

ANTI-DRUG YOUTH CADRE TRAINING: AN EFFORT TO STRENGTHEN THE PERCEPTION AND KNOWLEDGE OF MADRASAH ALIYAH STUDENTS IN SOUTH JAKARTA

Fransiskus Samuel Renaldi^{1*}, Khrisna Pangeran²

¹⁻²Universitas Pembangunan Nasional “Veteran” Jakarta

Corresponding author: fransiskussrenaldi@upnvj.ac.id

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ABSTRACT

Adolescent drug abuse is a public health concern influenced by access to substances, peer pressure, and exposure to digital information. This activity aimed to describe Madrasah Aliyah Mannaratul Islam students' perceptions and knowledge of drug-abuse risks and to assess immediate knowledge change following anti-drug youth cadre training. This community-service evaluation used a qualitative descriptive design with content analysis of verbatim interview responses from 70 students in grades 10-12, supported by univariate analysis of respondent characteristics and pretest-posttest knowledge scores. Most students perceived drugs as deadly and addictive (80%); 93% lived in a complete family structure, and 26% had received counseling during the previous six months. Knowledge scores increased from 87.5% to 96.0% after the educational session. The findings indicate that knowledge improvement should be reinforced through interactive education, digital literacy, stronger family communication, and peer-led intervention grounded in madrasa values.

Keywords: Drug Perception, Adolescent Knowledge, Madrasa Prevention, Drug Education.

1. INTRODUCTION

Drug abuse among adolescents remains a pressing public health concern in Indonesia. Evidence from Indonesian students shows that illicit drug use is intertwined with other health-risk behaviors and with family, peer, and neighborhood contexts (Astuti et al., 2022). Adolescents are also exposed to new psychoactive substances, prescription-drug misuse, and rapidly circulating digital content that can normalize risky behavior or obscure the credibility of health information (Nath et al., 2022; Purba et al., 2023). These conditions make it necessary to examine not only what students know about drugs, but also how they interpret personal risk and the sources from which they obtain information.

Adolescence is characterized by curiosity, identity exploration, and a strong need for peer acceptance. When perceived harm is low or knowledge is incomplete, these developmental characteristics can increase willingness to experiment with addictive substances. A systematic review found that greater cannabis knowledge and risk perception among adolescents generally correlate with lower current use and lower intention to use (Harrison et al., 2024). Indonesian educational studies likewise indicate that

structured counseling can improve adolescents' understanding of narcotics and addictive substances (Aritonang et al., 2024; Silitonga et al., 2022). Therefore, knowledge and risk perception are central components of prevention, although knowledge gain alone does not demonstrate sustained behavioral change.

In the educational context, madrasahs have the potential to combine health literacy, social support, and religious values. Students' perceptions are nevertheless formed within a broader social ecology: parental communication and disapproval can be protective, peer norms can strengthen or weaken resistance, and social media can influence which claims are perceived as credible (Freeman et al., 2023; Marziali et al., 2022). Madrasah Aliyah Mannaratul Islam operates within this interaction of family, school, friendship networks, and digital information. Understanding that interaction is necessary for designing prevention that is contextually appropriate rather than limited to one-way counseling.

Previous Indonesian community-service studies have mainly reported immediate changes in knowledge following counseling, while fewer studies have integrated students' qualitative narratives, environmental influences, and pretest-posttest data in a madrasah setting (Amin et al., 2024; Damanik, 2020). This study addresses that gap by combining content analysis of students' statements with univariate demographic data and knowledge scores. Its contribution lies in identifying how risk perception, factual knowledge, and social context converge, then translating those findings into recommendations for interactive, peer-based, and value-sensitive prevention.

2. PROBLEM FORMULATION, OBJECTIVE, AND RESEARCH QUESTIONS

The central problem is not simply a general lack of awareness that drugs are dangerous, but the gap between that awareness and students' ability to recognize specific risks. Adolescents may cite addiction, health effects, and legal consequences without being able to distinguish legitimate medical use from prescription-drug misuse, identify newer psychoactive substances, or assess the credibility of claims circulating on social media. This gap matters because stronger knowledge and risk perception are generally associated with lower substance use and lower intention to use, while Indonesian students' substance-use behavior is embedded in broader health-risk and social contexts (Astuti et al., 2022; Harrison et al., 2024).

