# A Causal Model on Drug Abuse in Relation to Parent Support, Self-Concept and Peer Pressure: Context of Drug Detainees in Davao Region

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**ABSTRACT**

This study explored the issue of drug abuse among detainees in the Davao Region by examining the combined influence of parental support, self-concept, and peer pressure. The main objective was to determine the individual and combined effects of these three variables on drug abuse behavior. Utilizing a quantitative, non-experimental design with correlation and structural equation modeling (SEM), the study involved drug detainees aged 19–30 from various jail facilities in the region, and employed standardized, pilot-tested survey instruments analyzed through descriptive statistics, Pearson correlation, regression, and SEM. Descriptive results showed that detainees experienced varying levels of parental support, with authoritative parenting being the most prevalent, while uninvolved parenting was lowest. Respondents exhibited high levels of self-concept, particularly in honesty and autonomy, and experienced both positive peer encouragement and resistance to negative peer influence, though some also yielded to peer pressure. Drug abuse was generally moderate, with physical effects and mood regulation being common reasons for substance use. Correlation analysis revealed that authoritative parenting and honesty were negatively correlated with drug abuse, while disciplinarian and uninvolved parenting, as well as yielding to peer pressure, were positively associated. Regression analysis confirmed that peer pressure was the strongest predictor of drug abuse, followed by parental support and self-concept, which had a protective effect. SEM results showed that all three predictors had significant direct paths to drug abuse, and the model demonstrated excellent fit indices, confirming its validity. The study implies that effective rehabilitation must address peer dynamics, strengthen parental engagement, and enhance detainees' self-concept to reduce drug-related behaviors.

**Keywords:** Drug Abuse, Parent Support, Self-Concept, Peer Pressure, Drug Detainees

**INTRODUCTION**

Substance misuse among young people remains a pressing public health issue worldwide, leading to a range of physical, emotional, and social challenges. Teenagers and individuals in early adulthood are in a life stage characterized by identity formation, experimentation, and heightened peer influence, which makes them more prone to trying and misusing drugs (Arnett, 2020). Engaging in illegal drug use during this sensitive phase of brain maturation can interfere with mental processes, weaken decision-making abilities, and elevate the likelihood of enduring addiction and psychological disorders (Volkow et al., 2021).

Substance misuse in young people is usually associated with mental health issues such as depression, developmental delays, apathy, withdrawal, and other psychosocial dysfunctions. Early Adulthood who abuses alcohol and other drugs also frequently stop participating in school and community activities, which robs their friends and communities of the good things they could have contributed (National Institute on Drug Abuse, 2020).

Young people may experience what appear to be beneficial results when they consume drugs for the first time. They could think they have control over how they utilize them. But a person's life can be quickly taken over by drugs. If drug usage persists over time, other enjoyable activities eventually lose their appeal, and the user eventually has to use the drug in order to feel normal. Despite the fact that using drugs puts them and their loved ones through a lot of trouble, they struggle to suppress their need. Even in the early phases of their drug use, some people may start to feel the desire to take more of a substance or use it more frequently.

Parents play a crucial role in shaping their children's destiny they wanted their children to succeed in life, the reason they are willing to support their children (Rönsch, 2020). However, the initial decision to take drugs is usually voluntary for young people, but deviant adolescents today desired to experience everything due to a variety of factors, including familial problems, peer pressure, and environmental issues such drug usage in their neighborhood being considered normative. However, prolonged use may significantly weaken their capacity for self-control. Addiction is characterized by this loss of self-control. Studies on the brain imaging of addicts reveal anatomical alterations in brain regions vital to judgment, choice-making, memory, learning, and behavior regulation. To demonstrate their support, parents should use every effort to prevent their children from becoming drug addicts (Muldoon, 2021).

Furthermore, understanding the connection between self-esteem and health may need an understanding of the relationship between self-esteem and psychological satisfaction (depression, social anxiety, and loneliness). Exercise and self-esteem are positively correlated; however, drug addiction and self-esteem are negatively correlated. Although it may not be the primary reason in all situations, low self-esteem frequently has a unique role in drug usage and other social problems, including some crimes (Cherry, 2020).

Moreover, most young people who became drug addicts was because of peer pressure. Peer pressure is the sensation that young people are under pressure, pushed, or persuaded by others to follow specific actions, or to act in a certain way as a result of others' pressure, enticement, or influence. The majority of youngsters yearn for acceptance and affection from their mates and acquaintances. In order to avoid being confined and excluded, they make every effort to win over the people who matter to them (Cherry, 2019). These youths do not want to live a life of isolation on the streets; thus, it is crucial that they are accepted and acknowledged by their peers. While living on the streets, young people use a variety of strategies to win over their peers. This involves acting in the same ways as their peers. To fit in and be accepted more readily, they take drugs or partake in other potentially unhealthy behaviors (Wua, Rorimpandey, Ratu, Mantiri, & Umbase, 2022).

A child becomes hostile and starts experimenting with drugs due to parental neglect, bad parenting, and parental enforcement. Being a parent is the process of raising children, and it can be summed up as parenting. A person becomes involved in parenting once they have a child. It's not that easy, though; another way to define parenting is as the act of acquiring and applying the knowledge and abilities necessary for organizing, carrying out, giving birth to, raising, and/or tending to children (Zeltser, 2021). According to this concept, parenting entails more than just raising children it also entails taking care of

them. It begins with a plan. Parenting involves a number of traits. With the advancement of technology and medical understanding, becoming a parent is now a choice; it is a lifetime commitment. It involves obligations since it is the duty of parents to provide their children with appropriate physical and mental care. Since the birth of a child impacts the entire family, parenting involves not just the couple but the entire family (Hussain & Warr, 2019).

On the other hand, self-concept is often seen as a key component in addiction based on the researched traits of substance abusers. Social work, psychology, psychiatry, and sociology all place emphasis on the drug-dependent youth's immature personality development and the critical role that families play in shaping it (Ackerman, 2019a). A person's self-concept is shaped by a constellation of beliefs that include emotional, physical, social, and spiritual dimensions that alternately overlay and encompass that person. Similarly, these elements support an individual's navigation and perception of their own inclinations, customs, interests, pastimes, areas of strength and weakness, and abilities (Ackerman, 2019b).

Also, pressure is used to describe the state in which an individual feels compelled to abandon their own beliefs and values in order to live up to the expectations of their parents or friends. Nobody can dispute this pressure's potency. It is constructive pressure if it promotes a positive outlook, sound morals, decency, and diligence. It is bad if it promotes a negative mindset. A person's potential is strengthened by positive pressure, and their strength is diminished by negative pressure. Success is the result of positive pressure, whereas failure is the result of negative pressure. Just as crucial as parent attachment is the acceptance and attachment from peers. Peer pressure has the power to make or break a person's academic performance, job choice, professional growth, morality, and values (Muldoon, 2021).

