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The influence of personality traits on moral disengagement and drug use among adolescents with discipline problems

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ABSTRACT

This study aimed to assess the influence of the Big Five personality traits, openness, conscientiousness, extraversion, agreeableness, and neuroticism on an individual inclination to moral disengagement and drug use. A total of 132 fourteen to seventeen-year-old adolescents with discipline problems from secondary schools in Selangor, Malaysia was involved in the study. Employing correlational designs, data were collected using standardised questionnaires including the Moral Disengagement Scale, the Big Five Inventory, and the Drug Abuse Screening Test. The results showed that personality traits have a strong relationship with moral disengagement and drug use. More precisely, the study discovered a positive correlation between neuroticism and moral disengagement and drug use. Furthermore, the findings revealed that moral disengagement has an indirect effect on drug use through neuroticism, which served as a mediator between the two variables studied. The findings suggested that neuroticism is a personality trait associated with moral disengagement and drug use in adolescents who struggle with discipline problems. These factors have implications for school counselling and drug treatment and prevention programmes. Further recommendations and future research on this topic have been suggested in this article.

Keywords: adolescents, drug use, moral disengagement, personality traits

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INTRODUCTION

In the past decade, a substantial decline in mortality among children and adolescents has been witnessed (Stivens, 2006). Because of this, it is critical to consider the following fundamental question: How does one explain why people are more likely to engage in immoral conduct and behaviour? Answering this question is an almost impossible feat as there are various other factors at play such as culture, upbringing, politics, religion, and personal values that could potentially influence how one perceives what is moral and what is not. As Abbasi-Asl and Hashemi (2018) discovered, personality may influence an individual's morals and is likely to be predictive of moral disengagement. Personality traits can be used to predict different aspects of morality, according to their study. Neuroticism, for example, is a big factor in people's negative moral identities and moral courage.

According to Bandura et al. (1996), moral disengagement involves cognitive appraisals that individuals use to reinterpret their immoral behaviours. In general, individuals' moral standards have inhibited them from committing immoral behaviours (Bandura, 1990), but these moral standards can be deactivated selectively through eight moral disengagement mechanisms (Bandura, 1999). These mechanisms have been described as: (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, one's injurious conduct is made to appear benevolent compared to other people's; (4) displacement of responsibility, one doesn't engage in self-censuring because they believe external forces are responsible for their actions rather than themselves; (5) diffusion of responsibility, personal responsibility can be diffused when a group is engaging in the same behaviour; (6) Distortion of consequences, people can mentally avoid or facing the potential consequences or minimise them when one's conduct is ignored, minimised, distorted, or disbelieved; (7) dehumanisation, self-censure reactions can be disengaged or blunted by stripping others 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 (Bandura, 2002). Additionally, unethical behaviour, exam cheating, distorting the consequences, dehumanisation, and blaming have been prevalent among at-risk adolescents (Giluk & Postlethwaite, 2015). This indicates that moral disengagement mechanisms play a crucial in facilitating violent, antisocial, and inhuman behaviours, and substance abuse in adolescents.

Evidence suggests that high moral disengagement is a risk factor for alcohol and cannabis abuse in adolescents (Newton et al., 2014). These individuals tend to participate in delinquent and antisocial behaviours and show higher levels of aggression and substance abuse. Goodman et al. (2015), when studying the relationship between psychosocial contexts and people who use drugs, concluded that those who had less or no sense of responsibility for their problem or did not recognise it as a problem were not willing to change and quit using substances. The use of drugs in the adolescent population increases the risks of school underachievement, juvenile delinquency, abortion, depression, and suicide (Goodman et al., 2015). Furthermore, children and adolescents at high risk of drug use are also likely to have discipline problems that then may lead to moral disengagement (Goodman et al., 2015). Examples of serious breaches of school discipline include verbal abuse, assault by students on others, sexual harassment, offensive language against teachers, threats and intimidation of teachers and other students, possession of dangerous 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.

