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The Moderating Role of Core Self Evaluation in the Relationship Between Family Functioning and Drug Abuse Patients

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Abstract

This study examined how core self-evaluation influences the relationship between family functioning and patients with drug abuse. A sample of 88 patients were used with age range of 18-65 with mean age of 33.83 and standard deviation of 9.728. 40 patients were selected from Federal Neuropsychiatric Hospital New Haven and 48 participants were selected from Nigeria Correctional service in Enugu. Simple random sampling technique (balloting) was used in selecting hospitals and purposive sampling technique (Inclusion and Exclusion criteria) was adopted in the selection of participants. Inclusion Criteria (the participants were inpatient and they are drug abuse patients and exclusion (those who have never used substance) Three instruments were used to obtain information and these include; (1) core self-evaluation scale, (2) The brief relationship scale, (3) drug abuse screening test. Correlational research design and moderated hierarchical regression analysis was adopted as a statistical tool. Family functioning did not relate with drug abuse (β=-.261, t=10.445, P=.072). Core self-evaluation negatively correlated with drug abuse (β=-.697, t=-9.117, P>.01). finally core self-evaluation did not moderate family functioning and drug abuse (β=.226, t=1.579, P=.118). One implication of this study is that clinical psychologist (psychotherapist) should always pay attention to the drug abuse patients core self-evaluation, teach them the importance of handling task and challenges well. (self-efficacy), how to stabilize their emotions and also learn to value themselves (self-esteem) [1-3].

Keywords: *Core self-evaluation, Family functioning, Drug abuse*

Introduction

Background to the Study

Drug abuse is a growing public health concern, with far-reaching implications for both individual and their families. The transition to adulthood is a serious period marked by significant psychological and social changes, during which the risk for developing drug abuse can increase. Family functioning, which includes the quality of relationships, communication, and overall emotional support within the family unit, has been exposed to significantly impact the likelihood of drug abuse among patients.

World Drug Report in 2021 revealed that approximately 275 million individuals worldwide had used drugs within the past year, with 36 million people going through drug abuse. In Nigeria, the same report estimated that there were 14.3 million drug users, among whom close to 3 million abuse drugs [4]. In Nigeria, a nationwide study by the WHO in 2016 and UBE, 2016 reported that 7.5% of individuals had ever used cannabis, and 12.0% had ever used drugs, of particular concern in Nigeria is the significant association between drug use and crime rates. Recent research indicates that young people, influenced by psychoactive substances, are increasingly involved in various crimes, including terrorism, banditry, and kidnapping [5-7]. In Southern part of Nigeria, a range between 50.2% and 78.4% indicating a very high rate of current alcohol use was observed by [8]. More so, In Enugu State, there was a noticeable disparity in substance use patterns, in alcohol consumption, 92.5% of patient's males consume more than females 7.5%. In Tobacco consumption, 96.1% patient's males smoke more than female 1.0%. While in marijuana usage, 100% of patient's males consume more than their female counterparts 0.0% ([9], 2010 cited in [8]). Furthermore, substance use has been linked to additional social challenges such as high school dropouts and weak parental backgrounds [10]

The misuse of these substances can cause the development of drug abuse, which is a significant social and public health concern globally. This issue affects individuals across all demographic groups, but adolescents and youths, who are undergoing physiological and psychological development, are particularly vulnerable. This age group is often characterized by self-exploration, heightened curiosity, and a propensity for risk-taking [11].

Drug abuse refers to the dependence on and misuse of drugs by individuals who voluntarily use them for their effect on the central nervous system. This term has been adopted to replace past popular terms such as 'illicit drug use, substance abuse and drug addiction/dependence. Two related categories, substance abuse and addiction/dependence constitute drug abuse. Both terms refer to maladaptive patterns of substance use that result in impairment or distress [12].

Historically, substance use was often intertwined with religious,

cultural, and medicinal practices. Ancient texts from civilizations such as the Sumerians, Egyptians, and Greeks document the use of substances like alcohol, opium, and cannabis for various purposes, including rituals, recreation, and pain relief [13]. However, not until the year nineteenth and twenty centuries that medical professionals and researchers began to systematically study the effects of substance use on individuals' physical and mental health. The identification of drug abuse as a clinical disorder gained traction in the 20th century, driven by advancements in psychiatry, psychology, and addiction medicine. Early pioneers in the field, recognized the addictive potential of substances like cocaine and alcohol and explored the psychological underpinnings of addiction [14]. Additionally, the introduction of diagnostic frameworks provided standardized criteria for identifying and diagnosing substance-related disorders [15].

