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Moral Disengagement-Drug Use Relationship: The Influence of Personality Traits among On-Going School Adolescents with Discipline Problems

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ABSTRACT

Objective: This study aims at assessing the in luence of personality traits dimensions: (i) Openness, (ii) conscientiousness, (iii) extraversion, (iv) agreeableness and (v) neuroticism on individual inclination to moral disengagement and drug use.

Methods: A total of 132 on-going school adolescents aged of 14 to 17 years old with discipline problems from secondary schools in Selangor were involved in the study. Employing a quantitative and correlational designs, data are collected using standardised questionnaires including the moral disengagement scale, big ive inventory and Drug Abuse Screening Test (DAST-10).

Results: The results showed that personality traits have a strong relationship with moral disengagement and drug use. Furthermore, the study found that conscientiousness has negatively associated with moral disengagement and drug use, however, neuroticism has positively associated with moral disengagement and drug use. The result found that moral disengagement has indirect effect on drug use *via* neuroticism. In addition, neuroticism served as a partial mediator.

Conclusion: Findings indicated that neuroticism is a personality trait correlated with moral disengagement and drug use among adolescents with discipline problems that should be considered in drug school counselling and prevention programmes. Further recommendation on this topic is discussed.

Keywords: Moral disengagement; Drug use; Personality traits; Neuroticism

INTRODUCTION

In the past decade, Malaysia has witnessed a substantial decline in morality among its youths including children and adolescents. This reverts to the fundamental question; why exactly people engage in immoral conduct and behaviour. It is an almost impossible feat as there are various other factors at

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play, such as culture, upbringing, politics, religion and personal values, that could potentially influence how one perceives what is soundly moral and what is not. At least, personality may have a small influence on morality and likely to be able to predict one's moral disengagement. According to moral disengagement is a cognitive predisposition that individuals reinterpret their immoral behaviours. In general, individuals' own moral standards have inhibited them from committing immoral behaviours, but these moral standards can be deactivated selectively through eight moral disengagement mechanisms. In all, eight moral disengagement mechanisms have been described: (1) Moral justification, a detrimental conduct is made acceptable by portraying it in the service of moral values or moral purposes;(2) Euphemistic labelling, a destructive conduct is made benign through sanitised and convoluted verbiage; (3) Advantageous comparison, is one's injurious conduct can made to appear benevolent compared to other people; (4) Displacement of responsibility, a self-censuring reactions are spared because people believe they are not the actual agent of their actions; (5) Diffusion of responsibility, a responsibility can be diffused when a group are engaging in the same behaviour; (6) Distortion of consequences, people can avoid facing the harm or minimise it when one's conduct is ignored, minimised, distorted or disbelieved; (7) Dehumanisation, self-censure reactions can be disengaged or blunted by stripping people of human qualities and 8) Attribution of blame, victims get blamed for bringing suffering on themselves and self-exoneration is achieved by viewing one's harmful conduct as forced by circumstances rather than as a personal decision. Furthermore, unethical conduct, cheating in exams, distortion of the consequences, dehumanisation and attribution of blame have been prevalence among at risk adolescent. This indicated the role moral disengagement mechanisms play in facilitating violent, antisocial and inhuman behaviours and substance abuse in adolescents is very crucial.

Some evidence suggests that an individual's engagement to immorality can contribute to drug use and abuse. Individuals with high moral disengagement can be considered as one of factors for alcohol and cannabis abuse in adolescents. These individuals tend to participate in delinquent behaviours, antisocial behaviours, show higher levels of aggression and substance drug abuse. Goodman, Henderson, Patterson-Bedley and Goldstein, by studying the relationship between psychosocial properties of drug users, concluded that those who had a less or no sense of responsibility and no greater responsibility for their problem and unrecognised it, that there was no willingness to change and quit from drug addiction. The use of drugs in the adolescent population causes a high risk for school underachievement, juvenile delinquency, abortion, depression and suicide. Furthermore, children and adolescents are among a group of high risk of drug use which always have discipline problems that may lead them to moral disengagement. Discipline is a rudimentary ingredient that plays a crucial role in school system, which insists on upholding the moral values of students. It comprises a wide spectrum of meaning from the negative to positive views.

