SOCIAL SCIENCES & HUMANITIES

An Analysis on Youth Drug Abuse: Protective and Risk Factors in High-Risk Area

Amin Al-Haadi Shafie[1], Khatijah Othman[1]*, Dini Farhana Baharudin[1], Nurhafizah Mohamad Yasin[1], Salleh Amat[2], Rafidah Aga Mohd Jaladin[3] Mohd Khairul Anuar Rahimi[1], Ahmad Najaa' Mokhtar[1], Suzaily Wahab[4] and Nurul Hanna Khairul Anuwar[1]

[1]*Faculty of Leadership and Management, Universiti Sains Islam Malaysia, 71800 Nilai Negeri Sembilan, Malaysia*
[2]*Faculty of Education, Universiti Kebangsaan Malaysia, 43600 Bangi, Selangor, Malaysia*
[3]*Department of Educational Psychology and Counselling, Faculty of Education, Universiti Malaya, 50603 Kuala Lumpur, Malaysia*
[4]*Psychiatric Department, Hospital Canselor Tuanku Muhriz, 56000 Cheras, Kuala Lumpur, Malaysia*

ABSTRACT

Drug abuse is considered a serious social problem, especially among youth. Those who successfully survive such behaviors, especially in high-risk locations, must have underlying factors worth learning. This research focuses on youth who can avoid using and abusing drugs in high-risk areas. The main objectives are to identify protective factors (PF) that successfully protect youth in high-risk locations and to examine the presence of risk factors (RF) in that particular community. Data were collected through ten focus group discussions (FGD) with youth participants who lived within identified hot spot high-risk areas of drug abuse. Each group contains five participants, which makes up a total of fifty youth participants. The FGDs were audio-recorded, followed by the transcribing process and the thematic data analysis. The finding shows that themes for protective and risk factors are divided into internal and external factors. Internal protective factors are represented mostly by religious knowledge and practice, followed by self-assertiveness. External protective factors are denoted by positive family influences, positive peer influence, and knowledge of drug abuse. On the other hand, internal risk factors epitomize the feeling of curiosity, lack of religious knowledge and practice to

Amin Al-Haadi Shafie, Khatijah Othman, Dini Farhana Baharudin, Nurhafizah Mohamad Yasin, Salleh Amat,
Rafidah Aga Mohd Jaladin Mohd Khairul Anuar Rahimi, Ahmad Najaa' Mokhtar, Suzaily Wahab, and Nurul Hanna Khairul Anuwar

release pressure and stress, lack of effective coping skills, and seeking fun. External risk factors embody negative peer influence, lack of parenting skills, negative family influence, and negative neighborhood environment and occupation.

Keywords: Drug prevention, focus group discussion, external factor, internal factor, protective factor, risk factor, youth

INTRODUCTION

The United Nations (2020) stated that substance abuse cases increased from 210 million to 269 million from 2009 to 2018. In Malaysia, substance abuse statistics increased from 130,788 in 2018 to 142,199 cases in 2019 (National Anti-Drug Agency [NADA], 2019), even when Malaysia declared drugs as its number one enemy on 19th February 1983. Substance abuse affects a person physically and biologically, including social relationships, career, and mental health. Various agencies, including governmental, private sectors, and Non-Governmental Organizations (NGOs), made many efforts to overcome drug-related issues. According to the National Anti-Drug Agency (NADA, 2019), 879 prevention programs have been conducted through eight different types of programs, which are Family on Alert (FOA), Kem Pintar, Kem SHIELDS (Sayangi Hidup Elak Derita Selamanya), Tomorrow Leader, Tekad Awam, Tekad Swasta, Tekad Agronomi, Kem SMART (Sukses, Matang, Aktif, Rasional dan Tanggungjawab).

Substance abuse is a chronic relapse disease that affects everyone regardless of age, gender, and socioeconomic status. The statistics of drug abuse in Malaysia show a huge increment in youth addiction. NADA (2019) stated that youth substance abuse cases had increased from 18,417 in 2018 to 18,986 cases in 2019. Over that period, an increase of around three percent per year occurred in youth drug addictions. Typically, youth with a high risk of substance abuse possessed standard risk criteria such as being involved in wrong behaviors, breaking the rules, or being in an environmental setting that led them towards wrong behaviors (Ismail et al., 2015). Additionally, Ismail et al. (2017) stressed that youth, especially those living in identified hot spots of high-risk locations with drug users, are more exposed to the influence and risk of taking substances.

Protective and risk factors are the main factors involved in drug prevention studies. The principle of prevention program stated by NADA mentioned that an effective prevention program must highlight the risk and protective factors within the community (Zakaria et al., 2020). PF is the best and most effective method of reducing the cost of substance abuse treatment (Arip et al., 2015). Inadequate quality prevention programs would increase the addiction rate, increasing the cost incurred for rehabilitation treatment (Arip et al., 2015). NADA implemented various efforts in drug prevention programs to spread awareness, especially for the young generation (Zakaria et al., 2020). However, the statistical data may have

something lacking in the existing prevention programs. Understanding the protective and risk factors related to prevention can significantly contribute to preparing better quality modules for drug prevention. The outcomes may help strengthen the existing drug prevention programs in Malaysia overall. Thus, this study aims to identify the protective and risk factors among youth, especially those living in high-risk areas.

The Theory of Protective Factors (PF) and Risk Factors (RF) by Hogan et al. (2003) argued that no single theory could present drug prevention comprehensively. Instead, prevention aims to reduce risk and strengthen protective factors (Hogan et al., 2003) such as based on David Hawkins et al.'s 1992 work. Hawkins et al. (1992) identified that protective and risk factors for adolescent substance abuse and delinquency are closely related. He further defined protective factors as factors that counter risk and contribute to lessening the risk. It is divided into three categories: individual characteristics, bonding, healthy belief, and clear standards. Individual characteristics refer to characteristics that children are born with, such as gender, resilient temperament, and intelligence. Though intelligence does not prevent substance abuse, it prevents other negative social behavior such as school drop-out and delinquency. Bonding represents positive bonding with family, friends, schools, and the community, preventing the children from engaging in social problems. Finally, healthy beliefs and precise standards are related to the caregivers, teachers, or other adult children

bonded with, whereby they should have clear and positive standards of behavior.