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 are associated with each other. This may result from a common cause that might increase the risk of both outcomes. According to Passini (2012), moral disengagement predicts violent delinquency and drug use in adolescents. However, the moral disengagement-drug use relationship may be mediated by other underlying variables. Personality traits have been found to be a significant predictor of the moral disengagement-drug use relationship in adolescents (Gini et al., 2014). A study conducted by Farnese et al. (2011) found that personality traits were one of the main factors contributing to moral disengagement among school adolescents who cheated during examinations. The moral disengagement construct was analysed in relation to bullying and antisocial conduct (Gini et al., 2011; Pepler et al., 2008) and the Big Five Factor Model developed by Costa and McCrae (1985) (as cited in Sagone & Caroli, 2013). This model analysed the five personality traits, openness, conscientiousness, extraversion, agreeableness, and neuroticism (Singh, 2018). The model indicates that individuals who score high on conscientiousness tend to express themselves in terms of accuracy, perseverance, orderliness, kindness, and resourcefulness, and always show a high capacity to inhibit aggressive behaviours and prefer situations under their control. As Sattler and Schunck (2016) reported in their study, respondents who were less conscientious but highly neurotic have a higher inclination and potential to use drugs in the future.

It can be understood that neuroticism is a trait that predisposes people to experience negative affect, including emotional instability, anger, anxiety, irritability, and depression. People with elevated levels of neuroticism react poorly to any form of stress, they tend to interpret ordinary situations as personally threatening, and they can experience minor frustrations as

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hopelessly overwhelming (Singh, 2018). In addition, drug use in the adolescent population can lead to high-risk behaviours, such as unprotected sex, driving under the influence of drugs or alcohol, and committing crimes (Passini, 2012). If these trends do not slow down, there is a high probability for an increasing number of adolescents to become involved in substance abuse along with multiple co-morbidities. The consequences could be dire including death or they become a burden on the healthcare system throughout their lives. Based on this brief overview, there appears to be a strong rationale to first investigate the relationships between moral disengagement, drug use, and personality traits among adolescents with discipline problems. Second, it also seems to make sense to investigate whether the personality trait neuroticism predicts the relationship between moral disengagement and drug use among adolescents.

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 claim that they adhere to those standards and thus they can avoid feelings of remorse, hostility, conflict, and guilt (Hymel & Perren, 2015). Although individual personality trait differences are usually stable for many people, some evidence suggests that substance use can have a significant influence on personality traits (Terracciano et al., 2006). Several studies have found correlational relationships between moral disengagement-drug use and personality trait dimensions. A study conducted by Passini (2012) examined moral disengagement as a predictor of drug use and violent delinquency among 336 adolescents. Results found that moral disengagement predicted drug use and delinquency and that heavy drug use predicted delinquency among the participants. Furthermore, recurrent adolescent drug abuse caused the clinical impairment, health problems, and failure to fulfil school responsibilities. Personality traits were considered risk factors for drug use, and, in turn, drug use impacted adolescent personality traits.

A recent study conducted by Pabón-Carrasco et al. (2020) analysed the relationship between personality and bullying among ninety-three 14-to-16-year-old students. This study found both anti-social behaviour and neuroticism to be significantly greater among bullies as compared to victims. Bullies tended to be males who are more likely to lie about transgressions to protect themselves which relates to moral disengagement.

Sattler and Schunck (2016) investigated the correlation between the Big Five personality traits and retrospective (prior use) and prospective (willingness to use) cognitive-enhancement (CE) drug use augmenting one's cognitive functions (e.g., concentration, memory, or vigilance) without medical necessity. The study employed data from a large representative survey employee (N = 6454, response rate = 29.8%). The study indicated that less conscientious and more neurotic respondents have greater prior CE-drug use and a greater potential to use CE drugs in the future. There were no significant effects found for openness, extraversion, or agreeableness personality traits. The study showed that neuroticism is not only associated with prior drug use but also affected the willingness to reuse drugs.

Another study was conducted by Terracciano et al., (2008) among 1,102 participants from a range of socio-economic backgrounds. A systematic interview was conducted to assess personality traits and psychoactive substance use. The study indicated that participants who obtained low scores on conscientiousness and high scores on neuroticism were consistently more likely to use tobacco, heroin, and cocaine. However, marijuana users also had low scores on conscientiousness but average scores on neuroticism and high scores on openness. The study extended the previous literature on the association between individuals with neurotic personalities and different types of drug use.