Some of the examples of serious breaches of school discipline, include verbal abuse, assaulting by students on others, sexual harassment, offensive language against teachers, threat and intimidation of teachers and other students, possessing offensive weapons, cheating during examinations and supplying or using illegal drugs. These discipline problems at schools have profound negative effects on the schools especially when these problems lead to moral disengagement and drug use.

As we know several studies have focused on the relationship between drug use and moral disengagement in adolescence. Most of these studies underline that drug use and moral disengagement often co-occur and associate each other which may result from common cause that can increase the risk for both outcomes. According to Passini, moral disengagement predicts violent delinquency and use of drugs in adolescents. The moral disengagement-drug use relationship may be mediated both by the other variable. Personality traits have been found as a significant predictor for moral disengagement-drug use in adolescents. A study conducted by Farnese, Tramontano, Fida and Paciello found that personality traits was one of the main factors behind moral disengagement among school adolescents who were cheated during examination. The moral disengagement construct was analysed in a relation to bullying and antisocial conducts and personality traits as cited in Sagone and Caroli, according to the big five factors model developed by Costa and McCrae. This model analysed the five personality traits, openness, conscientiousness, extraversion, agreeableness and neuroticism. The model indicates that individuals who score high on conscientiousness, they tend to express themselves in terms of accuracy, perseverance, orderliness, kindness and resourcefulness and they always showing high capacity to inhibit aggressive behaviours and prefer situations under their control. Whereas, individuals who scored high on neuroticism are characterised by vulnerability to stress, less control of negative emotions and poor ability to manage impulses even in difficult situations that involve social problems. As Sattler and Schunck, reported in their study, respondents who were less conscientious but high in neurotic, they have a higher inclination of using drugs and potential to use drugs in the future [1].

It can be understood that, neuroticism is the trait disposition to experience negative effects, including emotional instability, anger, anxiety, irritability and depression. Persons with elevated levels of neuroticism react poorly to any forms of stress, they always interpret ordinary situations as threatening to themselves and they can experience minor frustrations as hopelessly overwhelming. In addition, drug use in the adolescent population can lead to high-risk behaviours, such as unprotected sex, driving under the influence drugs or alcohol and committing crimes. Drug use and abuse in adolescents can also cause changes in their brain development, increased risk for memory problems and increases the risk of suicide.

If these trends will not discontinue, there is a high probability for increasing number of young adolescents to involve in drug addiction with multiple co-morbidities and substance abuse which correlated to death that will be encountered as adults in the healthcare system. Based on this brief overview, first, this study investigated the relationship between moral disengagement, drug use and personality traits among on-going school adolescents with discipline problems. Second, this study also investigated neuroticism personality trait as predictor on the relationship between moral disengagement and drug use among the participants.

MATERIALS AND METHODS

The key concept of moral disengagement is important in explaining how people can engage in immoral behaviours that are not concordant with their moral standards. Many people claiming that they are practically adhered to those standards and thus, they always avoid feelings of remorse, hostile, conflict and guilt. Although individual differences in personality traits are stable in some people, however, some evidences suggested that the use of substance has greater influences on personality traits. Several studies have been found correlational relationship between moral disengagement-drug use and personality traits dimensions [2].

A study conducted by Passini, in 336 adolescents to examine moral disengagement as a predictor of drug use and violent delinquency. Results found that moral disengagement predicted drug use and delinquency and that heavy drug use predicted delinquency among the participants. Furthermore, adolescent drug abuse basically known as a recurrent use of drugs that cause clinical impairment, health problems or failure to meet responsibility at school among adolescents. Then, personality traits are considered as risk factor for drug uses and in turn, the psychoactive drugs give an impact on individuals' traits.

