

## ROLES OF SOCIAL SUPPORT AND SOCIAL CONTROL FOR COPING RESOURCES TO PREVENT DRUG ABUSE AMONG CHILDREN

Anikha Widya Bestari<sup>1\*</sup>, Mochammad Bagus Qomaruddin<sup>2</sup>. and Rachmat Hargono<sup>3</sup>

<sup>1</sup>Health Promotion and Behavioural Sciences, Master Program of Public Health, Faculty of Public Health, Universitas Airlangga, Indonesia

<sup>2</sup>Departement of Health Promotion and Behavioural Science, Faculty of Public Health, Universitas Airlangga, Indonesia

<sup>3</sup>Departement of Health Promotion and Behavioural Science, Faculty of Public Health, Universitas Airlangga, Indonesia

\*Corresponding author: Anikha Widya Bestari, Jalan Dr. Ir. H. Soekarno, Mulyorejo, 60115, Surabaya, Indonesia, email: [anikhabestari08@gmail.com](mailto:anikhabestari08@gmail.com)

<https://doi.org/10.32827/ijphcs.5.5.165>

### ABSTRACT

**Background:** Rehabilitation clients at Surabaya, Indonesia, were dominated by adolescents and most of them abuse drug at the age less than 15 years. Social environment has an important influence on children's behavior to prevent drug abuse or provide risk factor to become a drug abuser. This study aims to examine the roles of social support and social control for coping resources to prevent drug abuse among children.

**Materials and Methods:** This is an observational study, qualitative research type. The study was conducted from March to May 2018 in Putat Jaya, Surabaya city. The data were collected through in-depth interviews to the 22 children (ages 10-17 years old) and their parents chosen by purposive technique. Focus Group Discussion doing for 6 member of Putat Jaya anti-drugs coalition. Data were analyzed by content analysis method.

**Result:** Social control and social support are the function of social networks that important to individual coping resources and families's coping resources. Families and communities are source of control and source of support on children to prevent drug abuse. Coping resources to prevent drug abuse allows children and families to be able to assess problems, assess obstacles to prevention and make a problem solving.

**Conclusion:** Family and community is source of support and source of control for children to build individual coping resources to prevent drug abuse on children. Individual coping resources have roles for assessing risks, accessing information and solving problems. Families and communities need to develop support and control functions for children to prevent drug abuse.

**Keywords:** children, prevention drug abuse, social support, social control, coping resources

## 1.0 Introduction

Experimentation level of drug abusers in Indonesia has increased in the last 10 years based on survey conducted by the National Narcotics Institution. East Java Province always the second ranks highest of experimentation level of drug abusers in Indonesia (National Narcotics Institution, 2017). Experimentation level of drug abusers are people who abuse drugs less than five times in the past year. They were dominated by teenagers aged less than 17 years, it's including of children group (Ministry of Health of Indonesia, 2017). The prevalence of drug abusers in Indonesia is 2.02% while the prevalence of children who become drug abusers is 2.20% (National Narcotics Institution, 2017).

Surabaya has the highest number drug abusers and cases of illicit drug trafficking at East Java Province (Police Department East Java Province, 2017 & National Narcotics Institution of Surabaya, 2017). Rehabilitation clients were dominated by junior high school and senior high school students reach 53%. Most of them abused drugs at the age of less than 15 years (National Narcotics Institution of Surabaya, 2017). Putat Jaya is one of the sub-districts at Surabaya which is high risk area of drug abuse and illicit drug trafficking based on case mapping by National Narcotics Institution of East Java Province, National Narcotics Institution of Surabaya City, CADCA (Community Antidrug Coalition of America) and PLATO Foundation. National Narcotics Institution of Surabaya has conducted urine test on children in Putat Jaya and found 12 out of 50 samples that positive for narcotics and 38 children of them admitted that they abusing double L (one of the type of drugs). The drug problem in children needs to be followed up immediately. The impact of drug abuse not only disrupts physical health, but also psychological and other social problems. Abusers will have behavioral changes and increase social aggressiveness. This is because drug has chronic impact on the brain (Minister of Health of, 2014).

Children become drug abuser because they have a social network that allows children to access drugs. Children's social networks determine that they have risk factors or protective factors for drug abuse (NIDA, 2013; Jordan & Andersen, 2017; Griffin & Botvin, 2010). Friendships, especially in the neighborhood, may have an influence of drug abuse. Family environment conditions also determine how children may prevent drug abuse or become drug abusers. This leads to the importance of assessing the social network in children and their families.

