

Peer Groups and Drugs as Factors of Drug Abuse (Case Study of Drug Abusers Deciding to be Drug Users in the Context of Interpersonal Communication in Jakarta)

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Abstract--This study aims to reveal the factors that trigger drug abusers to decide using NAZA (Narcotics, Alcohol, Additives) by understanding the peer groups or reference groups of NAZA itself. Phenomenological qualitative research methods are conducted to achieve these objectives. There were 16 informants, most of whom ranging in the age of 10 to 16 when they started using NAZA. Determination of informants is done using the snow-ball sampling method. The results of this study indicate that someone who possesses a tendency of drug abuse in the end decided to use NAZA by looking at the dominant factors, i.e peer groups and NAZA availability. It is expected that this research can give a deeper understanding to the society, especially families and academic institutions in order to trace the early symptoms of drug abusers, which has become a very worrisome social phenomenon nowadays.

Key words--trigger factors, peer groups, NAZA

I. INTRODUCTION

On Saturday, March 25, 2017, a *dangdut* artist with the initials RR was arrested by the Drug Unit of the West Jakarta Police in Daan Mogot area, West Jakarta. He was arrested along with his colleagues for possessing 0.76 grams of Methamphetamine, as well as a suction apparatus and two Dumolid tablets (Nitrazepam). The father of RR who also happens to be a senior *dangdut* musician was very surprised to know that his son was involved in a drug abuse case. According to his father RR was a good son but ever since he lived alone in an apartment, he began to hang out with a group of friends more often. With less supervision from his parents, he started to discover the night life. (liputan6.com).

Recently we were also staggered by the news of the circulation of drugs in the form of candy / confectionery commonly consumed by school children. The information disclosed by BNN (the National Narcotics Agency of Indonesia) related to this drug distribution indicates that drug traffickers have targeted children as their marketing target, especially those still in primary schools. The attractive and colorful form of the drugs packed in children's food escalates primary school students' desire to buy and consume the food. This condition is deeply worrying, especially for the parents and schools involved. By observing these cases, it makes us think that the dangers of drugs are always lurking anywhere, even preying primary school students.

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Nowadays, this issue is not only experienced by adults, celebrities, and government officials, but rather it is increasingly affecting the world of education, especially when viewed from the level of its use. The results of the research conducted from 16 informants show that most of the offenders started using NAZA at the age of 14 (8 people). The sample in the age range between 10 to 16 years old is considered to be teenagers, and the duration of their drug abuse is between 1 to 12 years.

The results of a national survey conducted by BNN (National Narcotics Agency) in collaboration with the University of Indonesia Health Research Center in 2008 shows an increase in the number of drug abusers in Indonesia, which amounted to 3,362,519 people, with an increase in the prevalence rate from 1.55% in 2004 to as many as 1,9% of the total population. From the total of 3,362,519 drug abusers, 874,255 people are categorized in the 'try only' group, as many as 907,880 people are regular users, and the remaining 1,580,384 are considered as addicts.

The recorded number of drug abusers is as many as 1,355,050 people who are still school and college students and 2,007,469 are people who are non-students. The number of drug abusers reached 1.99% of the population aged 10 to 59 years old or about 3.2 to 3.6 million people, consisting of 26% in the 'try only' group, 27% in the regular users group, 40% in the non-injection drug addicts group, and 7% in the injection drug addicts group (Jurnal Data BNN, 2010). The Head of the National Narcotics Coordinating Agency said that illegal drug users in the country also consisted of about 7,000 junior high school students, more than 10,000 high school students and about 800 elementary students. The very apprehensive nature of this data makes us question about this society's future, especially if the number of users of these illicit goods continued to rise over time.

The increasing number of drug users and traffickers is no longer progressing in the arithmetic sequence, but rather in a geometrical rate. It is alleged that the phenomenon in the community is actually 10 times greater than the number recorded in these surveys. The quality is even more frightening. Nowadays, drug abuse does not only hit "*the haves*" group, but rather it has penetrated to all levels of society. The users' ages are getting younger, including elementary school children.

The problem of narcotics abuse that occurs in almost all parts of this country reiterates how fatal it is to the public. In a sense, there needs to be a fundamental solution to this issue, considering how deeply rooted this problem has been in this country. It is a great concern because this criminal act does not only involve certain individuals, but rather it also brings negative impacts towards interpersonal relationships.