As can be observed, there is a knowledge gap regarding neuroticism's mediation function in the relationship between moral disengagement and drug use. Therefore, to enhance our understanding of the impact of personality differences in moral disengagement and drug use among problematic adolescents, the current study investigated the relationship between moral disengagement and drug use in a sample of adolescents with discipline problems using the Big Five personality trait dimensions (openness, conscientiousness, extraversion, agreeableness, and neuroticism). Thus, two hypotheses have been tested, first, neuroticism would correlate with moral disengagement and drug use, and second, neuroticism mediates the relationship between moral disengagement and drug use in adolescents with discipline problems.

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METHOD

A correlational research design was utilised in the study. A total of 132 adolescents attending secondary schools in Klang Valley participated in the study. Using purposive sampling, fifteen secondary schools were identified and selected based on the inclusion criteria of being identified to have a high number of students with disciplinary problems and a high risk of drug use among students. The discipline problems committed by the target participants included drug problems, bullying, stealing, assaulting others, verbal abuse, disrespect for teachers, a widespread disorder in the classroom, tardiness and poor attendance, failure to do assigned homework, and cheating on exams. Based on the list of students who had any of the abovementioned criteria as provided by the respective schools, researchers invited the participants to be involved in the study, and informed consent from them was received.

Research Instruments

Big Five Inventory (BFI)

The BFI is a 44-item self-report inventory (John & Srivastava, 1999) that is designed to measure the Big Five Factors (dimensions) of personality: openness, conscientiousness, extraversion, agreeableness, and neuroticism. The items are rated on a 5-point Likert scale ranging from strongly disagree' to strongly agree". Internal reliability of the BFI was shown to be high in this study (Cronbach's alpha values ranged from 0.82 to.84, with a mean of 0.83).

Moral Disengagement Scale (MDS)

The MDS consists of 32 questions that are designed to measure an individual's ability for moral disengagement (Bandura et al., 1996). 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) dehumanisation, and (viii) attributing blame. Participants responded to the questions on a five-item Likert scale ranging from 'totally disagree' to 'totally disagree.' The higher items in each subscale indicate a higher level of that mechanism, and higher total scores also show high moral disengagement. The scale showed a high correlation with the moral judgment test and the reliability coefficient has been reported to be 0.82 (Bandura et al., 1996). For the current study, the reliability coefficient was 0.70 for moral justification, 0.75 for euphemistic labelling, 0.82 for advantageous comparison, 0.75 for the displacement of responsibility, 0.77 for liability diffusion, 0.85 distorting consequences, 0.72 for attributing blame, 0.79 for dehumanisation, and 0.87 for the total moral disengagement score.

Drug Abuse Screening Test (DAST-10)

The DAST-10 is a brief screening tool developed to assess the consequences and severity of drug use in the past year (Skinner, 1982). Participants were instructed that 10 questions ask about drug use, and they were instructed to answer "yes" or "no" to each item. For scoring, each "yes" answer received a score of 1, except for question 3 which was reverse scored. Scores range from 0 to 10. Higher scores indicate a higher level of drug use. The DAST-10 has been shown to have high convergent validity (r = 0.76) when correlated with the Drug Use Disorders Identification Test (DUDIT) and has been found to have satisfactory reliability with a Cronbach's alpha of 0.92 (Evren et al., 2014). The reliability coefficient in the current study was 0.80.

FINDING AND DISCUSSION

Finding

Table 1 summarises the demographic information of the participants, including gender, ethnic origin, and age. The study enrolled 92 male adolescents (70%) and 40 female adolescents (30%). Malays made up more than half (53%) of responses, followed by Chinese (24%) and Indians (23%). Participants were on average 15.49 years old, with a standard deviation of 1.01 and a range of 14-17 years old. As shown in Table 2, the frequency distribution of moral disengagement among participants. "Distortion of Consequences" received the most "Totally

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Agree" responses with 50 (38%) responses, followed by "Attributing Blame" with 25 (19%) responses and "Displacement of Responsibility" with 12 responses (9%). The frequency with which individuals used drugs has shown in Table 3. The majority (n=75; 57%) of respondents expressed concern about developing health problems due to their drug use. Another 15% (n = 20) indicated a probability of mild to moderate drug use; 5% (n=7) indicated a possibility of moderate to severe drug use, and 23% (n=30) reported no drug use. Table 4 shows the frequency of personality trait dimensions. Neuroticism was assessed as "Very High" by 59% of respondents (n=78), while conscientiousness was rated as "Very Low" by 48% of persons (n=64). Thus, individuals appear to have a high degree of neuroticism but a low degree of conscientiousness.