Drug abuse is characterized by different kinds of symptoms and behaviour that indicate impairment in various areas of functioning. These symptoms may include:

Loss of Control: Individuals with drug abuse often have the challenge of been control by substance use despite negative consequences, such as legal issues, relationship problems, or health issues. They may repeatedly attempt to cut down or quit using substances but find themselves unable to do so.

Craving: Intense cravings or urges to use substances are common in individuals with drug abuse. These cravings can be activated by emotional states environmental cues, or stress and may contribute to continued substance use despite efforts to abstain.

Tolerance: Over time, individuals with drug abuse may develop resistance to the effects of substances, requiring increasing amounts to achieve the desired effects. This tolerance can lead to escalated substance use with an increased likelihood of overdose or other adverse consequences.

Withdrawal: When individuals with drug abuse attempt to reduce or stop using substances, they may experience withdrawal symptoms such as nausea, sweating, anxiety, or tremors. These warning sign can be psychologically and physically distressing, making it difficult to maintain abstinence.

Impaired Functioning: Drug abuse often impairs individuals' functioning in various areas of life, including work, school, relationships, and social activities. They may neglect responsibilities, experience difficulties in interpersonal relationships, or engage in risky behaviours to obtain or use substances.

Continued use despite negative consequences: Notwithstanding adverse consequences related to substance use, individuals with drug abuse may continue to use substances compulsively. This pattern of continued use despite adverse outcomes is a hallmark feature of the disorder [15].

As a significant public health concern with developmental dimensions, researchers have identified several socio-demographic factors linked with drug abuse. These contributory factors are related to individuals, family, community and the clinic of the patients. The identified factors include gender, age, personal beliefs, low self-esteem, experiences of abuse, depression, poor coping skills and early exposure to or involvement in risk-taking behaviour [8].

Factors related to the family have also been identified such as parental practice and attitude towards drug use, for example, watching parents/guardians engaging in use may act as an endorsement of its usefulness [8]. Then again, family functioning encompasses various dimensions (cohesion, expressiveness and conflict) of interaction, communication, roles, and dealings in the family unit. Family functioning can be understood through a systemic lens, viewing the family as unified system where the behaviour of one member influences, and is influenced by the behaviour of others [16]. According to this perspective, family functioning is characterized by patterns of communication, power dynamics, and role assignments that maintain equilibrium or contribute to dysfunction within the system. From a transactional standpoint, family functioning is conceptualized as the ongoing exchange of behaviours, emotions, and resources among family members [17]. This perspective emphasizes the reciprocal nature of interactions within the family system, highlighting how individuals' actions and reactions shape relational dynamics and contribute to the overall functioning of the family. Family functioning can also be viewed from an adaptive framework, which focuses on the people's capacity to respond and adapt to internal and external stressors [18]. A family's adaptive capacity is reflected in its resilience, problem-solving skills, and ability to maintain cohesion and support in spite of the challenges such as illness, transitions, or conflicts. The developmental perspective considers family functioning in terms of its evolution and change over time, taking into account normative developmental tasks and transitions across the family life cycle [19]. This perspective highlights how important age-appropriate role adjustments, renegotiation of boundaries, and shifts in relational dynamics as family members navigate various developmental stages from infancy to old age. Finally, family functioning can be understood within an ecological framework that considers the broader context in which the family operates, including cultural, socioeconomic, and environmental factors [20].