The notion of planned conduct serves as the study's foundation (Ajzen, 1991). Modified by Bashirian, Hidarnia, Allahverdipou, and Hajizadeh (2012) on drug-related behaviors among adolescents. One of the major issues in the realm of promoting adolescent health and mental health is drug misuse. Effective intervention is required due to the negative social and medical effects of drug usage and its repercussions among young people. Carl Rogers' 1959 theory of self-actualization and self-concept serves as another foundation for this investigation. The primary tenet of Rogers' personality theory is that an environment that fosters openness, self-disclosure, acceptance, and empathy is necessary for an individual's self-concept to "build up" or "grow." It is described as a coherent and well-organized collection of self-perceived ideas that is influenced by a person's experiences and assessments of other people. Additionally, rooted on Baumbrind's idea of parental styles (1967), it posits that parental styles are essential in both preventing and treating substance use. According to research, the authoritative parenting style is the most effective at preventing substance abuse. All of the methods that people pick up knowledge from one another are explained by social learning theory (Bandura,1971), when a young teenager observes pals using drugs while they are hanging out. Peer pressure applies to drugs in the same manner that it does to alcohol (Muldoon, 2021).

Figure 1 exhibits the study's variables, consisting of three independent variables and one dependent variable. In this study, Parental Support is defined as the perceived parenting style experienced by the participants, which influences their behavioral and emotional development. This variable is assessed through four domains identified by Kimble (2009): authoritative, authoritarian, permissive, and uninvolved. Each domain reflects a distinct pattern of parental behavior and control. *Authoritative parenting* represents a balanced approach involving responsiveness and discipline; *authoritarian* reflects a strict and less emotionally responsive style; *permissive indicates* leniency with high warmth but low discipline; and *uninvolved* represents neglectful or emotionally detached parenting. The participants'
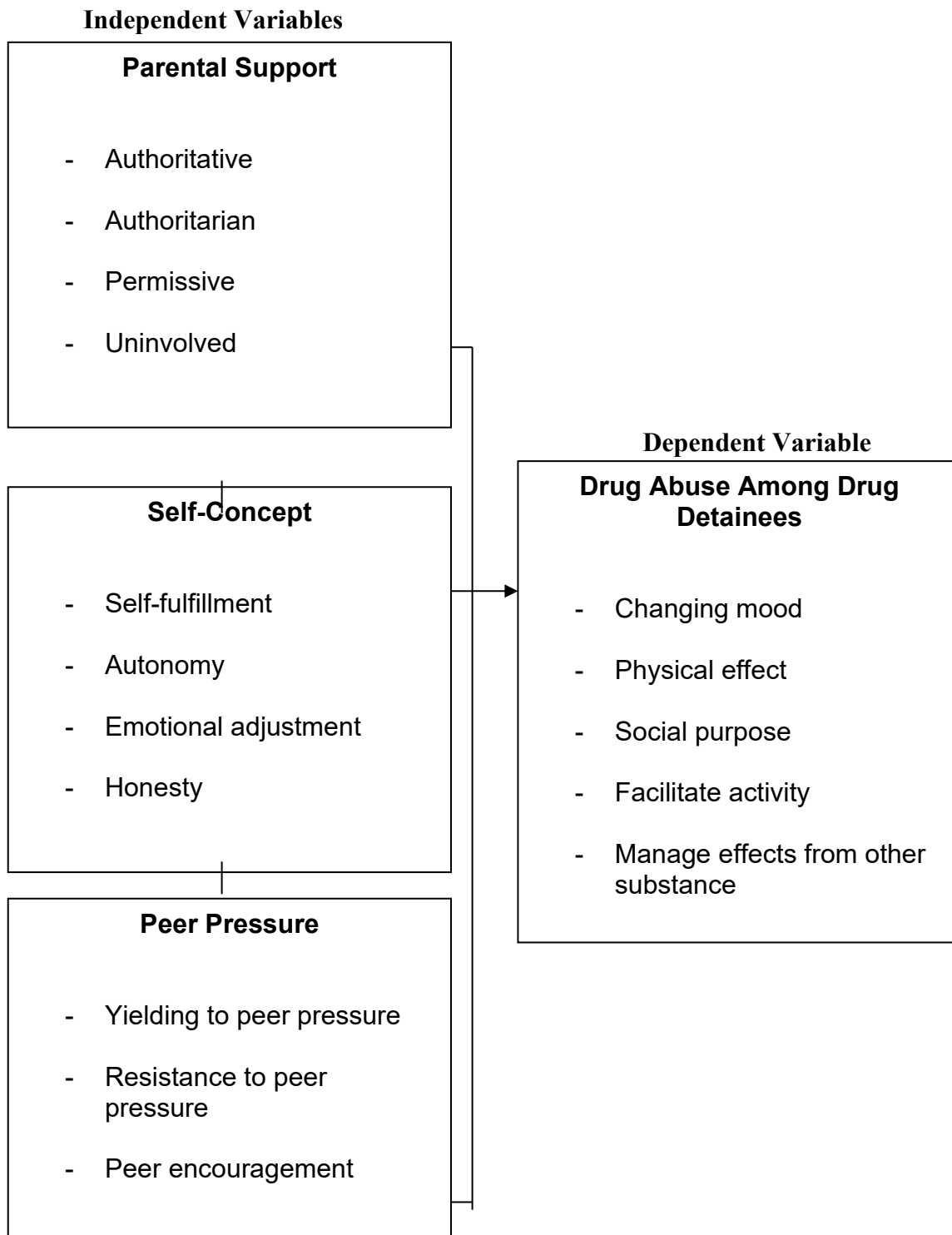
perceptions of these parenting styles serve as indicators of the level and type of parental support they received, which may have a bearing on their susceptibility to drug abuse.

Self-concept is the second independent variable; this study refers to an individual's perception and evaluation of themselves across multiple personal and psychological dimensions. It is operationalized using the framework of Goñi, Madariaga, Axpe, and Goñi (2011), focusing on four domains: self-fulfillment, autonomy, emotional adjustment, and honesty. *Self-fulfillment* measures how individuals feel they are achieving their potential or personal goals. *Autonomy* captures their sense of independence and control over decisions. *Emotional adjustment* reflects their ability to manage emotions in various situations, while honesty pertains to their self-assessed integrity and truthfulness. These domains collectively define the self-concept profile of the participants, which is examined for its influence on their involvement with drug use.

The third independent variable is Peer Pressure, which is defined as the influence exerted by peers that affects an individual's attitudes and behaviors, particularly regarding drug use. This variable is measured through three domains identified by Palani and Mani (2016): yielding to peer pressure, resistance to peer pressure, and peer encouragement. *Yielding to peer pressure* represents a participant's tendency to conform to peer behaviors, especially when it involves substance use. *Resistance* to peer pressure assesses the individual's ability to stand firm against such influences. *Peer encouragement* measures the degree of positive reinforcement received from peers toward constructive or prosocial behaviors. These aspects help determine the extent and nature of peer influence among drug detainees.

