation between alcohol intake and drinking alcohol. Eighty one percent of respondents who classified themselves as drinkers reported that they did not find alcohol to be beneficial in terms of coping with stress (González et al., 2013).

The highest quality prevalence estimates for hazardous or problematic alcohol intake varied from 17% to 36% in camp settings, but from 4% to 7% in community settings, according to the findings of a systematic review and meta-analysis of the relevant research. Only a handful of studies really collected trustworthy data on the frequency with which illegal drugs were actually utilized. Seven different research looked at the ways in which differences in substance use existed between locals, other migrants, and persons who had been forcibly displaced. According to the findings of a multivariate analysis of eight separate studies, a significant correlation exists between substance addiction and being male, having undergone traumatic events, and exhibiting indicators of mental illness (Horyniak, Melo, Farrell, Ojeda, & Strathdee, 2016).

The use of recreational drugs by students in higher education institutions continues to be a threat to the public's health. Self-reporting histories, which are susceptible to social desirability bias, are used for the majority of the research that has been conducted on drug use in Kenyan institutions. In light of this, we decided to investigate how common the use of illegal drugs is among students attending college. The investigation investigated both suspected and proved instances of drug use. Using strategies such as proportionate to size sampling and snowball sampling, a total of 380 students hailing from three distinct educational institutions were enrolled. We were able to qualitatively establish drug use with the assistance of a saliva test kit that included six different panels in addition to testing for alcohol. There were a total of 328 (86%) college students that took part in the study, of which 127 (33%) were in their fourth year or higher. Sixty-nine percent of the participants were male. The age that fell in the middle of the interquartile range, or the median, was 22 (20-23). 221 of the students polled, or 58%, admitted to having used drugs in the recent past or now, while 193 of the students, or 51%, tested positive for at least one drug. Alcohol, tobacco (which contains cotinine), cannabis, and amphetamines/khat were the substances that were used the most frequently. There were three different ways that things may be done: simultaneously, concurrently, or exclusively. Students who had never had a sexual relationship were at a lower risk of testing positive for drugs compared to those who had attended schools in Mishomoroni and Kisauni (a relative risk of 1.50, 95% confidence interval: 1.08, 2.09) and those who have had more than one sexual partner (a relative risk of 2.33, 95% confidence interval: 1.45, 3.76). Self-reported drug use was also connected to living in Mishomoroni and Kisauni (adjusted relative risk: 1.48; 95% confidence interval: 1.05; 2.08) as well as having one or more sexual partners (adjusted relative risk: 2.03; 95% confidence interval: 1.27; 3.25) in this study. Roughly half of the students surveyed admitted to engaging in current drug usage. Alcohol, tobacco products, marijuana, and amphetamines or khat were the substances that were used the most frequently, regardless of the methodology used to conduct the poll. There was exclusive usage, use in conjunction with another, or use at the same time (Jelagat et al., 2023).

A number of factors, all of which interact with one another, might increase or decrease the likelihood that an individual will engage in drug misuse or addiction. These factors can be broken down into three primary categories: the agent (the drug), the host (the user), and the environment. The varied forms that drugs and agents can take are a wide range of intensity in the "high" that can be achieved by using various substances. It is more likely for a drug to be used chronically if it produces a high (a state of exhilaration) on a constant basis. Users of a drug are more inclined to

seek out the substance's reinforcing effects, which increases the likelihood that they will continue to use the drug. The intensity of the reinforcement that a substance can give is directly correlated to the likelihood that it will be abused. The following are examples of factors that can raise the likelihood that a substance will be abused: Substances that are less expensive and simpler to acquire are more likely to be abused in excess. The more potent and unadulterated a chemical is, the more commonly it is utilized for illicit purposes. Abuse substances can be taken orally, intranasally, intramuscularly, or intravenously. Another route of administration is inhalation. In most cases, the strategy that takes the least amount of time to achieve the desired effect in the brain is the one that is chosen. It is more likely that an individual will lose control over their drug use as a result of a chain reaction if the effects of the drug begin to take effect within a short period of time after it has been administered. Because of their more convenient nature, drugs with a long duration of action are more prone to be abused. Variables for the host and the user, individuals have varying reactions to the effects of medications and other substances. This is dependent on several factors, including susceptibility and genes that determine susceptibility on conditions relating to the mental health. Whether based on anticipation or previous experience, there is possibility of participating in dangerous activities. There are two components of the surrounding environment: the socioeconomic context and the Sentiment of the public a lack of chances in both education and work Pressure from peers with inadequate access to various other forms of entertainment (Kebede et al., 2005).

The rates of child abuse and infant death, as well as those of school dropouts, poor performance in school, criminal activity, delinquency, and mental illness, are all higher in low-income areas. Racial segregation and inequality due to race, sex, or other traits, as well as homelessness, transience, and starvation, are additional risk factors (Drugs & Crime, 2018).

Abuse of psychoactive substances is more prevalent among men than it is among women. According to the Substance Abuse and Mental Health Services Administration (2014), more boys and men than girls and women engage in illegal substance use. Additionally, more males than women face serious health effects as a result of drug use, including overdose and death. Having said that, these overgeneralizations should be taken with a grain of salt. When it comes to alcohol use, male and female adolescents drink at rates that are roughly same, as stated by the Substance Abuse and Mental Health Services Administration (2014) (Abuse & Administration, 2014). According to the findings of the study, it would appear that women are less prone than men to

exhibit certain risk indicators for alcohol intake and the difficulties that are connected with it, such as worries over mental health. According to the findings of the research, several different factors lead to substance addiction among people who are facing issues with their mental health. The study's participants' degree of parental education and the quality of their living conditions were found to be associated to their likelihood of developing a substance use disorder. The research also discovered a connection between the socioeconomic status of the user and their substance consumption, as well as a connection between the user's living situation and their addiction to substances. According to the findings of the study, individuals who live with their parents have a significantly higher risk of misusing drugs compared to those who live with other family members (Abuse & Administration, 2014).

Researchers found that patients' ability to deal with the challenges posed by COVID-19 was influenced by their own methods of self-control (commitment to studies, projects, and work with therapists) that helped them achieve their goals regarding abstinence; by the difficulties encountered in addressing specific events and situations (doubts, uncertainties, disagreements, isolation); and by the patients' own optimism and optimism. According to the findings of our investigation, the vast majority of patients did not have their recoveries delayed by any of the possible obstacles that could have been encountered. This is the case despite the fact that isolating oneself from others as a preventative measure during an outbreak of COVID-19 may have a negative impact on a person's mental health (Fabelo-Roche, Iglesias-Moré, & Gómez-García, 2021).

According to the findings of this meta-analysis, obtaining inpatient treatment for substance use disorders has a positive impact not only on the mental health of patients, but also on their career prospects and the perception that they have of receiving social support. According to the findings, receiving inpatient treatment for drug use disorders is related with a reduction in substance use between the time of admission and the time of follow-up following discharge. This decline in substance use was measured throughout a period of time spanning from admission to follow-up after discharge. These findings are consistent with what we know at this time regarding the factors that assist individuals in overcoming their addiction to substances and getting started on the path to recovery. In spite of the fact that increases in areas such as self-efficacy, housing, education, and quality of life were among the most anticipated and fascinating results across all of the included studies, not enough research was undertaken on these topics (Johannessen et al., 2019).

This study evaluated the self-reported drug use of women who had completed either a high-intensity (n = 101) or low-intensity (n = 81) prison-based substance addiction treatment program. The high-intensity group consisted of 101 participants, and the low-intensity group consisted of 81 participants. The findings of the Outcome Evaluation of the Forever Free Substance Addiction Treatment Program served as the source of the data for this investigation. Women who reported receiving a great deal of emotional support from their social networks were significantly less likely to report taking substances in the follow-up test conducted one year later. The women who participated in high-intensity treatment programs reaped the most benefits from the protective effect of social support, the magnitude of which was determined by their perceptions of the role emotional social support plays. According to the findings, a woman's level of perceived social support is an essential factor to consider when she is transitioning from a substance addiction treatment program based in a correctional institution to one located in the community after completing treatment for a substance use disorder (Andersen, 2018).

As a nurse, my role in this situation would be to provide comprehensive care and support to women in the community who have completed a substance addiction treatment program. We can focus on assessing their emotional and psychological needs, providing education on relapse prevention strategies, and facilitating access to community resources and support networks. Our goal would be to empower these women, promote their overall well-being, and help them successfully transition into the community while maintaining their sobriety.

CHAPTER III

Methodology

This chapter covers a variety of particular topics, including the study's population, its design, the data collection process, and the plan that was used to evaluate the data that has been gathered.

Research Design

This study used the quantitative research study design (Cross Sectional and Expressive Study) for this research study.

Participants/Population and Sample

The population of this study includes young adults who are at the Vanguard Against Drug Abuse (VGADA) Detox Center, New Life Specialist Hospital and Rehabilitation Center, and the Olive Prime Peridot rehabilitation centers in Abuja, Nigeria. The total number of Youth amounted to (n-800) (310, 204, and 286 respectively). According to the Krejcie and Morgan 1970 sample size table, the sample size for a population of 800 at a 95% confidence interval and 5% margin of error is (n-259). The research will use the Stratified Simple random sampling method to select the (n-259) sample size.

Inclusion and Exclusion Criteria

The below are the inclusion and exclusion criteria for the collection of the study sample:

1. Between the ages of 18 – 27 (This age group represents a critical period of transition and development. This age range encompasses late adolescence and early adulthood, which are often characterized by increased experimentation and vulnerability to drug and substance abuse. By focusing on this age group, I can gain insights into the coping skills and psychological well-being of young adults who are particularly affected by drug and substance abuse in Nigeria.)
2. Be at the Vanguard Against Drug Abuse (VGADA) Detox Center, New Life Specialist Hospital and Rehabilitation Center, and the Olive Prime Peridot rehabilitation centers in Abuja, Nigeria.
3. Must be adolescents (18 - 27) who abuse Drugs and Substances.
4. Adolescents can be of any gender
5. Participants can be of any Ethnic group in Nigeria.
6. Adolescents can be of any level of education, income, and occupation.

7. Be willing to participate in the study.
8. Must be able to read the questionnaire which is in English

Data Collection Tools/Materials

The Socio-Demographic Information

The demographic details of the study sought responses from adolescent on Gender, parent Marital status, Highest level of education, place of longest residence, their accommodation and whether they have family history of drug abuse.