Hogan et al. (2003) accentuated that those studies on protective and risk factors were divided into four categories: individual or peer, family, school, and community. This study brings forward two important primary questions in the FGD sessions. First, what factors prevent youth from being involved in drug addiction? Second, what risk factors contribute to youth involvement in drug addiction? The research methodology employed is explained in the next section. Thus, the main objective of this paper is to identify youth protective factors (PF) that safeguard drug-related behavior. The second objective is to examine the risk factors within that community.

METHODS

This study is a preliminary needs analysis study that uses the qualitative approach to identify protective and risk factors of youth living in the hot spot area. Data were collected from participants through focus group discussion (FGD) interview sessions. Qualitative research addresses social problems that affect practitioners' detailed descriptions and allows inferences on life's experience (Bloor, 2016). FGD is based on the experience and observation of the respondents from their understanding of how people feel or think about an issue, idea, product, or service (Krueger & Casey, 2014).

Participants discuss and counterargue, like in informal settings (Lauri, 2019). It uncovers a broad range of factors and

perspectives within the issue discussed. The FGD interview was conducted in the Malay language using an interview guide. A pilot was done before the real interview to improvise and correct the interview guide. There is no involvement of any psychometric instrument in this study. For this article's purpose, the researchers translated and checked quotes from the participants. Ten FGDs represent the districts concerned in this study. Each FGD is conducted by one moderator who spends around two hours per session.

This study's samples are youth living in the hot spot area. They selected using the purposive sampling method; thus, the findings could not generalize to the whole community. The researchers are experts and have been engaged in other drug addiction research before. Thus, the bias expected to reduce. The findings are not intended to label or categorize the youth community but to produce proper prevention programs that suit well with the community. This qualitative research used a one-off interview protocol, and there is no involvement of experiment or intervention; thus, there is no direct effect on the participant. This study also received human ethics approval from two ethics boards: Universiti Kebangsaan Malaysia (UKM PPI/111/8/JEP-2020-174); and Universiti Sains Islam Malaysia (USIM/JKEP/2022/-202).

Sampling Method

Purposive sampling was used in this study to represent the specific scope of the sample size. In comparison, snowball sampling was used later to facilitate the proper choice of the genuine participant in this study. Purposive sampling allows the researchers to select individuals to learn or understand the central phenomenon. Snowball sampling is a form of purposeful sampling that typically proceeds after a study begins and occurs when the researcher asks participants to recommend other individuals to sample (Creswell, 2015). Five participants in one group and ten groups from five states in Malaysia participated in this study.

The participants encompassed youth living in the hot spot area of drug substance abuse. The main criteria for the participants in this study are youth aged 19 to 39 years old. This definition of youth follows the definition by NADA (2019). NADA secretariat referred to five states that recorded high cases of substance abuse in Malaysia. Then, two districts were chosen from each state. Researchers contacted the community leaders for a referral of suitable participants for this study. Individuals who fit the inclusion and exclusion criteria are selected. Participants were selected based on three inclusion criteria: (1) youth aged 19 to 39 years, (2) youth who live in a high-risk area listed by NADA, and (3) youth who do not involve in substance abuse. The exclusion criteria for the sample selection are (1) youth involved in substance abuse and (2) youth diagnosed with mental illness. The sampling method steps are the following:

(1) Define youth aged 19 to 39 years.

(2) Received a referral from NADA to the states that recorded high cases of substance abuse in Malaysia.

(3) Five states with the highest drug addiction statistic identified.

(4) Obtained from NADA the list of the district with the highest drug addiction in the five states.

(5) NADA provides the contact of the head of villages in the hot spot districts.

(6) Obtained the list of respondents that meet the criteria from the head of villagers.

(7) Used the snowball method to obtain more respondents from the referral given by the head of villages.

Data Collection Procedure

FGD was conducted via Google Meet due to the Covid-19 pandemic. The moderator informed the participants of the FGD sessions by telephone, including the date and time. Every ten respondents from the same district area were put together in the FGD for online Google Meet sessions. All sessions were moderated by the enumerators trained earlier by member researchers. Moderator reminds the participants to check for internet stability and enter the discussion room fifteen minutes earlier to ensure it runs smoothly. The interview session began once the internet stability was confirmed. Each session lasted for two hours, after which tokens and certificates were given to the participants as appreciation. The recorded interviews were transcribed and analyzed using thematic analysis, where the data were coded, and themes were built accordingly. The reliability of the interview guide

was tested through the rater's evaluation. Two raters with experience in conducting qualitative research were appointed for the interview guide evaluation. Rau and Shih (2021) supported that two raters are enough to calculate the coefficient value. Researchers calculated the agreements coefficient value using Cohen's (1960, 1968) formula as follows:

$$K = \frac{fa - fc}{N - fc}$$

K = Coefficient value
fa = Observed agreement
fc = Probability of chance agreement
N = Units of item

After calculating the total score for the Kappa agreement, the fa values for the two raters were: (1) Rater 1 = 8 and (2) Rater 2 = 9. The probability of chance agreement fc is 50% from the chance agreement (fc = 1); meanwhile, the value N refers to the total item evaluated, N = 2. After calculation, the coefficient value for rater 1 is 0.7, and the coefficient value for rater 2 is 0.8. Rau and Shih (2021) stated that Kappa often interpreted by using the scale proposed by Landis and Koch (1977). The coefficient value between 0.61-0.8 is substantial. Thus, the coefficient value for the interview guide accepted.

Data Analysis

Data were analyzed using thematic analysis. It is a method for identifying, analyzing, and interpreting meanings (themes) for qualitative data (Clarke & Braun, 2015). The

process started with reading the transcribed audio recordings to understand the data and finding potential emerging codes and themes. A theme captures essential information with the research question and represents a pattern of response or meaning within the data set from FGD sessions. Chua (2020) supported the process and prompted that data be coded and then grouped into themes based on the similarity of the meanings. Researchers kept track of excerpts from participants that reflected their comments, thoughts, and responses toward PF and RF.

