Family Dynamics as Predictors of Substance Abuse among Teenagers in Selected Rehabilitation Centers in Ibadan, Oyo State, Nigeria

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ABSTRACT

Adolescent substance abuse continues to be a major social and public health problem. Adolescent substance-use behaviors may be influenced by experiences within the family. This study investigated predictors of substance abuse among teenage clients in selected rehabilitation centers in Ibadan, Oyo State, Nigeria, using traditional family structures. It examined in particular the pattern of substance abuse and the relationships between substance abuse and family structure, family cohesion and communication, parental and family history of substance use, and family socio-economic conditions. A descriptive quantitative cross sectional survey design was employed. Total enumeration was used and all 50 eligible teenagers aged 13–19 years receiving treatment in three purposively selected rehabilitation centers participated. Data were collected by means of a structured questionnaire and analyzed using frequencies, percentages, means, standard deviations, chi-square, Pearson correlation and multiple regression at 0.05 level of significance. Findings showed that the most commonly used substances were cannabis (90.0%), tramadol (80.0%) and alcohol (70.0%) with an average of 3.88 substances reported by respondents. Mean age at first use was 14.46 years (SD = 1.49). There was no significant relation between family structure and substance abuse ($\chi 2 = 1.666$, p =.197). However, a significant negative relationship was found between family cohesion and communication and substance abuse (r = −.557, p <.001), whereas a significant positive relationship was observed between parental and familial history of substance use and substance abuse (r =.615, p <.001). There was no significant relationship with socioeconomic conditions (r = .071, p = .625). The regression model explained 61.4% of the variance in substance abuse (R2 = .614, p <.001). The study concludes that family history, cohesion and communication are important predictors of substance abuse within the study sample. It recommends intensifying family-centred counseling and rehabilitation interventions.

Keywords: Teenage substance abuse, family dynamics, family cohesion, family communication, parental substance use, rehabilitation centres.

INTRODUCTION

Teenage substance abuse is a growing social and public health problem with consequences for the health, development and future well-being of young people. Teenage years are an important stage of physical, emotional, psychological and social development in which people develop identities, form relationships and make choices that may impact their adult lives. However, exposure to psychoactive substances during this period can interrupt these processes of development and expose teenagers to health complications, behavioral difficulties, educational setbacks and strained family relationships. Substance abuse is a problem not only for the individual teenager, but also a heavy burden for parents, caregivers, schools, community and social welfare institutions. This makes it essential to understand the circumstances that expose teenagers to substance abuse for developing effective preventive and rehabilitative interventions.

The United Nations Office on Drugs and Crime (UNODC, 2025) reported approximately 316 million people aged 15-64 years used drugs worldwide in 2023, indicating the global concern about the extent of drug use. While this statistic is for the general adult and young adult population and not specifically for teenagers, it gives an idea of the broader environment in which young people may be exposed to psychoactive substances. The

consequences of drug use are especially troubling when initiation occurs during adolescence, a developmental period marked by increased vulnerability to experimentation and risk-taking . Steinberg (2023) argues that adolescent risk-taking is best understood in terms of developmental changes in decision-making and behavioral regulation. Thus, early exposure to substances may have implications beyond the immediate period of experimentation. Substance abuse is still a major problem in Nigeria especially as young people are exposed to different categories of psychoactive substances including cannabis, alcohol, tobacco and pharmaceutical preparations. The United Nations Office on Drugs and Crime (UNODC, 2019) national drug use survey suggests that there is a need for improved prevention and treatment responses to address the level of drug use in the country. Also, in their review of the burden of drug abuse in Nigeria, Jatau et al., (2022) identified substance abuse as a major public health and social problem. They examined the use of substances including cannabis, tramadol and codeine-containing preparations, noting the variety of drugs in the Nigerian context. Boun et al. (2024) also explored the nonmedical use of tramadol in Africa and emphasized the health issues arising from its misuse. The findings suggest that teenage substance abuse should not only be viewed in relation to traditional illicit drugs but should also include the abuse of pharmaceutical substances.

Findings from Nigerian studies further indicate the presence of substance use among young people. Vigna-Taglianti et al. (2019) surveyed knowledge, attitudes and behaviors of Nigerian secondary school students toward tobacco, alcohol and other drugs across the country's geopolitical zones. Fagbule et al. (2021) also explored the prevalence and predictors of cigaret smoking and alcohol use among secondary school students in Nigeria. Similarly, Adegunju et al. (2024) investigated peer influence, emotional intelligence, parental socio-economic status and substance use among secondary school students in Ibadan North Local Government Area of Oyo State. The studies are pointers to substance use as a problem in Nigerian educational and social environment among the youth. But school-based evidence doesn't necessarily tell us about the experiences of teenagers whose substance use has become so severe they need rehabilitation. The family is important in understanding teenage substance abuse as it is one of the first places where people learn values, attitudes, social behavior and interaction patterns. Family relationships can offer emotional support, guidance, supervision and protection during the teenage years. They may also expose young people to conflict, poor supervision, substance-using role models and other conditions associated with risk behavior. Family structure therefore refers to the patterns of relationships, communication, authority, emotional support and conduct through which family members interact and influence each other. Muchiri and dos Santos (2018) examined family management risk and protective factors for adolescent substance use in South Africa, and demonstrated the relevance of family processes to understanding substance-related behavior. In their systematic review on risk and protective factors of drug abuse among adolescents, Nawi et al. (2021) also stressed the need to take into account family related circumstances along with other individual and social influences.