Coping resources can be used by children and their families to coping process. Coping process is how children and families are able to evaluate the threats of drug abuse in their environment and use available resources to them or use available resources that provided by neighborhood to address these threats. Coping resources contain the elements of problem solving skills, access to information, and assess barriers and support to make problem solving. Coping resources is related to the function of social networks of children and families to carry out coping processes (Heany & Israel in Glanz, et al., 2015). This study aims to know how the social support and social control which are include of the function of social network play roles in coping resources to children and families to prevent drug abuse in children.

## 2.0 Materials and Methods

This research is an observational research with qualitative method and phenomenology approach. This research was conducted in Kelurahan Putat Jaya, Sawahan Sub-district, Surabaya City. This area was chosen because it was assessed as high risk area to drug abuse based on mapping from National Narcotics Institution of East Java Province, National Narcotics Institution of Surabaya City, PLATO Foundation and CADCA. The study was conducted from March to May 2018. Informants were selected using purposive technique. Informants are children aged 10-17 years old who are divided into three criteria. First, the low risk criteria is children who do not abuse drugs, do not smoke, do not consume alcohol, do not have family members and close friends as drug abusers and consume alcohol. The second is a child of high risk criteria, which has at least two criteria as follows: active smokers, consuming alcohol, living with people who consume alcohol or drug abusers, and have close friends who abuse drugs. The third is children who abuse drugs at the stage of experimentation abuse (abuse less than 5 times in the last year) or use regularly (drug abuse 6-49 times in the last year). The Informant also involves the parents of each child. There are 22 children and 21 parents who become informants. Focus Group Discussion doing for 6 members of Putat Jaya anti-drugs coalition.

Data were collected through in-depth interviews to children and parents of each children. FGD was conducted on 6 members of the Putat Jaya anti-drug coalition. Interviewing children aims to know the social support and social control they get and how they prevent drug abuse. Interviews to parent aims to know how parent make drug abuse prevention efforts to their children. Focus Group Discussion were conducted to know the roles of members of the Putat Jaya anti-drug coalition to prevent drug abusers in children. The focus of research is directed to explore information about social support and social control in children and family that can play a role for coping resources in preventing drug abuse. Data validity is maintained through source triangulation and method triangulation.

Content analysis is used to analys data, the step as follows: 1) the researcher determines the objectives to be achieved based on the research focus used; 2) defines the important terms that the research subject and its explanation imply; 4) establish a rational or conceptual relationship to explain a data related to the objectives; 5) plan the conclusion.

## 3.0 Result

### 3.1 Characteristics of informan

Table 3.1 below show those children ages 15-17 are more likely to be at risk or become drug abusers. Most behaviors are risky because they have started smoking and consuming alcohol. Associations with friends who abuse drugs make the risk of abuse greater. The most common type of drug is double L. Shabu is a type of drug that still in the experimentation stage. Legal medicines that sold in stalls can be abused by consume exceed the dose. Most parents do not know if their child is abusing drugs. Parents know status of drug abuse in children who start abusing shabu-shabu. Boys have a higher risk of drug abuse than women.

Table 3.1 Characteristic of Informan

No.	Characteristics	Frequency	Percentage (%)
<b>Low risk children (6 children)</b>			
1.	Age Group (Year)		
	10 – 14	2	33.3
	15 – 17	4	66.7
2.	Gender		
	Male	3	50
	Female	3	50
<b>High risk children (6 children)</b>			
1.	Age group (Year)		
	10 – 14	2	33.3
	15 – 17	4	66.7
2.	Gender		
	Male	6	100
	Female	0	0
3	Risk Kriteria		
	Smoking	5	83.3
	Consume alcohol	5	83.3
	Live with drug or alcohol abuser	5	63.3
	Friendship with drug abuser	6	100
<b>Drug Abuser children (10 children)</b>			
1	Age		
	10 – 14	3	30
	15 – 17	7	70
2	Gender		
	Male	6	60
	Female	4	40
3	Level of Drug Abuse		
	Experimentation abuser	3 (shabu-shabu)	30
	Use regularly	10 (double L)	100
4	Drugs		
	Double L	9	90
	Shabu-shabu	3	30
	Other sedative	3	30
5	Openness status with parent		
	Known	3	30
	Not known	7	70

Low risk children are not close to their peers in the neighborhood (there is a social barrier to the neighborhood). They close to parents, schoolmates and friends in the club/organization they follow. High risk children stated close to many friends in their neighborhood and some friends in the school. The child's proximity to parents is lack and there is no open communication between them. Children spend more time playing with friends in their neighborhood. Drug abuser children have similiar network characteristics with high risk children and friends who often spend the time with them are those who also abuse drugs.