The Coping Scale for Children and Youth

The Coping scale for children and youth developed by Brodzinsky et al. 1992 was used. The scale measures responses on a four-point that ranges from Never to Always. it has 4 subscales with 29 items in total. Cronbach's alpha is .72 for the Assistance-seeking subscale, .81 for the Cognitive-Behavioral Problem-Solving subscale, .80 for the Cognitive Avoidance subscale, and .70 for the Behavioral Avoidance subscale (Brodzinsky et al., 1992). The response ranges from 0 for never to always with 3 as the scoring. The total scale point ranges from 0 to 87 with higher scores indicating higher level on a particular subscale or the total scale. The Coping Scale for Children and Youth has four subscales which are Assistance seeking subscale has 4 items with a score range of 0 to 12, Cognitive-Behavioral Problem Solving has 8 items with a score range of 0 to 24, Cognitive Avoidance has 11 items with a score of range of 0 to 33, Behavioral Avoidance has 6 items with a score range of 0 to 18.

Psychological Well-being Scale

The study used the Ryff's Psychological Wellbeing questionnaire to collect the responses from the study participants. This scale was invented in 1989 by Carol D. Ryff. The measure comprises 42 items and employs a 7-point Likert scale, where 1 indicates strongly agree, and seven indicates strongly disagree. Psychological Wellbeing Scale (Ryff, 1989) with internal consistency reliability coefficients that range from .86 to .93 for the six sub-scales. Health-related behaviors and subjective, social, and psychological characteristics are all part of the dynamic idea of well-being. An instrument with theoretical underpinnings called the Ryff Scales of Psychological Well-Being is dedicated to measuring several aspects of psychological well-being. Autonomy subscale has 7 items with a score ranging from 7 to 49. The environmental Mastery subscale has 7 items with a

minimum score of 7 and a maximum score of 49. The personal growth subscale has 7 items with a minimum score of 7 and a maximum score of 49. Positive Relations with Others subscale has 7 items with a minimum score of 7 and a maximum score of 49. The Purpose in Life subscale has 7 items with a minimum score of 7 and a maximum score of 49. Self-Acceptance subscale has 7 items with a score ranging from 7 to 49. The total scale point ranges from 42 to 294. Higher points on both the scale and the six subscales mean higher levels of psychological well-being and higher on the particular scale.

Dependent Variables

Coping Skills and its various subscales (Assistance Seeking, Cognitive Behavior Problem-Solving Skills, Cognitive Avoidance, Behavioral Avoidance) and the Psychological Well-Being and its subscales (Autonomy, Environmental Mastery, Personal Growth, Positive Relations, Purpose in Life, Self-Acceptance).

Independent Variables

Gender, Age, Parent Marital Status, Level of Education, Place of Longest Residence, Accommodation, Family Drug Abuse History.

Ethical Consideration

The scales used in this study are OPENED-ACCESS, therefore there is no need to get permission from the authors; they are open-access distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/3.0/>). To avoid ethical misconduct, the authors of those scales were referred to throughout the work went mentioning the data collection instruments.

This study was approved by the NEU ethics committee (YDU/2023/116-1759).

Data Collections

Google Survey service or Google Form was used to collect the responses from the study sample at those three rehab centers. When the Google form was created, the researcher copied the link to fill in the form and distributed it through the study participants' WhatsApp, messenger, and email addresses. Their responses were automatically recorded and the researcher downloaded them for analysis.

Data Evaluation

The data collected was evaluated using SPSS 24. Descriptive statistics was used to analyze the demographic aspect of the questionnaire by finding the frequency and percentages. Correlation was used to see the relationship between the study variables. The study data was checked for parametric assumptions. The Kolmogorov-Smirnov test was employed to conduct the parametric tests of Normality. The analysis indicates that the data did not follow a normal distribution. The study employed the Mann-Whitney U test to assess the differences between the two categorical variables. For more than two categorical variables, the Kruskal-Wallis test was utilized. To know the relationship between coping skills and Psychological well-being, the Spearman-Brown correlation was used. The Dunnett T3 test was employed for the pairwise comparison of multiple categorical variables.

CHAPTER IV

Data Analysis and Results

In this chapter, the findings that were derived from the data that was gathered for this study are presented.

Table 1.

Cronbach alpha values of study scales

INSTRUMENTS	NUMBER OF ITEMS	CRONBACH ALPHA
Coping scale for children and youth	29	.86
Psychological Well-being Scale	42	.81

Table 1 presents the reliability of the study instruments. The Cronbach alpha for the coping scale is .862 and that of the Psychological Well-being Scale is .805. These values proved that the study scale is reliable for use.

Table 2.

Demographic Characteristics of study participants (n=259)

Variable	Categories	Frequency	Percentage
Gender	Male	137	52.9
	Female	122	47.1
Age Range	24-27	137	52.9
	21-23	75	29.0
	18-20	47	18.1
Parent Marital Status	Married	102	39.4
	Single	85	32.8
	Divorced/Separated	72	27.8
Level of Education	Bachelor	120	46.3
	High School	102	39.4
	Post-Graduate	30	11.6

	Junior High	6	2.3
	Elementary or Less	1	.4
Place of Longest Residence	Urban	148	57.1
	Rural	111	42.9
Accommodation	Alone or Friends	110	42.5
	Both Parents	61	23.6
	One Parent	48	18.5
	Guidance	40	15.4
Family Drug abuse History	No	158	61.0
	Yes	101	39.0

In Table 2, the distribution of the participant's descriptive socio-demographic characteristics is shown. Males made up the majority of the study participants with 137(52.9%) while females accounted for 122 (47.1%). Majority of the participants were between 24 – 27 (137, 52.9%), 21 – 23 (75, 29%) and 18 – 20 (47, 18.1%). It is determined that the majority of the adolescent parents were married (102, 39.4), single parents were 85(32.8%), and Divorced or Separated 72(27.8%). The level of education that make up the majority was a bachelor's degree (120, 46.3%), High School 102(39.4%), Post Graduate 30 (11.6%), Junior high 6(2.3%), and Elementary or less 1(0.4%). Urban was the place of longest stay with 148(57.1%), Rural 111(42.9%). Regarding accommodation, living along or with friends 110(42.5%), Both parents 61(23.6%), One parent 48(18.5%), guidance 40 (15.4%). The majority of the participants did not have a family history of drug abuse (158, 61%) and 101 (39%) had a family history of drug abuse.

Findings for Research Question I

Table 3.

Descriptive Statistics of the Psychological Wellbeing scores of participants (n=259)

	\bar{x}	SD	Min	Max
Autonomy – Subscale	30.85	6.21	14.00	49.00
Environmental Mastery -Subscale	25.27	5.79	10.00	49.00

Personal Growth – Subscale	29.56	5.99	20.00	49.00
Positive Relations – Subscale	24.08	4.99	9.00	42.00
Purpose in Life – Subscale	29.51	6.80	17.00	49.00
Self-Acceptance – Subscale	26.36	6.93	10.00	49.00
Psychological Well-Being	170.47	26.97	91.00	280.00

Table 3 presents the descriptive Statistics of adolescents' Scores on the psychological well-being Scale. The total Psychological well-being mean score is 170.47(± 26.97 SD). It is 58% of the total score of 294. The various mean of the subscales is: Autonomy 30.85 (± 6.21 SD), Environmental Mastery 25.27(± 5.79 SD), Personal Growth 29.56(± 5.98 SD), Positive Relations 24.08(± 4.99 SD), Purpose in Life 29.51(± 6.80 SD), Self-Acceptance 26.36 (± 6.93 SD).

Findings for Research Question II

Table 4.

Descriptive Statistics of the Coping Skill scores of participants (n=259)

	\bar{x}	SD	Min	Max
Assistance Seeking – Subscale	5.64	2.60	.00	11.00
Cognitive Behavior Problem-Solving Skills – Subscale	12.75	4.48	.00	24.00
Cognitive Avoidance – Subscale	12.78	6.63	.00	33.00
Behavioral Avoidance – Subscale	9.69	3.28	.00	18.00
Coping Scale Children's Youth	40.86	11.46	.00	75.00

Table 4 shows the descriptive Statistics of adolescents' Scores on the coping skills Scale. The coping skills mean score is 40.85(± 11.46 SD). It is 47 % of the total score of 87. The subscales have the following mean values: Assistance Seeking 5.64 (± 2.60 SD), Cognitive Behavior

Problem-Solving Skills 12.75 (± 4.48 SD), Cognitive Avoidance 12.78 (± 6.63 SD), Behavioral Avoidance 9.69 (± 3.27882 SD).

Findings for Research Question III

Table 5.

Comparison of participants Coping Skills according to Gender

Variable	Gender	N	Median	Mann-Whitney U Test		
				Mean rank	z	p
Assistance Seeking	Male	137	6.00	136.81	-1.567	.117
	Female	122	5.00	122.36		
Cognitive Behavior Problem-Solving Skills	Male	137	14.00	135.88	-1.345	.179
	Female	122	13.00	123.40		
Cognitive Avoidance	Male	137	11.00	125.79	-.961	.336
	Female	122	12.00	134.73		
Behavioral Avoidance	Male	137	10.00	117.97	-2.762	0.006*
	Female	122	10.00	143.50		
Coping Skills	Male	137	39.00	126.51	-.795	.427
	Female	122	40.00	133.91		

$P \leq 0.05^*$ $p \leq 0.01^{**}$

Table 5 shows the Comparison of Adolescents Coping Skills according to Gender. There is no significant difference in assistance-seeking ($p > 0.05$), Cognitive Behavior Problem-Solving Skills ($p > 0.05$), Cognitive Avoidance ($p > 0.05$) and Coping Skills based on gender ($p > 0.05$). There is a significant difference in Behavioral Avoidance based on gender ($p > 0.05$). Females have a higher median (40.00) as compared to males.

Table 6.

Comparison of participants' Coping Skills according to Age group

Variable	Age Group	n	Median	Mean rank	Kruskal Wallis Test		
					X ²	Df	p
Assistance Seeking	18-20	47	5.00	134.01	17.33	2	0.001**
	21-23	75	6.00	157.61			
	24-27	137	5.00	113.51			

Cognitive Behavior Problem-Solving Skills	18-20	47	13.00	113.53	4.22	2	0.121
	21-23	75	15.00	141.88			
	24-27	137	13.00	129.15			
Cognitive Avoidance	18-20	47	9.00	95.65	14.64	2	0.001**
	21-23	75	13.00	148.58			
	24-27	137	11.00	131.61			
Behavioral Avoidance	18-20	47	10.00	152.62	12.16	2	0.002*
	21-23	75	10.00	143.00			
	24-27	137	9.00	115.12			
Coping Skills	18-20	47	39.00	108.17	12.48	2	0.002*
	21-23	75	50.00	153.95			
	24-27	137	40.00	124.38			

P≤0.05* p≤0.01**

Table 6 shows Comparison of Adolescents' Coping Skills according to Age group. There exists a significant difference between the age range of adolescents based on Assistance Seeking ($p < 0.001$), Cognitive Avoidance ($p < 0.001$), Behavioral Avoidance ($p < 0.001$) and Coping Skills ($p < 0.001$). Dunnett's T3 post hoc test shows a difference between 18-20:21-23; and 21-23:24-27 ($p < 0.001$). 21 – 23 has higher median score (50.00) as compared to other age groups.