Family relationships is an important dimension of family structure, which is the constitution and arrangement of the household in which a teenager lives. Family structures can include households with both parents living together, single-parent households, polygamous families, reconstituted families and households headed by guardians or other relatives. Although family structure can shape the availability of supervision and support, the makeup of a household does not in itself define the quality of family relationships or adolescent behavior. Hoffmann (2022) looked at family structure, unsupervised socializing and heavy substance use among adolescents, emphasizing the significance of supervision and socializing opportunities in understanding the link between household arrangements and substance use. Therefore, the relationship between family structure and adolescent substance abuse should be viewed in relation to other aspects of family functioning. Family relationships also include important aspects of family cohesion and communication. Family cohesion is defined as emotional closeness, bonding and mutual support among family members. Family communication is defined as the openness and quality of interaction within the household. If teenagers are in supportive relationships and have open communication, they may be more likely to speak about personal problems and get the correct advice from parents or caregivers. By contrast, poor communication, emotional distance and ongoing family conflict may reduce the amount of support available to adolescents. Ebrahim et al., 2024, conducted a systematic review and meta-analysis on substance use among youth in sub-Saharan Africa and examined the family and social factors associated with substance use. Magololo et al. (2025) also studied the role of familial relationships in adolescent alcohol abuse in Malawi. Their studies suggest that the quality of family relations need to be considered when assessing variables related to teenage substance abuse.

Another important dimension is the history of substance use among parents and family. This means there is substance use going on in the teenager's family. This could be from parents, siblings or other family members. Young people who witness substance use in their homes might adopt behaviors and attitudes that shape their own perceptions of drug and alcohol use. In addition, the presence of substances in the home may increase opportunities for access and experimentation. Parental substance use may also influence the emotional and social environment of the household, possibly leading to decreased supervision and family support. Adejoh et al. (2020) studied peer and family factors associated with substance abuse among adolescents in treatment in a psychiatric ward in Lagos, Nigeria. Oviahon and Egharevba (2024) also investigated the effect of parents' substance abuse on child welfare in Nigeria. These studies stress the importance of parental and family-related experiences for understanding young people's welfare and behavioral outcomes. Another dimension in which family life can be related to teenage substance abuse is family socio-economic conditions. These conditions are the income level of the household, the employment situation of the parents, the educational background and the general material circumstances of the family. Economic hardship can strain family relationships and reduce the resources available for supervision, education, health care, and other supports. The relationship between economic conditions and substance use, however, may vary across households and social environments. Adegunju et al. (2024) examined parental socio-economic conditions, peer pressure and emotional intelligence on substance abuse among secondary school students in Ibadan. Morojele et al. (2021) also explored the wider social conditions surrounding adolescent substance use in their review of alcohol, tobacco and other drug use among adolescents in sub-Saharan Africa. These studies highlight the need to look at socio-economic circumstances as part of a wider family environment rather than the sole cause of teenage substance abuse.

There are a growing number of studies on substance abuse among young people. However, a large group is underrepresented in the Nigerian literature: teenagers whose substance use has become serious enough to require admission to rehabilitation centers. Much of the Nigerian evidence has focused on secondary school students, thus leaving limited empirical understanding of the family context of teenagers already undergoing rehabilitation. This distinction is important because the experiences and needs of teens in treatment may differ from those of students who report occasional or experimental substance use. Moreover, rehabilitation is not finished after the treatment obtained at an institution. The family environment a teenager returns to can impact recovery maintenance, support availability, and potential for continued substance use. Moreover, studies addressing family related factors have often focused on individual factors (e.g., parental education, household composition, or peer influence) without giving equal consideration to the interrelated dimensions of family functioning. Thus, there is a need to investigate family structure, cohesion and communication, parental and family history of substance use, and family socio-economic conditions together. This provides a broader understanding of the family circumstances associated with teenage substance abuse and provides evidence that may help social workers and rehabilitation professionals to develop appropriate family-centred interventions.

Against this background, the present study examines familial relationships as predictors of substance abuse among teenagers in selected rehabilitation centers in Ibadan, Oyo State, Nigeria. In particular, the study investigates the pattern of substance abuse among the teenagers and the relationships between substance abuse and four dimensions of family relationships: family structure, family cohesion and communication, parental and familial history of substance use and family socio-economic conditions. The study is concerned with teenagers who are in treatment in selected rehabilitation centers. The study aims to provide evidence to improve social work practice, to inform family-based interventions and more effective approaches to the prevention and rehabilitation of teenage substance abuse.

Statement of the Problem

The issue of substance abuse among teenagers is a major social and public health challenge in Nigeria. This has serious implications for the health, education, behavioral development and social relationship of young people. The use of substances such as cannabis, tramadol, alcohol, cigarettes and codeine containing preparations among teenagers raises concerns about their well-being and future development. Besides the personal costs, substance abuse is also a strain on families, communities and institutions that are tasked with caring for and rehabilitating affected teens. The family, as the primary setting for socialization, supervision and emotional support, can expose teenagers to certain risk conditions, or provide protective support against substance abuse. The family related factors such as family structure, poor cohesion and communication, family or parental history of

substance abuse and socio-economic conditions have not been sufficiently understood as integrated dimensions in explaining substance abuse among adolescents, especially those already in treatment in rehabilitation centers.