High risk children and drug abuser children spend more time playing with friends in their neighborhood and using free time by hanging out at *giras* (coffee shop), court, alleys, and graveyards until late night. The place where the children gather is a risk to access alcohol and drugs.

### 3.2 The effort of Putat Jaya Anti-drug coalition

FGD results show that Putat Jaya Anti-drug coalition have duty to preventing drug abuse in children. Prevention was done by providing information through Education of Family Welfare group (consisting of housewives group) and Karang Taruna group (youth group). The group is considered to have roles to transfer information to families and teenagers in Putat Jaya neighborhood. Transfer information about prevention of drugs has not been done optimally. It can be known from the interviews of child and parents informants that they have never been informed about drugs, prevention and treatment of drug abuse from their neighborhood.

*"I know drugs are danger. Maybe everyone knows yaa. But I never get detail of these information before. I never heard information how to prevent in here. Information about coalition also I don't know yet" (P7)*

Putat Jaya anti-drug coalition is community empowerment product which is formed in 2017 and is still in coaching by CADCA before they actually implement prevention efforts. Therefore, the provision of support for Putat Jaya community is still not running optimally. The next plan to be carried out by Putat Jaya anti-drugs coalition is providing informational support to Putat Jaya communities and linkage to external networks such as National Narcotics Institution of Surabaya to gain prevention or rehabilitation support. Information is still focused on school facilities like junior high school and senior high school.

*"This coalition starts from 2017 mentored CADCA. We are given the learning, coaching. We have duty to prevent, cooperation with National Narcotics Institute of Surabaya. The next we'll give socialization to community, invite of National Narcotics Institute of Surabaya as the presenter. It's the first that we'll do" (RDH, Focus Group Discussion)*

### 3.3 Social support to prevent drug abuse

Children receive information about the bad effects of drugs from school by National Narcotics Institution of Surabaya as presenters, or by police or college student. Other information has not been obtained, especially in the neighborhood where they lived. Parents also have not been informed about dangers of drugs, risk behavior, prevention and treatment of drugs in the neighborhood.

*"I know from school, usually from Narcotics National Institue come to school to give presentation, the material of drug and free sex. What prevention and impact is. But in this neighborhood I think never" (A5)*

Sources of support obtained by children from their parents. However, there is differences quality of support among children criteria. Low risk children get support from parents more complete than other criteria. Parents give advice to select friends who have good influence,

provide consistent rules regarding the time of activities outside the home, pay attention to activities of children such as extracurricular activities and sports activities, arts and organizational pro-social called Karang Taruna. The Support from parents is behavioural control that received by the children to prevent drug.

*"In the neighborhood here I'm not too familiar. I'm joining extracurricular activities after school. I'm join futsal or basketball. Usually up to 4 o'clock go back home or at 6 o'clock. After that just at home or preparing the chruch "(A2)*

High risk children have the same support with drug abuser children whose abuse status is unknown by parents. Parents give advice so that children do not consume alcohol and be careful of the influence of drug abuse that can be given by friends. Parents do not forbid children to make friends with anyone but advice is often given. The control given by the community in the neighborhood of children's activity is support for the parents to help them provide supervision for the child.

*"I can't forbid my son to make friend with other. He has many friends. I don't know all his friends. The important is, I'll give advice to them. Don't involved drugs if your friend consumes drugs" (P9)*

*"I'm less able to observe children's activities. I rarely at home because I work from morning, his father too. So I do not know my son's activity. If Mrs. RT say about my son to me, she know my son smoking. Never mind. I said thanks, I know my son's activity because of her" (P8)*

Drug abuser children whose drug abuse status known by parent has received support not only from parents but also from their school. Schools give information for parent that their child involve in drugs. Through school collaboration with NGOs, parents get rehabilitation guidance on children. This allows parents to know access to help. NGO give support by provide information, giving attention and empathy and providing counseling service and home visit for informant as rehabilitation program. Support from parent to their children doing by giving advice to end abuses and forbid make friend with drug abuser in their neighborhoods. By knowing the status of drug abuse in children, parents become more aware and give advice more often to keep children away from friends who are involved in drugs.