Researchers used NVivo 12 software to assist in organizing and coding the data. NVivo provides features to organize, display and work with the data corresponding to user instruction in the analysis process (Wolf & Silver, 2017). It is used widely for qualitative research (Jackson & Bazeley, 2019; Leech & Onwuegbuzie, 2011; Walsh, 2003: Welsh, 2002). Hoover and Koerber (2011) added that NVivo benefits in efficiency,

transparent and multiplicity, ability to capture mixed data, both quantitative and qualitative (Jackson & Bazeley, 2019), and accommodate a rich and large amount of data (Jackson & Bazeley, 2019; Leech & Onwuegbuzie, 2011; Walsh, 2003; Welsh, 2002). The themes and categories were organized according to two main objectives mentioned earlier. A few general themes were traced from the data transcribed, where details on themes and categories are further explained in the next section.

RESULTS

Participants were actively engaged in the conversation from their involvement in various organizations, including government sectors, private organizations, and NGOs. Goodwill and enthusiasm among the participants were generated during the group engagement. Conversation among participants naturally progressed that emerged into themes as shown in Table 1.

Table 1

Themes for protective and risk factors among youth in a high-risk area

Objectives	Themes		Frequency	Percentage (%)	Categories
1. To identify the protective factors (PF) that safeguard the youth from a high-risk situation	•	Religious Knowledge and Practice	47	81	Internal factors
	•	Self-assertive	11	19	
		TOTAL	**58**	**100**	
	•	Positive Family Influences	35	34.7	External Factors
	•	Positive Peer Influence	35	34.7	
	•	Knowledge of Drug Abuse	31	30.7	
		TOTAL	**101**	**100**	

Table 1 *(Continue)*

Objectives	Themes		Frequency	Percentage (%)	Categories
2. To examine the risk factors of the community in a hot spot area	•	The Feeling of Curiosity	15	25.4	Internal Factors
	•	Lack of Religious Knowledge and Practice	15	25.4	
	•	Release Pressure and stress	13	22.0	
	•	Lack of Effective Coping Skill	9	15.3	
	•	Seeking for fun	7	11.9	
		TOTAL	**59**	**100**	
	•	Negative peer influence	39	41.9	External Factors
	•	Lack of parenting skill	26	28.0	
	•	Negative family influence	11	11.8	
	•	Negative neighborhood environment	10	10.8	
	•	Occupation	7	7.5	
		TOTAL	**93**	**100%**	

Note. N=50

The result of analysis started from the first finding of PF to protect the youth from engaging in substance abuse activities. The study shows that themes for protective factors are divided into internal and external factors. This study's internal protective factors (PFIF) are religious knowledge, practice, and self-assertiveness. However, external protective factors (PFEF) include positive family influence, positive peer influence, and knowledge of drug abuse.

Protective Factors-Internal Factors (PFIF). PFIF represents temperament, skills, and personality constitute the core of internal protective factors (Daniilidou & Platsidou, 2018; Wagnild, 2016). The themes for religious knowledge and practices included youth performing obligatory prayer, having a proper religious education, and having knowledge of substance abuse. Performing obligatory prayer prevents them from engaging in substance abuse. Y-J-1 mentioned:

"*I do take care of my obligatory prayer every day. It is the promise of Allah that He will protect us from any wrongdoings.*"

Other participants also mentioned the importance of religiosity and consistent discipline in practicing religion according to the knowledge gained. Y-K-3 revealed:

"*We can see here merely having knowledge of religion can't prevent from the wrongdoings; it is the practice from the knowledge gained.*"

The second theme derived from PFIF is self-assertiveness. Y-KT-1 stated that being assertive is one of the vital skills to face high-risk situations:

"*I consistently decline the offer of having cigarettes weed from my old school friends.*"

Protective Factors–External Factors (PFEF). PFEF External factors relate to the environmental context in which a person operates and develops, such as the community, family, culture, school, and colleagues/peers that influence the development of resilience (Daniilidou & Platsidou, 2018). The themes forming the category of external protective factors (PFEF) are positive family influences, positive peer influence, and knowledge of drug abuse. Y-S-5 responded to positive family influence.

"*My parent did educate us about drugs and their harm.*"

Positive peer influence is another theme derived from the study, where participants mentioned that adolescents usually spent more time with their peers than with their families. Thus, it might affect their personality, attitude, and behavior. Y-K-1 mentioned:

"*It is important to choose with whom we want to be friends.*"

Knowledge of drug abuse is also one of the themes in PFEF. Participants mentioned that they received much information and new knowledge through the prevention program implemented during primary and secondary

school. The program included video shows on the lives of drug addicts that intrigue children's mindset on the harmfulness of drugs and substances. NADA implemented several prevention programs, especially for primary and secondary schools. Y-J-6 mentioned:

"*When NADA went to my school doing exhibition and showed videos about drugs and what does it cost to engage in illegal behaviors. It gave me insight of scared in engaging with drugs.*" "*I saw how they live. It scared me to be like that.*" (Y-S-5).

Naseemullah et al. (2019) stressed that the age of adolescents is very vulnerable since it exposes them to various environmental and academic or social problems. Hence, receiving knowledge and information about drugs at a younger age effectively prevents substance abuse behavior among teenagers and youth.

The second finding focused on the risk factors faced by the youth that live in the hot spot area. Two categories are derived from the FGD internal risk factors (RFIF) and external risk factors (RFEF). The themes that emerged for RFIF epitomized the feeling of curiosity, lack of religious knowledge and practice, the release of pressure and stress, lack of efficient coping skills, and seeking fun. The discussions on RFIF are represented in the next section.