Over the years, the Nigerian government and other organizations have put in place various measures to curb substance abuse among the youths. Such efforts include drug prevention and awareness campaigns, public education, law enforcement activities, counseling, treatment and rehabilitation services, provided through government institutions, private facilities, non-governmental organizations and faith-based organizations. Agencies and institutions involved in drug control and public health have also continued to raise awareness of the dangers of substance use and to promote access to treatment and recovery services. Despite these interventions, teenage substance abuse is still an issue and teenagers still need specialized treatment and rehabilitation. This suggests that standardized responses focused mainly on drug control, awareness raising and individual treatment may not be sufficient to address the family circumstances associated with substance abuse. In particular, interventions that do not involve the family adequately in prevention, treatment and recovery may be less effective due to limited attention to family relationships, communication, parental substance-use behavior and household conditions.

In view of this, the present study aimed at examining familial relationships as predictors of substance abuse among teenagers in some selected rehabilitation centers in Ibadan, Oyo State, Nigeria. In particular, it investigates the pattern of substance abuse among teenagers and the relationship between substance abuse and four dimensions of familial dynamics: family structure, family cohesion and communication, parental and family history of substance use and family socio-economic conditions. The study focuses on adolescents in rehabilitation centers and aims to provide empirical evidence on family-related factors associated with substance use in this population. The findings will contribute to social work knowledge and provide useful guidance for rehabilitation professionals, social workers, families and relevant organizations in enhancing family-centred prevention, treatment and support interventions.

Objectives of the Study

The main objective of this study is to examine family dynamics as predictors of substance abuse among teenagers in selected rehabilitation centres in Ibadan, Oyo State, Nigeria. The specific objectives are to:

1. assess the pattern of substance abuse among teenagers in selected rehabilitation centres in Ibadan, Oyo State;

2. examine the relationship between family structure, family cohesion and communication, and substance abuse among the teenagers; and

3. determine the extent to which parental and familial history of substance use and family socio-economic conditions predict substance abuse among the teenagers.

Research Questions

The following research questions guide the study:

1. What is the pattern of substance abuse among teenagers in selected rehabilitation centres in Ibadan, Oyo State?

2. What relationship exists between family structure, family cohesion and communication, and substance abuse among the teenagers?

3. To what extent do parental and familial history of substance use and family socio-economic conditions predict substance abuse among the teenagers?

LITERATURE REVIEW

Concept of Teenage Substance Abuse

Teenage substance abuse" refers to the harmful or improper use of psychoactive substances, such as alcohol, tobacco, cannabis and other drugs, by people in their teenage years. This can affect physical and psychological development, academic performance, behavior and relationships. Many interacting factors influence teenage substance use, including the individual's own circumstances, peer relationships and family environment. Family and social influences have been found to be among the important risk and protective factors associated with adolescent drug abuse (Nawi et al., 2021). Similarly, Jumbe et al. (2025) found that adolescent substance use in Africa is associated with individual, family, socio-economic and social network factors.

Concept of Family Dynamics

Family structures are the interaction patterns, relationships, communication, supervision and behavior between family members. These patterns direct how family members support each other, handle differences, set expectations and respond to difficulties. Family relationships may provide protective or risk factors for adolescent substance abuse. Supportive relationships, effective supervision, and positive parental involvement can discourage substance use. Conflict, poor communication, and exposure to substance use in the household can increase vulnerability. Family management practices as risk and protective factors for adolescent substance use: A review of the literature. Ebrahim et al. (2024) also pointed out the significance of family relationships and supervision in explaining substance use among young people in sub-Saharan Africa.

Concept of Family Structure

Family structure is the organization and composition of a house where a teen lives. It can be intact two-parent families, single-parent families, extended families, polygamous families, and reconstituted families. The structure of a family can affect the amount of supervision, emotional support and resources a child receives from his parents. But the quality of relationships within a family is not necessarily dependent on its structure. Odimegwu et al. (2017) examined the connection between family structure and youth outcomes in Nigeria, highlighting the significance of household arrangements in comprehending the experiences of young individuals. Ebrahim et al. (2024) also identified family-related circumstances such as parental separation and loss to be factors associated with substance use among young people.

Concept of Family Cohesion and Communication

Family cohesion is defined as the degree to which family members feel emotional bonding, closeness, belonging and mutual support. Family communication is the degree to which family members communicate openly and effectively, express feelings and discuss personal or family concerns. Good communication and strong cohesion may encourage teenagers to seek advice from their parents or guardians and may help families to identify behavioral difficulties. Poor communication, emotional distance and poor parental monitoring, in contrast, may erode family support. Family management and parental involvement were identified as relevant protective considerations in adolescent substance use by Muchiri and dos Santos (2018). Similarly, Ebrahim et al. (2024) found that strong parent-child relationships and close family supervision were associated with lower tendencies of substance use among young people.

Parental and Family History of Substance Use and Family Socio-economic Conditions

Parental and family history of substance use is the exposure of a teen to the use of alcohol, tobacco or other drugs by the parents, siblings or other family members. This exposure can affect teenagers through observation, imitation, access to substances and the normalization of substance use in the home. Family socio-economic conditions however refer to the economic and social circumstances of the household. This includes income, employment, education and the ability to meet basic needs. These conditions may have an impact on parental supervision, access to support and the overall family environment. Jumbe et al. (2025) found that substance use by family members and inadequate parental supervision were important family-related factors associated with

substance use among adolescents in Africa. Adegunju et al. (2024) also investigated the socio-economic conditions of parents and other factors related to substance use among secondary school students in Ibadan, Oyo State.