A study conducted by Pabon-Carrasco, Ramirez-Baena, Jimenez-Picon, Ponce Blandon, Martinez-Montilla, Martos-Garcia was to analyse the relationship between the personality of teenagers and bullying in any of its victim or aggressor roles. There were 93 students aged 14 to 16 years from three education centres located in the province of Seville in Spain. For measuring the bullying, the Bull-S test was used and the EPQ-J questionnaire was used for personality traits. The results found that 14% (n=13) of the sample were detected as victims and another 14% (n=13) were detected as aggressors. The significant differences were found between neuroticism (p=0.044; Phi=0.615), sincerity (p=0.016; V de Cramer=0.474) and anti-social behaviour (p=0.007; Phi=0.620) with the variable's victim or aggressor. The study indicated that males who obtained high scores on neuroticism and anti-social behaviour have high tendency towards social dissimulation which related moral disengagement.

Sattler and Schunck investigated the correlation between the big five personality traits and a retrospective (prior CE-drug use) as well as a prospective (willingness to use CE drugs) measure of taking prescription drugs with the purpose of augmenting one's cognitive functions (e.g., concentration, memory or vigilance) without medical necessity.

The study employed data from a large representative survey of German employees (N=6454, response rate=29.8%). The personality traits dimensions of the participants were assessed by a short version of the Big Five Personality Traits Inventory (BFI-S), which includes: Openness, conscientiousness, extraversion, agreeableness and neuroticism. The study indicated that hat less conscientious and more neurotic respondents have a greater of prior CE-drug use and a greater potential to use CE-drug in the future. There were no significant effects found for openness, extraversion or agreeableness personality traits. The study showed that neuroticism not only associated with prior enhancement behaviour of drug use, however, it also affected the willingness to reuse of drugs.

Another study conducted by Terracciano, Lockenhoff, Crum, Bienvenu and Costa, among 1,102 participants from the programme of Epidemiologic Catchment Area (ECA) in Baltimore, USA. The sample of participants were drawn from a community with a different range of socio-economic background and conditions. The systematic interview was conducted to assess personality traits and psychoactive substance uses. The study indicated that participants who obtained low scores on conscientiousness and high scores on neuroticism were consistently associated with tobacco smoking, heroin and cocaine use. However, marijuana users were obtained low scores on conscientiousness and obtained average scores on neuroticism, but they were obtained high scores on openness. The study extended the previous literature on the association between individuals with neurotic personality and different types of drug uses which indicating the multiple aspects of negative emotionality and psychopathology, but there was no mediating role of neuroticism has been found.

As can be seen, the literature is poor regarding the mediating role of neuroticism as a personality trait on the relationship between moral disengagement and drug use. Therefore, to advance our knowledge of the role of individual differences in term of personality traits in moral disengagement and drug use, the study took an initiative to investigate the relationship between moral disengagement and drug use using the five personality traits dimensions (openness, conscientiousness, extraversion, agreeableness and neuroticism) in on-going school adolescents' sample with discipline problems.

Research Design and Sample

The research design of correlational was utilised in the study. Structured questions and standardised instruments were used to collect data. A total of 132 school-going adolescents from secondary schools in Klang Valley were served as participants. Fifteen identified secondary schools with higher number of students with discipline problems were selected using purposive sampling purposely selected. This purposive sampling strategy utilised in the study for specifying inclusion criteria for which schools and students are eligible to be included in the sample. The main inclusion criteria of the respective schools must be under a category of schools with high numbers of disciplinary problems and a high risk of drug use among students. The discipline problems committed by the target participants including drug problems, bullying, stealing, sexual harassment of other students, assaulting

others, verbal abuse, student acts of disrespect for teachers and widespread disorder in the classroom, tardiness and poor attendance, failure to do assigned homework and cheating in tests and exams. Based on the list of students with any of those criteria mentioned as provided by the respective schools, researchers invited the participants to be involved in the study [3].

Research Instruments

Big Five Inventory (BFI): The BFI is a 44-item self-report inventory which designed to measure an individual on the big five factors (dimensions) of personality openness, conscientiousness, extraversion, agreeableness and neuroticism. The items were scored on a 5-point Likert scale ranging from "disagree strongly" to "agree strongly". The scale scores were computed as the participant's mean item response (*i.e.,* adding all items scored on a scale and dividing by the number of items on the scale). In this study, the internal reliability of BFI was high in which Cronbach's alpha calculations ranged from 0.82 to 0.84 with a mean of 0.83 [4].