Table 1. Participants' demographics

Measure	Items	Frequency	Percentage
Gender	Male	92	70
	Female	40	30
Ethnicity	Malay	70	53
	Chinese	32	24
	Indian	30	23
Age	14	33	25
	15	33	25
	16	34	26
M=15.49, SD=1.01			

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 Blame
	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. Frequency distribution of drug use

Score	N	%	Zone of use	Indicated Action
0	30	23	No risk of harmful 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		

Relationships between Moral Disengagement, Drug Use, and Personality Traits

Hypothesis 1: Neuroticism would correlate with moral disengagement and drug use. Table 5 summarises the relationships between the components of personality traits and moral disengagement. The personality trait of neuroticism had a significant positive correlation with moral disengagement (*r.=497, p.<05*). Additionally, a strong inverse relationship exists between conscientiousness and moral disengagement (*r=–.621, p<.05*). Table 6 summarises the relationship between personality traits and drug use. Neuroticism was found to have a substantial positive correlation with drug use (*r=.478, p<.05*). On the other hand, conscientiousness has a

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substantial inverse relationship with drug usage (*r=–.711, p<.05*). As a result, this hypothesis was accepted for this study.

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

Table 5. Correlation between moral disengagement and personality traits

	MD	O	C	E	A	N
Moral Disengagement (MD)	1.000	.184	-.621	-.007	-.151	.497
Openness (O)	.184	1.000	-.178	.098	.076	.323
Conscientiousness (C)	-.621*	-.178	1.000	.191	-.004	-.692
Extraversion (E)	-.007	.098	.191	1.000	.007	-.145
Agreeableness (A)	-.151	.076	-.004	.007	1.000	.029
Neuroticism (N)	.497*	.323*	-.692	-.145	.029	1.000

* Significant at .05 level (1-tailed

Table 6. Correlation between drug use and personality traits

	Drug Use	Openness	Conscientiousness	Extraversion	Agreeableness	Neuroticism
Drug Use (DU)	1.000	.175	-.711	-.008	-.131	.478
Openness	.175	1.000	-.168	.099	.080	.345
Conscientiousness	-.711*	-.168	1.000	.191	-.007	-.692
Extraversion	-.008	.099	.191	1.000	.019	-.145
Agreeableness	-.131	.080	-.007	.019	1.000	.030
Neuroticism	.478*	.345*	-.692	-.145	.030	1.000

* Significant at .05 level (1-tailed)

Neuroticism Personality Trait as a Mediator

Hypothesis 2: Neuroticism mediates the relationship between moral disengagement and drugs. use. A multiple regression analysis with Sobel test was conducted to investigate the effect of moral disengagement on drug use through the mediator of neuroticism among the participants, as the correlations suggest neuroticism was the only personality trait that had an affiliation with both moral disengagement and drug use, suggesting neuroticism may mediate this relationship. Table 7 shows that moral disengagement (Beta= .575, *SE* =.080, t= 12.478, $p \leq .001$) and neuroticism (Beta = .132, *SE* = 1.504, $t = 2.790$, $p \leq .01$) independently predicted drug use. Moral disengagement predicted neuroticism significantly (Beta = .222, *SE* = .003, $t = 4.398$, $p \leq .001$). Subsequently, the beta value for moral disengagement on drug use (c') after controlling for neuroticism become weaker yet remained significant (Beta = .511, *SE* = .075, $t = 10.970$, $p \leq .001$). As a result, adolescents' drug use was predicted by both moral disengagement and neuroticism. Additionally, the findings indicated that neuroticism mediated the association between moral disengagement and drug use in part. As illustrated in Figure 1, the indirect size effect was 0.222*0.132 = 0.026, suggesting drug use is expected to increase by 0.026 units for every one-unit increase in moral disengagement via neuroticism. The Sobel test confirmed the partial mediation effect of neuroticism on this relationship ($z = 2.567$, $p \leq .01$). As a result, this hypothesis was accepted for this study.