*"I was given an explanation from school if there is an outpatient from PLATO. How we are helped to let this child not to be like this. From there I came to know my son. Perhaps so far has been an unfavorable influence from his friend. So if I need to help, I contact PLATO, ask how is my child, what should I do. I have often been angry, but yes, he stubbornly opposed" (P13)*

### 3.4 Social control to prevent drug abuse

Behavior control is mostly obtained from parents. Low risk children get consistent controls from their parent such as time restrictions on outdoor activities, advice to choose friends who give good influence, give more time at home to provide supervision to children, and knowing child's friends.

Although there are family rules about curfew on high risk children and drug abuser children, but it is not consistently given. This is because the curfew does not apply if the child does not have a school schedule the next day. This is the opportunity for children to consume alcohol or abuse drugs. Parents on these criteria do not know child's friends. They also have difficulty implementing controls on children's activities outside home because they are busy working. Parents in high risk children do not forbid with whom children make friends but they advice to be careful about the possible drug influence that can be obtained from friends. This control is similar to drug abuser children. Parents who already know the status of drug abuse in children apply stricter control than before. In fact, parents forbid children to make friends with someone who is indicated became drug abuser, give time limits of children's activities outside the home, always scold children, and check the existence of drugs at home. This all puts pressure on the child.

Some controls from neighborhood are given by the owner of the *giras* (coffee shop) (many children came to *giras* to play online game) or the head of Neighborhood Association by giving advice to get the children to come home when late at night. However, the control of community members does not strongly provide behavioral changes, especially for high risk children or drug abuser children. There are still many community members who do not care or tolerate to behavior of children smoking, drinking alcohol and gather until late night. People in their neighborhoods tolerate as long as they do not make a fuss and not disturb others. They do not care about other people's business.

*"I think no one cares. They actually know but ooh it's your own business, own responsibility. Nothing advice to child smoking activities, gathered while carrying alcohol. They do not care so....just nice to know. The Important is, they are not disturbed" (P7)*

### 3.5 Coping resources to prevent drug abuse

Parents have been able to analyze problems about risks of drug abusers. They consider their neighborhood to be at risk and children may become drug abusers when they associate with drug abusers. Problem solving by low risk children and their parents is to limit children's interactions with people who indicated risk to abuse drug in their neighborhood, limit children's time to activities outside the home and support for positive activities in their spare time.

*"Actually if you want to be naughty, easy way, just be close friend with bad boy here, definitely you'll. Once there was a child smoke, drinking alcohol, and he also consume drug. But eventually he may be embarrassed, because his friend in the church is not like that, so he has stopped like that" (C2)*

*"I realize my child has a good ability in physical exercise. So I am facilitating him for sports at school. I provide swimming equipment, futsal equipment. He also likes to play music (pointing to the instrument at home). He taught music to the kids as well, taught futsal too children here. So my son have positive activities, there is a potential to be developed. That's one way to let the children do not have free time to do bad activity" (P2)*

Parents of high risk children do not limit children's friendship and do not limit the hours of playing outside the home for children consistently. So that children can still consume alcohol when they together with their friends. This is because the child can not be forbidden to go with their friend. It's not easy for parent to keep control to their children because they busy to work. Therefore, giving control from others to children's activities outside home is a support for parents to help prevent drug abuse in children. High risk children claim to have friends who abuse drugs but are considered not close. They will keep distance from their friend to avoid the risk of being offered drugs. Even though they are given drugs they will refuse because knowing the effects and fear of police operation that often occur in their neighborhood. Parents who know the status of drug abuse in their children forbid children go home late at night, forbid to make friends with people who make children involved in drugs, and always check the house to prevent drugs in the house. The prohibition that parents provide is more often than before.

Obstacles for preventing drug abuse are: 1) the lack of open communication between children and parents; 2) the inability of parents to provide oversight for children; 3) the habits of children play with friends who are at risk of abusing drug; 4) the habit of children to play in places at risk to access drugs; 5) inability children to always refuse a friend's invitation to consume alcohol or drugs. That's all especially in high risk children and exactly to drug abuser children. The important point is the assumption that consuming alcohol or drugs in rare frequency will not make a bad effect to health so it's tolerable to do.