Moral Disengagement Scale (MDS): This scale consisted of 32 questions which designed to measure an individual's ability for moral disengagement. The scale assesses eight moral disengagement mechanisms including: (i) moral justification, (ii) euphemistic labelling, (iii) advantageous comparison, (iv) displacement of responsibility, (v) diffusion of responsibility, (vi) distortion of consequences, (vii) devaluating and (viii) attributing blaming. Each of these eight mechanisms is measured by 4 items. Participants responded the questions on a five-item Likert scale from totally disagree, to totally disagree. The higher items in each subscale indicate the higher level of that mechanism, the higher scores for the total factors also show high moral disengagement. The scale showed a high correlation in the moral judgment test and the reliability coefficient is reported to be 0.82. The reliability coefficient in the study was 0.70 for moral justification, 0.75 for euphemistic labelling, 0.82 for advantageous comparison, 0.75 for displacement of responsibility, 0.77 for liability diffusion, 0.85 distorting consequences, 0.72 for attributing blaming, 0.79 for dehumanization and for the total moral disengagement score of 0.87.

Drug Abuse Screening Test (DAST-10): The DAST-10 is a brief screening tool developed to assess consequences of drug use and its severity use in the past year. Participants were instructed that DAST-10 questions were 10-item asking about drugs and they were instructed to answer "yes" or "no" to each of the DAST-10 items. For the DAST-10, score 1 point for each question answered "yes", except for question for which a "no" answer receives 1 point and (0) for a "yes". For the DAST-10, scores range from 0 to 10 and the test was completed in less than 8 minutes by most of the participants. The higher scores indicate the higher level of drug use. The DAST-10 has high convergent validity (r=0.76) when it correlated with the Drug Use Disorders Identification Test (DUDIT) and has a Cronbach's alpha of 0.92. The reliability coefficient of DAST-10 in the study was 0.80.

Data Analysis

The SPSS version 18 was used to analyse data in this study. Descriptive statistic was conducted to analyse participants' background information. Pearson correlation test was conducted to study the relationships between personality traits, moral disengagement and drug use. A series of multiple regression was used to test the mediating role of personality trait (neuroticism) on the relationship between moral disengagement and drug use [5].

RESULTS

Personal Information

Table 1 displays the personal information of participants which include gender, ethnic and age. There were 92 (70%) male and 40 (30%) female adolescents involved in the study. More than half (53%) of the respondents were Malays, followed by Chinese (24%) and Indian (23%). The mean age of participants was 15.49 with standard deviation of 1.01 and ranged from 14-17 years old.

Table 1: Personal information of participants.

Variable	N	%
	Gender	
Male	92	70
Female	40	30
	132	
	Ethnic	
Malay	70	53
Chinese	32	24
Indian	30	23

	132	
	Age	
14	33	25
15	33	25
16	34	26
17	32	24
	132	

Moral Disengagement, Drug Use and Personality Traits

Table 2 displays the frequency table of moral disengagement among the participants, which can be seen that the highest frequency of totally agree scale was a distortion of consequences with 50 responses (38%), followed by attributing blaming was 25 (19%) and displacement of responsibility was 12 (9%) [6].

Table 2: Frequency distribution of moral disengagement.