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Table 7. Mediation analysis

IV	DV	B	S. E	Beta	t
Moral disengagement	Drug use	0.984	0.080	0.575***	12.478
Moral disengagement	Neuroticism	0.010	0.003	0.222***	4.398
Neuroticism	Drug use	9.178	1.925	0.245***	4.767
Moral disengagement	Drug use	0.936	0.075	0.511***	10.970
Neuroticism	Drug use	4.820	1.504	0.132**	2.790

Note: *B* = unstandardised coefficient; Beta = standardised coefficient ** $p \leq .01$; *** $p \leq .00$

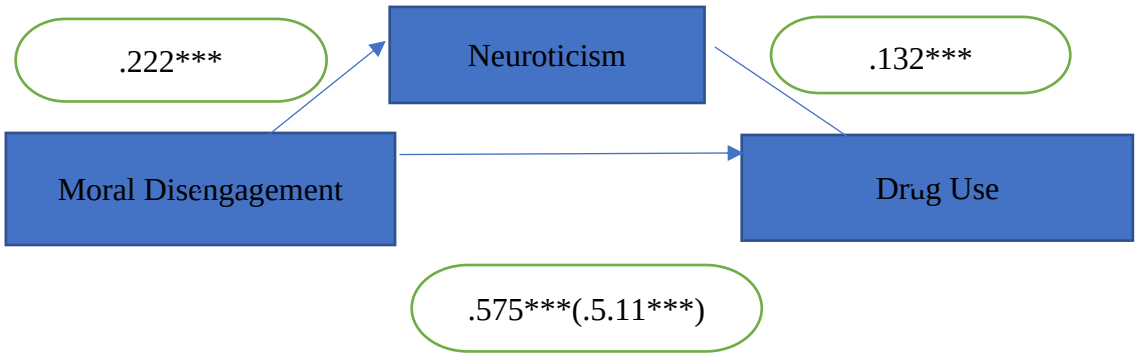

Figure 1. Mediation Model

Discussion

There is growing evidence that personality traits may also be a significant predictor of drug use in some individuals. Neuroticism is a personality trait component that shows a statistically significant relationship with moral disengagement among adolescents. In line with a recent study conducted by Pabón-Carrasco et al. (2020), which found that high neuroticism is associated with moral disengagement among adolescents, the present study confirms this association. Furthermore, the findings corroborate previous research conducted by Sattler and Schunck (2016), which found that respondents who scored low on conscientiousness but high on neuroticism are more likely to have used drugs in the past and are more likely to use drugs in the future than the general population. Neuroticism has the potential to affect adolescents' negative evaluations of their cultural belief systems, leading them to engage in behaviours that are considered unacceptable by society. The authors of a prior study conducted by Risser and Eckerthigh (2016) found that having a high level of neuroticism can lead to morally detached attitudes as well as a variety of anti-social and potentially dangerous behaviours. These adolescents may have emotional instability, which is characterised by a high susceptibility to stress, a reduced ability to control unpleasant emotions, and a poor ability to control their impulsive behaviour. This point of view is reinforced by Bandura's social learning theory (1986), which proposes that teenagers learn moral disengagement from their peers through role models. Because of this, they will not evaluate the repercussions of their actions, will pursue goals that are inconsistent with subjective norms, and may act in ways that are detrimental to their own well-being.

This study also provided useful epidemiological information, such as the fact that a quarter of participants reported engaging in moderate to severe drug use, which needed to be brought to the attention of the respective schools and referred to specialised treatment. It is emphasised as a result that coordinated efforts on early detection, awareness, and prevention programmes, as well as routine monitoring of adolescent health data, are critical because drug use and abuse have cumulative effects on individuals, families, and communities, contributing to the development of costly social, physical, and mental health problems. It is critical that effective interventions and delivery platforms for improving social skills, problem-solving skills, and self-confidence in children and adolescents are found and implemented, given the prevalence and effects of