The research objective is to describe students' perceptions and factual knowledge of drug-related health, addiction, and legal risks; analyze the influence of family, school, peers, and digital media; and assess the immediate change in knowledge following anti-drug youth cadre training.

Based on this objective, the research questions are as follows:

- a) What are the perceptions and level of knowledge of Madrasah Aliyah Mannaratul Islam students regarding drug types, health impacts, addiction risks, and legal consequences?
- b) How do family, school, peers, and digital media influence the formation of students' perceptions and knowledge about drugs?
- c) How did students' knowledge change after the educational session, and what are the implications for an interactive, peer-based prevention program aligned with madrasah values?

3. LITERATURE REVIEW

Risk perception refers to an individual's judgment of the likelihood and severity of harm. It is related to, but distinct from, factual knowledge. A student may know that drugs are dangerous while still assuming that a single use is harmless, that prescription medicines are inherently safe, or that the risk applies only to other groups. Harrison et al. (2024) found that higher cannabis knowledge and perceived risk among adolescents generally correlate with lower current use and intention to use. This evidence supports assessment of personal vulnerability, short- and long-term consequences, and misconceptions, rather than relying only on recall of drug names.

The formation of adolescents' perceptions and knowledge occurs within a multilayered social environment. Families can be protective through open communication, supervision, and clear disapproval of substance use, while peer norms can strengthen or weaken resistance. Marziali et al. (2022) found that perceived parental and peer disapproval were both relevant to adolescent substance use and that the adolescent's relationship with a trusted confidant modified those influences. Prevention should therefore address family communication, group norms, and practical social support that helps students refuse invitations without losing acceptance.

Social media adds complexity because it is both a learning space and a channel through which risky behavior can be normalized. Purba et al. (2023) reported associations between social media use and several health-risk behaviors among young people, including drug use, while emphasizing that the available evidence does not establish causality. Freeman et al. (2020, 2023) showed that adolescents' trust in online health information is shaped by source credibility, user experience, popularity, presentation, expertise, and verification cues. Drug literacy should therefore be integrated with digital literacy: verifying official sources, distinguishing personal testimony from scientific evidence, and identifying content that trivializes substance misuse.

Schools can deliver prevention systematically, but delivery method matters. A meta-analysis found that universal and targeted school-level interventions generally produced no or only small short-term benefits for substance-use outcomes, indicating that an immediate increase in knowledge should not be equated with long-term prevention effectiveness (Tinner et al., 2022). International prevention standards emphasize developmentally appropriate, interactive, skills-based, and culturally adapted approaches rather than fear-based or exclusively didactic messages (United Nations Office on Drugs and Crime & World Health Organization, 2018). For madrasas, these principles support case discussions, refusal-skill practice, peer facilitation, digital verification exercises, and integration of religious values as sources of self-regulation.

Indonesian evidence further shows that substance use among students is embedded in co-occurring risk behaviors and social contexts (Astuti et al., 2022), while school and community education can improve short-term knowledge (Amin et al., 2024; Silitonga et al., 2022). However, the literature still provides limited explanation of how students themselves interpret drug risks, how those interpretations are shaped, and whether immediate knowledge gain is accompanied by more contextual understanding. This study therefore connects three elements often examined separately: risk perception, factual knowledge, and the environment in which both are formed.

4. METHOD

This community service evaluation employed a qualitative descriptive design to examine madrasah students' perceptions of drug risks, environmental influences, and educational implications. Content analysis was used for open-ended responses, while univariate analysis summarized respondent characteristics and pretest-posttest knowledge scores. Quantitative data were obtained from a short questionnaire, and qualitative data were obtained from semi-structured, verbatim responses and observations during the educational sessions.

Purposive sampling was used to include 70 students from grades 10-12 with representation by grade level and gender. The data-collection and analysis procedures were as follows:

- a) Students completed semi-structured questions through an Excel-based form covering risk perception ("Opinions About Drugs"), environmental experiences ("Short Stories"), and previous exposure to counseling. Completion took approximately 5-10 minutes, and responses were retained verbatim.
- b) The team monitored three drug-education sessions and an evaluation session to contextualize the pretest and posttest results.
- c) Qualitative data were analyzed thematically through content analysis: familiarization with responses, initial coding, grouping of codes into categories, identification of themes, and comparison of themes with demographic and knowledge-score patterns.