Theoretically, based on the various criminal events that occur, the analysis of *self* in the society must be done holistically, because it is a system consisting of interrelated parts. Throughout human history they have defined themselves according to their respective places and levels in society. This research seeks to understand how the perpetrators reveal their environmental reasons as one of the factors of their tendency to ultimately become a NAZA abuser.

II. METHOD

This research uses the symbolic interactionism methodology (Blummer: 1972; Goffman) which belongs to one of a number of qualitative research traditions that assume that systematic research should be conducted in a natural environment rather than an artificial environment such as experiments. Variants include theories and

procedures known as one case study using a symbolic interactionist conceptual framework to examine the life experiences of the informants.

This study may be considered as an emic study to examine the background of NAZA abusers from the "inside"; the analysis is idiographic in order to formulate propositions that are appropriate to the cases studied. Therefore, the results are not quantified and are not generalizable to NAZA users in Jakarta.

The study was conducted by doing an in-depth interview and observation of the 16 informants, most of whom ranged in the age 10 to 16 years old when they started using NAZA, one of the informants started using NAZA when he/she was still in the 4th grade of elementary school. The 16 informants were selected through *purposive sampling, quota sampling and snow-ball sampling*.

The data obtained from the field in this study can capture the categories and characteristics of each event that occurs and it enables the researchers to analyze it simultaneously. To assist the in the generation of the analysis' results, the researchers create shadow statistics as a guide in categorizing and classifying the specific characteristics of each informant.

The range of the shadow statistics is classified based on the number of informants found in the field, which is 16 informants. This classification is intended to assist in grouping the number of informants into the specific categories of this study.

III. RESULTS AND DISCUSSION

The term "Narkotika" in Indonesian rooted from the English word "Narcotics" which means anesthetic, and has the same meaning as the word "Narcosis" in Greek which means to lull or to drug.

"NARKOBA" (Narcotics and Drugs / Dangerous Substances, or Illicit Drugs) are terms used by Indonesian public and law enforcement agencies, for substances or drugs that are categorized as hazardous or prohibited for use, produced, supplied, traded, distributed, etc. outside the legal provisions .

"NAPZA" (Narcotics, Psychotropic and Other Addictive Substances) are substances / drugs that when ingested into the human body, can affect the body, especially the brain / central nervous system (called psychoactive), and cause changes in behavior and social function, because of habit, (addiction) and dependence on the drugs itself.

Drug abuse or dependence is a condition that can be conceptualized as a mental disorder, namely mental and behavioral disorders resulting from drug abuse. The effects of drug abuse are he/she is no longer able to function naturally in the society and show deviant or maladaptive behavior. Drug abuse has now become a phenomenon of adolescent development with a constantly changing pattern of usage.

Various terms are often used and a much of the time they lead to misunderstandings not only in medical circles but also in laity, especially in Indonesia. Foreign terms such as *drug abuse* is translated as medicinal abuse or "*penyalahgunaan obat*" in Indonesian, and drug dependence is translated as medicinal dependence or "*ketergantungan obat*" in Indonesian. The word *obat* in both terms is intended as a substance or other narcotics and similar substances that has a negative impact on human health. So the definition of *obat* here is not for medicines used in the healthcare department, while the right term for it used in treatments is called a non-drug

medicine. To eliminate the ambiguity, it is now more appropriate to use the term “Substance Abuse” which translates to “*penyalahgunaan zat*” in Indonesian. (Hawari: 2012)

In addition to the terms derived from foreign translations, drugs are known among lay people as “NARKOBA” which stands for “*Narkotika dan Obat Berbahaya*” in Indonesian or simply “*Narcotics and Dangerous Drugs*” in English, and NAPZA which stands for “*Narkotika, Psikotropika, dan Zat Adiktif*” in Indonesian or “*Narcotics, Psychotropic and Addictive Substances*” in English. Both terms can cause confusion, namely the understanding of dangerous drugs and psychotropic. In relation to this matter, in order to eliminate ambiguity of the terms and understanding by not understating the meaning of the term in this research, the researcher decides to use the term NAZA which stands for “*Narkotika, Alkohol, dan Zat Adiktif*” in Indonesian or “*Narcotics, Alcohol, and Addictive Substance*” in English, as a directive from Hawari. The word alcohol is not included in the terms previously described, even though alcohol is a substance that also negatively affects human health similar to narcotics. In the religion of Islam, the consumption of alcohol (*khamar*) is prohibited (*haram law*) as written in the holy book of Al Qur'an (Quran 2:219 and 5:90-91).