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substance misuse in this age group. Moral disengagement, on the other hand, has the potential to have negative implications for adolescents in a variety of areas of their lives and development. As a result, it is critical for parents, caregivers, teachers, and communities to understand the causes of moral disengagement since doing so has the potential to prevent adolescents, particularly those who have discipline difficulties, from participating in drug use. Teachers can aid adolescents in recognising moral disengagement in the classroom, but without the assistance and involvement of parents, adolescents are at great danger of becoming involved in any immoral behaviours, activities, or drug usage. In adolescents, positive family impacts, such as family connection and regular rules, appear to lower the likelihood of drug usage and immoral behaviour, whereas negative family factors appear to increase the risk of these behaviours. Others have discovered, for example, that poor quality parenting and family ties are key contributors in the development of drug addiction in children and adolescents (Mohamed, 2008). Neuroticism appears to be a mediating factor in the association between moral disengagement and substance use in adolescents once again. Individuals with a high neuroticism score but a low conscientiousness score were more likely to disclose drug use than those with a low score on both measures. As a result, it has been found that adolescent drug use is associated with moral disengagement and neuroticism. Consistent with prior research by Hopwood et al. (2017), those with neurotic personalities exhibited a positive correlation with marijuana, cocaine, and heroin usage. Around half of the participants' input on the mechanism of moral disengagement indicated that they had encountered distortion of consequences, followed by attributing blame and displacement of responsibility for their moral disengagement. According to the current study, adolescents who use drugs may exhibit neuroticism, which can distort their thinking and behaviour (distortion of consequences), because changes in the brain's structure and function associated with judgement, decision making, learning, memory, and behavioural control are what cause people's personalities and other behaviours to change (Colon-Rivera & Balasanova, 2020). Additionally, adolescents shifted their responsibilities by developing deterrent attitudes because of their lack of accountability for their behaviour or the consequences of their actions (attributing blame), and they shifted their responsibilities by developing deterrent attitudes as a result of their lack of accountability for their behaviour or the consequences of their actions (displacement of responsibility). Through these three mechanisms of moral disengagement, individuals might lose their ethical standards and excuse unethical behaviour (distortion of consequences, attributing blame, and displacement of responsibility).

The researchers recommend that considering the study findings, prevention and treatment programmes for moral disengagement be better tailored to objectively assist adolescents in strengthening their coping capacities using positive emotions and a reduction in the influence of neuroticism while coping with moral disengagement challenges in the future, to reduce the influence of neuroticism. Developing such programmes with the goal of minimising the likelihood of youth engaging in immoral behaviour or activity is a potential. Adolescents' ability to regulate their negative emotions is also expected to increase, which will minimise their likelihood of engaging in any form of moral disengagement or drug use in the future.

CONCLUSION

In this study, neuroticism was found to be a mediating factor in the association between moral disengagement and substance use in adolescents. The presence of drug use was more likely to be disclosed in those with a high neuroticism score but a low conscientiousness score than in those with a low score on both measures. As a result, it has been observed that adolescent drug use relates to moral disengagement and neuroticism. The study also indicated that it is possible for individuals to lose their ethical standards and to justify unethical behaviour by one or more of the three mechanisms of moral disengagement (distortion of consequences, attributing blame, and displacement of responsibility). This study, by its very nature, has a few restrictions that may have an impact on its generalisability. Because this is still a cross-sectional study, despite the exploration of theoretical constructs underlying the creation of drug use patterns, this study did not examine these risk variables over the course of a longitudinal timeline, which is a significant

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limitation. Furthermore, because all the data came from self-report questionnaires, there is the possibility of Hawthorne bias. Second, because adolescents are still in the process of fully creating their personality traits, it is possible that the personality traits self-reported in this study will not be stable over time for the individual concerned based on the data collected. Although the disclaimer that it is a cross-sectional depiction is included, the mediational relationships that existed at the time of adolescence remain intact. Finally, the study did not examine the role of parental engagement and agreeableness in impacting adolescents' moral disengagement and drug use. It is believed that parental engagement and agreeableness are important effects on their children, according to Diana et al. (2021). Finally, substance use among adolescents is an important issue that has the potential to inflict significant personal and societal harm because it can negatively impact their performance and impede functionality throughout their formative years. Although there are numerous therapies, such as motivational interviewing, that are effective in the treatment of substance use, there are certain limitations. The therapeutic implications of this are substantial, as we will be able to identify risk factors from a personality traits perspective that are critical, allowing us to give more tailored interventions. Following that, further research can help to further define the links between neuroticism and certain attributes, such as conscientiousness, to improve the effectiveness of therapies.

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