Data validity was strengthened through source and technique triangulation by comparing open-ended responses, univariate questionnaire results, pretest-posttest scores, and brief observations of school dynamics. Ethical safeguards included informed consent, voluntary participation, confidentiality of student identities, and use of the data solely for scientific and community-service evaluation purposes. Quantitative changes were interpreted descriptively because the activity did not use a control group or inferential testing.

5. RESEARCH AND DISCUSSION

a. Results

1) Respondent Characteristics or Demographics

Table 1. Respondent Demographics

Characteristics	Category	Frequency (n)	Percentage (%)
Class	Grade 10	~25	36%
	Grade 11	~30	43%
	Grade 12	~15	21%
Gender	Male (M)	35	50%
	Female (F)	35	50%

Characteristics	Category	Frequency (n)	Percentage (%)
Domicile	South Jakarta	68	97%
	East Jakarta	2	3%
Family Structure	Complete Family	65	93%
	Just Mom	2	3%
	Other	3	4%
Smoke	No	66	94%
	Yes (Pod/Tobacco)	4	6%
Previous Counseling	Ever (6 Months)	18	26%
	Never	52	74%

Source: Data processed by the researchers (2026).

Seventy students aged 15-18 years participated. Grade 11 students formed the largest group (approximately 43%), followed by grade 10 (36%) and grade 12 (21%). The gender distribution was balanced, 97% of participants resided in South Jakarta, 93% reported living in a complete family structure, and 26% had received drug counseling during the previous six months. Four students (6%) reported smoking or using pods/tobacco; this behavior should be read as part of the broader addictive-substance context documented among Indonesian adolescents (Syamsuriansyah et al., 2022). These characteristics provide context for interpreting differences in prior exposure and sources of knowledge.

Table 2. Parental Education

Father's Education	Frequency	%	Mother's Education	Frequency	%
Elementary/Middle School	8	11	Elementary/Middle School	12	17
High School/Vocational School/STM	25	36	High School/Vocational School	28	40
D3/S1	22	31	D3/S1	20	29

Father's Education	Frequency	%	Mother's Education	Frequency	%
Not Recorded	15	22	Not Recorded	10	14

Source: Data processed by the researchers (2026).

Parental education ranged from elementary or junior high school to diploma or bachelor's degree. The most frequent category was senior high school or vocational education for both fathers (36%) and mothers (40%), while 22% of fathers' and 14% of mothers' education data were not recorded. The table describes educational background only; it does not establish a causal relationship between parental education and students' drug knowledge.

Students' factual knowledge varied across drug types, health effects, addiction risk, and legal consequences. Most respondents could name commonly recognized narcotics, such as marijuana and methamphetamine, but several responses showed uncertainty about new psychoactive substances and the misuse of prescription medicines such as tramadol or sedatives. This pattern is consistent with evidence that adolescent risk knowledge can be uneven and substance-specific (Harrison et al., 2024). It also reinforces the need to distinguish legitimate medical use from nonmedical use and to explain the legal implications of misuse among students (Hidayat et al., 2024; Humaira & Heniarti, 2024).

Students identified social media, school counseling, and guidance and counseling teachers as important information sources. Digital platforms can broaden access to health information, but adolescents often judge credibility through source familiarity, popularity, visual presentation, user experience, and verification cues (Freeman et al., 2020, 2023). Consequently, prevention content should teach students to verify claims through official health and law-enforcement sources and to recognize content that trivializes or normalizes substance use (Purba et al., 2023).

Overall, the demographic and narrative data show that drug literacy is not uniform. Students may simultaneously recognize general danger while misunderstanding specific substances, underestimating personal vulnerability, or relying on unverified digital messages. This variation supports a structured, contextual, and interactive approach to prevention (Amin et al., 2024; Hatijar, 2024).

Knowledge scores increased from 87.5% on the pretest to 96.0% on the posttest, an increase of 8.5 percentage points. This result indicates immediate improvement after the educational session. Because the evaluation did not include a comparison group or delayed follow-up, the increase should be interpreted as a descriptive short-term outcome rather than evidence of sustained behavior change.

2) Student Perceptions of the Risk of Drug Abuse

Qualitative analysis indicates that students' perceptions of drug-abuse risk fall into several thematic categories, reflecting differences in awareness, personal vulnerability, and exposure to information. Most students identified drugs as a serious threat to health, academic

development, family relationships, and the future. However, the strength and consistency of risk perception differed according to the quality of information received and the social contexts in which students interpreted drug-related behavior.