Risk Factor–Internal Factor (RFIF). The internal risk factor for substance abuse emanates from the inner self, usually from an emotional state or thought process. Once these factors are identified, avoiding them

can take more effort. These internal risk factors occur unconsciously, making them important to identify and avoid (Christopher, 2020). Thus, internal risk factors (RFIF) derived from this study include the feeling of curiosity, lack of religious knowledge and practice, the release of pressure and stress, lack of coping skills, and seeking fun. The feeling of curiosity is to try something new. Y-KL-3 mentioned:

"*I have a friend who is involved with substance abuse because of curiosity on the taste of using drugs.*"

Another theme that arises is a lack of religious knowledge and practice. Participants mentioned that shunning away from the spiritual practice such as obligatory prayer (for Muslims) could increase the risk factor towards negative behavior, Y-KL-7 mentioned:

"*The closer a person towards Allah, the less likely they will engage in negative behavior.*"

The belief held by participants on the importance of performing obligatory prayer is one of the protective factors that kept them from wrongdoings. Another factor for RFIF is to release pressure and stress, that makes the reason why some people choose to turn to drugs as a solution, Y-KT-6 mentioned:

"*My neighbor took drugs after having issues with his career and family, but in the end, he could not come out of it.*"

In this relation, Mukhara et al. (2018) reviewed preclinical literature on molecular mediators, highlighting the mechanisms of

stress, and the finding shows that stress can be a contributing risk factor in substance abuse. Then, lack of effective coping skills intending own problems is another theme that appeared in RFIF. Y-KL-7 said:

"*My friend's brother was stressed out because of joblessness and had issues with her fiancé. At the end, he chose to take drugs.*"

It shows that some youth involved in drug abuse lack self-coping skills to avoid the risk of personal problems. This situation led to another theme of RFIF, which is seeking fun. Y-K-4 mentioned:

"*My brother takes drugs as a hobby to have fun. Now, he can't stop from drugs.*"

Hence, the behavior of misusing drugs to seek enjoyment or for fun will eventually lead the user to become addicted and become dependent on drugs.

Risk Factors – External factors (RFEF). External risk factors in substance abuse originate from within the environment, objects, people, or places in contact with youth. These factors need to be controlled once identified. The following discussions explain the RFEF themes that correspond with negative peer influence, lack of parenting skills, negative family influence, negative neighborhood environment, and occupation types. Participants mentioned negative peer influence. A participant (Y-KL-6) responded:

"*Young teenagers engage with drugs because they just follow trends or friends.*"

Amin Al-Haadi Shafie, Khatijah Othman, Dini Farhana Baharudin, Nurhafizah Mohamad Yasin, Salleh Amat,
Rafidah Aga Mohd Jaladin Mohd Khairul Anuar Rahimi, Ahmad Najaa' Mokhtar, Suzaily Wahab, and Nurul Hanna Khairul Anuwar

Lack of parenting skills is another theme that emerged. Y-S-3 responded:

"*My cousins were involved with drugs due to having less control from family.*"

There probably has a relation when youth do not feel getting love and attention from parents (Y-S-1) stated:

"*That happened to my cousin when he spent more time with his friend compared to his family.*"

It is proven that a lack of parenting skills affects a youngster's life primarily when it involves activities outside the house. Another common RFEF for youth came from negative family influence, especially in families with a drug abuse history. Y-KL-8 said that:

"*I heard case where both parents living as drug dealer and influence their own children to use drug at young age.*"

A family with a drug abuse history can negatively influence their children's drug use. The following theme derived from RFEF is a negative neighborhood environment. A respondent (Y-S-5) stated that:

"*If the environment is not healthy, then it is easy for teens to engage in substance abuse.*"

Most participants agree that the environment plays a significant role in influencing an individual's thinking and behavior. Lastly, participants also mentioned the type of occupation, whereas laborious work influences drug usage. Y-J-9 stated:

"*My uncle takes drugs to do labor work. Without drugs, he cannot do his work.*"

Drugs proved to be harmful rather than beneficial when used for laborious relief. Individuals in construction occupations have a higher likelihood of marijuana use than workers in other industries (Prins et al., 2019; Rineer et al., 2018; Strickland et al., 2017).

DISSCUSSIONS

Youths' Protective Factors — Internal and External Factors

All the above analyses reflected the categories, themes, and concepts that can be retrieved from the NVivo 12. Figure 1 represents the internal and external protective factors for youth in the hot spot area. Further discussions are elaborated on in the next section.

Ismail et al. (2017) stated that youth in hot spot areas or negative environments are vulnerable to negative behavior, especially substance abuse. At the same time, some youth survive that unhealthy environment. FGD themes shown in Figure 1 depicted internal protective factors (PFIF).

It is represented mostly by religious knowledge and practice. Forty-seven themes representing 81% of the overall 58 themes, appeared, followed by self-assertiveness. A significant act in religious knowledge and practice is an obligation to perform obligatory prayer. It is a pillar to remember Allah and seek guidance from Allah SWT. Prayer keeps a person away from wrongdoing, as stated in the following Al-Quran chapter of Al-Ankabut, "Recite
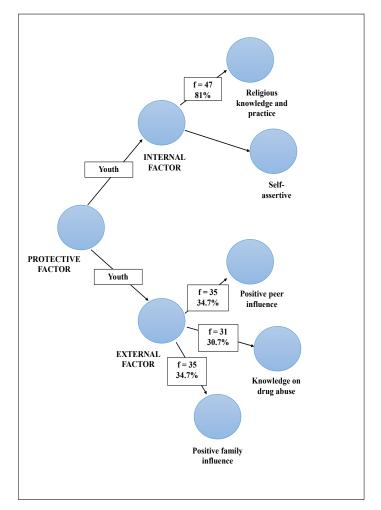
Figure 1. Youths' protective factors—internal and external factors

that which has been revealed to you of the Book and keep up prayer; surely prayer keeps one away from indecency and evil, and certainly, the remembrance of Allah is the greatest, and Allah knows what you do" (*Holy Qur'an*, 2006, 29:45).

Participants agree that the most essential in preventing oneself from substance abuse is consistently practicing religious knowledge gained, which will eventually develop a better personality and attitude. Dedicated prayer is essential as it renders

the soul (*ruh*) of the prayer (Yusoff et al., 2018) depicted as the true act of prayer. Wazir (2018) supported the idea that being religious can improve one's self-confidence, spirituality, and self-concept (Dalimunthe et al., 2021) and provide the strength of faith and the spiritual practices performed by an individual.