This perspective recognizes the influence of external systems and contexts on family dynamics, emphasizing the interconnectedness between the family and its social, economic, and cultural milieu. The impact of family functioning on drug abuse is a multifaceted and extensively studied topic in psychology and addiction research. Family dynamics, interactions, and relationships plays key role in determining an individual's susceptibility to, initiation of, and recovery from drug abuse. Firstly, family environment and structure significantly influence the development of drug abuse. Research indicates that dysfunctional family structures characterized by no communication, absence of parental involvement, marital discord [21]. The absence of a nurturing and supportive family environment may predispose individuals to seek solace or escape through substance use, as they lack healthy coping mechanisms for dealing with stressors or emotional challenges. Secondly, parental substance abuse serves as a significant risk factor for intergenerational transmission of drug abuse. Children of parents with drug abuses are more likely to develop similar patterns of behaviour due to genetic predispositions, modeling of parental behaviour, and exposure to an environment where substance use is

normalized [22]. More so, Individuals from dysfunctional family environments may engage in heightened self-evaluation processes as they navigate conflicting messages or experiences within their family systems. This internal reflection can lead to increased awareness of the impact of family dynamics on their substance use behaviour and motivation for seeking help or making changes.

Moreover, these children often experience neglect, abuse, or chaotic home environments, further exacerbating their vulnerability to drug abuse. Furthermore, family dynamics such as communication patterns, conflict resolution strategies, and parental monitoring exert profound effects on drug abuse outcomes. Families characterized by poor communication or conflict avoidance may hinder open dialogue about substance use, thereby impeding early intervention or support-seeking behaviours [23]. Conversely, families with strong communication channels and effective problem-solving skills are better equipped to address issues relating substance use providing instrumental support to affected members. Additionally, the quality of parent-child relationships significantly impacts drug abuse trajectories. Warm, supportive, and authoritative parenting styles have been linked to lower rates of substance abuse initiation and progression [24]. In contrast, hostile, neglectful, or overly permissive parenting styles may foster resentment, rebellion, or a lack of attachment, increasing the likelihood of drug abuse development [25].

Core self-evaluation in the setting of substance use refers to the process by which individuals assess their own behaviours, thoughts, feelings, and consequences related to substance use with the aim of gaining insight, making informed decisions, and initiating behaviour change [26]. This self-assessment often involves reflection on one's patterns of substance use, the impact on various areas of life (e.g., relationships, work, health), motivations for using substances, and readiness to change. CSE is a crucial component of several evidence-based approaches to substance abuse treatment, including motivational interviewing and cognitive-behavioural therapy. In motivational interviewing, self-evaluation is facilitated through open-ended questioning, reflective listening, and exploration of ambivalence about change [27]. By eliciting and amplifying discrepancies between a person's values, goals, and current behaviours, clinicians aim to evoke intrinsic motivation for change and enhance self-awareness. Within cognitive-behavioural therapy (CBT), self-evaluation involves identifying and challenging maladaptive thoughts, beliefs, and coping strategies accompanying substance use [28]. Through techniques such as self-monitoring, functional analysis, and cognitive restructuring, individuals learn to evaluate the triggers, cues, and consequences of their substance use more objectively and develop alternative coping skills to manage cravings and high-risk situations.

Core Self-evaluation also plays vital role in the maintenance of recovery from substance use. Individuals in recovery engage in ongoing self-assessment to monitor their progress, identify potential relapse triggers, and address any lapses in coping strategies [29]. This reflective process fosters self-awareness, self-regulation, and individual feeling of responsibility for maintaining sobriety. Moreover, self-evaluation is not limited to individual introspection but can also be facilitated through peer support groups, such as alcoholics anonymous or narcotics anonymous, where individuals share their experiences, strengths, and challenges in a supportive environment [30]. By hearing others' stories and receiving feedback from peers, individuals can gain new perspectives, validate their experiences, and learn from shared struggles and successes.

The moderating influence of core self-evaluation on the connection between family functioning and drug abuse elucidates the intricate interplay between family dynamics, individual cognitive processes, and the development or maintenance of awkward substance use behaviours. Family functioning, encompassing aspects such as communication patterns, parental monitoring, and emotional support, significantly influences an individual's risk for drug abuse [21]. Dysfunctional family environments characterized by conflict, neglect, or poor communication may contribute to maladaptive coping strategies and increased vulnerability to drug abuse [23].