Students with stronger risk perceptions generally reported prior exposure to school counseling or credible educational sources. They viewed drugs as an immediate and serious threat rather than a distant problem. One respondent stated:

"When I hear news or counseling, I hear that drugs can be seriously addictive and ruin lives. I'm afraid that anyone will try them" (A, grade 11 student, 16 years old).

This view is consistent with evidence that structured education can strengthen adolescents' knowledge of long-term health impacts and legal consequences (Aritonang et al., 2024; Silitonga et al., 2022).

Table 3. Verbatim Statements on Drug-Abuse Risk Perception

Respondent	Verbatim Quote
BAK	"My opinion about drugs is that they are very disturbing for the country because they can cause addiction and make Indonesia's human resources very low and empty."
DM	"Drugs are drugs that can be dangerous and detrimental to someone if misused. Because they contain substances that can make someone addicted."
DA	"Drugs are extremely dangerous and can harm yourself, your surroundings, and your family."
ERS	"Drugs are a type of illegal drug that has a very negative impact on other people and yourself."
IFR	"Drugs are dangerous, they can kill us slowly. The side effects of drugs also have a bad impact on us."
KK	"Drugs are dangerous to health and deadly."
LFT	"I think drugs are a ticking time bomb disguised as sweet candy. I watched a series called Breaking Bad. In that series, I learned that drugs really torture someone, even though they think it's a euphoria that must be maintained."
MAR	"Deadly thing."
MIALF	"Drugs make people feel excessively happy and are addictive."

Source: Data processed by the researchers (2026).

A smaller group expressed lower risk perception, particularly when information came primarily from social media or when drug use was viewed as distant from school life. One respondent explained:

“It seems like drugs aren’t common among schoolchildren. Most of the people who use them are people from outside, not students at the madrasah” (R, grade 10 student, 15 years old).

This statement reflects optimism bias: a tendency to acknowledge general danger while underestimating personal or group vulnerability. Ambivalent perceptions also appeared in responses about prescription medicines. Some students understood conventional narcotics as dangerous but considered sedatives or tramadol safer when no immediate adverse effect was visible.

“I had a friend outside of school who used to take pills to calm down. They said they weren’t drugs, just regular medication. So I figured it wouldn’t be too dangerous if I only used them once” (M, grade 12 student, 17 years old).

These findings indicate that prescription-drug misuse may be interpreted as safer than conventional narcotics, particularly when a medicine has legitimate clinical uses. This misconception supports explicit instruction on the difference between prescribed use, nonmedical use, dependence risk, and legal consequences (Hidayat et al., 2024). Peer pressure also shaped risk perception because curiosity and the need for group acceptance could weaken students’ ability to act on what they already knew.

“When a close friend asks me out, I’m sometimes confused about how to refuse. I’m also curious, even though I know it’s dangerous” (S, grade 11 student, 16 years old).

The narrative confirms that risk perception is influenced by information quality, environmental experience, peer pressure, and health literacy. This variation supports education that is reality-based, interactive, and sensitive to the protective potential of madrasa values (Hapsery et al., 2023; Lura & Sampelolo, 2023).

3) Environmental Factors that Influence Perception and Knowledge

Thematic analysis indicates that students’ perceptions and knowledge are shaped by the interaction of family, school, peers, and digital media. This pattern is consistent with an ecological perspective in which individual knowledge interacts with family communication, school norms, peer relationships, and information environments (Aliim & Darwis, 2024; Marziali et al., 2022).

Table 4. Verbatim Statements on Environmental Influences

Respondent	Verbatim Quote
DA	“It happened once when I was in the matsama in Manaratul, I was given information about the types of drugs and so on.”

Respondent	Verbatim Quote
MZF	"During MTSSMP, students received education about narcotics which explained that narcotics are dangerous for young generations like us."
NNA	"At the beginning of the school year, MPLS students received material about the dangers of illegal drugs."
NMA	"When I was in elementary school, I was a little doctor and received counseling about narcotics, which are included in narcotics."
NR	"Previously, at school we discussed the dangers, types of drugs, and characteristics of drug users."
SR	"Learning what drugs are, their impacts and how to deal with them."
YES	"When I was in 9th grade in junior high school, I received material about the dangers of drugs, types of drugs, and the impacts of drugs, healing, rehabilitation, including prison."

Source: Data processed by the researchers (2026).