Figure 1 also shows that another PFIF is self-assertiveness, which represents eleven themes that are 19% of overall responses. Participants with self-assertiveness are

better able to face negative invitations from peers or family members and are successful in drug avoidance. Assertiveness defines the ability of an individual to express and defends ideas, interests, and feelings appropriately without anxiety. The assertive skill is essential in social situations, especially interpersonal interactions (Sangi et al., 2016). Messina (2020) stated that assertiveness helps one's right to defend and handle a situation. Participants agree that environment is one of the most contributing factors towards substance abuse behavior caused by family, friends, or neighborhood. Vojoodi et al. (2014) highlighted that those individuals with low self-assertiveness are more likely to be affected by high-risk situations. Sangi et al. (2016) found that individuals with a low level of assertive behaviors are likelier to have low-level self-control and engage in risky behaviors.
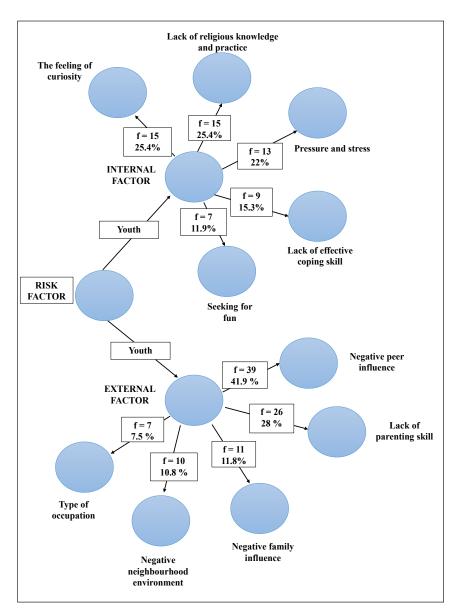
Figure 1 reveals protective factors external factors (PFEF) denote positive family influences, positive peer influence, and knowledge of drug abuse. Positive family influences represent 35 themes from 101, which denotes 34.7% overall. Williams et al. (2016) highlighted those efforts to prevent substance abuse started in early adolescence through school or family-based intervention. It could predict adolescent drug misuse (Newton-Howes & Boden, 2016). Thus, families are responsible for providing positive behavioral influences on their children. Similarly, positive peer influence has 35 themes, with 34.7%. Most participants are cautious in choosing a friend. NADA (2019) emphasized that 50.6% of drug addicts admitted that peer influence

is the main reason for their involvement with drug abuse activities. Knowledge of drug abuse has 31 themes which signify 30.7% overall. Participants' knowledge of the effect of substance abuse prevents them from engaging in that behavior. By living in the same neighborhood, they avoid the lives of drug addicts. In 2019 NADA conducted 3001 prevention programs in primary and secondary schools involving 26,154 students (NADA, 2019).

Youths' Risk Factor—Internal and External Factors

Figure 2 represents the youth's internal and external risk factors in the hot spot area. Further discussions are elaborated in the next section.

As shown in Figure 2, internal risk factors (RFIF) epitomize the feeling of curiosity; 15 themes arise from 59, making 25.4% overall. Out of curiosity, youngsters are eager to try everything, including the harmful effect (Griffith & Jackman, 2019). It is supported by the NADA (2019) that the user's curiosity causes 3,457 substance abuse cases. Griffith and Jackman (2019) affirmed that curiosity is strongly associated with peer influence for indulgence in substance abuse. Lack of religious knowledge and practice are equally essential themes for RFIF, with 15 occurrences, 25.4%. It becomes a risk to youth since religious knowledge is guidance; lacking those might be uncertain and open to negative influences. In line with this, Aviyah and Farid (2014) suggested that the higher the level of one's religiosity, the less likely the adolescent is to engage in social problem behavior.

Figure 2. Youths' risk factors—internal and external factors

Youths might take drugs to release pressure and stress. This theme appears 13 times, with 22.0% overall. In Malaysia, substance abuse caused by stress increased over three consecutive years from 1,214 cases in 2017 to 1,953 in 2018 and 2,538 cases in 2019 (NADA, 2019). Several types of stressors stimulate drug-taking behavior in preclinical models of drug relapse (Dong et al., 2017; Mantsch et al., 2016). Exposure to stress impacts brain structures and functions (United States Department of Health and Human Services Oral Health Coordinating Committee, 2016). Figure 2

shows that a lack of effective coping skills with nine occurrences brings 15.3%. Thus, youth coping skills lacking self-sustenance in avoiding harmful drug abuse led to negative behavior.

Lazarus and Folkman (1984) describe coping strategies as cognitive and behavioral responses to manage internal or external demands. Both adaptive and maladaptive deal with stressors or stressful situations (Carver & Connor-Smith, 2010; Skinner et al., 2003; Tobin et al., 1989). In certain circumstances, substance abuse is treated as a coping behavior to avoid stress and temporarily alleviate adverse effects (Bavojdan et al., 2011; Buckner et al., 2015; Hruska et al., 2011). The theme of seeking fun appeared seven times which is 11.9% overall. The thought that drugs can offer feelings of pleasure might become the reason drug users take them as a solution. The damage caused by drugs and the brain system is permanent (Muller & Kornhuber, 2017). The association of drugs with fun is incredibly significant since risk-taking is considered a source of amusement (Hunter, 2021). NADA (2019) stated that there are 3,457 cases of substance abuse in Malaysia caused by the feeling of seeking fun.

As shown in Figure 2, the first theme for risk factors external factors (RFEF) is negative peer influence; 39 times appeared, representing 41.9% overall. Adolescents and young adults join social groups with like-minded peers influenced by their friends (Beardslee et al., 2018). The strength of peer influence on substance abuse was most substantial during the teenage years and subsequently dissipated through the mid-20s (Cleveland et al., 2008, 2012; Ferguson & Meehan, 2011). Lack of parenting skills appeared 26 times, representing 28% of responses. Adolescents' substance abuse is positively related to parental engagement since parents serve as role models to their children (Asiseh et al., 2017). Meanwhile, Smyth and Darmody (2021) emphasized maternal monitoring of adolescent activities related to less antisocial behavior, truancy, and externalizing difficulties. Asiseh et al. (2017) supported the idea that parental monitoring is associated with reduced adolescent engagement in substance abuse.