METHODOLOGY

Research design

The study was quantitative, using a descriptive cross-sectional survey design. This design was deemed appropriate because it would enable the researcher to collect data on familial relationships and substance abuse among teenagers undergoing treatment in rehabilitation centers without interfering with any of the study variables. A structured questionnaire was used to collect data at one point in time, to describe the pattern of substance abuse and to explore the relationships between family related factors and substance abuse among the participants.

Study area and population

The study was conducted in three selected rehabilitation centers in Ibadan, Oyo State, Nigeria. These are: Emmanuel Alayande Rehabilitation Center, Olorunda, The Sanctuary Drug Rehabilitation Center, Bodija and Compassionate Recovery Center, Akobo. Centers were purposively chosen based on the admission of teenagers, existence of adequate admission records, willingness of management to grant access and diversity in their models of care. The study population consisted of all the teenage years of 13–19 years receiving treatment for substance abuse in the three selected centers during the period of data collection. The population consisted of 50 eligible teenagers, 20 from Emmanuel Alayande Rehabilitation Center, 17 from The Sanctuary Drug Rehabilitation Center and 13 from Compassionate Recovery Center.

Sample Size and Sampling Method

The study employed the total enumeration technique or also known as census method. This was because the population was relatively small, identifiable and reachable. Thus, all 50 eligible teenagers from the selected rehabilitation centers participated in the study. Participants had to be between the ages of 13 and 19, receiving treatment for substance abuse, and stable enough to participate in the data collection process. For participants 13–17 years of age, parental or guardian consent and assent of the teenagers was obtained; for participants 18–19 years of age, their own informed consent was obtained. All eligible participants approached to participate in the study agreed to participate, yielding a 100% response rate.

Research Instrument

Data were collected through a structured questionnaire developed by the researcher, called Families Dynamics and Substance Abuse Questionnaire (FDSAQ). The instrument was divided into 3 sections. Section A gathered demographic and personal information such as age, sex, education level, family background, and history of substance use. Section B sought to assess family relationships such as family structure, family cohesion and communication, parental and familial history of substance use and family socio-economic conditions. It also contained items on parents' monitoring and supervision. Family cohesion and communication items were selected from well-established measures of family functioning, including the Family Adaptability and Cohesion Evaluation Scales (FACES), whereas other items were generated on the basis of the concepts reviewed in the study. Section C was adapted from the World Health Organization Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and assessed substance abuse. Attitudinal items in sections B and C were ranged on a four-point Likert scale from strongly agree to strongly disagree. Other items were assessed using categorical and frequency response formats. The researcher himself administered the questionnaire to make sure that the questions were understood and answered by the participants regardless of their literacy levels.

Validity and Reliability of Instrument

The instrument was validated for face and content by the researcher's supervisor and experts in the fields of social work, counseling psychology and addiction psychiatry. They assessed the relevance, clarity, adequacy

and coverage of the questionnaire items in relation to the study objectives. They fed back their observations to the final version of the instrument. A pilot study was carried out using five teenagers with similar characteristics with the study participants at Premier Physiotherapy and Rehabilitation Clinic, Oluyole, Ibadan to establish reliability. The pilot center was distinct from the three centers used for the main study. Internal consistency of the instrument was evaluated using Cronbach's alpha, and the reported subscale reliability coefficients ranged from 0.76 to 0.83, indicating acceptable internal consistency.

Procedure of Data Collection and Ethical Consideration

The Lead City University Research Ethics Committee was approached for ethical approval. Permission was also sought from the management of the participating rehabilitation centers. Informed consent procedures were age appropriate. Parental or guardian consent and participant assent were obtained for adolescents aged 13–17 years, and those aged 18–19 years gave individual informed consent. Participation was voluntary, and respondents were told they had the right to refuse to participate or to withdraw from participation without penalty to their treatment. The questionnaire was given in private settings and no personally identifying information was collected. The confidentiality and anonymity of all participants were maintained throughout the research process. Those who became distressed during the exercise were referred to counselors at the center where they were situated.

Procedure for Data Analysis

The data collected were coded and analyzed using the Statistical Package for Social Science (SPSS) version 25. Descriptive statistics such as frequencies, percentages, means and standard deviations were used to explain the demographic characteristics of respondents, patterns of substance abuse and the variables related to the family. Inferential statistics were used to examine relationships among familial dynamics and substance abuse. Associations between categorical variables were evaluated using the chi-square test, and associations between continuous study variables were evaluated using Pearson product-moment correlation. A multiple regression analysis was also performed to assess the combined and individual predictive contributions of familial dynamics dimensions to substance abuse. Statistical significance was assessed at the 0.05 level.

RESULTS

Research Question One: What is the pattern of substance abuse among teenagers in selected rehabilitation centres in Ibadan, Oyo State?