Levels	Moral justification		Euphemistic labelling		Advantageous comparison		Displacement of responsibility		Diffusion of responsibility		Distortion of consequences		Devaluating		Attributing blaming	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Totally disagree	11	8	10	8	15	11	17	13	9	7	8	6	28	21	14	11
Disagree	31	24	20	15	25	19	33	25	28	21	15	11	33	25	31	24
Neither agree nor disagree	49	37	45	34	40	30	35	27	47	36	17	13	36	27	23	17
Agree	30	23	48	36	45	34	35	27	40	30	42	32	25	19	39	30
Totally agree	11	8	9	7	7	5	12	9	9	7	50	38	10	8	25	19
Total	132	100	132	100	132	100	132	100	132	100	132	100	132	100	132	100

Table 3 displays the frequency of drug use among the participants, which can be seen that the majority reported they were at risk of health problems related to drug use 75 (57%); possibility for having mild to moderate level of drug use were 20 (15%) and possibility for moderate to severity of drug use were 7 (5%), while 30 (23%) reported they were not involved in any used of drug. No drug use refers to 0 score in which no daily use of any drugs; no weekly use of drugs; no injection drug use in the past 3 months and not currently in treatment. The score of 1-2 as most participants responded indicated that they are at risk of drug use which related to their health problems. Those who scored 3-5, they were have mild to moderate levels of drug use which can be harmfulness to their health. The score of 6-10 indicated that the persons have moderate to severe levels of drug use which required a referral the specialised treatment.

Table 3: Frequency distribution of drug use.

Score	N	%	Zone of use	Indicated action
0	30	23	No risk of harmful of drug use	None
1-2	75	57	Risk of health problems related to drug use	Brief intervention
3-5	20	15	Harmfulness (risk of drug use and possible mild to moderate substance use disorder)	Referral to schools
6-10	7	5	Severe (risk of drug use and possible moderate to severe substance use disorder)	Referral to specialised treatment
Total	132	100		

Table 4 displays the frequency of personality traits dimensions, which can be seen that, the highest scores of personality trait dimension was neuroticism of 78 (59%), while conscientiousness was the lowest scores of personality trait dimension as reported as reported by participants of 64 (48%). The study indicated that when neuroticism was highly scored, conscientiousness scores among the participants were highly lowered [7].

Table 4: Frequency distribution of personality traits dimensions.

Dimensions of personality traits levels	Openness		Conscientiousness		Extraversion		Agreeableness		Neuroticism	
	N	%	N	%	N	%	N	%	N	%
Very low	45	34	64	48	25	19	42	32	12	9
Low	30	23	25	19	28	21	27	20	17	13
Medium	25	19	15	11	36	27	23	17	5	4
High	15	11	15	11	30	23	30	23	20	15
Very high	17	13	13	10	14	10	10	8	78	59
Total	132	100	132	100	132	100	132	100	132	100

Relationships between Moral Disengagement, Drug Use and Personality Traits

Table 5 displays correlational results for adolescents' moral disengagement, drug use and personality traits. The results found that it was a significant positive relationship between moral disengagement ($r=0.567$, $p \leq 0.001$) and drug use ($r=0.315$, $p \leq 0.001$) with personality traits. The result showed that there was a significant positive relationship between moral disengagement and drug use ($r=0.429$, $p \leq 0.001$). The finding implies that adolescents who possessed moral disengagement have higher affiliation with drug use.

Table 5: Relationships between moral disengagement, drug use and neuroticism.

Variables	r	
	Neuroticism	Drug use
Moral disengagement	0.575^{***}	0.245^{***}
Drug use	0.222^{***}	

Note: $^{***}p \leq 0.001$

Personality Trait and Moral Disengagement

A multiple regression was conducted to assess whether variables of personality traits (openness, conscientiousness, agreeableness, extraversion and neuroticism) predicted participants' moral disengagement. **Table 6** summarises the correlation between personality traits dimension and moral disengagement. The result found that there was a strong positive correlation between neuroticism personality trait and moral disengagement (r=0.497, p<0.05). However, conscientiousness has a strong negative correlation with moral disengagement (r=-0.621, p<0.05). Between the predictor variables themselves, neuroticism was positively correlated to openness (r=0.323, p<0.05). The study indicated that the participants with neuroticism personality trait had high affiliation with moral disengagement [8].

Table 6: Correlation between moral disengagement and personality traits.