Negative family influence appeared eleven times, representing 11.8% of the response. Studies on the prevalence of risk factors for substance abuse suggest that youth with a family history of substance abuse are more likely to use drugs (Muthoka & Mwenje, 2020). Ten themes denote a hostile neighborhood environment with 10.8% responses. Prior studies identified that exposure to an impoverished neighborhood is often characterized by a high crime rate (Lardier et al., 2018). Social disorganization includes community violence, abandoned properties, and drug selling or dealing represent a fundamental construct in predicting substance usage (White et al., 2013).

Finally, RFEF types of occupation have seven responses bringing 7.5% inclusive. Sharma (2018) stated that drugs are referred to as ergogenic aid to improve physical work performance. Recent studies suggest that construction workers may be at an

exceptionally high risk of substance abuse (Ompada et al., 2019). Bunn et al. (2014) support this opinion, whereas construction workers may use pain-relieving substances such as opioids and marijuana due to their labor-intensive nature. Other reasons are that they must deal with fatigue, productivity-based payments, and other job-related stressors (Ajslev et al., 2015).

This study discovers that protective factors that protect youth from drugs originated from the positive spiritual values possessed. Those values are religious knowledge and practice, self-assertiveness within themselves, and other external factors that include family, peers, and knowledge of the harmfulness of drugs. El Kazdouh et al. (2018) mentioned that individuals with a powerful desire to maintain their health are more likely to be protected from involvement in drug abuse. The risk they face might come from the internal weaknesses of the feeling of curiosity, lack of religious knowledge and practice, the release of pressure and stress, lack of effective coping skills, and seeking fun. The negative environment might come from peer influence, lack of love and attention from a parent, negative family influence, and negative neighborhood environment and occupation. This study indicates the essential psychospiritual values of religious belief and practice and the internal strength of youth that are supposed to be embedded within. It needs support from family and peers, and knowledge and intelligent decision play their role during their youth.

In parallel to the protection and risk factors theories by Hawkins et al. (1992) and Hogan et al. (2003), both protection and risk factors in this study are strongly related to peers, family, neighborhood, and environment. The additional values recognized from this study for the youth to stay clear from drugs are the psychospiritual religious belief and practice combined with self-assertiveness and knowledge of drugs' harmfulness. The main counter-risk factor found in this study that contributes to lessening the risk is the capabilities of the youth to internalize religious values and consistently perform religious practices. Al-Quran, Chapter al-Baqarah, verse 277 states, "Truly those who believe, and do deeds of righteousness, and perform As-Salat, and give zakat, they will have their reward with their lord. On them shall be no fear, nor shall they grieve" (*Holy Qur'an*, 2006, 2:277).

This verse reminds Muslims that performing prayer, righteous deeds, and obligatory practices are crucial in elevating a person's inner strength. Linawati and Desiningrum (2017) accentuated that individuals who succeed in internalizing the religiosity within their soul can manage self-control towards their behavior. Poor religious knowledge is one factor in drug abuse that influences individuals trapped in the same situation (Amat et al., 2020). Hence, the spiritual value of religiosity constructively influences youth's life. Family, peers, neighborhood, and environment become significant in nurturing adolescents' attitudes and skills in confronting high-risk situations.

Amin Al-Haadi Shafie, Khatijah Othman, Dini Farhana Baharudin, Nurhafizah Mohamad Yasin, Salleh Amat,
Rafidah Aga Mohd Jaladin Mohd Khairul Anuar Rahimi, Ahmad Najaa' Mokhtar, Suzaily Wahab, and Nurul Hanna Khairul Anuwar

A drug prevention program should be conducted continuously during the school sessions and after school awareness. Prevention programs could shape religious and positive values, personalities, and attitudes and give adequate knowledge to younger teenagers vulnerable to high-risk situations. The role of parents and family members is essential in ensuring youth receive good knowledge in facing high-risk neighborhoods or communities. Parental monitoring is essential in preventing social problems (Davila et al., 2017). Knowledge should be inserted at the early stage of adolescence to build their understanding. Thus, parents and caregivers should consistently ensure the knowledge of where information reaches children on the danger and harms of drugs in the early stage of their life.

CONCLUSION

These findings show that youth living in the hot spot possess internal and external protective factors. The youths who managed to escape/survive from drug influences are due to religious knowledge and practice followed by self-assertiveness, positive family influences, positive peer influence, and knowledge of drug abuse. Adolescence vulnerability might be caused by early childhood exposure to high-risk situations. It worsens when the youth have less knowledge and skill in confronting those situations.

The feeling of curiosity, lack of religious knowledge and practice, the release of pressure and stress, lack of effective coping skills, seeking fun, negative peer influence, lack of parenting skills, negative family influence, negative neighborhood environment, and occupation become reasons that trap youths into abusing harmful drugs. Psychospiritual knowledge and practices appear as a consistent theme, thus recommended as the main content in the drug prevention module. A big challenge is to develop a systematic strategy for decreasing substance abuse behavior.

The preventive attitude should be nurtured and developed since childhood. Correspondingly, self-assertiveness helps youth refuse negative influences. Prevention programs are pertinent to youth, family, peers, the environment, and society. Experts in this field can contribute to designing, implementing, and evaluating drug prevention programs for youth. Further research can focus on an impactful prevention program for youth at school and school leavers. Research expansion can explore quantitative or mixed-method experimentation, especially on the psychometric analysis of drug prevention programs to benefit the youth and the nation.

ACKNOWLEDGEMENTS

REFERENCES

Ajslev, J. Z. N., Persson, R., & Andersen, L. L. (2015). Associations between wage system and risk factors for musculoskeletal disorders among construction workers. *Pain Research and Treatment*, *2015,* 1-11. https://doi.org/10.1155/2015/513903

Amat, M. A. C., Ahmad, J., Jailani, O., Jaafar, W. M. W., & Zaremohzzabieh, Z. (2020). Relapse among drug addicts in East Coast Malaysia: A qualitative study of risk factors. *International Journal of Academic Research in Business and Social Sciences*, *10*(12), 432-447. https://doi.org/10.6007/IJARBSS/v10-i12/8337

Arip, M. A., Ghazali, M. S. B. H. M., Rahman, A. M. B. A., Jusoh, A. J. B., Salim, S. S. B. S., & Mustafa, M. B. B. (2015). Kesan program pencegahan dadah berasaskan modul pengubahsuaian corak pemikiran (PCP) ke atas daya tahan dan kelangsangan dalam kalangan belia berisiko [The effect of drug prevention program based on adaptation of thinking pattern on resilience among high risk youth]. *Jurnal Antidadah Malaysia*, *9*(1), 46-55.