The dependent variable, Drug Abuse Among Drug Detainees, is operationally defined as the patterns and motivations behind the use of illegal substances by individuals currently detained for drug-related offenses. Drawing from the domains proposed by Boys, Marsden, and Strang (2010), this variable is measured through indicators such as changing mood, physical effect, social purpose, facilitating activity, and managing effects from other substances. *Changing mood* refers to using drugs to alter emotional states, while physical effect involves the bodily sensations induced by drug use. *Social purpose* captures the social motives behind drug use, such as peer bonding. *Facilitate activity* refers to using drugs to enhance the performance or enjoyment of activities and managing effects from other substances pertains to the compensatory use of drugs to counteract the side effects of other substances. These domains provide a comprehensive view of the reasons and effects behind drug abuse among the participants.

The researcher decided to investigate drug abuse in relation to parental support, self-concept, and peer pressure within the context of Drug Detainees in the Davao Region. This was motivated by the dearth of literature and studies on the topic at hand within the context of Davao City. As a result, the study will establish baseline information about drug detainees in the Davao Region concerning drug abuse in relation to parental support, self-concept, and peer pressure

**Independent Variables**

**Parental Support**

- Authoritative

- Authoritarian

- Permissive

- Uninvolved

**Self-Concept**

- Self-fulfillment

- Autonomy

- Emotional adjustment

- Honesty

**Peer Pressure**

- Yielding to peer pressure

- Resistance to peer pressure

- Peer encouragement

**Dependent Variable**

**Drug Abuse Among Drug Detainees**

- Changing mood

- Physical effect

- Social purpose

- Facilitate activity

- Manage effects from other substance

**Figure 1. The Conceptual Framework of the Study**

The main objective of the study was to determine the levels of parental support, self-concept, and peer pressure about drug abuse within the context of drug detainees in the Davao Region. Specifically, the study sought to answer questions regarding the level of parental support in terms of the domains authoritative, authoritarian, permissive, and uninvolved; the level of self-concept in terms of the domains self-fulfillment, autonomy, emotional adjustment, and honesty; and the level of peer pressure in terms of

the domains yielding to peer pressure, resistance to peer pressure, and peer encouragement. The study also aimed to assess the level of drug abuse among drug detainees in terms of the domains of changing mood, physical effects, social purpose, facilitating activity, and managing effects from other substances. Furthermore, the study investigated the relationships between parental support and drug abuse, self-concept and drug abuse, and peer pressure and drug abuse among drug detainees. It also aimed to identify which domains of the independent variables significantly influenced the dependent variable. The hypotheses of the study posited that, at the 0.05 level of significance, there was no significant relationship between parental support and drug abuse, self-concept and drug abuse, and peer pressure and drug abuse among drug detainees, and that no domain of the independent variables significantly influenced the dependent variable."

The study was significant to the local government of Davao City as it provided insights into the parental support systems for children under government custody, as well as the self-concept of the youth that may have contributed to their drug addiction, including other influencing factors such as peer pressure. The information gathered from the study was intended to be utilized in the rehabilitation process of drug detainees in various jail facilities across the Davao Region. The study's results also served as a basis for encouraging parents to collaborate with the local government and law enforcement by disclosing sensitive information they had learned from their children, which could aid in the apprehension of drug dealers in the City. Moreover, it emphasized the importance of parents providing moral support to their rehabilitated children, demonstrating a willingness to help them recover and begin a new life. Aligned with **SDG #16: Peace, Justice, and Strong Institutions**, the study contributed to efforts in promoting inclusive rehabilitation, strengthening community partnerships, and supporting transparent, responsive systems aimed at reducing substance-related crimes and reinforcing the rule of law. Lastly, the study served as a foundation for future researchers, particularly those interested in conducting qualitative studies that explore the lived experiences of drug detainees as drug abusers.

## METHOD
The method that was employed in the study consists of research respondents, materials, instruments, and design and procedure.

## Research Respondents
The respondents of the study are the 400 Drug Detainees in Davao Region classified as drug users and are presently under the different Jail facilities in Davao Region. The study employed a random sampling technique to select drug detainees from various jail facilities in the Davao Region. This method was deemed appropriate because the population of drug detainees represents a homogeneous group, all sharing similar characteristics such as classification as drug users and incarceration status. Random sampling ensures that each member of the population has an equal chance of being selected, reducing selection bias and enhancing the generalizability of the results (Creswell, 2014). The sample size was determined using Raosoft, an online sample size calculator, which supports the statistical adequacy and reliability of the findings. According to Fraenkel and Wallen (2009), random sampling is particularly effective when the population is uniform, as it maintains representativeness while allowing for unbiased statistical inference. In terms of inclusions, drug detainees aged 19-30 years old, as well as those who are presently in the jail facility with parental support, are taken as respondents of the study and are currently undergoing rehabilitation and treatment inside the facility. In terms of exclusion, drug detainees who lived

independently without parental guidance are excluded from the study. The study respondents are given the opportunity to voluntarily choose to participate in the conduct of the study. They are given the freedom to choose whether they want to take part in the research without fear of any kind of punishment or repercussion. They were also assured that they would not be forced or compelled to answer any of the questions, even if they experienced some level of unease in response to the inquiries posed in the questionnaire. Also, prior to the conduct of the survey, the respondents were informed that the information they provided would only be utilized for the study and for no other reason. The professional and personal details provided by responders in the questionnaire remain private and confidential and would never be shared with other parties. Moreover, at any stage of the study's creation, respondents have the option to revoke their participation if they so choose. All respondents have the right to withdraw; this includes those who have already completed the questionnaire but subsequently requested to do so; this would be at their discretion and prerogative, as the respondents' voluntary participation is the only basis for this research study.

## Materials and Instruments

This study employs modified questionnaires that were been separated into four sections and evaluated by experts. This instrument undergoes pilot testing to ensure their validity and reliability, and the result of it is Cronbach Alpha of at least .600. The first part of the questionnaire was measuring the first independent variable, parent support was measured through domains authoritative, authoritarian, permissive, and uninvolved adapted from the study of Kimble (2009). The second part was to gauge the second independent variable, self-concept, that was measured through the domains, self-fulfillment, autonomy, emotional adjustment, and honesty, adapted from the study of Goñi et al. (2011). The third part is gauging the third independent variable, *Peer Pressure,* which was measured through domains yielding to peer pressure, resistance to peer pressure, and peer encouragement, adapted from the study of Palani and Mani (2016). The fourth part is the dependent variable, *drug abuse*, which was evaluated through the domains of changing mood, physical effect, social purpose, facilitating activity, and managing effects from other substances. adapted from the work of Boys et al. (2010).

Rating the variables of the study utilizing the Likert scaling system is as follows: The rating 5 means 4.21-5.00; the descriptive level is very high, rate 4 means 3.41-4.20; the descriptive level of high, rate 3 means 2.61-3.40; descriptive level of moderate; rate 2 means 1.81-2.60; descriptive level of low, rate 1 means 1.00-1.80; descriptive level very low.

## Design and Procedure

This study utilized a correlation technique, a quantitative, non-experimental research design. In correlational research, two variables are observed with the goal of establishing a statistically significant relationship between them. Finding variables that are related to one another to the point where changing one causes a change in the other is the goal of correlational research (Trochim, 2020). Unlike experimental research, which solely depends on scientific technique and hypotheses, this kind of study is descriptive (Aliyas, 2012).