Family communication functioned as a protective factor when parents provided clear information, consistent monitoring, and opportunities for dialogue. Students who described active parental communication generally expressed stronger risk perception. One respondent said, "My parents often talk about the dangers of drugs, so I know they are dangerous and should be avoided" (D, grade 11 student, 16 years old). In contrast, minimal discussion at home increased dependence on external information sources.

"At home, we never discussed drugs, so I only knew about them from the internet" (L, grade 10 student, 15 years old).

This contrast is consistent with evidence that perceived parental disapproval and supportive confidant relationships are protective against adolescent substance use (Marziali et al., 2022). The madrasah also served as an important source of formal information. Students referred to orientation activities, counseling, and guidance and counseling sessions that introduced drug types, effects, rehabilitation, and legal consequences.

"When there was counseling at school, I just understood that sedatives can also be dangerous if misused" (A, grade 12 student, 17 years old).

School education therefore corrected specific misconceptions, but several students described previous sessions as rapid and insufficiently interactive. This limitation is relevant because evidence favors sustained, skills-based, and culturally adapted prevention over isolated one-way lectures (Tinner et al., 2022; United Nations Office

on Drugs and Crime & World Health Organization, 2018). Peer pressure was the environmental factor most often associated with weakened risk perception.

b. Discussion

Peer-group observations help explain why general awareness does not always translate into consistent risk perception. Students who observed peers using sedatives without immediate visible harm sometimes inferred that the behavior was relatively safe. This finding is consistent with research showing that perceived peer attitudes and confidant relationships influence adolescent substance use (Marzialli et al., 2022). The practical implication is that prevention should address peer norms directly and train youth cadres to model refusal language, correct myths, and maintain social acceptance without endorsing risky behavior.



Figure 1. Anti-Drug Youth Cadre Counseling Activities

Social media was both an information channel and a source of uncertainty. Students described conflicting claims on TikTok, Instagram, and YouTube, a pattern consistent with evidence that adolescents assess online health information using credibility cues that may not reflect scientific quality (Freeman et al., 2020, 2023). The association between social media exposure and adolescent health-risk behaviors also supports integrating digital literacy into drug education, while avoiding causal overstatement (Purba et al., 2023).

Taken together, the findings answer the research questions in a convergent manner. Students generally recognized drugs as dangerous, but knowledge gaps persisted for prescription misuse and newer substances; family and school acted mainly as protective sources; peers and unverified digital content could weaken risk perception; and the posttest showed an immediate 8.5-percentage-point knowledge gain. The synthesis suggests a layered prevention model in which family communication establishes norms, school sessions provide verified knowledge, peer cadres reinforce socially acceptable refusal skills, and digital literacy reduces susceptibility to misleading content. This model aligns with evidence favoring interactive and context-sensitive prevention rather than isolated lectures (Tinner et al., 2022; United Nations Office on Drugs and Crime & World Health Organization, 2018).

From the researchers' perspective, the score increase is assumed to represent immediate cognitive reinforcement, not yet stable behavioral resilience. The researchers further assume that a peer-based approach will be most effective when peer cadres are trained, supervised by teachers, and supported by consistent family and school messages. These assumptions are grounded in the convergence of students' narratives and supporting literature, but they require longitudinal testing. The study is limited by its single-madrasah setting, possible social-desirability bias, brief interview format, lack of cross-site triangulation, and absence of a control group and delayed follow-up.

6. CONCLUSION

The study concludes that Madrasah Aliyah Mannaratul Islam students' perceptions and knowledge of drug-abuse risks are formed through the interaction of individual understanding, family communication, school education, peer norms, and digital media. Most students recognized drugs as dangerous and addictive, but misconceptions persisted regarding prescription-drug misuse and newer substances. Family and school generally functioned as protective information sources, whereas peer normalization and unverified digital content could weaken risk perception. The anti-drug youth cadre training was followed by an immediate increase in knowledge from 87.5% to 96.0%, although this short-term change cannot be interpreted as evidence of sustained behavioral prevention.

The madrasah is advised to institutionalize periodic, interactive education that combines verified drug information, digital-literacy exercises, refusal-skill simulations, peer-cadre mentoring, family communication, and religious values. Future researchers should use multisite mixed-methods or quasi-experimental designs, validated instruments, comparison groups, and delayed follow-up assessments to test whether knowledge gains persist and translate into stronger risk perception and preventive behavior. Comparative evaluation of peer-led and lecture-based approaches would also clarify which components are most effective in the madrasa context.

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