Asiseh, F., Owusu, A., & Quaicoe, O. (2017). An analysis of family dynamics on high school adolescent risky behaviors in Ghana. *Journal of Child & Adolescent Substance Abuse*, *26*(5), 425-431. https://doi.org/10.1080/1067828X.2017.1322019

Aviyah, E., & Farid, M. (2014). Religiusitas, kontrol diri dan kenakalan remaja [Religiosity, self-control and delinquency among adolescence]. *Persona: Jurnal Psikologi Indonesia*, *3*(2), 126-129. https://doi.org/10.30996/persona.v3i02.376

Bavojdan, M. R., Towhidi, A., & Rahmati, A. (2011). The relationship between mental health and general self-efficacy beliefs, coping strategies and locus of control in male drug abusers. *Addiction & health*, *3*(3-4), 111-118.

Beardslee, J., Datta, S., Byrd, A., Meier, M., Prins, S., Cerda, M., & Pardini, D. (2018). An examination of parental and peer influence on substance use and criminal offending during the transition from adolescence to adulthood. *Criminal Justice and Behavior*, *45*(6), 783-798. https://doi.org/10.1177/0093854818764767

Bloor, M. (2016). Addressing social problems through qualitative research. In D. Silverman (Ed.), *Qualitative research* (pp. 15-30). Sage.

Buckner, J. D., Zvolensky, M. J., Crosby, R. D., Wonderlich, S. A., Ecker, A. H., & Richter, A. (2015). Antecedents and consequences of cannabis use among racially diverse cannabis users: an analysis from ecological momentary assessment. *Drug and Alcohol Dependence*, *147*, 20-25. https://doi.org/10.1016/j.drugalcdep.2014.12.022

Bunn, T. L., Slavova, S., & Bernard, A. C. (2014). Work-related injuries in a state trauma registry: Relationship between industry and drug screening. *Journal of Trauma and Acute Care Surgery*, *77*(2), 280-285. https://doi.org/10.1097/TA.0000000000000303

Carver, C. S., & Connor-Smith, J. (2010). Personality and coping. *Annual Review of Psychology*, *61*, 679-704. https://doi.org/10.1146/annurev.psych.093008.100352

Christopher, D., (2020). Relapse risk factor. *The Recovery Village*. https://www.therecoveryvillage.com/recovery/relapse/risk-factors/

Chua, Y. P. (2020). *Mastering research statistics* (2nd ed.). McGraw Hill.

Clarke, V., & Braun, V. (2015). Thematic analysis. In J. A. Smith (Ed.), *Encyclopedia of Critical Psychology* (pp. 222-284)*.* Springer.

Cleveland, M. J., Feinberg, M. E., Bontempo, D. E., & Greenberg, M. T. (2008). The role of risk and protective factors in substance use across adolescence. *Journal of Adolescent Health*, *43*(2), 157-164. https://doi.org/10.1016/j.jadohealth.2008.01.015

Cleveland, M. J., Feinberg, M. E., & Jones, D. E. (2012). Predicting alcohol use across adolescence: Relative strength of individual, family, peer, and contextual risk and protective factors. *Psychology of Addictive Behaviors*, *26*(4), 703-713. https://doi.org/10.1037/a0027583

Cohen, J. (1960). A coefficient of agreement for nominal scales. *Educational and Psychological Measurement*, *20*(1), 37-46. https://doi.org/10.1177/001316446002000104

Cohen, J. (1968). Weighted kappa: Nominal scale agreement provision for scaled disagreement or partial credit. *Psychological Bulletin*, *70*(4), 213-220.

Creswell, J. W. (2015). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (5th ed.). Pearson.

Dalimunthe, H., Firman, F., & Bentri, A. (2021). Development of group counseling service guidelines for increasing student religiosity in drug abuse prevention. *Jurnal Aplikasi IPTEK Indonesia*, *5*(1), 14-22. https://doi.org/10.24036/4.15387

Daniilidou, A., & Platsidou, M. (2018). Teachers' resilience scale: An integrated instrument for assessing protective factors of teachers' resilience. *Hellenic Journal of Psychology*, *15*(1), 15-39.

Davila, S. P. E., Champion, J. D., Monsivais, M. G. M., Tovar, M., & Arias, M. L. F. (2017). Mexican adolescents' self-reports of parental monitoring and sexual communication for prevention of sexual risk behavior. *Journal of Pediatric Nursing, 35*, 83-89. https://doi.org/10.1016/j.pedn.2017.03.007

Dong, Y., Taylor, J. R., Wolf, M. E., & Shaham, Y. (2017). Circuit and synaptic plasticity mechanisms of drug relapse. *Journal of Neuroscience*, *37*(45), 10867-10876. https://doi.org/10.1523/JNEUROSCI.1821-17.2017

El Kazdouh, H., El-Ammari, A., Bouftini, S., El Fakir, S., & El Achhab, Y. (2018). Adolescents, parents and teachers' perceptions of risk and protective factors of substance use in Moroccan adolescents: A qualitative study. *Substance Abuse Treat Prevent Policy, 13*(31), 1-12. https://doi.org/10.1186/s13011-018-0169-y

Ferguson, C. J., & Meehan, D. C. (2011). With friends like these…: Peer delinquency influences across age cohorts on smoking, alcohol, and illegal substance use. *European Psychiatry*, *26*(1), 6-12. https://doi.org/10.1016/j.eurpsy.2010.09.002

Griffith, A. D., & Jackman, M. (2019). Peers or parents?: An examination of risk and protective factors influencing use of and curiosity about marijuana among adolescents in the Caribbean Island of Barbados. *Journal of Child & Adolescent Substance Abuse*, *28*(5), 355-362. https://doi.org/10.1080/1067828X.2020.1763884

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, *112*(1), 64-105.