Variables	Moral disengagement	Openness	Conscientiousness	Extraversion	Agreeableness	Neuroticism
Moral disengagement	1	0.184	-0.621	-0.007	-0.151	0.497
Openness	0.184	1	-0.178	0.098	0.076	0.323
Conscientiousness	-0.621	-0.178	1	0.191	-0.004	-0.692
Extraversion	-0.007	0.098	0.191	1	0.007	-0.145
Agreeableness	-0.151	0.076	-0.004	0.007	1	0.029
Neuroticism	0.497	0.323	-0.692	-0.145	0.029	1

Note: Significant at 0.05 level (1-tailed)

Personality Traits and Drug Use

A multiple regression was conducted to assess whether variables of personality traits (openness, conscientiousness, agreeableness, extraversion and neuroticism) predicted participants' drug use. **Table 7** summarises the correlation between personality traits dimension and drug use. The result found that there was a strong positive correlation between neuroticism personality trait and drug use (r=0.478, p<0.05). However, conscientiousness has a strong negative correlation with drug use (r=-0.711, p<0.05). Between the predictor variables themselves, neuroticism was positively correlated to openness (r=0.345, p<0.05). The study indicated that on-going school adolescents with neuroticism personality trait had high affiliation with drug use [9].

Table 7: Correlation between drug use and personality traits.

Variables	Drug use	Openness	Conscientiousness	Extraversion	Agreeableness	Neuroticism
Drug use	1	0.175	-0.71	-0.008	-0.131	0.478
Openness	0.175	1	-0.168	0.099	0.080	0.345
Conscientiousness	-0.711	-0.168	1	0.191	-0.007	-0.692
Extraversion	-0.008	0.099	0.191	1	0.019	-0.145
Agreeableness	-0.131	0.08	-0.007	0.19	1	0.03
Neuroticism	0.478	0.345	-0.692	-0.145	0.030	1

Personality Traits as a Mediator

Multiple regression analysis was conducted to investigate the effect of moral disengagement on drug use through the mediator of neuroticism among the participants. Then, the Sobel test was carried out to examine the mediating effect of neuroticism on the relationship. **Table 8** shows the results of the multiple regression analysis, in which, the moral disengagement (Beta=0.575, SE=0.080, t=12.478, $p \leq 0.001$) and neuroticism (Beta=0.132, SE=1.504, t=2.790, $p \leq 0.01$) independently predicted drug use. Moral disengagement predicted neuroticism significantly (Beta=0.222, SE=0.003, t=4.398, $p \leq 0.001$). Then, the step 4 displayed that the beta value for moral disengagement on drug use (c') after controlling neuroticism become weaker yet remain significant (Beta=0.511, SE=0.075, t=10.970, $p \leq 0.001$). This means, that

both of moral disengagement and neuroticism predicted adolescents' drug use. In addition, the result also implied that neuroticism was partially mediated the relationship between moral disengagement and drug use. There was 0.222*0.132=0.026 indirect size effect found in this mediation result. This inidcated that drug use is expected to increase by 0.026 units for every one-unit increase in moral disengagement *via* neuroticism. The sobel test supported the partial mediation effect of neuroticism on this relationship (z=2.567, p ≤ 0.01) (**Figure 1**) [10].

Table 8: Mediation analysis.

Step	IV	DV	B	S. E	Beta	t
1	Moral disengagement	Drug use	0.984	0.08	0.575***	12.478
2	Moral disengagement	Neuroticism	0.010	0.003	0.222***	4.398
3	Neuroticism	Drug use	9.178	1.925	0.245***	4.767
4	Moral disengagement	Drug use	0.936	0.075	0.511***	10.970
	Neuroticism		4.82	1.504	0.132**	2.79

Note: B=Unstandardized coefficient; Beta=Standardised coefficient **p ≤ 0.01; ***p ≤ 0.00

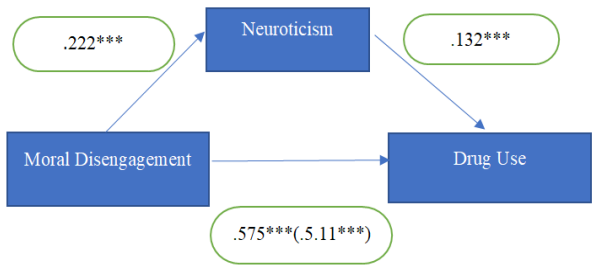

Figure 1: Mediation model.