Substance used	Frequency	Percentage (%)
Cannabis	45	90.0
Tramadol	40	80.0
Alcohol	35	70.0
Cigarettes/tobacco	30	60.0
Codeine/cough syrup	26	52.0
Solvents (glue and petrol)	12	24.0
Other substances	6	12.0

As shown in Table 1 , cannabis was the most frequently reported substance (45 respondents, 90.0%), followed by tramadol (40 respondents, 80.0%). Alcohol was reported by 35 (70.0%) and cigaret or tobacco use by 30 (60.0%) respondents. Twenty-six respondents (52.0%) reported using cough preparations containing codeine. Twelve (24.0%) of the respondents reported solvents and six (12.0%) reported other substances.

The respondents on average reported 3.88 substances each, which suggests that use of multiple substances was common among the teenagers studied. During the three months prior to admission, 22 respondents (44.0%) used the drug once a month, 8 (16.0%) used it once a week, and 2 (4.0%) used it once a day or almost once a day. Eleven respondents (22.0%) reported substance use one or two times and 7 (14.0%) reported no use during the period.

Age of first substance use showed that 25 respondents (50.0%) started between ages 14 and 15 and 13 (26.0%) started between the ages of 12 and 13. Only 12 (24.0%) participants reported initiation of substance use between 16-19 years. The average age of first use was 14.46 years (SD = 1.49). Further, mean substance abuse severity score was 13.28 (SD = 3.31) out of a possible score of 20.

Research Question Two: What relationship exists between family structure, family cohesion and communication, and substance abuse among the teenagers?

Statistical test	**Value**
Chi-square (χ^2)	1.666
Degrees of freedom	1
p-value	0.197

Table 2 indicates that 54.5% of adolescents from nonintact families fell in the high substance abuse category compared to 35.3% of adolescents from intact families. The association was not statistically significant at the 0.05 level ($\chi^2 = 1.666$, df = 1, p = 0.197), but the proportion was higher among teenagers from non-intact families.

Table 3: Relationship between Family Cohesion and Communication and Substance Abuse

Variable	**N**	**Mean**	**SD**	**r**	**p-value**
Family cohesion and communication	50	20.94	—	-0.557	<0.001
Substance abuse	50	13.28	3.31		

The findings in Table 3 show a significant negative relationship between family cohesion and communication and substance abuse (r = -.557, p < 0.001). The mean score on Family Cohesion and Communication was 20.94 out of 32. The lowest rated items were whether respondents felt loved and supported by their families (mean = 2.40) and whether their parents knew where they were and who they were with (mean = 2.48).

Research Question Three: To what extent do parental and familial history of substance use and family socio-economic conditions predict substance abuse among the teenagers?

Table 4: Relationship between Parental and Familial History of Substance Use and Substance Abuse

Variable	**N**	**Mean**	**SD**	**r**	**p-value**
Parental and familial history of substance use	50	10.04	2.76	0.615	<0.001
Substance abuse	50	13.28	3.31		

The association between parental and familial history of substance use and substance abuse among the teenagers is statistically significant and positive (r = 0.615, p < 0.001) as shown in Table 4. Mean score for family history of substance use was 10.04 on a scale of 16. More than half of the respondents agreed that a family member used drugs or other substances and a similar proportion reported having seen a family member using substances while growing up.

Table 5: Relationship between Family Socio-economic Conditions and Substance Abuse

Variable	N	Mean	SD	r	p-value
Family socio-economic conditions	50	9.44	2.60	0.071	0.625
Substance abuse	50	13.28	3.31		

The results in Table 5 show a very weak positive relationship between family socio-economic conditions and substance abuse ($r = 0.071$, $p = 0.625$). There was no significant relationship at the 0.05 level. This means that the socio-economic conditions measured in the study were not significantly related to substance abuse among the respondents.

Table 6: Multiple Regression Analysis of Family Dynamics as Predictors of Substance Abuse

Predictor variable	B	Standard error	t	p-value	Decision
Family structure (non-intact)	1.003	0.655	1.531	0.133	Not significant
Family cohesion and communication	-0.314	0.066	-4.772	<0.001	Significant
Parental and familial history of use	0.640	0.113	5.650	<0.001	Significant
Family socio-economic conditions	0.022	0.120	0.182	0.856	Not significant

The multiple regression results revealed that the four dimensions of familial relationships accounted for 61.4% of the variance in substance abuse among the teenagers ($R^2 = 0.614$). Overall regression model was statistically significant, $F(4, 45) = 17.93$, $p < 0.001$, indicating that family related variables together significantly predicted substance abuse in the study population.

In the individual contributions, parental and family history of substance use was the largest significant positive contributor ($B = 0.640$, $t = 5.650$, $p < .001$). Family cohesion and communication also made significant contributions, but in the negative direction ($B = -0.314$, $t = -4.772$, $p < 0.001$), indicating a protective association. However, family structure ($B = 1.003$, $p = 0.133$) and family socio-economic conditions ($B = 0.022$, $p = 0.856$) did not make statistically significant unique contributions when combined with the other variables.