Moreover, core self-evaluation plays a fundamental role in the effectiveness of interventions targeting substance use within the family context. Family-based interventions often incorporate components aimed at enhancing self-awareness, motivation, and decision-making skills [31]. By facilitating self-evaluation, these interventions empower individuals to critically assess the role of family functioning in their substance use and to explore alternative coping strategies or support networks. Additionally, core self-evaluation may be a defensive factor against the negative effects of dysfunctional family environments on substance use outcomes. Those with developed levels of self-awareness and self-regulation may be better equipped to resist family influences or to seek external sources of support and validation [29]. Thus, core self-evaluation acts as a mechanism through which individuals can mitigate the impact of adverse family dynamics on their substance use behaviours and outcomes. Therefore, it is against this backdrop that this study will explore how core self-evaluation influences the relationship between family functioning and patients with drug abuses.

Statement of the Problem

Drug abuse has significant public health concern affecting patients, families and society at large which the researcher discovered during her clinical internship experience at 82 division hospital rehabilitation centers, Enugu. Where the researcher noticed that about seven (7) male patients out of every 10 male patients are diagnose with drug abuse. So, it became a concern to the researcher. And a lot of questions went through my mind as to what could be the psychological factor to such problem and so the researcher decided to do a study on this very topic drug abuse and other factors in order to answer the questions in her mind. However, I looked out for past researcher like [32] they did research on perceived parenting styles and personality factors as predictors of drug abuse with the populations of adolescent student in Enugu. [33] also did a work on how family dynamics relate to coping mechanisms among individuals diagnosed with drug abuse. Research has shown that family functioning plays an important role in either protecting against or contributing to the development of drug abuse. But notwithstanding is not everyone from a dysfunctional family that will develop drug abuse, that means there are other factors like the presence of a moderator that influences the relationship.

One of such moderators is core self-evaluation (CSE), which is a person's knowledge of their own worth, competence and ability to handle challenges. So, individuals with positive core self-evaluations may perceive adverse family environments differently and be more resilient to stressors that can lead to drug abuse but individuals with negative CSE may be prone to dysfunctional family and this can intensification the likelihoods of drug abuse.

This study aims to investigate how core self-evaluation influences the relationship between family functioning and patients who abuses drug. By focusing on this moderation process, the research seeks to provide deeper insights into the interplay between family influences and individual psychological factors, ultimately contributing to the development of more targeted and effective intervention strategies for addressing drug abuse in patients.

Thus, the following pertinent questions concerning drug abuse among patients need to be justified in this regard.

1. Will family functioning (expressiveness, cohesion and conflict) relate with drug abuse?
2. Will core self-evaluation correlate with drug abuse?
3. Will core self-evaluation moderate the connection between family functioning and drug abuse?

Purpose of Study

This study is aimed at examining the role of core self-evaluation as a moderator in the relationship between family functioning and patients with drug abuse.

Hence;

To examine whether family functioning (expressiveness, cohesion and conflict) will significantly relate with drug abuse.

To examine whether core self-evaluation will significantly correlate with drug abuse.

- To examine whether core self-evaluation will significantly moderate the connection between family functioning and drug abuse.

Operational Definition of Key Study Variables

Core Self Evaluation denotes a person's fundamental appraisal of their own self-worth, competence, and capacity to manage their environment and behaviour as measured by Core Self Evaluation Scale developed by [1].

Family Functioning is a distinct perception of an individual, about their family and how things are managed, as measured by Brief Family Relationship Scale, developed by [2].

Drug abuse is a health disorder characterized by lack of control over the use of legal or illegal substances, despite harmful consequences as measured by drug abuse Screening Test, developed by [3].

Method

Participants

Eighty-eight (88) participants were drawn from the population of patients comprising males only. The researcher used Simple random sampling technique to select hospitals while purposive sampling technique (Inclusion and Exclusion criteria) were adopted in selecting patients. Inclusion Criteria (the participants must be an inpatient that has insight and must have use one or more substance and exclusion (those who have never used substance will be excluded and the outpatient). Their age range is 18-65 with mean age of 33.83 and standard deviation of 9.728. The questionnaire was also used to get information on demographic variables such as marital status, educational qualification, age, occupation, family upbringing.