The statistical test used to ascertain the propensity or pattern for two (or more) variables or sets of data to change consistently is known as correlation. This design aids in score prediction and explains how variables relate to one another. The main goal of correlational research is to look at the connections between two or more variables. According to Creswell (2012), predictions can be made, or a phenomenon

can be explained using this knowledge. In the context of Drug detainees in the Davao Region, the design was suitable for identifying the causative model of drug misuse in relation to parental support, self-concept, and peer pressure.

In terms of data collection, the questionnaire was subjected to validation by a panel of experts. It was also pilot tested to ensure its validity and reliability, aiming for a Cronbach's Alpha of more than .600. Once approved for administration, the researcher prepared a letter addressed to the Regional Director of Bureau of Jail Management and Penology, Region XI, and duly noted by the Dean of the Professional School of the University of Mindanao, requesting permission to administer the research questionnaire among the Drug detainees undergoing rehabilitation and treatment. Upon receiving approval, the researcher explained the purpose of the study to the respondents prior to distributing the questionnaires. The questionnaires were retrieved after the respondents completed them. With the assistance of a statistician, the researcher discussed, evaluated, and analyzed the collected data after it had been compiled and processed using the appropriate statistical tools.

The following statistical treatments were utilized to comprehensively analyze and interpret the data gathered: The Mean was used to determine the levels of parental support, self-concept, and peer pressure, as well as drug abuse, within the context of drug detainees in the Davao Region. *Pearson r* are utilized to determine the significant relationship of the independent variables to the dependent variable, namely parent support and drug abuse, self-concept and drug abuse, and peer pressure and drug abuse. *Multiple Regressions* are used to determine the significant influence of the independent variables, parent support, self-concept, and peer pressure, on the dependent variable, drug abuse.

During the conduct of the study, the researcher followed strictly ethical practices- voluntary participation, privacy, confidentiality, and informed consent- with no conflict of interests declared. Respondents were assured of their ability to withdraw from the study without prejudice, and confidentiality was assured for all personally identifiable information with the safeguard of anonymity throughout the process. Approval from the appropriate authorities, including the University of Mindanao Ethics Review Committee, (UMERC Protocol No. 2024-357) was secured, and respondents signed informed consent forms written in accessible language. The study participation was voluntary, as the researcher explained the purpose of the study, its risks, and benefits, including no possibility of physical or emotional harm to subjects, and the data collection would be accomplished safely and respectfully. The study used APA 7th edition standards to avoid plagiarism and ensured data authenticity by prohibiting fabrication, falsification, and deceit while upholding academic integrity and transparency. The researcher's aim was to contribute to criminology education and provide data-driven insights to imp     egion drug rehabilitation programs and policies.

## RESULTS AND DISCUSSIONS

This section exhibited the results and discussion of the study. The order of presentation follows that of the study objectives.

## Level of Parents' Support

The findings reveal varying levels of perceived parental support among the drug detainees in Davao Region, as presented in Table 1. Among the four parenting styles, authoritative parenting received the highest mean score of 4.02 with a standard deviation of 0.75, interpreted as high, indicating that a significant number of respondents experienced supportive, communicative, and balanced parental

involvement. In contrast, disciplinarian parenting (often referred to as authoritarian) was rated as average with a mean of 2.73 and a standard deviation of 0.91, suggesting moderate levels of strictness and control without much emotional responsiveness. The uninvolved parenting style obtained the lowest mean of 2.48 and the highest standard deviation of 1.08, interpreted as low, reflecting minimal parental involvement and emotional neglect. The overall mean score of 3.08 and standard deviation of 0.60 place parental support at an average level among the respondents, implying that while some detainees experienced supportive parenting, others faced detachment or authoritarian control.

**Table 1.**
**Level of Parents' Support**

| Parents Support | Mean | SD | Descriptive Level |
|---|---|---|---|
| Authoritative | 4.02 | 0.75 | High |
| Disciplinarian | 2.73 | 0.91 | Average |
| Uninvolved | 2.48 | 1.08 | Low |
| Overall Mean | 3.08 | 0.60 | Average |

These findings support Baumrind's 1967 theory on parenting styles, which posits that authoritative parenting tends to foster better behavioral outcomes and reduces the likelihood of risky behaviors such as drug abuse. The high score for authoritative parenting aligns with studies that emphasize its protective influence against substance abuse (Zeltser, 2021; Rönsch, 2020). On the other hand, the average and low ratings of disciplinarian and uninvolved styles, respectively, suggest a potential link between harsh or neglectful parenting and the likelihood of drug involvement. Hussain and Warr (2019) highlighted how poor parenting practices, including emotional absence and excessive control, could lead to adolescent hostility and experimentation with drugs. The relatively low parental support overall underscores the need for family-based interventions in rehabilitation programs, reinforcing the role of effective parenting in preventing and addressing substance abuse.

**Level of Self-Concept**
Shown in Table 2 is the level of self-concept. The results indicate that the drug detainees in Davao Region demonstrated a generally high level of self-concept across all measured domains. Honesty received the highest mean score of 3.74 with a standard deviation of 0.90, suggesting that many respondents still uphold truthful and ethical behavior despite their circumstances. Autonomy followed closely with a mean of 3.55 and a standard deviation of 0.79, reflecting the detainees' sense of independence and ability to make personal decisions. Self-fulfillment (mean = 3.51, SD = 0.86) and emotional adjustment (mean = 3.50, SD = 0.85) were also interpreted as high, indicating that the respondents maintain positive self-regard and emotional control. The overall mean score of 3.58 and standard deviation of 0.60 suggest a consistently high level of self-concept among the respondents.

**Table 2.**
**Level of Self-Concept**

| Self-Concept | Mean | SD | Descriptive Level |
|---|---|---|---|
| Self-Fulfillment | 3.51 | 0.86 | High |

| | | | |
|---|---|---|---|
| Autonomy | 3.55 | 0.79 | High |
| Emotional Adjustment | 3.50 | 0.85 | High |
| Honesty | 3.74 | 0.90 | High |
| **Overall Mean** | **3.58** | **0.60** | **High** |

These findings are supported by the work of Goñi et al. (2011), who emphasized that a strong self-concept contributes to an individual's resilience and ability to resist negative influences. Similarly, Ackerman (2019a, 2019b) highlighted the role of emotional stability, autonomy, and integrity in fostering a positive self-identity, which serves as a buffer against engaging in risky behaviors such as drug use. Although these detainees are undergoing rehabilitation, their high self-concept scores suggest that there are still intact internal values and psychological strengths that can be reinforced in recovery programs. This supports the relevance of Carl Rogers' theory of self-concept, which posits that individuals with a healthy self-view are more likely to pursue personal growth and positive behavioral changes when placed in a supportive environment.