*"I think it's okay consuming rarely. Doesn't impact anything, hehehe just not often, if consume every day I'll die. Usually, my friend give me drug but I refuse. But I can't refuse always, I should appreciate my friend. Don't make them dissapointed" (C14)*

## 4.0 Discussion

### 4.1 Roles of social support and social control for coping resources to prevent drug abuse

Low risk children and some high risk children respond positively to control that given by parent. Giving control from others who responded positively would be beneficial for reducing risk behavior (Rook, et al., 2011). The positive acceptance can be considered as social support so both control and support functions have compatible and mutually beneficial effects to reduce risk behavior (Rook & Underwood, 2000 in Rook, et al., 2011). Meanwhile, children who get strictly explicit control from parents, especially in drug abuser children, often have psychic pressure. So, they choose gathering with friends. Someone is likely to seek social support from others, but they don't seek social control (Rook, et al., 2011). Unwanted social controls can disrupt the convenience of someone, then it can impact of poor behavioral management and health risks (Scott & Carrington, 2016). Research on family relationships suggests that adolescents who give negative respond to support and discipline from parent will have negative psychological impact that allows their association to other adolescent groups at risk of substance abuse (Dell, et al., 2013).

Families can serve protective functions if they have: strong bonds between children and their families; parents are involved in the child's life; supportive parenting that meets financial,



emotional, cognitive and social needs; and clear boundaries and consistent discipline enforcement (NIDA, 2013). When children are outside from home, the most prominent protective factors are: monitoring social behavior by the community, including curfew, ensuring adult supervision of children's activities (Broning, et al., 2012). The controls those given at home need to be consistently, including making curfew. However, lack of social control in the neighborhood makes children doing risky behavior. Basically, the family has an important role to provide support for children to prevent drug abuse (Broning, et al., 2012). Advice given by parents is support for the child when advice is responded positively. However, advices that are negatively responded, because unwanted by children, are source of considerable frustration for the child and not in accordance with the principle of social support (Rook, et al., 2011). From the above explanation, the function of social control can be contradiction or compatible with social support. Social control needs to be created as a function that is compatible with social support, so it can be accepted by children to reduce risky behavior.

Giving information is important as a step to prevent drug abuse in adolescent. Giving information is not only for children but also for parents. Giving information in school and community can reduce drug abuse for adolescents (Dewantara, 2016; Puslitkes UI, 2016; NIDA, 2013). Low risk children get more complete social support. They not only get information and advice, but support for the use of leisure time with useful activities. Provide space for children to develop their skill and develop their creativity as well as involvement in extracurricular activities and prosocial organization is one of the protective factors to prevent drug abuse in children (Broning, et al., 2012). In this case, family serves as source of support and source of control for the child's behavior. The family's ability to provide support and control is a family resource to solve problems (McCubbin, et al., 2013).

Social support can provide support to Individual coping resources and community resources. Social support can enhance the individual ability to access new contacts and information and to improve their ability to identify and solve problems (Israel, 1982; Berkman, Glass, Brissette, and Seeman, 2000; in Glanz, et al., 2015). Support received by both children and parents can help increase confidence to improve the locus of control to seek the prevention of drug abuse. For example, children who have received drug recognition in their schools and some parents who have been informed about the prevention of drug abuse and rehabilitation for children have the ability to identify problems and solve them. This is more visible in children who abuse drugs with a status that has been known to their parents.

The internal controls that occur in individuals are the result of life events experienced and have been viewed as individual coping resources to overcome the life situation experienced (Johnson & Sarason, 1978; Kobasa, 1979; Lefcourt, 1984, in McCubbin, et al., 2013). However, the lack of informational support to parent cause they don't understand what needs to be done to prevent or cope if their child is already involved in drug abuse. The lack of neighborhood control to the children's activity outside of home make less support for parents to conduct supervision. Lack of social support weakens coping resources for prevention of risk behavior (Israel, 1982; Berkman, Glass, Brissette, and Seeman, 2000, in Glanz, et al., 2015).

Although family support has a major impact on preventive behavior, peer influence and attitudes toward alcohol use have stronger impact on alcohol use and drug abuse in adolescents (Hamdan-Mansour, 2016).

## **5.0 Conclusion and Recommendation**

### **5.1 Conclusion**

Social control and social support have roles for individual coping resources and family coping resources to prevent drug abuse in children. The community is source of support and source of control for families to build family coping resources to prevent drugs abuse in their children. Family and community is source of support and source of control for children to build individual coping resources for the prevention of drug abuse on them. Individual coping resources have roles in assessing risks, accessing information and solving problems. In other words coping resources are provided by the support of social networks of children that are family and community. Lack of Social control and social support in children make children at risk of drug abuse because they do not have coping skills to recognize problems, and solve them to prevent risk behaviors of drug abuse.