DISCUSSION OF FINDINGS

The findings of this study provide insight into the relationship between familial relationships and substance abuse among adolescents receiving treatment in some selected rehabilitation centers in Ibadan, Oyo State. The study assessed the pattern of substance abuse and the relationship between substance abuse and four dimensions of family relationships; family structure, family cohesion and communication, parental and familial history of substance use and family socio-economic conditions. The results are discussed in relation to previous empirical studies and the theoretical perspectives that guided the study. The study found polysubstance use was common among the respondents, with an average of 3.88 substances reported by each teenager. The most frequently reported substances were cannabis (90.0%), tramadol (80.0%), alcohol (70.0%), cigarets (60.0%) and codeine-containing preparations (52.0%). This implies that the substance abuse among the teenagers was not limited to one substance but different categories of psychoactive substances. The prominence of tramadol and codeine is particularly noteworthy because it indicates that pharmaceutical preparations constituted a significant proportion of the substances used by the respondents. This finding is in line with Jatau et al. (2022) who in their review of drug abuse in Nigeria identified cannabis, tramadol and codeine as some of the commonly reported substances in the country. This also corroborates the findings of Boun et al. (2024) who reported non-medical tramadol use among the youth in Africa.

Also, the study found that the mean age of first substance use was 14.46 years old, and 76.0% of respondents reported that they started using substances before they were 16 years old. This finding suggests that substance use began fairly early among the teens studied. It emphasizes the importance of the introduction of preventive education and intervention programs before or during the early years of adolescence. This is consistent with Steinberg (2023) who discussed the susceptibility of adolescents to risk-taking behaviors during the teenage years. In addition, a mean substance abuse severity score of 13.28 out of 20 suggests that the respondents have a high level of severity in their substance use. However, this finding should be understood in the light of the study population, which was adolescents already in treatment in rehabilitation centers. The study revealed that 66.0% of the respondents were from non-intact families and 34.0% were from intact families on family structure. A higher proportion of teenagers from non-intact families were in the high-substance-abuse category (54.5%) than those from intact families (35.3%), but this association was not statistically significant, $\chi^2(1) = 1.666$, $p = 0.197$. This shows that family structure, in broad terms of intact or non-intact, did not significantly distinguish the severity of substance abuse among the adolescents. The finding is a caution against the assumption that teenagers from non-intact families are necessarily more prone to substance abuse. The quality of relationships, parental supervision, communication and emotional support available to teenagers may not be adequately explained by household composition. This interpretation is consistent with Hoffmann (2022) who proposed that the association between family structure and adolescent substance use might be mediated by other family and social processes.

Conversely, family cohesion and communication were negatively and significantly related to substance abuse ($r = -0.557$, $p < 0.001$). This means that teenagers that reported greater emotional closeness, better communication and more supervision in their families, tended to report less severe substance abuse. The finding indicates that positive family relations may be protective conditions in the lives of teenagers. It is consistent with Ebrahim et al. (2024) whose systematic review and meta-analysis reported positive parent-child relationships, parental disapproval of substance use and close supervision as protective factors against substance use among young people in sub-Saharan Africa. This also supports Muchiri and dos Santos (2018) who studied family management risk and protective factors for adolescent substance use in South Africa. The finding is also in line with Social Control Theory that emphasizes the importance of attachment and meaningful relationships in promoting socially acceptable behavior.

However, the study noted the relatively low mean scores for feeling loved and supported (2.40), and parental knowledge of the teenagers' whereabouts and companions (2.48). These findings indicate potential deficiencies in parental monitoring and emotional support of the respondents. They stress the importance of parents and guardians having open communication, showing emotional support and providing proper supervision. This type of family practice may help to strengthen the protective relationships teenagers need during adolescence. The study also found a significant positive association between parental and familial history of substance use and severity of substance abuse ($r = 0.615$, $p < 0.001$). It was the strongest relationship of the examined family dimensions in their bivariate sense. More than half of the respondents agreed that a member of their family used drugs or other substances. A similar proportion said they had seen a family member drink or use substances when they were growing up. The finding suggests that the more substance use exposure reported in the family, the greater the severity of substance abuse among the teenagers. This is in line with Social Learning Theory which helps to understand how behavior may be acquired through observation, imitation and reinforcement. Familiarity or social acceptability can arise when teenagers repeatedly see substance use occurring within their families. This finding also supports Family Systems Theory, which views individual behavior in relation to relationships and patterns within the family environment. This is consistent with Oviahon and Egharevba (2024) who studied the effect of parental substance abuse on child welfare in Nigeria, and Nawi et al. (2021) who reviewed risk and protective factors associated with drug abuse among adolescents.

There was no statistically significant relationship between family socio-economic conditions and substance abuse ($r = 0.071$, $p = 0.625$). The coefficient was positive, but the relationship was trivial and not statistically significant. It implies that the socio-economic conditions of the respondents' families as measured were not significantly associated with differences in severity of substance abuse among the study population. This should not be taken to imply that economic conditions are irrelevant to adolescent welfare or access to rehabilitation. Instead, it suggests that the socio-economic measure employed in this study was not significantly related to the

severity of substance abuse in the 50 teenagers studied. It also suggests that material support may not be adequate to address the family related dimensions associated with substance abuse.

Multiple regression analysis further revealed that the four dimensions of familial dynamics accounted for 61.4% of the variance in the severity of substance abuse ($R = 0.784$, $R^2 = 0.614$, adjusted $R^2 = 0.580$). The overall model was statistically significant, $F(4, 45) = 17.93$, $p < 0.001$. Parental and family history of substance use was the largest statistically significant unique contributor ($B = 0.640$, $p < 0.001$), and family cohesion and communication were significant contributors in the protective direction ($B = -0.314$, $p < 0.001$). Family structure and family socio-economic conditions did not make a unique statistically significant contribution when the other dimensions were added to the model. Results support the importance of considering familial dynamics as separate, but related, dimensions. In particular, family exposure to substance use and the quality of family relationships were found to be important statistical predictors of the severity of substance abuse among the studied teenagers.