“They ask you about wine and gambling. Say, “In them is great sin and [yet, some] benefit for people. But their sin is greater than their benefit.” And they ask you what they should spend. Say, “The excess [beyond needs].” Thus Allah makes clear to you the verses [of revelation] that you might give thought.” (Quran 2:219)

Abuse and use of NAZA is one form of a deviant behavior. From a psychosocial viewpoint, this deviant behavior occurs as a negative result of the interaction of tendency factors and non-conductive triggering factors (not favorably positive); namely aspects of the environment, family and self as well as aspects of peer groups and NAZA itself. Systematically, the occurrence of the deviant behavior resulted from the use and misuse of drugs (Nurlina Rahman, *proceeding* 2017: 84)

The case of misuse of Narcotics, Alcohol (liquor) and other Addictive Substances (dangerous / illicit drugs), abbreviated as NAZA, surfaced quite often lately with the mass media reporting that victim after victim continued falling to it as time went by. The main concern is that the “victims” of drug abuse in general are teenagers and young adults aged 16-25 years old, precisely those who are still in the productive age and are the human resources or assets of the nation in the future. In recent years, the use of *putaw* (or *alpha-Methylfentanyl*), methamphetamine, heroin, or even a completely new type of drug called “*gorilla*” grew rampant among teenagers and youth.

This phenomenon of abuse became the talk of all parties, especially the parents. The war on NAZA is echoed. Various campaigns, counseling, seminars and concerns have made parents and siblings feel responsible for the future of the youth. The youth also began to set up anti-NAZA NGOs and rehabilitation centers for NAZA dependency. Police officers become the pedestal but if deemed less able, people do not hesitate to make arrests and judge the drug dealers themselves.

From the testimony of the informants, the researchers found that the abuse of narcotics, alcohol, psychotropic substances and other addictive substances ('drugs' dangerous or illicit) or simply NAZA was first tried by the majority of informants at the age of 14 when they were sitting in junior high school. There are also informants who started using NAZA since as early as elementary school in the age of 10. A small number of the perpetrators started taking drugs at the age of \pm 14 to 16 years during high school.

It is very alarming that the perpetrators of NAZA abuse generally started in adolescence with a long time span of one to 13 years of being a NAZA user even up to the age of above 29. The majority of the offenders say that before using NAZA, they have previously smoked.

Drug abuse in Jakarta has become a troubling issue for society. The rising number of users and distributors is no longer in the arithmetic sequence, it is already experiencing a geometric rate of increase instead. Presumably, the actual number of cases in the community is 10 times the number recorded. The quality is even more worrisome. If the first misuse of NAZA only hit the "*the haves*" group, now it has penetrated to all levels of society. The age is even younger, with a lot of elementary school students exposed to it.

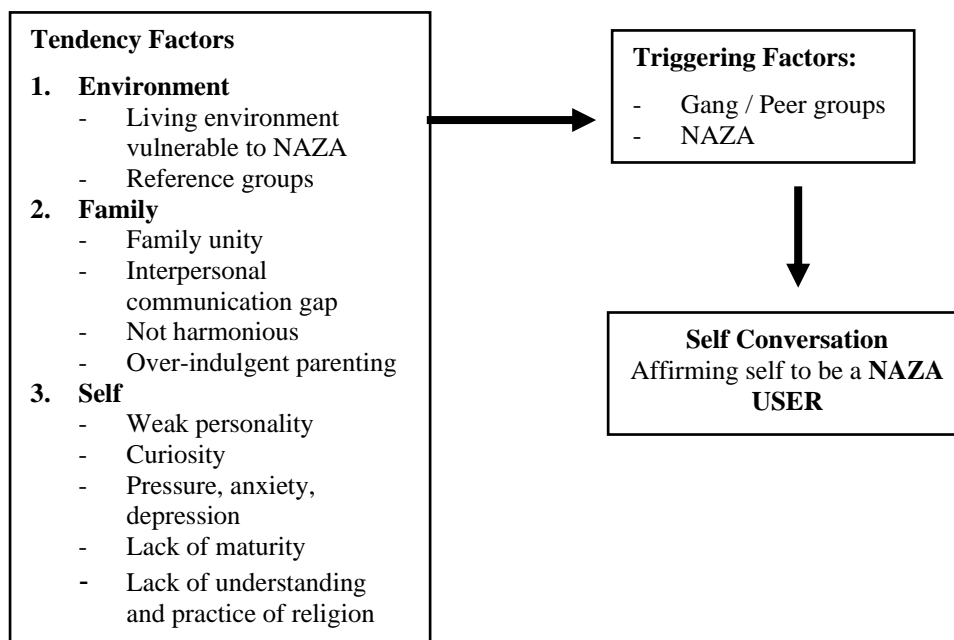
Schools or educational institutions and certain places are vulnerable to their use and distribution. According to a survey, 60% of the perpetrators of student fights or brawlers in Jakarta are NAZA abusers. From the results of research conducted by Hawari (2001), one of the factors that influence the increase of drug abuse in Jakarta is the educational curriculum which focuses more on the cognitive aspect (knowledge) and less on the affective (emotion), conative (willingness) and psychomotoric (skills) aspect as human behavior as a whole.