Table 7.

Comparison of participants' Coping Skills according to parental marital status

Variable	Age Group	N	Median	Mean rank	Kruskal Wallis Test		
					X ²	Df	p
Assistance Seeking	Single	85	5.00	103.75	28.83	2	0.001**
	Married	102	6.00	125.85			
	Divorced/Separated	72	7.00	166.88			
Cognitive Behavior Problem-Solving Skills	Single	85	13.00	132.19	17.91	2	0.001**
	Married	102	11.00	108.91			
	Divorced/Separated	72	15.00	157.29			
Cognitive Avoidance	Single	85	13.00	149.15	8.45	2	0.015*
	Married	102	10.00	118.88			
	Divorced/Separated	72	13.00	123.14			
	Single	85	9.00	115.26	39.64	2	0.001*

Behavioral Avoidance Coping Skills	Married	102	9.00	109.37	10.37	2	0.006**
	Divorced/Separated	72	11.00	176.63			
	Single	85	39.00	131.64			
	Married	102	39.00	113.91			
	Divorced/Separated	72	48.00	150.87			

$P \leq 0.05^*$ $p \leq 0.01^{**}$

Table 7 shows Comparison of Adolescents' Coping Skills according to parent marital status. There exists a significant difference between the adolescent parent's marital status based on Assistance Seeking ($p < 0.001$), Cognitive Behavior Problem-Solving Skills ($p < 0.001$), Cognitive Avoidance ($p < 0.001$), Behavioral Avoidance ($p < 0.001$), and Coping Skills ($p < 0.001$). Dunnett's T3 post hoc test shows a difference between married and divorced/separated.

Table 8.

Comparison of participants' Coping Skills according to level of Education

Variable	Age Group	N	Median	Mean rank	Kruskal Wallis Test		
					X ²	Df	p
Assistance Seeking	Junior High	7	5.000	113.93	9.071	3	0.028*
	High School	102	6.000	145.19			
	Bachelor	120	5.500	116.20			
	Post-Graduate	30	7.000	137.32			
Cognitive Behavior Problem-Solving Skills	Junior High	7	9.000	48.64	9.504	3	0.023*
	High School	102	13.000	135.49			
	Bachelor	120	12.000	127.71			
	Post-Graduate	30	13.000	139.50			
Cognitive Avoidance	Junior High	7	11.000	139.57	7.777	3	0.51
	High School	102	9.000	113.99			
	Bachelor	120	13.000	141.12			
	Post-Graduate	30	11.000	137.73			
Behavioral Avoidance	Junior High	7	3.000	21.93	26.866	3	0.001*
	High School	102	10.00	146.83			
	Bachelor	120	10.00	130.82			
	Post-Graduate	30	9.00	94.72			
Coping Skills	Junior High	7	29.00	50.36	8.902	3	0.031*
	High School	102	39.00	127.32			

Bachelor	120	40.50	135.24
Post-Graduate	30	40.00	136.73

$P \leq 0.05^*$ $p \leq 0.01^{**}$

Table 8 shows Comparison of Adolescents' Coping Skills according to parent marital status. There exists a significant difference between the adolescent educational level based on Assistance Seeking ($p < 0.001$), Cognitive Behavior Problem-Solving Skills ($p < 0.001$), Behavioral Avoidance ($p < 0.001$), and Coping Skills ($p < 0.001$). Dunnett's T3 post hoc test shows a difference between Bachelor's and Junior high.

Table 9.

Comparison of participants Coping Skills according to Place of Longest Residence

Variable	Gender	N	Median	Mann-Whitney U Test		
				Mean rank	z	p
Assistance Seeking	Urban	148	6.000	123.24	-1.695	.090
	Rural	111	6.000	139.01		
Cognitive Behavior Problem-Solving Skills	Urban	148	12.50	131.99	-.496	.620
	Rural	111	13.00	127.35		
Cognitive Avoidance	Urban	148	13.00	139.43	-2.345	.019*
	Rural	111	11.00	117.43		
Behavioral Avoidance	Urban	148	10.00	120.20	-2.454	0.014*
	Rural	111	10.00	143.07		
Coping Skills	Urban	148	39.00	132.19	-.545	.586
	Rural	111	40.00	127.08		

$P \leq 0.05^*$ $p \leq 0.01^{**}$

Table 9 shows the Comparison of Adolescents' Coping Skills according to longest place of residence. There is no significant difference in assistance-seeking ($p > 0.05$), Cognitive Behavior Problem-Solving Skills ($p > 0.05$), and Coping Skills based on place of longest residence ($p > 0.05$). However, there is a significant difference in cognitive avoidance ($p < 0.05$) and Behavioral Avoidance based on the longest place of residence ($p > 0.05$). Those who are from the Urban areas have higher median scores.

Table 10.

Comparison of participants' Coping Skills According to Accommodation

Variable	Age Group	n	Median	Mean rank	Kruskal Wallis Test		
					X ²	Df	p
Assistance Seeking	Both Parents	61	6.00	110.02	16.79	3	0.001**
	One Parent	48	5.00	110.20			
	Guidance	40	6.00	162.45			
	Alone or Friends	110	7.00	137.92			
Cognitive Behavior Problem-Solving Skills	Both Parents	61	11.00	103.02	15.98	3	0.001**
	One Parent	48	13.00	117.84			
	Guidance	40	11.50	136.18			
	Alone or Friends	110	15.00	148.02			
Cognitive Avoidance	Both Parents	61	12.00	147.13	7.28	3	0.063
	One Parent	48	10.00	128.20			
	Guidance	40	12.00	106.23			
	Alone or Friends	110	11.00	129.93			
Behavioral Avoidance	Both Parents	61	10.00	134.80	6.17	3	0.103
	One Parent	48	10.00	126.46			
	Guidance	40	10.00	153.38			
	Alone or Friends	110	9.00	120.39			
Coping Skills	Both Parents	61	38.00	127.75	1.73	3	0.629
	One Parent	48	39.00	121.66			
	Guidance	40	36.00	124.90			
	Alone or Friends	110	40.00	136.75			

P≤0.05* p≤0.01**

Table 10 shows the Comparison of Adolescents' Coping Skills according to accommodation. There is a significant difference in assistance-seeking ($p < 0.05$) and cognitive Behavior Problem-Solving Skills ($p < 0.05$), based on accommodation. However, there is no significant difference in cognitive avoidance ($p > 0.05$), Behavioral Avoidance ($p > 0.05$), and Coping skills ($p > 0.05$) based on accommodation. Dunnett's T3 post hoc test shows a difference between Guidance and all other living accommodations.

Table 11.

Comparison of participants' Coping Skills According to Family History of Drug Usage

Variable	Gender	n	Median	Mann-Whitney U Test		
				Mean rank	z	p
Assistance Seeking	No	158		127.36	-.718	.473
	Yes	101		134.13		
Cognitive Behavior Problem-Solving Skills	No	158		126.48	-.952	.341
	Yes	101		135.51		
Cognitive Avoidance	No	158		133.43	-.923	.356
	Yes	101		124.64		
Behavioral Avoidance	No	158		127.97	-.552	.581
	Yes	101		133.18		
Coping Skills	No	158		131.10	-.297	.766
	Yes	101		128.27		

P≤0.05* p≤0.01**

Table 11 shows the Comparison of Adolescents' Coping Skills according to Family History of Drug Usage. There is no significant difference in assistance-seeking ($p > 0.05$), Cognitive Behavior Problem-Solving Skills ($p > 0.05$), Cognitive Avoidance ($p > 0.05$), Behavioral Avoidance ($p > 0.05$), and Coping Skills ($p > 0.05$), based on Family History of Drug Usage.

Findings for Research Question IV

Table 12.

Comparison of participants' Psychological Well-Being According to Gender

Variable	Gender	n	Median	Mann-Whitney U Test		
				Mean rank	Z	P
Autonomy	Male	137	31.00	131.97	-.450	.653
	Female	122	30.50	127.79		
Environmental Mastery	Male	137	23.00	124.88	-1.169	.243
	Female	122	26.00	135.75		
Personal Growth	Male	137	29.00	152.03	-5.035	.001**
	Female	122	25.00	105.26		
	Male	137	24.00	130.49	-.111	.912

Positive Relations	Female	122	24.00	129.45		
Purpose in Life	Male	137	32.00	145.17	-3.460	.001**
	Female	122	27.00	112.97		
Self-Acceptance	Male	137	26.00	120.43	-2.184	.029*
	Female	122	25.00	140.74		
Psychological Well-Being	Male	137	169.00	138.25	-1.881	.060
	Female	122	165.00	120.73		

$P \leq 0.05^*$ $p \leq 0.01^{**}$

Table 12 shows the Comparison of Adolescents' Psychological Well-Being According to Gender. There is no significant difference in Psychological Well-Being ($p > 0.05$) its subscales of autonomy ($p > 0.05$), Environmental Mastery ($p > 0.05$), and Positive Relations ($p > 0.05$) based on gender. There is, however, a significant difference in personal growth ($p < 0.05$), purpose in Life ($p < 0.001$), and Self-acceptance ($p < 0.05$) which are subscales of Psychological Well-Being based on gender. Males have higher median scores (29, 137, 26) as compared to females.

Table 13.