### **5.2 Recommendation**

Parents should consistently provide support for disciplined enforcement and make children using free time with useful activities. Social control in the community needs to be strengthened by providing adult supervision of child activities outside the home. Communities through the Putat Jaya Anti-drug coalition need to give parents access to information about dangers of drugs, prevent drug abuse and connect with external networks such as National Narcotics Institute of Surabaya and NGOs to take care of children with drugs. There is need research to assess how strong affiliation of children with friends to identify how strength they at risk to abuse drug.

## **Acknowledgement**

We would like to thank all informants of the research, member of Putat Jaya Anti-drug Coalition, Head of local Neighbourhood, Putat Jaya Government, National Narcotics Institute of East Java Province, and National Narcotics Institute of Surabaya City.

## **Declaration**

Authors declare that there is no conflict of interest regarding publication of this article.

## **Authors contribution**

Author 1: information gathering and preparation

Author 2: data analysis and review of manuscript

Author 3: data analysis and review of manuscript

## References

- Broning, S., Kumpfer, K., Kruse, K., Sack, P. M., Busch, I. S., Ruths, S., . . . Thomasius, R. (2012). Selective Prevention Program for Children From Substance-Affected Families: a Comprehensive Systematic Review. *Substance Abuse Treatment, Prevention and Policy*, 7(23), 1-17.
- Center for Health Research Universitas Indonesia. (2016). *Survey of Drug Abuse in Indonesia*. Jakarta: Universitas Indonesia.
- Dell, C. A., Duncan, C. R., Roches, A. D., Bendig, M., Steeves, M., Turner, H., . . . Enns, B. (2013). Back to Basic: Identifying Positive Youth Development as the Theoretical Framework for a Youth Drug Prevention Program in Rural Saskatchewan, Canada Amidst a Program Evaluation. *Substance Abuse Treatment, Prevention and Policy*, 8(36), 1-12.
- Dewantara, N. (2016). Implementation of Program of Prevention and Eradication of Abuse and Illicit Circulation of Drugs among Students in Yogyakarta City. *Skripsi*. Yogyakarta: Universitas Negeri Yogyakarta.
- Glanz, K., Rimer, B. K., & Viswanath. (2015). *Health Behavior and Health Education (Theory Research and Practice)* (5th ed.). San Fransisco: Jossey Bass.
- Griffin, K. W., & Botvin, G. J. (2010). Evidence Based Intervention for Preventing Substance Use Disorder in Adolescent. *Child Adolescent Psychiatr Clin N Am*, 19(3), 505-526.
- Hamdan-Mansour, A. M. (2016). Social Support and Adolescent's Alcohol Use: An Integrative Literature Review. *Scientific Research Publishing* , 8, 1166-1177.
- Jordan, C. J., & Andersen, S. L. (2017). Sensitive Periods of Substance Abuse: Early Risk for the Transition to Dependence. *Developmental Cognitive Neurosince*, 25, 29-44.
- McCubbin, H. I., Sussman, M. B., & Patterson, J. M. (2013). *Social Stress and The Family*. New York: Routledge.
- Minister of Health of Indonesia. (2014). *Conditions for Achieving the Indonesian Child Health Program*. Jakarta: Minister of Health of Indonesia.
- Minister of Health of Indonesia. (2017). *Drug-related Health Problems*. Jakarta: Center for Research, Data and Information of Minister of Health of Indonesia
- National Narcotics Institute of Surabaya. (2017). *Report Number of Client Rehabilitation*. Surabaya: National Narcotics Institute of Surabaya.
- National Narcotics Institute. (2016). *National Narcotics Agency Performance Report 2016*. Jakarta: National Narcotics Institute.
- NIDA. (2013). *Preventing Drug Use Among Children and Adolescent: A Reseach Based Guide*. USA: US Department of Health and Human SErvice, National Institute of Health.
- Police Department of East Java Province. (2017). *Report of Drug Cases*. Surabaya: Police Department of East Java Province.
- Rook, K. S., August, K. J., & Sorkin, D. H. (2011). Social Network Function and Health. In R. D. Contrada, & A. Baum (Eds.), *The Hanbook of Stress Science* (pp. 123-135). New York: Springer Publisher.
- Scott, J., & Carrington, P. J. (2016). *The SAGE Handbook of Social Network Analysis* (1st ed.). California: SAGE Publication.