The researcher describes the trigger factor of NAZA abuser and the researcher classifies it into the categories of Peer groups / Gang (group) and NAZA itself, however, the factor which will be presented in this paper.

First the researchers will show a simple model in the Model as follows:

Model

Reasons of Drug Abuse



This paper will only describe the peer group / gang and NAZA background as the triggers that caused NAZA abusers to decide to become users in the first place. The discussion illustrates the sequence and process on how a NAZA user discloses the reason that the gangs (peer group) and NAZA itself are the trigger factors described in this article. In the chart above, there are 3 tendency factors behind perpetrators' usage of NAZA, and

the explanation of each category was written in the journal and proceeding (Nurlina Rahman, JIPD Vol 2 No. 2: 2017, proceeding UICIHSS, proceeding Colloquium UHAMKA). The triggering factors that will be described in this paper understand how the gang / peer groups and NAZA itself affect the attitudes, behaviors and experiences of the informants when deciding to become NAZA users and ultimately establish themselves as NAZA abusers in the context of interpersonal communication.

Adolescence is a time of identity searching. It seeks to absorb as many new values as possible from outside the family that are supposed to strengthen their identity. There is a sense of always wanting to know and wanting to try new things, especially those that contain risks. Generally children or teenagers start using NAZA because it is offered to him with various promises or pressure from friends or groups either directly or indirectly. He/she tried it because it was difficult to refuse the offer, encouraged by several reasons such as; the desire to be accepted by his group, wants to be considered as an adult, to be modern and brave, has a strong drive to try, and wants to get rid of boredom, loneliness, stress or problems he/she faces, and so on.

The majority of informants stated that before using NAZA, they had started smoking at the age of 12-17. The habit of smoking cigarettes also comes from curiosity, generally starting when teenagers start to hang out with their friends, both in the neighborhood and friends in the school where they begin to seek identity and recognition from peers as children do not want to miss the trends. From this smoking habit, the informants are then persuaded to try marijuana or other types of illegal drugs and narcotics.

The existence of these tendency factors alone is not enough, therefore other factors are also involved in the abuse or dependence of NAZA. These are called the trigger factors.

Trigger Factors

1). Peer Groups / Gangs

In this research the trigger factors are peer groups / gangs and NAZA itself. The majority of perpetrators which are; Kk, Rn, Bny, Dn, Hs, Ald, Dd, Idr, Gt, Jz, Rd, Rz, Tp, Bb, mentioned it.

Peer groups / gangs was one of the closest community structures that teenagers participate in and it shares an important role in the misuse of the NAZA, given the increasing role of friends to be important in adolescence. Psychologically, from several factors that can cause the behavior of drug abuse, peers who use NAZA is a very powerful trigger factor. A study by Widjono et al (1982), in their study of cases of NAZA abusers treated at RSKO Jakarta, stated that one of the reasons they abuse substances is because of peer group pressure and so that they may be accepted as members of the group.