Comparison of participants' Psychological Well – Being according to age range

Variable	Age Group	n	Median	Mean rank	Kruskal Wallis Test		
					X ²	Df	p
Autonomy	18-20	47	29.00	103.57	7.511	2	.023*
	21-23	75	30.00	132.05			
	24-27	137	31.00	137.95			
Environmental Mastery	18-20	47	26.00	139.37	1.883	2	.390
	21-23	75	25.00	121.07			
	24-27	137	25.00	131.68			
Personal Growth	18-20	47	33.00	142.76	19.952	2	.001**
	21-23	75	26.00	97.56			
	24-27	137	29.00	143.38			
Positive Relations	18-20	47	24.00	141.86	10.679	2	.005**
	21-23	75	23.00	106.34			
	24-27	137	24.00	138.88			
Purpose in Life	18-20	47	28.00	139.43	1.397	2	.497
	21-23	75	30.00	123.08			
	24-27	137	30.00	130.55			
Self-Acceptance	18-20	47	23.00	93.72	14.121	2	.001**
	21-23	75	27.00	143.33			

	24-27	137	26.00	135.15			
Psychological	18-20	47	165.00	132.30	.690	2	.708
	21-23	75	167.00	123.95			
Well-Being	24-27	137	167.00	132.52			

$P \leq 0.05^*$ $p \leq 0.01^{**}$

Table 13 shows the Comparison of Adolescents' Psychological Well-Being According to Age Group. There is no significant difference in Psychological Well-Being ($p > 0.05$) its subscales of Environmental Mastery ($p > 0.05$), and Purpose in Life ($p > 0.05$) based on gender. There is, however, a significant difference in autonomy ($p < 0.05$), personal growth ($p < 0.05$), positive relations ($p < 0.05$), and Self-acceptance ($p < 0.05$) which are subscales of Psychological Well-Being based on age group. Dunnett T3 post hoc test shows differences between 18 – 20 and all other age groups for the subscales that are significant ($p < 0.05$). between 21 – 23:24 – 27 for personal growth, 21-23:18-20:24-27 and 24-27:21-23 for positive relations and 21-23: 18-20 and 18-20:24-27 for Self-acceptance. Those who are 24 – 27 have higher median scores (31.00) for autonomy, 18 -20 (33.00), 18 – 20, and 24 -27 (24.00) for positive relations and 24 – 27 (26.00) for self-acceptance.

Table 14.

Comparison of participants' Psychological Well – Being according to Parent Marital Status

Variable	Age Group	N	Median	Mean rank	Kruskal Wallis Test		
					X ²	Df	p
Autonomy	Single	85	32.00	145.49	7.535	2	.023*
	Married	102	30.00	115.58			
	Divorced/Separated	72	31.00	132.14			
Environmental Mastery	Single	85	28.00	159.70	23.057	2	.001**
	Married	102	24.00	123.78			
	Divorced/Separated	72	23.00	103.75			
Personal Growth	Single	85	30.00	136.10	1.443	2	.486
	Married	102	27.00	130.70			
	Divorced/Separated	72	26.00	121.81			
Positive Relations	Single	85	24.00	150.91	10.014	2	.007**
	Married	102	22.00	121.08			
	Divorced/Separated	72	24.00	117.96			
Purpose in Life	Single	85	28.00	141.26	12.876	2	.002**
	Married	102	31.00	139.56			
	Divorced/Separated	72	24.00	103.16			
	Single	85	27.00	149.62	9.081	2	.011*

Self-Acceptance	Married	102	25.00	123.24			
	Divorced/Separated	72	24.00	116.42			
Psychological Well-Being	Single	85	170.00	151.63	12.462	2	.002**
	Married	102	165.00	125.99			
	Divorced/Separated	72	160.00	110.15			

$P \leq 0.05^*$ $p \leq 0.01^{**}$

Table 14 shows the Comparison of Adolescents' Psychological Well-Being According to parent marital status. There is a significant difference in Psychological Well-Being ($p < 0.05$) its subscales of Autonomy ($p < 0.05$), Environmental Mastery ($p < 0.05$), Purpose in Life ($p > 0.05$), ($p < 0.05$), positive relations ($p < 0.05$), and Self-acceptance ($p < 0.05$) which are subscales of Psychological Well-Being based on age group. There is no significant difference between personal growth ($p > 0.05$) a subscale of psychological well-being. Dunnett T3 post hoc test shows differences between single and divorced for psychological well-being and all other subscales ($p < 0.05$). Between Single: Married: Divorced/ Separated for Environmental mastery ($p < 0.05$), Single: divorced, for positive relations ($p < 0.05$), Single: divorced and married: divorced, for purpose in life ($p < 0.05$). Those who are single have higher median scores for psychological well-being and all of its subscales.

Table 15.

Comparison of participants' Psychological Well-Being According to Level of Education

Variable	Age Group	n	Median	Mean rank	Kruskal Wallis Test		
					X ²	Df	p
Autonomy	Junior High	7	27.00	89.50	62.686	3	.001**
	High School	102	29.00	88.46			
	Bachelor	120	31.00	153.69			
	Post-Graduate	30	35.00	185.93			
Environmental Mastery	Junior High	7	26.00	166.07	19.059	3	.001**
	High School	102	24.00	106.81			
	Bachelor	120	25.00	148.65			
	Post-Graduate	30	23.00	125.82			
Personal Growth	Junior High	7	27.00	131.79	2.313	3	.510
	High School	102	26.00	121.29			
	Bachelor	120	29.00	136.02			
	Post-Graduate	30	28.00	135.10			
Positive Relations	Junior High	7	23.00	139.64	18.668	3	.001**
	High School	102	23.00	105.53			
	Bachelor	120	25.00	148.35			

	Post-Graduate	30	22.00	137.53			
Purpose in Life	Junior High	7	27.00	103.93	42.498	3	.001**
	High School	102	25.00	93.88			
	Bachelor	120	32.00	155.43			
Self-Acceptance	Post-Graduate	30	31.00	157.15	37.614	3	.001**
	Junior High	7	30.00	181.64			
	High School	102	24.00	95.21			
	Bachelor	120	27.00	151.55			
Psychological Well-Being	Post-Graduate	30	25.00	150.05	41.455	3	.001**
	Junior High	7	171.00	148.57			
	High School	102	165.00	92.99			
	Bachelor	120	173.50	155.83			
	Post-Graduate	30	162.00	148.22			

$P \leq 0.05^*$ $p \leq 0.01^{**}$

Table 15 shows the Comparison of Adolescents' Psychological Well-Being According to their educational level. There is a significant difference in Psychological Well-Being ($p < 0.05$) its subscales of Autonomy ($p < 0.05$), Environmental Mastery ($p < 0.05$), Purpose in Life ($p > 0.05$), ($p < 0.05$), positive relations ($p < 0.05$), and Self-acceptance ($p < 0.05$) Being based on educational level. There is no significant difference between personal growth ($p > 0.05$) a subscale of psychological well-being. Dunnett T3 post hoc test shows differences between Junior high and all educational levels for autonomy. High school: Bachelor for Environmental Mastery ($p < 0.05$), Positive relation ($p < 0.05$). High school: Bachelor: Post Graduate, for Purpose in Life. High School: Junior High: Bachelor: Post-Graduate for self-acceptance and Psychological well-being. Those who have a Bachelor's degree have higher median scores (173.500) for psychological well.

Table 16.

Comparison of participants' Psychological Well-Being According to Place of Longest Stay

Variable	Gender	N	Median	Mean rank	Mann-Whitney U Test	
					z	p
Autonomy	Urban	148	31.00	131.74	-.433	.665
	Rural	111	30.00	127.68		
Environmental Mastery	Urban	148	25.00	143.48	-3.356	.001**
	Rural	111	23.00	112.02		
Personal Growth	Urban	148	29.00	153.36	-5.818	.001**
	Rural	111	25.00	98.85		
	Urban	148	24.00	148.39		

Positive Relations	Rural	111	22.00	105.48		
Purpose in Life	Urban	148	30.00	143.16	-3.272	.001**
	Rural	111	28.00	112.45		
Self-Acceptance	Urban	148	26.00	130.71	-.176	.861
	Rural	111	25.00	129.06		
Psychological Well-Being	Urban	148	171.00	146.81	-4.174	.001**
	Rural	111	162.00	107.59		

$P \leq 0.05^*$ $p \leq 0.01^{**}$

Table 16 shows the Comparison of Adolescents' Psychological Well-Being According to place of longest stay. There is a significant difference in Psychological Well-Being ($p < 0.05$) its subscales of autonomy ($p < 0.05$), Environmental Mastery ($p < 0.05$), Positive Relations ($p < 0.05$), personal growth ($p < 0.05$) and purpose in Life ($p < 0.001$) based on place of longest stay. There is, however, no significant difference in Self-acceptance ($p > 0.05$) which is a subscale of Psychological Well-Being based on place of longest stay. Those who are from the Urban areas have higher median scores as compared to those who are from the rural areas.

Table 17.

Comparison of participants' Psychological Well-Being According to Accommodation

Variable	Age Group	n	Median	Mean rank	Kruskal Wallis Test		
					X ²	Df	p
Autonomy	Both Parents	61	30.00	130.31	3.634	3	.304
	One Parent	48	31.00	135.55			
	Guidance	40	26.50	109.84			
	Alone or Friends	110	31.00	134.74			
Environmental Mastery	Both Parents	61	25.00	143.88	31.281	3	.001**
	One Parent	48	28.00	165.64			
	Guidance	40	25.00	145.59			
	Alone or Friends	110	21.50	101.09			
Personal Growth	Both Parents	61	28.00	125.98	6.158	3	.104
	One Parent	48	29.00	123.71			
	Guidance	40	26.00	110.43			
	Alone or Friends	110	29.00	142.09			
Positive Relations	Both Parents	61	23.00	110.43	8.430	3	.038*
	One Parent	48	24.00	151.84			
	Guidance	40	24.00	127.99			

	Alone or Friends	110	23.00	132.05			
Purpose in Life	Both Parents	61	32.00	165.39	21.267	3	.001**
	One Parent	48	27.00	114.10			
	Guidance	40	32.50	138.55			
Self-Acceptance	Alone or Friends	110	28.50	114.20	15.479	3	.001**
	Both Parents	61	27.00	154.03			
	One Parent	48	25.00	127.10			
Psychological Well-Being	Guidance	40	26.00	147.90	11.674	3	.001**
	Alone or Friends	110	24.50	111.43			
	Both Parents	61	167.00	147.92			
	One Parent	48	167.50	144.54			
	Guidance	40	167.00	134.23			
	Alone or Friends	110	162.00	112.18			

$P \leq 0.05^*$ $p \leq 0.01^{**}$

Table 17 shows the Comparison of Adolescents' Psychological Well-Being According to their Living accommodations. There is a significant difference in Psychological Well-Being ($p < 0.05$) its subscales of Environmental Mastery ($p < 0.05$), Purpose in Life ($p > 0.05$), ($p < 0.05$), positive relations ($p < 0.05$), and Self-acceptance ($p < 0.05$) Being based on living accommodation. There is no significant difference between personal growth ($p > 0.05$) and Autonomy ($p < 0.05$) a subscale of psychological well-being. Dunnett T3 post hoc test shows differences between, one parent: Alone or friends ($p < 0.05$) for Environmental Mastery. Both parents: one parent: Alone or Friends ($p < 0.05$) for purpose in Life. Alone or friends: Both parents ($p < 0.05$) for Self-Acceptance. Those who have lived with both parents have higher main rank scores (147.92) for psychological well.