**Level of Peer Pressure**

In Table 3, the data reveals that the respondents generally experienced a high level of peer pressure, with variations across specific domains. Resistance to peer pressure recorded the highest mean score of 3.61 with a standard deviation of 0.63, interpreted as high, suggesting that most drug detainees possess a strong ability to resist engaging in negative behaviors despite external influences. Peers' encouragement also showed a high level, with a mean of 3.58 and a standard deviation of 0.80, indicating that positive reinforcement and support from peers were present among the respondents. However, the domain of yielding to peer pressure scored lower, with a mean of 2.90 and a standard deviation of 0.85, interpreted as average, implying that some detainees may still have occasionally conformed to peer demands or expectations that could have contributed to drug involvement. The overall mean of 3.36 and standard deviation of 0.51 indicate a general tendency toward high peer pressure experience, albeit with a notable balance between resistance and susceptibility.

**Table 3.**
**Level of Peer Pressure**

| Peer Pressure | Mean | SD | Descriptive Level |
|---|---|---|---|
| Yielding to Peer Pressure | 2.90 | 0.85 | Average |
| Resistance to Peer Pressure | 3.61 | 0.63 | High |
| Peers Encouragement | 3.58 | 0.80 | High |
| **Overall Mean** | **3.36** | **0.51** | **High** |

These findings are supported by the social learning theory of Bandura (1971), which posits that individuals often learn behaviors by observing and imitating their peers. The average score for yielding to peer pressure may suggest that while detainees are aware of and influenced by peer behaviors, they are not always passive recipients of such pressure. Muldoon (2021) emphasized that peer pressure can either lead to positive outcomes or be a risk factor for substance abuse, depending on the nature of the peer influence. The high scores in resistance and encouragement reflect the potential for peer relationships to play a

constructive role in rehabilitation, providing an avenue for social support and behavioral modeling. These insights could inform intervention programs by promoting peer-led initiatives that foster resistance skills and healthy social networks.

**Level of Perceived Drug Abuse**

The results show that the level of drug abuse among drug detainees in the Davao Region is interpreted as average across all measured domains as presented in Table 4. The highest mean score was noted in the domain of physical effect at 3.31 (SD = 1.01), indicating that respondents moderately experienced noticeable physical changes or sensations due to substance use. Facilitation of activity followed with a mean of 3.23 (SD = 1.14), suggesting that detainees used drugs to assist in carrying out certain tasks or to boost their performance. Changing mood (mean = 3.11, SD = 1.07) and social purposes (mean = 3.05, SD = 1.07) also yielded average levels, which implies that substances were moderately used to alter emotional states or support social interactions. The lowest among the domains was managing the effects of other substances, with a mean of 2.86 and SD of 1.19, but still within the average interpretation. The overall mean score of 3.11 (SD = 0.95) confirms that the detainees' level of drug abuse was generally moderate.

**Table 4**
**Level of Perceived Drug Abuse**

| Drug Abuse | Mean | SD | Descriptive Level |
|---|---|---|---|
| Changing Mood | 3.11 | 1.07 | Average |
| Physical Effect | 3.31 | 1.01 | Average |
| Social Purposes | 3.05 | 1.07 | Average |
| Facilitate Activity | 3.23 | 1.14 | Average |
| Manage The Effect Of Other Substances | 2.86 | 1.19 | Average |
| **Overall Mean** | **3.11** | **0.95** | **Average** |

These findings align with the functional perspective on drug use presented by Boys, Marsden, and Strang (2010), which categorizes drug use as a way for individuals to achieve specific outcomes such as emotional relief, social facilitation, or coping with the effects of other substances. The average scores suggest that while drug use was not extremely frequent or intense among the respondents, it played a recurring functional role in their daily lives prior to detention. The data underscores the importance of addressing the various motivations behind substance use in rehabilitation programs, particularly by providing healthy alternatives to mood regulation, physical performance enhancement, and social belonging. As highlighted by the National Institute on Drug Abuse (2020), a nuanced understanding of these functional uses is critical in tailoring effective interventions that can replace the perceived benefits of drug use with positive coping mechanisms.

**Correlation Analysis between Drug Abuse and Parents' Support**

Shown in Table 5 is the Correlation Analysis between drug abuse and parental support. The results from the correlation analysis show significant relationships between the dimensions of parental support and the levels of drug abuse among drug detainees. Authoritative parenting demonstrates a significant negative correlation with drug abuse and all its components (r values ranging from -0.107 to -0.191, p < 0.05),

indicating that higher levels of authoritative parenting are associated with lower levels of drug abuse. Conversely, both disciplinarian (authoritarian) and uninvolved parenting styles show significant positive correlations with all aspects of drug abuse ($p < 0.01$), with uninvolved parenting having the strongest relationship (e.g., $r = 0.441$ for changing mood and $r = 0.430$ for overall drug abuse). The composite variable of overall parental support also positively correlates with drug abuse ($r = 0.367$, $p < 0.01$), suggesting that when lower-quality parenting styles (disciplinarian and uninvolved) dominate, the risk of drug abuse increases.

**Table 5.**
**Correlation Analysis between Drug Abuse and Parents Support**

| | Changing Mood | Physical Effect | Social Purposes | Facilitate Activity | Manage the Effect of Other Substances | Drug Abuse |
|---|---|---|---|---|---|---|
| Authoritative | -.191** | -.107* | -.145** | -.123* | -.176** | -.171** |
| | 0.00 | 0.04 | 0.01 | 0.02 | 0.00 | 0.00 |
| Disciplinarian | .367** | .256** | .298** | .292** | .329** | .355** |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Uninvolved | .441** | .261** | .388** | .369** | .405** | .430** |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Parents Support | .371** | .242** | .324** | .318** | .337** | .367** |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

These findings reinforce Baumrind's 1967 parenting style theory, which posits that authoritative parenting characterized by warmth, responsiveness, and reasonable boundaries is protective against risky behaviors such as substance use. Zeltser (2021) supports this by identifying authoritative parenting as the most effective style in fostering self-regulation and resilience in adolescents. In contrast, high correlations between drug abuse and both disciplinarian and uninvolved styles are consistent with findings by Hussain and Warr (2019), who noted that harsh or neglectful parenting contributes to emotional instability and vulnerability to external influences like drug use. The overall positive correlation between parental support and drug abuse, driven by the negative effects of certain parenting types, emphasizes the need for comprehensive parental education and intervention. This would ensure parents adopt more supportive and effective parenting styles as part of community-based drug rehabilitation and prevention strategies.

**Correlation Analysis between Drug Abuse and Self-Concept**

The correlation analysis in Table 6 reveals mixed and generally weak relationships between the dimensions of self-concept and drug abuse among the detainees. Among the four domains, honesty showed the most consistent and significant negative correlation with all aspects of drug abuse (e.g., $r = -0.213$ for managing the effect of other substances, $r = -0.159$ for overall drug abuse, $p < 0.01$), suggesting that detainees with higher levels of honesty tend to report lower levels of substance use. Emotional

adjustment and autonomy showed isolated significant relationships: emotional adjustment positively correlated with changing mood (r = 0.110, p = 0.035) and physical effect (r = 0.148, p = 0.004), while autonomy negatively correlated with managing the effects of other substances (r = -0.145, p = 0.005) but positively with physical effect (r = 0.149, p = 0.004). Self-fulfillment only correlated significantly with facilitating activity (r = -0.153, p = 0.003), while the overall self-concept variable showed a significant but weak negative correlation only with managing the effect of other substances (r = -0.134, p = 0.01), and no significant association with overall drug abuse.