Instruments

Three instruments were used which include:

Core Self Evaluation Scale (CSES; [1])

The Brief Relationship Scale (TBRS; [2])

Drug Abuse Screening Test (DAST-10; [3])

Core Self Evaluation Scale (CSES)

It is a 12-item, Likert-typed scale, with responses ranging from Strongly Disagree to Strongly Agree, developed by [1]. Used in assessing a person's fundamental appraisals of their own worth, competence, and capabilities. Locus of control was less highly correlated with the CSES, with an average corrected correlation of SO. Overall, though, the CSES showed significant convergence with the four core traits. [1] reported a Cronbach Alpha of .85. [34] validated the instrument among undergraduate students with substance abuse problems, while [35] adopted CSES among bank employees. The researcher conducted a pilot study from 82 Division hospital using 20 participants and Cronbach alpha .67.

The Brief Family Relationship Scale (TBFRS; [2]).

The Relationship dimension of the Family Environment Scale, comprising Cohesion, Expressiveness, and Conflict subscales, developed by [2], assesses an individual's perception of the quality of their family relationship functioning.

Convergent and distinct (discriminant validity) of the Scale was evaluated through correlational analysis, yielding significant results .70. The researcher conducted a pilot study from 82 Division hospital using 21 participants and it yielded Cronbach alpha of .74

Drug abuse Screening Test (DAST-10;[3])

The Drug abuse Screening Test (DAST) is a 10-item designed test to offer a concise tool for clinical and non-clinical screening to identify drug abuse or dependence disorders by Skinner (1982). The DAST-10 was found to be a psychometrically sound drug abuse screening measure with high convergent validity (r=.76) when correlation with the Drug Use Disorders Identification Test (DUDIT) was measured and to have a Cronbach's alpha of .92. In addition, a single component accounted for 59.35% of total variance, and the DAST-10 had sensitivity and specificity scores of .98 and .91, respectively, when using the optimal cut-off score of 4. Additionally, the DAST-10 presented good discriminate validity as it strongly differentiates patients with drug use disorder from those with alcohol dependence. the instrument was

validated by [32] with Kuder Richardson internal consistency of .89 obtain by the researcher mentioned with 60 adolescents.

Procedure

The researcher listed down all the Public Mental Health centers in Enugu which includes Federal Neuropsychiatric Hospital New Haven, 82 Division Military Hospital (Neuroscience and Intelligence Center), Nigeria Correctional Service and Parklane teaching Hospital Neuro-psychiatric clinic. Through the help of a research assistant, the researcher picked two names from Public Mental Health Centers and this was done using simple random sampling technique (balloting) and purposive sampling technique (inclusion and exclusion) was employed to choose patients from the two hospitals. Inclusion criteria of patients that participant must have used one or two substances, have insight so he can answer questions and lastly the participant must be an inpatient. Exclusion criteria- those patients who do not use substance will be excluded and the outpatient will also be excluded.

The researcher got a letter of introduction from the HOD of Psychology Department and then submitted it to the people in charge of the two public mental health hospitals selected. A letter of introduction was summited to the Nigeria Correctional Service, Enugu headquarter by the researcher and they responded to the researcher with an approval letter which also served as a gate pass to where I can have access to the prisoner through the help of clinical psychologist and the warden who help in bringing the inmates to the psychological unit so that they can fill in the questionnaires and while they are filling it the warden stands by for the safety of the researcher and psychologist and to also take them back to the prison when they are done. Meanwhile fifty (50) copies of questionnaires were sampled at Nigeria Correctional Service center, Enugu and forty-eight (48) was collected and used (those correctly ticked) for the research. These lasted for a duration of one week and each day as I arrive, I pass through the gate with my gate pass leaving my bag with the security outside the building because am only allowed to go with my book and pen since the questionnaire has been summited to the clinical psychologist. As I entered the gate a female warden will search me before taken me to the psychological unit for me to sit and wait for the inmates who are willing to come out. The researcher also summited the letter of introduction to Federal Neuropsychiatric Hospital New Haven and the researcher was ask to summit a copy of the research proposal that it has to be review before approval and the researcher did that which was requested from the hospital authorities. Then after a span of time the researcher was called to come and collect the approval letter. The researcher headed to the HOD of the psychological unit and she assigned to the researcher clinical psychologist who could help the researcher to reach the Drug abuse patients. It lasted for two weeks because am only allowed to come three times in a week which are the days the researcher can see the patients and the psychologist. Fifty (50) copies of questionnaires were also sample at Federal Neuropsychiatric Hospital New Haven and forty (40) was selected and used (those filled correctly). The total number of 100 copies of questionnaires were printed and shared into two equal parts between the two hospitals and so, 88 out of 100 copies of questionnaires were used. The questionnaire was also used to get information on demographic variables such as marital status, educational qualification, age, occupation, family upbringing.