Table 18.

Comparison of participants' Psychological Well-Being According to Family Drug Abuse History

Variable	Mann-Whitney U Test					
	Gender	N	Median	Mean rank	z	p
Autonomy	No	158	30.50	130.68	-1.83	.855
	Yes	101	31.00	128.94		
Environmental Mastery	No	158	23.00	112.49	-4.720	.001**
	Yes	101	26.00	157.39		
Personal Growth	No	158	29.00	138.42	-2.270	.023*
	Yes	101	26.00	116.83		
Positive Relations	No	158	23.00	119.80	-2.752	.001**
	Yes	101	24.00	145.95		

Purpose in Life	No	158	30.00	128.39	-.433	.665
	Yes	101	28.00	132.51		
Self-Acceptance	No	158	25.00	118.73	-3.035	.002**
	Yes	101	26.00	147.62		
Psychological Well-Being	No	158	162.00	120.74	-2.491	.013*
	Yes	101	169.00	144.49		

P≤0.05* p≤0.01**

Table 18 shows the Comparison of Adolescents' Psychological Well-Being According to Family History of Drug Abuse. There is a significant difference in Psychological Well-Being ($p < 0.05$) its subscales of Environmental Mastery ($p < 0.05$), personal growth ($p < 0.05$), Positive Relations ($p < 0.05$), and self – Acceptance ($p < 0.05$) based on place family History of Drug Abuse. There is, however, no significant difference in Autonomy ($p > 0.05$) and purpose in Life ($p > 0.05$) which are subscales of Psychological Well-Being based on a family history of drug abuse. Those who have a family history of drug abuse have higher median scores.

Findings for Research Question V

Table 19.

Spearman's Correlation between participants Coping Skills and their Psychological Well-Being

		Psychological Wellbeing_	
	R		.141*
Spearman's rho	Coping Skills	P – value	.024
	N	259	259

*. Correlation is significant at the 0.05 level (2-tailed).

Table 19 shows Spearman's Correlation between Adolescent Coping Skills and their Psychological Well-Being. There is a positive and significant correlation between Coping Skills and the Psychological well-being of Adolescent drug and substance abuse users ($r = .141$, $p < 0.05$).

CHAPTER V

Discussion

This chapter draws on the study's results to compare and contrast them with other studies that have addressed the same or related topics.

This study aimed to evaluate the coping mechanisms used by individuals who engage in drug and substance misuse, as well as the effects of these coping abilities have on their psychological well-being. The primary research inquiry of this study pertains to the coping mechanisms used by individuals who use drugs and substances in order to maintain their psychological wellness. In terms of psychological well-being, adolescents who engage in drug and substance use have an average score of 170.47. It was determined that this accounted for 58% of the overall score of 294. This mean score is comparable to a mean score of 185.87 that was found in a similar study on Psychological Well-Being of Adolescents in Selangor, Malaysia conducted by Visvanathan et al., (2021). Commenting on the autonomy subscales, the findings show it has a mean score of 30.85. This score was comparable another score found in adolescents' sample (mean \pm 28.42SD) (Ryff, 2018). Commenting on Environmental Mastery, the results show that the mean score is 25.27. The mean score from this study can be compared to a mean score of 27.81 found in another study conducted by Moreira et al., (2020). Commenting on Personal Growth, the study findings show that the average or mean score is 29.56. This mean score can be compared to a mean score of 26.4534 found in similar study conducted by Bradshaw et al., (2013).

In contrast, Positive Relations had an average of 24.08. This study mean score can be compared to another study with the mean score of 28.17 conducted by Gini et al., (2018). The mean value for Purpose in Life was 29.51. This study is comparable to another study which had the mean score of 27.81 conducted by García-Alandete et al., (2018). In terms of Self-Acceptance, their average score was 26.36. This study can be comparable to a mean score of 26.15 found in another study conducted by Deci & Ryan (2022). Commenting on Environmental Mastery, numerous studies have delved into the relationship between environmental mastery and psychological well-being, providing valuable insights into the significance of this construct. One key finding highlighted in the literature is the positive correlation between environmental mastery and life satisfaction. Individuals who perceive a greater sense of control over their environment tend to report higher levels of life satisfaction and overall happiness (Ryff & Keyes, 1995). This underscores the importance of fostering a sense of mastery for the promotion of subjective well-being. Moreover,

research has demonstrated that environmental mastery plays a crucial role in buffering the impact of stress on mental health. Individuals with high levels of environmental mastery are better equipped to cope with stressors, adapt to changing circumstances, and maintain a positive outlook even in challenging situations (Diehl & Hay, 2010). This resilience is attributed to the individual's ability to actively shape and manage their environment, creating a more adaptive and supportive context for well-being.

The literature also suggests that environmental mastery is closely linked to the concept of self-efficacy, which refers to an individual's belief in their ability to exert control over their own motivation, behavior, and social environment (Bandura, 1977). High levels of self-efficacy are associated with increased environmental mastery, emphasizing the interplay between personal agency and the effective management of one's surroundings. Commenting on autonomy, a subset of psychological wellbeing, research shows that at the forefront of autonomy research is the Self-Determination Theory (SDT) proposed by Deci and Ryan (1985). This theory posits that individuals have innate psychological needs for autonomy, competence, and relatedness. Autonomy, as a core component, is viewed as a fundamental human motivation that, when satisfied, contributes significantly to psychological wellbeing. The link between autonomy and mental health has been explored in the context of various mental health disorders. For instance, autonomy is recognized as a crucial factor in the recovery process for individuals with eating disorders (Geller et al., 2001). Understanding how autonomy intersects with mental health challenges provides valuable insights for therapeutic interventions and support strategies. Commenting on Purpose in Life, a subset of psychological wellbeing, numerous studies have contributed to our understanding of purpose in life and its role in psychological well-being. For instance, Viktor Frankl, a prominent psychiatrist and Holocaust survivor, emphasized the significance of finding meaning in life as a fundamental aspect of human existence. Frankl's existentialist perspective laid the groundwork for subsequent research, prompting inquiries into the nature of purpose and its implications for mental health. Empirical studies have consistently shown that individuals with a strong sense of purpose tend to experience higher levels of life satisfaction and psychological well-being. Research by Ryff and Singer (1998) identified purpose in life as one of the key components of psychological well-being, highlighting its association with positive affect, self-esteem, and overall life fulfillment. Similarly, studies conducted by Steger and colleagues (2009) emphasized the role of purpose in promoting resilience and mitigating the impact of stressors on mental health.

Moreover, the link between purpose in life and physical health has been explored, with some studies suggesting that individuals with a clear sense of purpose may exhibit better health outcomes. A longitudinal study by Boyle et al. (2009) found that a higher sense of purpose was associated with a reduced risk of developing Alzheimer's disease among older adults. Discussing Personal Growth, research findings indicate that Personal growth, as a vital facet of psychological wellbeing, has garnered increasing attention in contemporary research and academic discourse. The pursuit of personal growth is rooted in the fundamental human inclination towards self-improvement and the realization of one's full potential. Positive psychology, pioneered by Martin Seligman and others, has played a pivotal role in reshaping the discourse on mental health and wellbeing. Researchers within this paradigm emphasize the importance of cultivating positive emotions, strengths, and virtues. Personal growth emerges as a central theme, with studies highlighting the correlation between a positive mindset and the pursuit of personal goals. Emphasizing strengths-based approaches, positive psychology underscores the role of resilience and optimism in fostering personal growth, thereby contributing to overall psychological wellbeing. In the realm of psychology, the study of wellbeing has garnered increasing attention in recent years, with researchers delving into various dimensions that contribute to an individual's overall mental health. One such facet that has emerged as a critical component is "Positive Relations." Rooted in the understanding that human beings are inherently social creatures, positive relations encompass the quality of one's interpersonal connections, the strength of social support networks, and the overall satisfaction derived from relationships. This subset of psychological wellbeing goes beyond the mere presence of social ties and explores the nuanced dynamics that foster a sense of connection, belonging, and fulfillment. Numerous studies have highlighted the profound impact of social connectedness on psychological wellbeing. Research by Holt-Lunstad et al. (2017) emphasizes that strong social relationships are associated with a 50% increased likelihood of survival. Moreover, the positive effects extend to mental health, with individuals reporting lower levels of stress, anxiety, and depression when engaged in meaningful social interactions. The nature and quality of relationships play a pivotal role in determining their impact on psychological wellbeing. A seminal study by Berscheid and Regan (2005) distinguishes between superficial social interactions and deep, meaningful relationships. Findings suggest that it is the quality, rather than the quantity, of relationships that significantly contributes to an individual's sense of happiness and life satisfaction. Research in positive psychology, as pioneered by Seligman and Csikszentmihalyi (2000), underscores the importance of positive relations in the

pursuit of overall wellbeing. Positive relationships are identified as one of the key components of the PERMA model, contributing to the enhancement of emotional wellbeing alongside other factors such as engagement, meaning, accomplishment, and positive emotions. Longitudinal studies, such as the Framingham Heart Study (Christakis & Fowler, 2007), have provided valuable insights into the contagious nature of emotions within social networks. The study found that happiness spreads through social ties, highlighting the reciprocal nature of positive relations and their enduring impact on individual and collective wellbeing over time. Commenting on Self-Assistance, numerous studies show that rooted in the belief that individuals possess the capacity to actively contribute to their own mental health and happiness, self-assistance serves as a crucial subset within the broader framework of psychological wellbeing. This approach acknowledges the agency of individuals in taking charge of their mental and emotional states, emphasizing proactive measures to enhance overall life satisfaction and resilience. Positive psychology, pioneered by Martin Seligman and others, has significantly influenced the study of psychological wellbeing. This approach focuses on human strengths and virtues, encouraging individuals to identify and cultivate positive aspects of their lives. Within this context, self-assistance aligns with the positive psychology framework by promoting activities such as gratitude journaling, mindfulness practices, and goal-setting as means to enhance life satisfaction and overall mental health.