Overall, the results suggest that the relational experiences of teenagers in their families merit special attention in the understanding and treatment of substance abuse. The findings support family-inclusive approaches to prevention and rehabilitation while recognizing that other individual, peer, community and institutional factors may also have a role in teenage substance abuse. Because the study was cross-sectional, associations and statistical predictions should be interpreted rather than evidence of causation.

CONCLUSION

A study was carried out to investigate familial relationships as predictors of substance abuse among teenagers in selected rehabilitation centers in Ibadan, Oyo State, Nigeria. Results showed that polysubstance use was common among the respondents. The most commonly reported substances were cannabis, tramadol, alcohol, cigarets and codeine-containing preparations. The relatively early age of onset suggests the need for preventive interventions that reach out to teenagers before substance use becomes severe. No statistically significant associations were found between family structure and socio-economic conditions of the family and severity of substance abuse. However, a strong negative relationship was revealed between family cohesion and communication. The strongest positive relationship was found between parental and family history of substance use. The regression results further indicated that the four dimensions of family structure accounted for 61.4% of the variance in severity of substance abuse, with only parental and familial history of substance use and family cohesion and communication making significant unique contributions to the model.

The study concludes, therefore, that a full understanding of teenage substance abuse requires looking beyond the family's composition or economic status. The presence of family members, the emotional support available to teenagers, the quality of communication and the level of parental supervision are also factors to consider. So, family environment as well as individual needs of teenagers should be taken into consideration in prevention, treatment and rehabilitation programs. The findings of this study are limited to the 50 teenagers who participated in the study in the three selected rehabilitation centers and cannot be generalized to all teenagers in Ibadan or Nigeria without further research.

Suggestion for further study

1. Future studies need to include larger samples from more rehabilitation centers across Oyo State and other states in Nigeria to improve the generalizability of findings.

2. Longitudinal studies should be conducted to investigate the association between family relationships and exposure to substance use and the onset, maintenance and recovery of adolescent substance use over time.

3. Further research should include the views of parents and guardians, siblings and rehabilitation professionals, together with teenagers' self-reports, for a more complete understanding of familial relationships.

4. There is a need for comparative studies that examine differences between teens in rehabilitation and teens in schools or communities who have not entered treatment. This may help to identify family-related factors associated with more severe substance use and entry to rehab.

5. Future research should examine other possible predictors of adolescent substance use including peer influence, psychological well-being, community conditions, access to substances, and school-related experiences.

6. Researchers should also investigate the appropriateness of existing family assessment tools for Nigerian and Yoruba family contexts, including the development and validation of measures that capture local family structures, communication patterns, and support systems.

RECOMMENDATION

1. Secondary schools and relevant agencies should intensify early education and awareness programs on substance abuse to help teenagers understand its risk and consequences.

2. Rehabilitation centers should include family assessments in treatment programs to identify family-related factors that may contribute to substance use in teenagers.

3. In rehabilitation, family counseling and therapy should be encouraged to improve communication, emotional support, parental monitoring, and relationships between teenagers and their families.

4. Families with a history of substance use should receive targeted counseling and support to reduce the likelihood that substance-use behaviors are learned or repeated by younger family members.

5. Urge parents and guardians to keep an open line of communication with their teens, to keep tabs on their activities, and to provide emotional support and guidance on a regular basis.

6. Family-focused interventions should be strengthened by social workers and other rehabilitation professionals in the treatment and recovery process of teens with substance-use problems.

7. Government and non-governmental organizations should supplement existing substance-abuse programs with accessible family support services, counseling and community-based interventions.

8. Rehabilitation centers need to develop family-inclusive aftercare programs to support teenagers' post-treatment and lessen the risk of relapse.

REFERENCES

1. Adejoh, S. O., Olorunlana, A., Adisa, W. B., & Onwuasoanya, O. (2020). Do peer and family factors determine substance abuse? Voices of adolescents undergoing treatment in a psychiatric ward, Lagos, Nigeria. Archives of Psychiatry Research, 56(2), 155–168.
2. Adegunju, K. A., Asiyanbi, M., & Omopo, O. E. (2024). Peer pressure, emotional intelligence, parent socio-economic and substance abuse among secondary school students in Ibadan North Local Government Area of Oyo State, Nigeria. International Journal of Academic Information Systems Research, 8(7), 7–16.
3. Berghuis, M. (2018). Reentry programs for adult male offender recidivism and reintegration: A systematic review and meta-analysis. International Journal of Offender Therapy and Comparative Criminology, 62(14), 4655–4676. https://doi.org/10.1177/0306624X18778448
4. Boun, S. S., Omonaiye, O., Yaya, S., Cowley, H., & Robinson, J. (2024). Prevalence and health consequences of nonmedical use of tramadol in Africa: A systematic scoping review. PLOS Global Public Health, 4(1).