As for the influence of peer group pressure, a research (Hatterer, 1983), describes it as follows:

1. Fear arising from the inability and failure to interact and compete with a more established group of friends
2. Intimidation by peer group friends with consequences relating to withdrawing or being passive-aggressive and as a result getting into the subculture of NAZA abusers as a way out
3. Denial of his inadequacy by demonstrating antisocially aggressive behavior as the embodiment of the NAZA misuse
4. The induction from the NAZA-abusing peer group to participate in the misuse of NAZA

Apart from points stated above, it is further noted that:

- (5) Inability to achieve established identity in its role as a member of the group in accordance with the standards adopted by the majority of its group,
- (6) Failure to measure his or her ability in social, academic, and other life aspects with a group whose level of social life is better and higher than him/herself.

In adolescence, peer relationships expand and occupy a leading role in their lives of interpersonal communication. Peers typically replace family's role as the main agent of socialization and activity and create norms and value systems that are different from the family's. Peers play an important role during adolescence, given the influence of peers who can replace the social function of parents during the development of adolescence in school. The teenagers start looking for figures outside the family, seeking as well as taking on a role in their social life. Ellinwood (1972) argues that changes in social value as a consequence of modernization are also factors contributing to the misuse of NAZA. In general, adolescents no longer adhere to the value system adopted by their parents. They are closer to and match the value system of peer groups who often behave antisocially and misuse NAZA.

Disharmony in interpersonal relationships in the family makes one seek happiness outside the home. Teenagers pour more complaints to their close friends, and the communication that exists among peers creates the desired interpersonal communication for the perpetrator. Feelings of being appreciated, cherished, and needed by friends that are not found in the family make a person prefer to spend lots of time outdoors with peers. In the end, as teenagers are being outdoors more often, it weakens the control and monitoring by the parents, making it easier for a person to be affected by the peers, especially when the peer group is triggering the behavior of drug abuse.

In the mechanism of the misuse of NAZA, peers have an influence that can encourage or trigger a behavior of drug abuse inside a person. The first introduction with NAZA came from a group of friends. The influence of this group's friends can create attachment and togetherness so that it is difficult to get away. The influence of the group of friends was not only on the first introduction to the NAZA, but may also cause a person to continue abusing the drug and even causing relapse after the user's dependence were rehabilitated.

"I was already a member of the gang before the I started doing drugs. My friends never forced me to do it but because I hang with them every day, their behavior indirectly becomes my consideration for me to also try it. Even though the decision to do it comes from myself, there is an indirect pressure from the situation and atmosphere in the group that brings a strong influence for me to become a user because I always compare what I see from the behavior of my friends when they are drunk to my own behavior, and at that time I didn't even know how it feels to get drunk. So, yeah, I thought that if i never tried it, i would never know the feeling that my friends felt when they are drunk. That thought always lingered on my mind, and that was the basis for me to follow in their footsteps " (Kk).

"To be honest, I almost never bought it myself. More often than not, my band mates brought it to me. Whenever they came by, they always bring something. I just wanted to appreciate their gesture, and I never refused when they asked me to do some together" (ID).

“When I heard that my Dad was going to marry again, I was really disappointed. I wanted to kill myself. Then at some point, my friend offered me one when we were hanging out together. Usually I always refuse to that sort of thing, but I really wanted the sadness to be gone so I accepted it and we did it together” (Lad).

The facts about parents, teenagers and peer relationships are during adolescence, there is an increasing gap between teenagers and their parents in a physical and psychological sense. This normal distance is seen in decreasing emotional attachment and warmth. Increased tension and disharmony within the family (both economic pressure, parental divorce, etc.) makes a person dependent on peers to gain emotional support. Anxiety, stress, mental pressure, depression caused by job discontent, divorce, family disputes, or entering family relationships all increase family and individual stress.

The conclusion in this study suggests that gangs / peer groups can trigger perpetrators in the mechanism of usage of NAZA. The influence of gangs / peer groups can be a trigger factor for the abuse of NAZA in the perpetrators' inner self, because usually the first introductions come from the gangs / peer groups. The presence of attachment and a sense of togetherness among the group members caused them to use NAZA.

2). NAZA

Apart from the gang of other triggering factors is the NAZA itself. All the perpetrators stated it. The distribution and sale of NAZA today is already in a concerning stage. The relatively easy purchase of NAZA and the availability of the official or unofficial NAZA trigger a person to get it easily. This condition is a trigger factor as well as peers / gang. Here are some of the testimonies from the perpetrators:

“It’s not hard at all to find it, just ask some from your friend if they have it or not, or ask them to buy it for you, it will be here in no time, as long as you know the person who holds often. My neighbourhood is full of those things, or you can go to some of the clubs there, somebody has to be selling. I personally like to buy from my friends who I hangout with, sometimes they even bring them for free when they have too much for their own” (Kk.)