Bandura's concept of self-efficacy, the belief in one's ability to achieve goals and overcome challenges, is central to the idea of self-assistance. Numerous studies have explored how fostering a sense of empowerment and self-efficacy can lead to improved mental health outcomes. Individuals who actively engage in self-assistance activities often demonstrate higher levels of self-efficacy, contributing to their ability to navigate life's complexities with resilience and confidence. The exploration of purpose in life extends beyond individual well-being to societal implications. Damon and Colby (2015) examined the role of purpose in adolescence, highlighting its importance in shaping a sense of identity and direction during a critical developmental period. The literature also underscores the potential for interventions aimed at cultivating purpose, with interventions such as narrative therapy and goal-setting approaches showing promise in enhancing individuals' sense of purpose (King et al., 2006; Steger et al., 2006).

According to Vera-Villarroel (2020), Bluth & Blanton (2015), and Gómez-López et al. (2019), an individual's psychological well-being develops during the transition to adulthood based on their ability to successfully navigate their environment and take on the important challenges that come

with each stage of life. According to García et al. (2020), young people may enhance their psychological well-being by creating surroundings that foster pleasant experiences. These experiences will assist them in recognizing their life's purpose and direction, as well as in setting their own objectives. Nevertheless, in order to promote mental health, it is necessary to determine which factors influence or hinder well-being. According to Ryff's (2013) research on PWB, certain components were increasing or decreasing while others remained constant throughout three age groups: young adults (18–29), midlife adults (30–64), and the elderly (65 and above). Neither self-acceptance nor positive social connections were impacted by age, but environmental mastery, autonomy, and development/purpose were, especially among those in their twenties and thirties. Ryff et al. (2013) found that a person's chances of having high SWB and PWB levels increased with age, education, extraversion, and conscientiousness, and decreased with neuroticism. According to Ryff (2013), psychological well-being includes a sense of autonomy within this framework. Because autonomy is seen as a crucial component of well-being, defining good functioning based on people's capacity to remain unique in various settings, the interplay between the two factors is often assumed to be constant. Consequently, many fields have contributed to our understanding of autonomy, such as philosophy, biology, psychoanalysis, education, politics, and pedagogy. Autonomy, according to everyone, is a multi-faceted idea that lends itself to several interpretations. Research into people's intrinsic motivation and capacity to behave in accordance with their own standards, unaffected by outside forces, is one subfield of this larger field (Garberoglio et al., 2017).

Adolescence is a critical phase of human development, characterized by rapid physical, emotional, and cognitive changes as individuals navigate the challenging bridge between childhood and adulthood. During this transformative period, adolescents grapple with various societal, familial, and peer pressures, often seeking identity, autonomy, and a sense of belonging. Unfortunately, amidst this complex backdrop, many adolescents find themselves vulnerable to the allure of drugs and substances. The consequences of drug and substance misuse during this pivotal stage of life are multifaceted, spanning not only immediate health risks but also enduring impacts on mental, emotional, and social well-being. The effects of drug and substance misuse on adolescents are diverse and profound, affecting both individual lives and society at large. Physiologically, substances can interfere with the developing brain, altering neural pathways and neurotransmitter systems, leading to long-term cognitive impairments. Psychologically, the impact extends to mental health, with substance misuse often acting as a catalyst for or exacerbating conditions such

as anxiety, depression, and even more severe psychiatric disorders. Research consistently highlights the detrimental impact of drug and substance misuse on the developing adolescent brain and body. The adolescent brain undergoes significant changes, particularly in regions associated with decision-making, impulse control, and emotional regulation. Substance misuse during this critical period can disrupt these processes, leading to long-term cognitive impairments and an increased susceptibility to addiction later in life (Crews et al., 2007). The developing nervous system is particularly vulnerable, and exposure to substances can result in lasting structural and functional alterations, compromising overall cognitive functioning (Spear, 2013). Adolescents grappling with drug and substance misuse often face a heightened risk of mental health disorders. The relationship between substance misuse and mental health is bidirectional, with one influencing the other in a complex interplay. Findings from a longitudinal study by Grant et al. (2016) underscore the association between early substance use and an elevated risk of depression and anxiety disorders in adolescence and adulthood. Moreover, the self-medication hypothesis suggests that adolescents may turn to substances as a coping mechanism for underlying mental health issues, further exacerbating their struggles (Khantzian, 1997). The repercussions of drug and substance misuse extend beyond the individual, permeating into the social fabric of adolescents' lives. Peer influence plays a pivotal role in shaping substance use patterns during adolescence (Dishion et al., 2016). The desire for social acceptance and the need to fit in may lead adolescents to engage in risky behaviors, including substance misuse, in an attempt to align with peer norms. Consequently, the misuse of drugs can strain relationships, isolate individuals from their support networks, and contribute to a cycle of social challenges that can persist into adulthood (Dodge et al., 2009). Some individuals may use adaptive coping mechanisms such as seeking support from friends and family, engaging in physical activity, or practicing mindfulness to manage stress and challenges. These can have a positive impact on psychological well-being. Others may resort to maladaptive coping strategies, such as substance abuse, to deal with stressors. This can lead to a cycle where substance use becomes a primary means of coping, contributing to a deterioration in mental health. Substance use may provide a temporary escape from emotional pain or stress. However, this relief is often short-lived and can lead to a cycle of dependency. Substance abuse can exacerbate existing mental health issues or contribute to the development of anxiety and depression. The negative impact on cognitive function can further contribute to emotional distress. Continued reliance on substances may lead to dependency and addiction, further compromising psychological well-being. The individual may face challenges in

functioning without the substance. Substance abuse often coexists with mental health disorders. Addressing both substance abuse and underlying mental health issues is essential for effective treatment. A comprehensive approach that addresses both substance abuse and mental health concerns is crucial for long-term recovery and psychological well-being. Behavioral therapies, counseling, and support groups can provide individuals with healthier coping mechanisms and strategies to address underlying issues. It's important to note that the relationship between coping skills, substance abuse, and psychological well-being is complex and varies among individuals. Tailored and comprehensive interventions are essential for addressing the unique needs of each person struggling with substance abuse.

CHAPTER VI

Conclusion and Recommendation

Conclusion

From the out of this study, the research drew out several research questions to inform the study. In this regard, this section of the study will answer the research questions based on the data collected, analyzed and the findings gathered.

In research question number one, the study asked What are the psychological well-being scores of drug and substance users? The research finding for question number one reveals that the psychological wellbeing man score is 170.47. It is 58% of the total score of 294. The various mean of the subscales psychological wellbeing is: Autonomy 30.85 ($\pm 6.21SD$), Environmental Mastery 25.27($\pm 5.79SD$), Personal Growth 29.56 ($\pm 5.98SD$), Positive Relations 24.08($\pm 4.99SD$), Purpose in Life 29.51 ($\pm 6.80SD$), Self-Acceptance 26.36($\pm 6.91SD$).

What are the coping skills of drug and substance users?

The coping skills of Drug and substance abusers is 40.85($\pm 11.46SD$). It is 47 % of the total score of 87. The subscales have the following mean values: Assistance Seeking 5.63($\pm 2.60SD$), Cognitive Behavior Problem-Solving Skills 12.75($\pm 4.48SD$), Cognitive Avoidance 12.78 ($\pm 6.63SD$), Behavioral Avoidance 9.69($\pm 3.28SD$).

What factors affect the coping skills of drug and substance users?

The coping skills took into consideration factors like gender. In this light, the study compared adolescents coping skills according to gender – male and female. The findings from the study show that there is no significant difference in assistance-seeking between male and female ($p > 0.05$), Cognitive Behavior Problem-Solving Skills ($p > 0.05$), Cognitive Avoidance ($p > 0.05$) and Coping Skills based on gender ($p > 0.05$). There is a significant difference in Behavioral Avoidance based on gender ($p > 0.05$). Females have a higher median (40.00) as compared to males.

However, in more detail, the findings reveal that for Assistant seeking, male seeks more assistance than women as the research findings show that the median score for male on assistant seeking is 137 whilst for female it is 122. This finding shows clearly that more males engage in assistance seeking when they are confronted with drug and substance misuse than females do. When it comes to Cognitive Behavior Problem-Solving Skills the median score for male is 137 whilst female is put at 122. This result also show that males are more prone to cope with stressful experiences than

females do. Cognitive behavior problem solving is a cognitive behavior intervention that is geared to improve an individual's ability to cope with stressful life experiences.

Moreover, for cognitive avoidance, the study findings also show that the mean score for male is 137 whilst female is put at 122. For Behavioral Avoidance, the mean score for male 137 and female is 137.

The next question seeks to compare adolescents coping skills according to age group. According to the research findings contain in table 6 of the study, there exists a significant difference between the age range of adolescents based on Assistance Seeking ($p < 0.001$), Cognitive Avoidance ($p < 0.001$), Behavioral Avoidance ($p < 0.001$) and Coping Skills ($p < 0.001$). Dunnett's T3 post hoc test shows a difference between 18-20:21-23; and 21-23:24-27 ($p < 0.001$). 21 – 23 has higher median score (50.00) as compared to other age groups. For Assistance Seeking, the results show that adolescents between the age group of 21 to 23, seek more assistance than adolescents between the age of 18 to 20 and 24 to 27. The mean score for adolescent between the age of 18-20 is put at 134.01, whilst adolescents between the age group of 21-23 is 157.61, and lastly adolescents between the of 24-27 is 113.51. For Cognitive Behavior Problem-Solving Skills, the results from table show that adolescents between the age group of 21-23 are more prone to cope with stressful life experiences as their mean score is put at 141.88 follow by adolescents between the age of 24-27 which is put at 129.15 and adolescents between the age group of 18-20 which have the mean score of 113.53. Cognitive Avoidance, the mean score for adolescents between age group of 18-20 is 95.65, whilst adolescents between the age group of 21-23 has the mean score of 148.58 and finally adolescents between the age group of 24-27 have the mean score of 131.6. For Behavioral Avoidance, the study's findings indicate that adolescents between the age group of 18-20 seen to avoid certain stressful behaviour as the mean score is the highest of 152.62, follow by adolescent between the age group of 21-23 which have the men score of 143.00 and lastly adolescent between the age group of 24-27 which have the lowest mean score of 115.12 according to the findings from table 6. For the general or average Coping Skills, adolescents between the age group of 21-23 have the highest coping skills as their median rank is 153.95, follow by adolescents between the age group of 24-27 with the second highest score of 124.38 and lastly adolescents between the age group of 18-20 the lowest mean score of 108.17.