5. Connell, C., Birken, M., Carver, H., Brown, T., & Greenhalgh, J. (2023). Effectiveness of interventions to improve employment for people released from prison: Systematic review and meta-analysis. Health & Justice, 11, Article 17. https://doi.org/10.1186/s40352-023-00217-w
6. Ebrahim, J. E., Adams, J. A., & Demant, D. D. (2024). Substance use among young people in sub-Saharan Africa: A systematic review and meta-analysis. Frontiers in Psychiatry, 15, 1328318.
7. Fagbule, O. F., Kanmodi, K. K., Samuel, V. O., Isola, T. O., Aliemeke, E. O., Ogbeide, M. E., Ogunniyi, K. E., Nnyanzi, L. A., Adewuyi, H. O., Lawal, F. B., & Ibiyemi, O. (2021). Prevalence and predictors of cigarette smoking and alcohol use among secondary school students in Nigeria. Annals of Ibadan Postgraduate Medicine, 19(2), 112–123.
8. Hoffmann, J. P. (2022). Family structure, unstructured socializing, and heavy substance use among adolescents. Journal of Community Psychology, 50(1), 265–284.
9. Ike, T. J., Jidong, D. E., Ike, M. L., & Ayobi, E. E. (2025). Public perceptions and attitudes towards ex-offenders and their reintegration in Nigeria: A mixed-method study. Criminology & Criminal Justice, 25(5), 1362–1384. https://doi.org/10.1177/17488958231181987
10. Jatau, A. I., Sha'aban, A., Gulma, K. A., Shitu, Z., Khalid, G. M., Isa, A., Wada, A. S., & Mustapha, M. (2022). The burden of drug abuse in Nigeria: A scoping review of epidemiological studies and drug laws. Public Health Reviews, 42, 1603960.
11. Jumbe, S., Mwenda Kamninga, T., Kalu, U.-G., Nyali, J., Saleh, L., Newby, C., & Francis, J. M. (2025). A systematic review and meta-analysis of factors associated with adolescent substance use in Africa, 2000 to 2020. Addiction, 120(6), 1127–1142. https://doi.org/10.1111/add.70023
12. Lattas, D., Davis, C., & Creamer, C. (2024). Global forensic social work education: A cross-national comparison of education models in 10 countries. International Social Work, 67(5). https://doi.org/10.1177/00208728231214133
13. Magololo, C. A., Simoonga, R., & Kuyela, K. M. (2025). Influence of family dynamics on adolescent substance abuse of alcohol: A case of Mpwere Village, Chiradzulu District, Malawi. International Journal of Research and Scientific Innovation, 12(10), 1405–1422.
14. Morojele, N. K., Ramsoomar, L., Dumbili, E. W., & Kapiga, S. (2021). Adolescent health series: Alcohol, tobacco, and other drug use among adolescents in sub-Saharan Africa: A narrative review. Tropical Medicine & International Health, 26(12), 1528–1538.
15. Mourão, A., Sousa, M., Ferreira, M., Gonçalves, L., Caridade, S., & Cunha, O. (2025). Beyond recidivism: A systematic review exploring comprehensive criteria for successful reintegration after prison release. Criminal Justice and Behavior, 52(8), 1173–1199. https://doi.org/10.1177/00938548251335322
16. Muchiri, B. W., & dos Santos, M. M. L. (2018). Family management risk and protective factors for adolescent substance use in South Africa. Substance Abuse Treatment, Prevention, and Policy, 13(1), Article 24.
17. Natale, A. P., McLeod, D. A., & Mapson, K. W. (2024). Introduction to forensic social work. In D. A. McLeod, A. P. Natale, & K. W. Mapson (Eds.), Handbook of forensic social work (pp. 1–11). Oxford University Press. https://doi.org/10.1093/oso/9780197694732.003.0001
18. Nawi, A. M., Ismail, R., Ibrahim, F., Hassan, M. R., Manaf, M. R. A., Amit, N., Ibrahim, N., & Shafurdin, N. S. (2021). Risk and protective factors of drug abuse among adolescents: A systematic review. BMC Public Health, 21, Article 2088.
19. Odimegwu, C., Somefun, O. D., & Akinyemi, J. (2017). Gender differences in the effect of family structure on educational outcomes among Nigerian youth. SAGE Open, 7(4).
20. Oviahon, K. O., & Egharevba, O. J. (2024). Impact of parental substance abuse on child welfare in Nigeria. Jalingo Journal of Social and Management Sciences, 6(1), 247–261.
21. Oyewo, O. O. (2023). Inmate rehabilitation idea and the challenges of policy implementation in the Nigerian correctional centres. AKSU Journal of Administration and Corporate Governance, 3(3), 228–241. https://doi.org/10.61090/aksujacog.2023.031
22. Steinberg, L. (2023). Adolescence and the regulation of risk-taking. Child Development Perspectives, 17(1), 28–34.
23. United Nations Office on Drugs and Crime. (2018). Introductory handbook on the prevention of recidivism and the social reintegration of offenders. United Nations. https://www.unodc.org/documents/justice-and-prison-reform/18-02303_ebook.pdf

24. United Nations Office on Drugs and Crime. (2019). Drug use in Nigeria 2018. United Nations Office on Drugs and Crime.
25. United Nations Office on Drugs and Crime. (2025). World drug report 2025. United Nations Office on Drugs and Crime.
26. Vigna-Taglianti, F., Alesina, M., Damjanović, L., Mehanovic, E., Akanidomo, I., Pwajok, J., Prichard, G., van der Kreeft, P., & Virk, H. K. (2019). Knowledge, attitudes and behaviours on tobacco, alcohol and other drugs among Nigerian secondary school students: Differences by geopolitical zones. Drug and Alcohol Review, 38(6), 712–724.