**Table 6.**
**Correlation Analysis between Drug Abuse and Self-Concept**

| | Changing Mood | Physical Effect | Social Purposes | Facilitate Activity | Manage The Effect Of Other Substances | Drug Abuse |
|---|---|---|---|---|---|---|
| Self-Fulfillment | -0.044 | -0.04 | -0.06 | -.153** | -0.008 | -0.07 |
| | 0.401 | 0.436 | 0.248 | 0.003 | 0.878 | 0.176 |
| Autonomy | 0.036 | .149** | -0.048 | -0.048 | -.145** | -0.018 |
| | 0.489 | 0.004 | 0.36 | 0.352 | 0.005 | 0.722 |
| Emotional Adjustment | .110* | .148** | -0.019 | 0.064 | -0.011 | 0.064 |
| | 0.035 | 0.004 | 0.717 | 0.217 | 0.835 | 0.215 |
| Honesty | -.172** | -.116* | -.129* | -0.06 | -.213** | -.159** |
| | 0.001 | 0.025 | 0.013 | 0.248 | 0 | 0.002 |
| Self-Concept | -0.03 | 0.043 | -0.092 | -0.071 | -.134** | -0.068 |
| | 0.567 | 0.407 | 0.076 | 0.174 | 0.01 | 0.188 |

These findings suggest that certain aspects of self-concept particularly honesty may play a protective role against drug abuse. As highlighted by Ackerman (2019b), honesty reflects an internalized moral standard and self-regulation, which can discourage engagement in harmful behaviors such as drug use. Carl Rogers' theory of self-concept also supports the idea that individuals with a more stable and integrated self-image are more likely to pursue healthier behaviors, especially in an environment that promotes empathy and acceptance. However, the generally weak correlations across most domains imply that self-concept alone may not strongly predict drug abuse behaviors among detainees. This suggests a need for integrated rehabilitation programs that address both internal factors, like self-concept, and external influences, such as peer dynamics and family relationships, to reduce substance use more effectively.

**Correlation Analysis between Drug Abuse and Self-Concept**
The correlation analysis reveals that all dimensions of peer pressure are significantly and positively associated with drug abuse and its components among drug detainees in the Davao Region. Yielding to peer pressure shows the strongest correlation with drug abuse overall (r = .377, p < 0.01), and particularly with managing the effect of other substances (r = .454, p < 0.01), indicating that individuals who are more likely to conform to peers are also more likely to engage in drug use for functional reasons. Resistance to peer pressure has weaker, but still significant positive correlations with several domains (e.g., r = .149 for changing mood and r = .165 for physical effect), which may suggest a complex interaction where even

those who report resistance still experience certain peer influences. Peers' encouragement similarly shows strong and consistent positive relationships with all domains of drug abuse (ranging from .296 to .313), emphasizing the role of peer reinforcement in substance use behaviors. The overall peer pressure variable shows a strong positive correlation with overall drug abuse (r = .435, p < 0.01), highlighting the powerful influence of peer dynamics.

**Table 7.**
**Correlation Analysis between Drug Abuse and Peer Pressure**

| | Changing Mood | Physical Effect | Social Purposes | Facilitate Activity | Manage The Effect Of Other Substances | Drug Abuse |
|---|---|---|---|---|---|---|
| Yielding To Peer Pressure | .340** | .235** | .321** | .277** | .454** | .377** |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Resistance To Peer Pressure | .149** | .165** | .120* | 0.061 | -0.014 | .106* |
| | 0.00 | 0.00 | 0.02 | 0.24 | 0.79 | 0.04 |
| Peers Encouragement | .313** | .296** | .300** | .301** | .311** | .349** |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Peer Pressure | .413** | .352** | .384** | .336** | .408** | .435** |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

These findings align with Bandura's social learning theory (1971), which emphasizes that individuals, especially adolescents and young adults, often model behaviors observed in their peer groups. Muldoon (2021) similarly emphasizes the role of peer pressure in substance use, noting that peer influence can either encourage or discourage drug use depending on the prevailing group norms. The strong associations found in this study suggest that peer environments significantly contribute to drug-related behaviors, with both direct encouragement and indirect pressure playing critical roles. These results support the need for peer-focused interventions in rehabilitation programs, such as peer education, group counseling, and the cultivation of pro-social peer relationships, to help reduce the influence of negative peer dynamics on drug use.

**Regression Analysis of Drug Abuse as Predicted by Parents' Support, Self-concept and Peer Pressure**

The regression analysis in Table 8 demonstrates that parental support, self-concept, and peer pressure are significant predictors of drug abuse among detainees. The model yielded an $r^2$ value of 0.283, indicating that 28.3% of the variance in drug abuse can be explained by these three independent variables. The overall model is statistically significant, as evidenced by an F-value of 49.756 and a p-value of 0.00, confirming that the combination of predictors contributes meaningfully to the prediction of drug abuse.

**Table 8.**
**Regression Analysis of Drug Abuse as Predicted by Parents Support, Self-concept, and Peer Pressure**

|  | B | SE | *B* | T | Sig. |
|---|---|---|---|---|---|
| (Constant) | 0.868 | 0.333 |  | 2.605 | 0.01 |
| Parents Support | 0.374 | 0.08 | 0.235 | 4.692 | 0.00 |
| Self-Concept | -0.436 | 0.075 | -0.275 | -5.821 | 0.00 |
| Peer Pressure | 0.788 | 0.097 | 0.422 | 8.133 | 0.00 |
| r2=0.289; Adjusted r2= 0.283 |  |  |  |  |  |
| F-value=49.756 |  |  |  |  |  |
| p-value=0.00 |  |  |  |  |  |

Individually, peer pressure emerged as the strongest predictor with a regression coefficient (B) of 0.788 and a t-value of 8.133 (p = 0.00), suggesting that as peer pressure increases, so does the likelihood of drug abuse. Parental support also showed a significant positive relationship with drug abuse (B = 0.374, t = 4.692, p = 0.00), implying that inconsistent or ineffective parenting, particularly from authoritarian or uninvolved styles, may be associated with increased substance use. In contrast, self-concept displayed a significant negative relationship with drug abuse (B = -0.436, t = -5.821, p = 0.00), indicating that individuals with a more positive self-image and better emotional regulation are less likely to engage in drug-related behaviors. These findings are consistent with established theories such as Bandura's social learning theory, Rogers' theory of self-concept, and Baumrind's parenting styles, all of which highlight the combined influence of social, familial, and personal factors on behavioral outcomes like substance use.