The next question addressed in table 7 sought to compare Adolescents' Coping Skills according to parental marital status. However, the results show that there exists a significant difference between the adolescent parent's marital status based on Assistance Seeking ($p < 0.001$), Cognitive Behavior Problem-Solving Skills ($p < 0.001$), Cognitive Avoidance ($p < 0.001$), Behavioral Avoidance ($p < 0.001$), and Coping Skills ($p < 0.001$). Dunnett's T3 post hoc test shows a difference between married and divorced/separated. The results from the table show that adolescents whose parents divorced or are on separation have the highest mean score of 150.87 whilst adolescents whose parents are married have the lowest mean score of 113.9.

In table 8, the research sought to compare Adolescents' Coping Skills according to their level of Education. The findings show that there exists a significant difference between the adolescent educational level based on Assistance Seeking ($p < 0.001$), Cognitive Behavior Problem-Solving Skills ($p < 0.001$), Behavioral Avoidance ($p < 0.001$), and Coping Skills ($p < 0.001$). Dunnett's T3 post hoc test shows a difference between Bachelor's and Junior high. Adolescents in Junior High have the lowest mean score of 50.36 follow by adolescents in High School with the second lowest mean score of 127.32 follow by adolescents who have Bachelor degree with the second highest mean score of 135.24 and lastly adolescents who are in the category of post-graduate have the highest mean score of 136.73.

In the last question, the study sought to compare Adolescents' Coping Skills according to Family History of Drug Usage. The study's findings from table 12 show that there is no significant difference in assistance-seeking ($p > 0.05$), Cognitive Behavior Problem-Solving Skills ($p > 0.05$), Cognitive Avoidance ($p > 0.05$), Behavioral Avoidance ($p > 0.05$), and Coping Skills ($p > 0.05$), based on Family History of Drug Usage.

What factors affect the Psychological well-being of drug and substance users?

Drug and substance abuse have long been recognized as significant public health concerns worldwide. Beyond the physical and social repercussions, there exists a profound psychological impact on individuals who engage in substance abuse. One pivotal aspect of this impact revolves around the coping skills these individuals develop to manage their addiction. This essay delves into the coping mechanisms employed by drug and substance abuse users and examines the subsequent effects on their psychological well-being. Drug and substance abuse is a pervasive global issue with profound implications for individual and societal well-being. While the focus often centers on the physiological consequences of substance use, understanding the coping skills

employed by users and their impact on psychological well-being is equally crucial. This essay delves into the coping mechanisms utilized by drug and substance abuse users and examines the subsequent effects on their psychological health (García et al.,2018).

Many individuals turn to substances as a means of avoiding or numbing emotional pain or distress. Instead of confronting issues directly, they use drugs or alcohol as a temporary escape mechanism. This avoidance coping can lead to a vicious cycle where the individual becomes increasingly dependent on substances to manage daily stressors. Many users adopt avoidance strategies, wherein they use substances to escape or avoid stressful situations, emotions, or memories. By numbing themselves through substance use, they temporarily alleviate feelings of anxiety, depression, or trauma. However, this avoidance coping is often maladaptive, as it merely masks underlying issues without addressing them (Hechanova-Alampay et al.,2022).

Substance abuse users often struggle with regulating their emotions effectively. Drugs or alcohol may serve as a tool to modulate mood states, offering temporary relief from feelings of anxiety, depression, or anger. However, this coping strategy is unsustainable and can exacerbate emotional instability over time.

Individuals turn to substances for various reasons, including but not limited to, stress relief, peer pressure, curiosity, or as a means of self-medication for underlying psychological issues. The coping skills employed by these individuals are multifaceted and often interwoven with their socio-economic, cultural, and personal contexts.

Peer influence plays a significant role in substance abuse. Users might engage in substance use as a means of fitting in with a particular social group or to enhance social interactions. The desire for acceptance and belonging drives individuals to adopt substances as a coping mechanism, even if it contradicts their better judgment or values. Some individuals turn to substances as a form of self-medication to alleviate symptoms of mental health disorders such as depression, anxiety, or post-traumatic stress disorder (PTSD). While substances may provide temporary relief, they often exacerbate the symptoms in the long run, leading to a vicious cycle of dependence and deteriorating psychological health (He et al.,2018). Assessing stress, protective factors and psychological well-being among undergraduate nursing students.

Prolonged substance abuse can impair cognitive functioning, affecting memory, decision-making, and problem-solving abilities. These cognitive deficits further hinder an individual's capacity to

develop healthy coping mechanisms, perpetuating the cycle of substance abuse and psychological distress. The coping mechanisms associated with substance abuse often lead to social isolation, as individuals prioritize drug-seeking behaviors over meaningful relationships and social connections. This isolation exacerbates feelings of loneliness and alienation, contributing to a downward spiral of psychological deterioration (Ma et al., 2023).

Coping skills are fundamental to an individual's ability to navigate life's challenges effectively. However, when drug and substance abuse become the primary coping mechanisms, the repercussions on psychological well-being are profound and far-reaching. From fostering dependency and addiction to exacerbating mental health disorders and impairing cognitive functioning, the adverse effects of substance abuse on psychological health are undeniable. Therefore, addressing the underlying causes of substance abuse and promoting healthy coping strategies are essential steps in enhancing the psychological well-being of individuals struggling with addiction. Comprehensive intervention programs that incorporate psychological support, behavioral therapy, and social reintegration can help break the cycle of substance abuse and facilitate long-term recovery and psychological healing (Paul, 2022).

The coping mechanisms adopted by drug and substance abuse users have profound implications for their psychological well-being, contributing to a range of mental health issues. The reliance on substances as coping mechanisms often leads to dependence and addiction, wherein individuals become increasingly reliant on drugs or alcohol to function. This dependence not only perpetuates substance abuse but also undermines an individual's ability to cope with stressors effectively (Smith et al., 2022).

Is there a relationship between coping skills and the psychological well-being of adult drug users?

Substance abuse is intricately linked with the onset and exacerbation of mental health disorders. Individuals who use substances as coping mechanisms are at a higher risk of developing depression, anxiety disorders, psychotic disorders, and other mental health conditions. The co-occurrence of substance abuse and mental health disorders, known as dual diagnosis, presents unique challenges for treatment and recovery (Smith et al., 2022).

The coping skills employed by substance abuse users often result in social isolation, strained relationships, and emotional dysregulation. Substance use interferes with interpersonal

interactions, impairs judgment, and exacerbates conflict, leading to feelings of loneliness, guilt, shame, and low self-esteem. Understanding the coping skills of drug and substance abuse users and their impact on psychological well-being is essential for developing effective prevention, intervention, and treatment strategies. Addressing the underlying causes of substance abuse, such as trauma, stress, or mental health disorders, is paramount to fostering resilience, promoting healthy coping mechanisms (Paul, 2022).

Recommendation

Based on the findings of the study that show that the Psychological well-being and the coping skills of Adolescents are relatively moderate and that there is a correlation between coping skills and Psychological well-being, the study recommends the following:

1. Trauma may be a defining factor for many teenagers who struggle with substance abuse. Make sure everyone is safe by using trauma-informed care techniques. To assist teenagers in processing and coping with traumatic events, provide individual counseling sessions or narrative therapy.
2. Incorporate expressive treatments such as music therapy, theater therapy, or art therapy to offer teenagers who might struggle to articulate their feelings other ways of expressing themselves. Relapse prevention, interpersonal communication skills, and peer support should all be fundamental tenets of group therapy sessions. Allowing teenagers to talk to one another and gain insight from their mistakes helps them feel more connected to the group.
3. Recognizing the influence of family dynamics on the teen's health, Rehabs include family members in treatment. Improve family functioning, establish healthy boundaries, and address communication issues through multifamily therapy sessions. Engaging families plays a crucial role in establishing a nurturing home atmosphere, which aids in the adolescent's continuous rehabilitation.
4. Hold workshops that help adolescents develop skills in areas such as managing emotions, making decisions, and coping. Rehabs should help adolescents understand the link between their mental health and their substance abuse by providing psychoeducation on these topics. It might be helpful for teenagers to acquire practical skills that might help them deal with stress, peer pressure, and other difficulties.

Recommendations for Future Studies

1. Longitudinal Studies: Conduct longitudinal studies to track changes in coping skills over time and their corresponding impact on psychological well-being. This will provide insights into the effectiveness of coping strategies in the long run.
2. Research the correlation between how long people use substances and how their coping techniques change over time.
3. Conduct studies to determine how coping methods change as one progresses through the phases of recovery and treatment.
4. Conduct a study that Contrasts the coping abilities and psychological well-being of people who have a history of drug misuse with those of those who do not have a history of drug misuse.
5. Research the impact that cultural variables have on coping abilities and psychological well-being.
6. Research the holistic well-being of persons with a history of drug addiction, considering several aspects like social integration, physical well-being, and interpersonal connections.
7. Investigate the resilience factors that contribute to the development of effective coping mechanisms among drug users

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Appendices
Appendix A
Questionnaire

PERSONAL IDENTIFICATION FROM

Dear Participant,

I am a master's student at Near East University, Faculty of Nursing. This study aims to evaluate the Coping Skills of adult drug users and their impact on their psychological Well-being at the Vanguard Against Drug Abuse (VGADA) Detox Center, New Life Specialist Hospital and Rehabilitation Center, and the Olive Prime Peridot rehabilitation centers in Abuja, Nigeria. Ages 18 – 27.

Please note that your participation is voluntary, and if you choose to participate in this study, you will be answering questions via this questionnaire. The questionnaire consists of questions relating to some background about you, your experience with alcohol and substance addiction, and some short assessment forms. All information received will remain confidential, and no one will have access to the outside of the parties involved. Your answers will remain unidentified, and your name is not required. You consent to use your data in my project by submitting your answers. Still, you will not be individually identified, and your response will be used for statistical purposes only. Thank you for your time and participation.

Respectfully yours;

Masters Student in Mental Health and Psychiatric Nursing

Assist. Prof. Samineh Esmaeilzede

NEU Nursing Faculty

SECTION A**SOCIO- DEMOGRAPHIC INFORMATION QUESTIONNAIRE**

1. Gender

Male Female

2. Age:

18 - 20

21- 23

24-27

3. Parent Marital Status:

1. Single

2. Married

3. Divorced/ Separated

4. Highest level of education

1. Elementary or Less

2. Junior High

3. High School

4. Bachelor

5. Post-Graduate

5. Place of Longest Residence

Urban (city capitals or Centre)

Rural (district\town\village)

6. Specify the accommodation facility you live in

I live with my both parents

I live with one of my Parents

I live with my guardians

I live alone or with Friends

7. Have any of your family abused drugs/substances?

Yes

No

Research Questionnaire Form

SECTION B

THE COPING SCALE FOR CHILDREN AND YOUTH

Instruction: please tick the option that most appropriately represents your experience. There is no wrong or right answer.