“In my workplace there’s almost any drinks, even the black label. There’s a bar there, obviously, because it’s a club and a bar. Those loyal customers come almost every night just to drink, sometimes until they pass out.” (Can they drive?. It doesn’t matter, they come anyway tthe next day, I think it’s their hobby?” (laughs together). (Bny)

“I have been caught by the police while holding some. I could work it out the first two times, but the third time I went into jail along with my friend, she was a girl. We spent the night in the police station, but the next day my family bailed me out. I got out that afternoon. But it didn’t make me stop, later that day I did it again cause I still have some unused ones” (Rz).

Researcher: Is it that easy to grab a hold on one?

Actually it’s easy if you know the trick, for example asking a friend to buy it for you or if you already knew the dealer you can just go to his/her place. Usually, it’s riskier if you go straight to the dealer, because the police can just suddenly be there. They just know.” (Rz).

The problem of drug abuse will not exist if there is no NAZA itself in the first place. What makes it a problem is not only that the drug is addictive but to get it is also relatively easy, even to the point of being easily dependent on any NAZA that is desired. It is said to be relatively easy because although it has to be acquired in secret or clandestinely, it can still be obtained.

As for the influence of gang / peer groups from the results of this study is described as follows:

Friends in the gang indirectly make pressure, mental stress that sometimes are built when they are gathering in the form of statements made by the friends who can influence the self to self-affirm and identify themselves by comparing themselves with the group and ultimately behave 'positively' in the group of NAZA users.

By studying and observing all the things or events that occur in a group of NAZA users to follow the usage habits of NAZA. Here is the informant's experience:

"I thought it was comforting to see my cousin's friends using it, they looked happy and they seemed to enjoy the moment so much as if they had no problems at all. I was interested to try because I thought it would cure my boredom." (Bb).

In interacting and surviving with older or more senior gang friends, anxiety, fear, and shame of being labeled as less sociable than others arise from lack of self-confidence, inability, and fear of failing to socialize with fellow gangs.

Inability and denial to achieve the standards adopted by the majority of gangs in their roles as members of the gang group by showing attitudes that approve the behavior of NAZA usage as the embodiment of the behavior of the NAZA user. Here is an example of a culprit case:

"When I was offered nitrazepam, I was feeling both afraid and embarrassed with my seniors. If I refused, they might think that I wasn't loyal to them. But at the same time, I was also afraid of what it would do to my body. But in the end, because I didn't want to be called a chicken by them, I took the drug anyway." (Hs).

Failure to measure his or her ability in social, academic, and other life with a group whose level of social life is better and higher than himself.

According to the research conducted by Widjono and colleagues (1982) in his study of drug abuse patients treated in Jakarta, he stated that the relative ease of NAZA to be obtained and the availability of drugs in the market is one factor that causes a person to abuse the drug. From what has been described above, the influence of gang / peer groups and the ease and availability of NAZA in the market is a trigger factor for the occurrence of drug abuse which eventually reaches the stage of NAZA dependence for the user.

IV. CONCLUSION

The conclusions found in this study suggest that the factors that make the perpetrators decide to abuse NAZA are categorized into: gang (group) and NAZA. By looking at the trigger factors, parents and family are advised to supervise the child by having direct contact in their daily life through an improved family communication, even by the help of communication tools, or building good relationships with families, especially children / family members. Openness, support, empathy, positive feelings, and equality are also important to build

good relationships among family members. Direct the child by giving positive examples so as not to be easily influenced by the environment especially the reference group or group friends by providing a strong religious basic education, then family members are expected to create interpersonal communication as often as possible, monitor child development especially how and with whom their children mingles with, and parents continue to supervise the children by building trust in them so that children feel appreciated, involved, needed, and trusted to be independent and have a positive self-concept. Research is expected to be used to anticipate symptoms of NAZA abuse for parents, neighborhood families, and especially educational institutions. As an implication of this research for the world of education, it is expected to assist teachers to monitor and minimize the symptoms or factors that may initiate NAZA abuse by the students.

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