These findings are supported by a range of theoretical and empirical literature. Bandura's social learning theory (1971) emphasizes that behaviors, including drug use, are learned through observation and imitation, particularly within peer groups. This aligns with the strong predictive power of peer pressure in the model. Carl Rogers' theory of self-concept (1959) further explains that individuals with a well-developed sense of self are more resilient and less likely to engage in harmful behaviors, which justifies the negative relationship between self-concept and drug abuse. Additionally, Baumrind's parenting style theory (1967) supports the finding that the nature of parental involvement significantly influences a child's behavioral outcomes. Studies by Zeltser (2021) and Hussain and Warr (2019) reinforce the notion that authoritarian and uninvolved parenting can contribute to emotional instability and vulnerability to external pressures, ultimately leading to substance use. Therefore, the regression results are consistent with the broader body of research, emphasizing the need for multifaceted interventions that address peer influence, family dynamics, and personal development in mitigating drug abuse.

**Regression Weights of the 2 Generated Model**
Table 9 displays the regression weights of two generated models that examine the causal influence of parental support, self-concept, and peer pressure on drug abuse among detainees in the Davao Region. Both models yield identical regression values, indicating a stable and consistent structural relationship. Peer pressure showed the strongest positive influence on drug abuse (β = 0.771), signifying its central role as a driver of substance use behaviors among the respondents. Parental support (β = 0.366) also exhibited

a significant positive relationship with drug abuse, suggesting that variations in the type or quality of parental support may contribute to drug-taking behavior. Notably, self-concept demonstrated a significant negative effect ($\beta = -0.449$), implying that detainees with higher self-concept are less likely to engage in drug abuse. All coefficients were statistically significant at $p < 0.05$, establishing the reliability of these predictive relationships within the proposed causal model.

| Model | Exogenous Variables to Endogenous Variables | | |
| | Parents Support | Self-Concept | Peer Pressure |
|---|---|---|---|
| 1 | 0.366* | -0.449* | 0.771 |
| 2 | 0.366* | -0.449* | 0.771 |
| *Significant @p-value=0.05 | | | |

*Table 9.*
*Regression Weights of the 2 Generated Models*

These results affirm theoretical expectations derived from several behavioral frameworks. The prominent effect of peer pressure confirms the assertions of Bandura's Social Learning Theory (1971), which emphasizes that individuals, particularly adolescents, are influenced by the behaviors they observe and experience within their social groups. As Muldoon (2021) notes, peer pressure remains a critical factor in youth substance initiation and continuation. The positive association of parental support, though somewhat counterintuitive, may suggest the presence of permissive or uninvolved parenting styles, which Baumrind (1967) identified as potential contributors to deviant behavior, especially when boundaries and guidance are lacking. Finally, the negative regression weight for self-concept echoes the findings of Ackerman (2019a) and Cherry (2020), who established that individuals with higher self-esteem and self-awareness are more resilient against external influences such as peer pressure and emotional vulnerability, which often drive drug use. These findings underscore the need for holistic interventions that enhance personal development while addressing peer and family dynamics in drug rehabilitation programs.

**Covariance Best Fit Model**

Table 10 presents the covariance estimates among the exogenous variables in the best-fit model—Parental Support, Self-Concept, and Peer Pressure. The results reveal statistically meaningful relationships among all three variables. The highest covariance was observed between Parental Support and Peer Pressure (0.144), followed by Self-Concept and Peer Pressure (0.109), and lastly between Parental Support and Self-Concept (0.087). These values, while modest, indicate positive associations, suggesting that as one variable increases, the others tend to increase as well. This interconnectedness supports the premise that these constructs do not operate in isolation but are part of a dynamic psychosocial system influencing drug abuse behavior. Although the p-values are not displayed, the standard errors are low—indicating precision in the estimates and likely statistical significance.

| | Estimate | S.E. | C.R. | P |
|---|---|---|---|---|
| Parents Support | <--> | SELFCONCEPT | 0.087 | 0.017 |

*Table 10.*
*Covariance Best Fit Model*

| SELFCONCEPT | <--> | Peer Pressure | 0.109 | 0.013 |
|---|---|---|---|---|
| Parents Support | <--> | Peer Pressure | 0.144 | 0.011 |

The observed covariances support existing theoretical perspectives that emphasize the interdependence of family dynamics, self-perception, and peer influence in adolescent and early adult behavior. The stronger covariance between Parental Support and Peer Pressure (0.144) suggests that the nature of parental involvement may directly influence how susceptible a youth becomes to external social pressures, a notion consistent with Baumrind's parenting styles theory (1967) and Bandura's social learning theory (1971). Moreover, the relationship between Self-Concept and Peer Pressure (0.109) echoes findings from Ackerman (2019) and Cherry (2020), who argue that individuals with a fragile self-concept are more likely to seek validation from peers, thus increasing their vulnerability to risky behaviors such as drug use. Lastly, the association between Parental Support and Self-Concept (0.087) aligns with developmental psychology literature which highlights how positive parental engagement fosters stronger self-worth and resilience in children (Zeltser, 2021). Collectively, these covariances affirm the theoretical framework that underpins the study and justify the inclusion of all three predictors in the causal model.

**Summary of Goodness of Fit Measures of 3 Generated Models**

Table 11 compares the goodness-of-fit measures for two generated models assessing the causal relationships among parental support, self-concept, peer pressure, and drug abuse. Model 1 demonstrated poor fit, as indicated by a significant p-value (0.000), a very high CMIN/DF (14.576), and substandard fit indices: CFI = 0.489, NFI = 0.469, TLI = 0.694, and RMSEA = 0.191 with p-close = 0.000. These values fall well outside the acceptable thresholds, implying that the model does not represent the data adequately. In contrast, Model 2 exhibited an excellent fit across all criteria: a non-significant p-value (0.990), CMIN/DF = 0.029, and perfect or near-perfect fit indices (CFI = 1.000, NFI = 0.990, TLI = 1.000, RMSEA = 0.001, and p-close = 0.980). These values meet and exceed the standard thresholds for model adequacy, indicating that Model 2 is a statistically sound representation of the observed data.