	Factors and items	Never	Sometimes	Often	Always
Assistance Seeking					
1	I asked someone in my family for help with the problem.				
2	I got advice from someone about what I should do.				
3	I shared my feelings about the problem with another person.				
4	I kept my feelings to myself.				
Cognitive-Behavioral Problem Solving					
1	I thought about the problem and tried to figure out what I could do about it.				
2	I took a chance and tried a new way to solve the problem.				
3	I made a plan to solve the problem and then I followed the plan.				
4	I went over in my head some of the things I could do about the problem.				
5	I thought about the problem a new way so that it didn't upset me as much.				
6	I learned a new way of dealing with the problem.				
7	I tried to figure out how I felt about the problem.				
8	I figured out what had to be done and then I did it.				
Cognitive Avoidance					
1	I tried not thinking about the problem.				
2	I went on with things as if nothing was wrong.				
3	I pretended the problem wasn't very important to me.				

4	I knew I had lots of feelings about the problem, but I just didn't pay any attention to them.				
5	I tried to get away from the problem for a while by doing other things.				
6	I pretended the problem had nothing to do with me.				
7	I tried to pretend that the problem didn't happen.				
8	I hoped that things would somehow work out so I didn't do anything.				
9	I tried to pretend that my problem wasn't real.				
10	I realized there was nothing I could do. I just waited for it to be over.				
11	I put the problem out of my mind.				
Behavioral Avoidance					
1	I stayed away from things that reminded me about the problem.				
2	I tried not to feel anything inside me. I wanted to feel numb.				
3	I went to sleep so I wouldn't have to think about it.				
4	When I was upset about the problem, I was mean to someone even though they didn't deserve it.				
5	I tried not to be with anyone who reminded me of the problem.				
6	I decided to stay away from people and be by myself.				

Source: Brodzinsky, D. M., Elias, M. J., Steiger, C., Simon, J., Gill, M., &Hitt, J. C. (1992). Coping scale for children and youth: Scale development and validation. *Journal of applied developmental psychology*, 13(2), 195-214.

SECTION C

Psychological Well-being (42 items)

Instructions: Circle one response below each statement to indicate how much you agree or disagree.

1. "I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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2. "For me, life has been a continuous process of learning, changing, and growth."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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3. "In general, I feel I am in charge of the situation in which I live."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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4. "People would describe me as a giving person, willing to share my time with others."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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5. "I am not interested in activities that will expand my horizons."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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6. "I enjoy making plans for the future and working to make them a reality."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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7. "Most people see me as loving and affectionate."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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8. "In many ways I feel disappointed about my achievements in life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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9. "I live life one day at a time and don't really think about the future."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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10. "I tend to worry about what other people think of me."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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11. "When I look at the story of my life, I am pleased with how things have turned out."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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12. "I have difficulty arranging my life in a way that is satisfying to me."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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13. "My decisions are not usually influenced by what everyone else is doing."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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14. "I gave up trying to make big improvements or changes in my life a long time ago."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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15. "The demands of everyday life often get me down."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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16. "I have not experienced many warm and trusting relationships with others."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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17. "I think it is important to have new experiences that challenge how you think about yourself and the world."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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18. "Maintaining close relationships has been difficult and frustrating for me."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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19. "My attitude about myself is probably not as positive as most people feel about themselves."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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20. "I have a sense of direction and purpose in life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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21. "I judge myself by what I think is important, not by the values of what others think is important."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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22. "In general, I feel confident and positive about myself."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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23. "I have been able to build a living environment and a lifestyle for myself that is much to my liking."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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24. "I tend to be influenced by people with strong opinions."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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25. "I do not enjoy being in new situations that require me to change my old familiar ways of doing things."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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26. "I do not fit very well with the people and the community around me."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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27. "I know that I can trust my friends, and they know they can trust me."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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28. "When I think about it, I haven't really improved much as a person over the years."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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29. "Some people wander aimlessly through life, but I am not one of them."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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30. "I often feel lonely because I have few close friends with whom to share my concerns."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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31. "When I compare myself to friends and acquaintances, it makes me feel good about who I am."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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32. "I don't have a good sense of what it is I'm trying to accomplish in life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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33. "I sometimes feel as if I've done all there is to do in life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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34. "I feel like many of the people I know have gotten more out of life than I have."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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35. "I have confidence in my opinions, even if they are contrary to the general consensus."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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36. "I am quite good at managing the many responsibilities of my daily life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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37. "I have the sense that I have developed a lot as a person over time."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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38. "I enjoy personal and mutual conversations with family members and friends."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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39. "My daily activities often seem trivial and unimportant to me."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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40. "I like most parts of my personality."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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41. "It's difficult for me to voice my own opinions on controversial matters."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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42. "I often feel overwhelmed by my responsibilities."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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Sources:

Ryff, C., Almeida, D. M., Ayanian, J. S., Carr, D. S., Cleary, P. D., Coe, C., ...
Williams, D. (2010). *National Survey of Midlife Development in the United States
(MIDUS II), 2004-2006: Documentation of psychosocial constructs and composite
variables.*

Appendix B

Ethical Approval



NEAR EAST UNIVERSITY
SCIENTIFIC RESEARCH ETHICS COMMITTEE

RESEARCH PROJECT EVALUATION REPORT

Meeting date :28.09.2023
Meeting Number :2023/116
Project number :1759

The project entitled "Evaluating the Coping Skills of Drug and Substance Abusers and its Impact on their Psychological Well-Being" (Project no: NEU/2023/116-1759) has been reviewed and approved by the Near East University Scientific Research Ethical Committee.

L. Çalı

Prof. Dr. Şanda Çalı
Near East University
Head of Scientific Research Ethics Committee

Committee Member	Decision	Meeting Attendance
	Approved (✓) / Rejected (X)	Attended (✓) / Not attended(X)
Prof. Dr. Tamer Yılmaz	✓	✓
Prof. Dr. Şahan Saygı	✓	✓
Prof. Dr. İlker Etikan	✓	✓
Doç. Dr. Mehtap Tınazlı	X	X
Doç. Dr. Nilüfer Galip Çelik	X	X
Doç. Dr. Dilek Sarpkaya Güder	✓	✓
Doç. Dr. Gulifeiya Abuduxike	✓	✓
Doç. Dr. Burçin Şanlıdağ	✓	✓

<https://etikkurul.neu.edu.tr/>

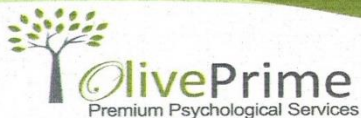
Appendix C

Certificate of Presentation



Appendix D

Facility Approval



Near East University

06.04.2023

Dear Rejoice,

RE: Rejoice OLUFUNMILOLA ISAIAH, HF-194/2023

I refer to your request to be granted research permission in our facility for your thesis study titled "*Evaluating the Coping Skills of Drug and substance Abuse users and its impact on their Psychological wellbeing*".

I am happy to announce to you that you have been granted request to carry on your survey.

Sincerely,

A handwritten signature in black ink, appearing to read "Alex Agara".

Dr. Alexander Stephen Agara

Head of Clinical Psychologists

The Olive Prime Peridot

Facility Approval



NEWLIFE SPECIALIST HOSPITAL & REHABILITATION CENTRE

No. 2, 5th Close, Off Gate 2 Road. Army Post Service Housing Estate Kurudu, Fct Abuja.

Our Ref:.....

Your Ref:.....

14th April, 2023.

Dear Rejoice,

RE: REJOICE OLUFUNMILOLA ISAIAH, HF-194/2023.

I refer to your request to be granted permission in our facility for your thesis study titled "Evaluating the Coping Skills of Drug and Substance Abuse users and its impact on their Psychological wellbeing "

I am happy to announce to you that you have been granted request to carry on your survey. However, you are required to strictly adhere to the ethical requirements of such research.

Thank you.

Yours faithfully

Dr. N.U Ekele



Consultant IC

Love, Compassion and Care With Cost Effectiveness

NEWLIFE SPECIALIST HOSPITAL

Facility Approval



11th April 2023.

RE: PERMISSION TO CARRY OUT THESIS STUDY.

The Management of VGADA Detox Center, Ring Road 2 Galadimawa (Abuja) Permits Rejoice OLUFUMILOLA ISIAAH, Master student of the Near East University 20214274, Nursing program to carry out her thesis study titled **“Evaluating the Coping Skills of Drug and Substance Abuse users and its impact on their Psychological wellbeing”** in our facility.

We do hope that the rules and regulations regarding the center are abided by.

Regards,

Godwin Alechenu

Manager: VGADA DETOX CENTER.

VGADA Center, Ring Road 2, Galadimawa, Abuja

vgadanigeria@gmail.com | [+234 706 322 2217](tel:+2347063222217) | www.vgadanigeria.com

APPENDEIX E

TURNITIN SIMILARITY REPORT

EVALUATING THE COPING SKILLS OF DRUG AND SUBSTANCE ABUSERS AND ITS IMPACT ON THEIR PSYCHOLOGICAL WELL-BEING

ORIGINALITY REPORT

17 %	14 %	9 %	6 %
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	www.researchgate.net Internet Source	2 %
2	www.ncbi.nlm.nih.gov Internet Source	1 %
3	zenodo.org Internet Source	1 %
4	Submitted to Yakin Doğu Üniversitesi Student Paper	1 %
5	oatext.com Internet Source	1 %
6	library.msu.ac.th Internet Source	<1 %
7	worldwidescience.org Internet Source	<1 %
8	link.springer.com Internet Source	<1 %

hdl.handle.net

CURRICULUM VITAE

2. PERSONAL INFORMATION

NAME, SURNAME:	Rejoice Olufunmilola Isaiah
DATE of BIRTH and PLACE:	07/09/1997 Nigerian
CURRENT OCCUPATION: STUDENT	
ADDRESS of CORRESPONDENCE: NEAR EAST UNIVERSITY	
TELEPHONE: +905338767039	
E-MAIL: olufunmilolaisaiah@gmail.com	

2. EDUCATION

YEA R	GRADE	UNIVERSITY	FIELD
2021	BSc.	Near East University	Nursing
2022	MSc.	Near East University	Mental health Psychiatry Nursing