Design and Statistics

The study adopted correlational research design and moderated hierarchical regression analysis as a statistical tool.

Result

Table 1 describes the correlation matrix. The table discovered that drug abuse and core self-evaluation r (88)=- .702, p<.001. This indicates that patient with low core self-evaluation have the propensity to drug abuse when faced with challenges. Marital status had a positive correlation r (88)=.204, p<.001. this means that those who are not married get involve more with drug abuse. Educational level had a negative relationship with drug abuse r (88)=- .231, p<.001. Meaning that those who are educated have more drug abuse.

Table 1: Descriptive and Correlation Matrix of study constructs.

	MEAN	SD	1	2	3	4	5	6	7
Drug abuse (1)	6.03	2.71	1						
Core Self Evaluation (2)	37.89	17.30	-.702*	1					
Family Functioning (3)	64.05	13.55	-.120	.072	1				
Age (4)	33.83	9.728	-.051	.105	.134	1			
Marital Status (5)	1.73	.62	.204**	-.322*	.082	-.417*	1		
Educational Qualifications (6)	1.40	.49	.231**	-.189**	-.042	-.137	-.055	1	
Family Upbringing (7)	2.14	.76	-.097	.031	.177	.048	-.042	.130	1
Cohesion (8)	23.58	9.14	-.103	.050	.893*	.070	.140	.004	.127
Expressiveness (9)	16.59	3.29	-.071	-.004	.598*	.264**	-.005	-.083	.023
Conflict (10)	24.56	6.05	-.076	.061	.501*	.043	-.036	-.071	.121
Occupation (11)	2.046	.79	-.330*	.250**	-.044	.094	-.210**	-.077	.182**

Correlation significant at * P<.001, ** P<.05

Note: N= 88, Gender was coded as (male). Educational Qualification 1 (A level and above) and 2 (O level and below). Family upbringing 1(single parenting) 2(monogamy)3(polygamy). Occupation 1(employed) 2 (self-employed) and 3 (unemployed). Marital status 1 (single) 2(married) and 3 (separated).

In Table 1 above Occupation negatively correlated with drug abuse r (88)=-.330, p<.001. This indict that the ones with job (employed) are more in drug abuse patients.

Note: int_1: Family functioning x core self -evaluation.

In step one of Table 2 above, family functioning did not correlate with drug abuse (β=-.261, t=10.445, P=.072). This implies that patients' family functioning does not bring about drug abuse. Thus, the first hypothesis which stated "that family functioning will significantly correlate with drug abuse was rejected. The table above further revealed that the moderator variable, core self-evaluation, correlates with drug abuse (β=-.697, t=-9.117, P>.01). This means that the patients' who have low core self-evaluation are more likely to experience drug abuse. Hence, the second hypothesis which stated

Table 2: A table summarizing moderated hierarchical regression analysis on the moderating role of core self-evaluation in relationship between family functioning and drug abuse patient.