**Table 11.**
**Summary of Goodness of Fit Measures of 3 Generated Models**

| Model | p-value >0.05 | CMIN/DF (0<value<3) | CFI >0.95 | NFI >0.95 | TLI >0.95 | RMSEA <0.09 | p-close >0.05 |
|---|---|---|---|---|---|---|---|
| 1 | 0.0 | 14.576 | 0.489 | 0.469 | 0.694 | 0.191 | 0.000 |
| 2 | 0.990 | 0.029 | 1.000 | 0.990 | 1.000 | 0.001 | 0.980 |
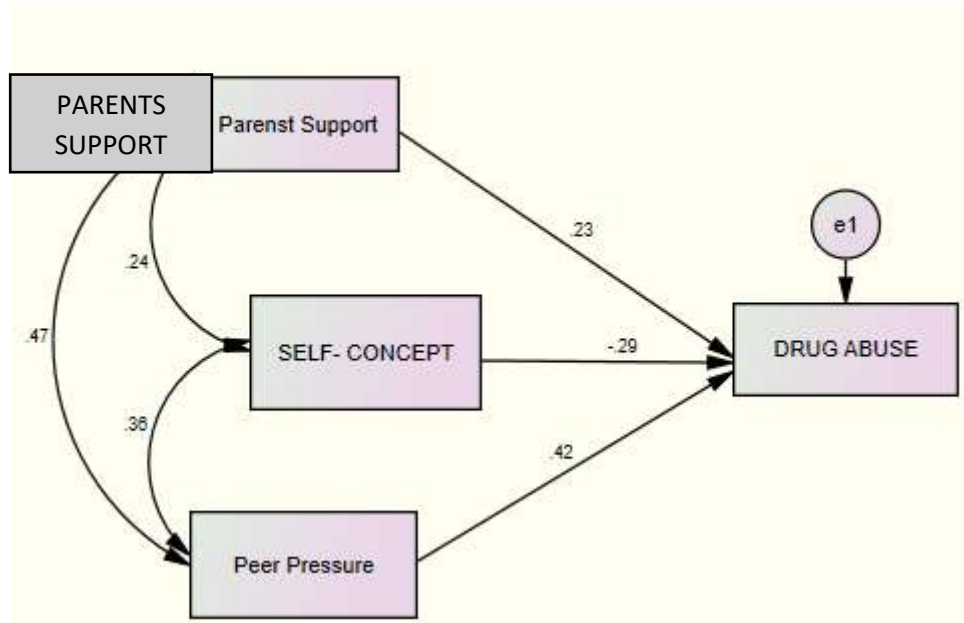
**Figure 2. Best Fit Model**

The comparison between the two models highlights the critical role of model refinement in structural equation modeling. The poor performance of Model 1, as shown by its inflated RMSEA and low incremental fit indices (CFI, NFI, and TLI), suggests overfitting, potential model misspecification, or excessive complexity. This aligns with Creswell's (2012) view that high CMIN/DF and poor fit indices are red flags indicating the need for model revision. Meanwhile, Model 2's excellent goodness-of-fit values support the theoretical validity and empirical consistency of the adjusted model structure. According to Byrne (2010) and Kline (2016), acceptable SEM models should meet multiple fit indices simultaneously Model 2 achieves this, reinforcing its robustness. The nearly perfect RMSEA and high p-close value further suggest that the model closely approximates the population data, making it more appropriate for interpretation and implication in policy or rehabilitation programs. Thus, Model 2 should be adopted as the final model for analysis and discussion.

The combined relationship of peer pressure, self-concept, and parental support has resulted in a statistically excellent model for predicting drug abuse, as reflected in the fit indices of the best-fit model (Model 2). Specifically, the model yielded ideal values for all fit measures, including CFI and TLI of 1.000, RMSEA of 0.001, and a non-significant p-value (0.990), indicating that the structural configuration closely mirrors the observed data. This result affirms that drug abuse is not driven by a single factor but is instead the outcome of a dynamic interaction among social, personal, and familial influences. The strong positive influence of peer pressure ($\beta = 0.771$) confirms Bandura's Social Learning Theory (1971), which asserts that individuals are influenced by observed behaviors within their peer group. This is particularly evident among young people who use drugs to gain social acceptance (Muldoon, 2021).

Meanwhile, self-concept negatively predicted drug abuse ($\beta = -0.449$), highlighting its protective role. This finding supports the works of Ackerman (2019) and Cherry (2020), who emphasize that individuals with strong self-worth and emotional stability are less likely to engage in deviant behaviors. Moreover, the moderate positive relationship between parental support and drug abuse ($\beta = 0.366$) might reflect permissive or uninvolved parenting styles, which Baumrind (1967) identified as insufficient in setting boundaries or guiding children's behavior. This underscores the importance of authoritative parenting,

which offers both emotional support and behavioral regulation. The covariance analysis further strengthens this argument by showing that these variables are interrelated, with the highest covariance between parental support and peer pressure (0.144), suggesting that parenting may indirectly shape how youth respond to peer influence. Altogether, this integrated model supported by empirical findings and grounded in psychological theory demonstrates the value of a multifactorial approach in understanding and addressing drug abuse, particularly in rehabilitation and correctional settings.

## CONCLUSION AND RECOMMENDATION

The study investigated the causal relationship of parental support, self-concept, and peer pressure to drug abuse among drug detainees in the Davao Region, using both correlational analysis and structural equation modeling (SEM). The findings revealed that drug detainees experienced varying levels of parental support, with authoritative parenting being most common, but many also faced emotional neglect. Respondents demonstrated strong self-concept and experienced both supportive and pressuring peer influences, showing a balance between resilience and vulnerability. Drug abuse was generally moderate, often linked to coping with physical, emotional, and social needs. The findings revealed that authoritative parenting, characterized by warmth and communication, was the most prevalent among detainees, whereas uninvolved parenting, associated with neglect, showed the strongest positive correlation with drug abuse. Despite their incarceration, many respondents still reported a high level of self-concept, particularly in honesty and autonomy, which served as protective factors. Peer dynamics emerged as particularly significant, with peer pressure showing the strongest and most consistent positive association with drug abuse across all components.

Regression and SEM analyses confirmed that peer pressure is the most dominant predictor of drug abuse, followed by parental support and self-concept, the latter showing a strong negative predictive effect. The combined model of these three variables yielded excellent fit indices (CFI = 1.000, RMSEA = 0.001), reinforcing its validity and robustness. Covariance analysis further highlighted the interrelatedness of the three predictors, validating their inclusion in a unified predictive framework. These findings affirm the multidimensional nature of drug abuse and the necessity of addressing social, familial, and personal domains in both policy formulation and rehabilitation efforts.

Based on the study's findings, it is recommended that rehabilitation programs prioritize the integration of peer-focused interventions. Given the strong influence of peer pressure on drug abuse, facilities should implement peer-led counseling sessions, mentoring programs, and social skills training that help individuals resist negative peer influence while fostering supportive, pro-social peer networks. These efforts can strengthen group norms that encourage sobriety, accountability, and positive behavioral change among detainees.

Equally important is the need to strengthen family involvement through parental education. Community-based and facility-supported parenting workshops should be developed to promote authoritative parenting styles, effective communication, and emotional responsiveness. Involving parents or guardians in the rehabilitation process, including family counseling and support group participation, can improve the emotional well-being of detainees and enhance the sustainability of recovery after reintegration into their communities.

Furthermore, psychological support programs should be introduced to enhance self-concept, focusing on emotional intelligence, self-regulation, and self-worth. These can be guided by Carl Rogers' person-centered approach, emphasizing empathy and self-acceptance to support internal motivation for change.

The validated SEM model from this study may also be adopted as a screening and planning tool in drug treatment facilities to assess individual risk factors and tailor interventions. Finally, collaboration with educational and religious institutions is recommended to deliver community-based resilience programs, particularly for at-risk youth, while LGUs in the Davao Region should develop comprehensive anti-drug initiatives grounded in these findings, emphasizing prevention, youth empowerment, and family-based rehabilitation.

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