DISCUSSION

Neuroticism is one of the personality traits dimensions has significant relationship with moral disengagement among school adolescents. The finding is consistent with the previous study conducted by Pabon-Carrasco, at el., indicated that high in neuroticism is linked to moral disengagement among adolescents. Furthermore, the finding also supported by the study conducted by Sattler and Schunck which investigated the association between the big five personality traits and a drug use and willingness to use drugs in future. The study indicated that respondents who scored low on conscientious but high on neuroticism have high probability of using drugs and greater potential to use drugs in the future. The study also indicated that adolescents who obtained high scores on neuroticism have anti-social behaviour with a tendency towards social dissimulation which related moral disengagement. Neuroticism might influence adolescents to value the belief system negatively and eventually involve in behaviour that are unacceptable by the society at large. According to the previous study conducted by Risser and Eckerthigh, high in neurotic personality will lead to morally disengaged attitudes and variety of antisocial and risky behaviours. These adolescents may experience emotional instability which characterised by vulnerability to stress, reduced control of negative emotions and poor ability to manage impulses even in difficult situations that involve social problems. This view is supported by the Bandura's social learning theory which suggests that adolescents adopt moral disengagement *via* modelling and basically will not think over the consequences of their actions, pursue goals not in accordance with subjective norms and tend to adopt behaviours that are in relation to self-censure [11].

Surprisingly, the present study indicated that the majority of 77% participants reported they were at risk of drug from mild to severity of use of drugs which can be harmfulness to their health. In the other hand, it was 25% of the participants reported have moderate to severe use of drugs that will bring the attention to the respective schools which required a referral to the specialised treatment. Unfortunately, drug use and abuse have a major impact on individuals, families and communities, as its effects are cumulative, contributing to costly social, physical and mental health problems. Efforts should be concerted on early identification, awareness and prevention programmes and routine monitoring of adolescent health data. Given the prevailing burden and impact of substance abuse in children and adolescents, it is essential that effective interventions and delivery platforms on enhancing social skills, problem-solving skills and self-confidence are identified and implemented. Furthermore, moral disengagement may bring negative consequences on adolescents' various aspects of life and development. Thus, the understanding from parents, caregivers, teachers and community on the causes of moral disengagement become very important as it helps to prevent adolescents especially those who have discipline problems from engaging in drug use. In school, teachers can assist adolescents to identify moral disengagement, but without any assistance and cooperation from parents, adolescents are at high risk in involving in any immoral behaviours, activities and drug uses. Positive family influences, such as family bonding and

consistent rules, appear to reduce the risk of drug abuse and immoral behaviours among adolescents, while negative family influences tend to increase risk. Thus, poor quality parenting and family relationships were found to be significant factors in driving young persons to drug addiction [12].

CONCLUSION

Furthermore, as the finding of this study demonstrated that moral disengagement and drug use are correlated with personality trait of neuroticism in adolescents, a conclusion can be made that neuroticism serves as a mediating variable in explaining how moral disengagement and drug use are related in adolescents. Neuroticism is a fundamental domain of personality that has enormous public health implications, impacting a wide array of psychopathological and physical health care concerns. It contributes to the occurrence of many harmful life outcomes significantly, as well as impairing the ability of persons to address them accordingly. Therefore, the effective prevention and intervention programmes must be highlighted on skills to develop positive emotion and good personality for adolescents' through the programmes such as counselling, workshops, seminars and conferences that might be implemented. The implementation purposely to reduce the possibility of adolescents to involve in immoral behavior or activities. These prevention and intervention programmes objectively to help adolescents to improve their coping skills by utilising their positive emotion which should not be influenced by neurotic personality while facing negative conditions. Besides, the capability of adolescents to control their negative emotions and affection will be strengthened and this can prevent them from engaging in any moral disengagement and drug use.

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