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	11.452	1.096		10.445	.000
	Family Functioning	-.052	.029	-.261	-1.823	.072
	Core Self Evaluation	-.109	.012	-.697	-9.117	.000
	FamilyF_CoreSelfE	.001	.000	.226	1.579	.118
2	(Constant)	11.721	1.477		7.936	.000
	Family Functioning	.011	.091	.055	.121	.904
	Core Self Evaluation	-.110	.012	-.702	-9.040	.000
	FamilyF_CoreSelfE	.001	.000	.227	1.558	.123
	Cohesion	-.064	.095	-.216	-.671	.504
	Expressiv	-.093	.111	-.114	-.845	.401
	Conflict	-.050	.084	-.112	-.594	.554
3	(Constant)	10.789	3.769		2.863	.005
	Family Functioning	.014	.094	.072	.154	.878
	Core Self Evaluation	-.082	.088	-.525	-.928	.356
	FamilyF_CoreSelfE	.001	.000	.225	1.525	.131
	Cohesion	-.051	.118	-.173	-.434	.666
	Expressiv	.012	.192	.014	.061	.952
	Conflict	-.107	.117	-.239	-.915	.363
	CoreSE_Cohesion	.000	.002	-.106	-.311	.757
	CoreSE_Express	-.003	.005	-.354	-.654	.515
	CoreSE_Conflict	.001	.002	.269	.637	.526
4	(Constant)	11.027	4.284		2.574	.012
	Family Functioning	.004	.094	.020	.042	.967
	Core Self Evaluation	-.086	.089	-.553	-.969	.336
	FamilyF_CoreSelfE	.001	.000	.241	1.616	.110
	Cohesion	-.028	.122	-.094	-.227	.821
	Expressiv	-.058	.197	-.070	-.293	.770
	Conflict	-.088	.116	-.198	-.760	.449
	CoreSE_Cohesion	-.001	.002	-.177	-.484	.630
	CoreSE_Express	-.001	.005	-.166	-.306	.760
	CoreSE_Conflict	.001	.002	.221	.520	.605
	Age	.024	.025	.085	.926	.358
	Marital Status	-.001	.418	.000	-.002	.998
	Educational Qualifications	.626	.471	.114	1.327	.189
	Family Upbringing	-.238	.304	-.067	-.784	.436
	Occupation	-.495	.289	-.144	-1.713	.091
a. Dependent Variable: Drug abuse						

a. Dependent Variable: Drug abuse_

Note: int_1: Family functioning x core self -evaluation.

that core self-evaluation will significantly correlate with drug abuse is hereby accepted.

However, the table revealed that core self-evaluation did not moderate family functioning in drug abuse (β=.226, t=1.579, P=.118). This means that having high core self-evaluation did not alleviate drug abuse experience in response to family functioning. Thus, the third hypothesis which stated that "core self-evaluation will significantly moderate family functioning in drug abuse" is hereby rejected. The relationship between variables entered in step one yielded (R=.715) and accounted approximately 51.2% (>R^2 =.494) of the variance in drug abuse scores which contributed significantly to the regression model, F (3,84) =29.357, p=.001. (*see appendix C for model summary and ANOVA tables*).

Further, the three dimension of family functioning were entered in step two, thus none of the dimensions significantly predicted drug abuse (Cohesion, β=-.203, t=-.671, P>.05; expressiveness, β=-.135, t=-.986, P>.05; Conflict, β=-.105, t=-.559, P>.05). The relationship between variables entered in step two yielded (R=.719) and accounted approximately 51.7% (>R^2 =.481) of the variance in drug abuse scores which contributed significantly to the regression model, F (6,81) =14.431, p=.001. (*see Appendix C for model summary and ANOVA tables*).

Forward to step three, the five demographic variables controlled in this study were entered, however, all of them yielded non-significant outcomes with drug abuse (Educational qualification, β=.105, t=1.298, P.>05; occupation, β=-.150, t=-1.836, P.>.05; marital status, β=.012, t =.124, P.>05; Age, β=.083, t=.929, P.>.05). respectively. The relationship between variables entered in step three yielded (R=.749) and accounted for approximately 56.1% (>R2 =.497) of the variance in drug abuse scores, which contributed significantly to the regression model, F (11,76) =8.814, p=.001. (*See Appendix C for model summary and ANOVA tables*).

Summary of Results

1. Family functioning (cohesion, expressiveness and conflict) did not significantly predict drug abuse among patients.
2. Core self-evaluation, negatively correlated with drug abuse among patients.
3. Core self-evaluation did not moderate the relationship between family functioning and drug abuse among patients.

Discussion

The study examined the moderating role of core self-evaluation in connection between family functioning and drug abuse patients.

This study provides an understanding of the factors influencing drug abuse among patients, focusing on the important of core self-evaluation and family functioning. The researcher discovered that family functioning (cohesion, expressiveness and conflict) did not relate to drug abuse, the hypothesis that said that family functioning will relate with drug abuse was not accepted. This might be because they are full grown adult who are independent of their own decision. This did not agree with the existing literature by [36] which state that children with a family history of drug abuse experienced poorer family functioning compared to those without such history. maybe because the researcher used children while the researcher here used adult.

core self-evaluation correlated with drug abuse in this study. The hypothesis that said core self-evaluation will correlate with drug abuse was accepted. This suggests that patients who have negative core self-evaluation are prone to drug abuse when face with challenges [37]. The study found positive correlations between self-control, self-esteem, resilience, and confidence in managing emotions (self-efficacy). And this is in line with the research finding done by the researcher. Meaning that those with external locus of control tends to attribute their use of drug abuse to others like friends, parent or relations and that will make them feel they are not in control of their actions and such patient is prone to go back to drug abuse.

Interestingly, core self-evaluation did not moderated the connection between family functioning and drug abuse because there was no relationship between family functioning and drug abuse according to the researcher's findings it was discovered that a patient perception of their family relationship has nothing to do with drug abuse rather it is the patient core self-evaluation(which refers to a patients beliefs about themselves and their abilities) because family relationship is not inherited but environmental characteristic which can be learned and unlearned. Family members can learn cohesion (how to relate) and expressiveness (how to talk to one another) and also learn how to manager conflict in the family. So, the same way patients also learn how to use substance, they can also unlearn. But core self-evaluation is a trait and is inherent and one can learn from the environment how to modify the behaviour for example if the patients who is using external locus of control (that is referring to others as the reason they engage in drug abuse) can learn to use internal locus of control (that is taken responsibility for their action and knowing that the consequences affect them more) and how to handle task and challenges effectively.

Demographic variables such as educational qualification (high level) and occupation (employed) were link to drug abuse maybe because buying this substance requires money.

Implications of the Findings

From a theoretical viewpoint, this study supports and expands social learning theory which posits that individuals learn behaviors, through observation, imitation, and reinforcement within their social environment [38]. This theory highlights the importance of cognitive factors, such as attention, retention, reproduction, and motivation, in shaping human behaviour. Which drug abuse is a negative behaviour that need to be reshaped through paying attention to the effect of drug abuse to human brain. Social learning theory demonstrates how patients' who have low core self-evaluation can learn by watching others (models) and personal factors (beliefs and attitudes) to modify their core self-evaluation (self-esteem, self-efficacy, locus of control and emotional stability).

Empirical implications, this study will help the mental health professional body to know the importance of a psychology in the management of mental health and addictions in general.

The findings also highlight the need for psychotherapist to always pay attention to the drug abuse patients core self-evaluation, teach them the importance of handling task and challenges well. (self-efficacy), how to stabilize their emotions and also learn to value themselves.

And also, teachers/lecturers and therapist should teach their students and patients when their friends try to introduce substance (external) to them, they should learn how to use internal locus of control to be able to say no.

Those who fail to learn how to use internal locus of control has the tendency of relapse to substance again.

Limitations of the Study

One major limitation of this study

Is that I was unable to identify those who was in the rehab because of relapse.

Secondly, those without insight where not included in the questionnaire which affected the numbers of patients reached.

And other limitations were getting the responses of those who couldn't read and write.

Suggestions for Further Research

Further studies could sample people with drug abuse in many general hospitals and so as to increase the populations.

Future researcher should add female to the demographics and further research should also investigate other potential moderators and mediators, such as family functioning, workplace and assertiveness

Summary and Conclusion

The research topic is the moderating role of core-self -evaluation in the connection between family and drug abuse. The participants were patients from the two hospitals. correlational research design and moderated hierarchical regression analysis as a statistical tool. This result of the research is that family functioning didn't correlate with drug abuse meaning that irrespective of the family functioning (cohesion, expressiveness and conflict) it has nothing related to the manifestation of drug abuse. However, core self-evaluation negatively correlates with patients who has low core self-evaluation (external locus of control, low self-esteem, low self-efficacy and emotional instability). Thus far, core self-evaluation fails to moderate family functioning in drug abuse among patients.

Finally, patients who are equipped with high core self-evaluation (internal locus of control, high self-esteem, high self-efficacy and emotional stability) will tend to have absence of substance. use disorder. This is important for all the mental health professionals to always advocate for high core self-evaluation.

Conflict of Interest

The authors declare that there is no conflict of interest.

Ethical Clearance

All the participants signed the consent form to declare their free consent to participate in the study.

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