Hogan, J. A., Gabrielsen, K. R., Luna, N., & Grothaus, D. (2003). *Substance abuse prevention: The intersection of science and practice.* Allyn & Bacon.

Holy Qur'an (Abdullah Yusuf Ali, Text, Trans. & Commentary). (2006). King Fahd Holy Quran Printing Complex.

Hoover, R. S., & Koerber, A. L. (2011). Using NVivo to answer the challenges of qualitative research in professional communication: Benefits and best practices tutorial. *IEEE Transactions on Professional Communication*, *4*(1), 68-82. https://doi.org/10.1109/TPC.2009.2036896

Hruska, B., Fallon, W., Spoonster, E., Sledjeski, E. M., & Delahanty, D. L. (2011). Alcohol use disorder history moderates the relationship between avoidance coping and posttraumatic stress symptoms. *Psychology of Addictive Behaviors*, *25*(3), 405-414. https://doi.org/10.1037/a0022439

Hunter, M. (2021). The rise of Xanax in South African schools: Toward a framework for connecting drugs and education. *International Journal of Drug Policy*, *90*, Article 103078. https://doi.org/10.1016/j.drugpo.2020.103078

Ismail, R., Ahmad, N. A., Ibrahim, F., & Nen, S. (2017). Pengaruh faktor individu, keluarga dan persekitaran sosial terhadap tingkah laku penyalahgunaan bahan dalam kalangan remaja [The influence of family and social environment towards the behavior of substance abuse among adolescence]. *Akademika*, *87*(1), 7-16. https://doi.org/10.17576/akad-2017-8701-01

Ismail, R., Ghazalli, M. N., & Ibrahim, N. (2015). Not all developmental assets can predict negative mental health outcomes of disadvantaged youth: A case of suburban Kuala Lumpur. *Mediterranean Journal of Social Sciences*, *6*(5), 452-461. https://doi.org/10.5901/mjss.2015.v6n5s1p452

Jackson, K., & Bazeley, P. (2019). *Qualitative data analysis with NVivo*. Sage.

Krueger, R. A., & Casey, M. A. (2014). *Focus groups: A practical guide for applied research*. Sage Publications.

Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. *Biometrics, 33*(1), 159-174. https://doi.org/10.2307/2529310

Lardier, D. T., Jr., MacDonnell, M., Barrios, V. R., Garcia-Reid, P., & Reid, R. J. (2018). The moderating effect of neighborhood sense of community on predictors of substance use among Hispanic urban youth. *Journal of Ethnicity in Substance Abuse*, *17*(4), 434-459. https://doi.org/10.1080/15332640.2016.1273810

Lauri, M. N. (2019). WASP (Write a scientific paper): Collecting qualitative data using focus groups. *Early Human Development, 133*, 65-68. https://doi.org/10.1016/j.earlhumdev.2019.03.015

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

Leech, N. L., & Onwuegbuzie, A. J., (2011). Beyond constant comparison qualitative data analysis: Using NVivo. *School Psychology Quarterly*, *26*(1), 70-84. https://doi.org/10.1037/a0022711

Linawati, R. A., & Desiningrum, D. R. (2017). Hubungan antara religiusitas dengan psychological well-being pada siswa SMP Muhammadiyah 7 Semarang [ECorrelation between religiosity and psychological well-being among student in SMP Muhammadiyah 7 Semarang]. *Jurnal Empati*, *7*(3), 105-109.

Mantsch, J. R., Baker, D. A., Funk, D., Lê, A. D., & Shaham, Y. (2016). Stress-induced reinstatement of drug seeking: 20 years of progress. *Neuropsychopharmacology*, *41*(1), 335-356. https://doi.org/10.1038/npp.2015.142

Messina, J. (2020). *Aggressive? honey, it's assertive: The forward and honest approach to self-confidence.* Barnes & Noble Press.

Amin Al-Haadi Shafie, Khatijah Othman, Dini Farhana Baharudin, Nurhafizah Mohamad Yasin, Salleh Amat,
Rafidah Aga Mohd Jaladin Mohd Khairul Anuar Rahimi, Ahmad Najaa' Mokhtar, Suzaily Wahab, and Nurul Hanna Khairul Anuwar

Mukhara, D., Banks, M. L., & Neigh, G. N. (2018). Stress as a risk factor for substance use disorders: A mini review of molecular mediators. *Frontiers in Behavioral Neuroscience*, *12*, Article 309. https://doi.org/10.3389/fnbeh.2018.00309

Muller, C. P., & Kornhuber, J. (2017). Biological evidence for paradoxical improvement of psychiatric disorder symptoms by addictive drugs. *Trends in Pharmacological Sciences*, *38*(6), 501-502. https://doi.org/10.1016/j.tips.2017.03.005

Muthoka, P. M., & Mwenje, M. (2020). Risk factors leading to the prevalence of drugs and substance abuse among secondary school students in Nzaui Sub-County Makueni County, Kenya. *African Journal of Emerging Issues*, *2*(5), 53-61.

Naseemullah, Hussain, M., Majeed, I., Afzal, M., & Gilani, S. A. (2019). Effectiveness of structured teaching programs regarding knowledge of drug abuse among students. *Journal of Education and Practice, 10*(1), 83-89. https://doi.org/10.7176/JEP

National Anti-Drug Agency. (2019). *Maklumat Dadah* [Drug Report]. Agensi Antidadah Kebangsaan Kementerian dalam Negeri. https://www.sistemguruonline.my/wp-content/uploads/2021/04/Buku-Maklumat-Dadah-2019_compressed.pdf

Newton-Howes, G., & Boden, J. M. (2016). Relation between age of first drinking and mental health and alcohol and drug disorders in adulthood: Evidence from a 35-year cohort study. *Addiction*, *111*(4), 637-644. https://doi.org/10.1111/add.13230

Ompada, D. C., Gershon, R. R., Sandh, S., Acosta, P., & Palamar, J. J. (2019). Construction trade and extraction workers: A population at high risk for drug use in the United States, 2005–2014. *Drug and Alcohol Dependence*, *205*, Article 107640. https://doi.org/10.1016/j.drugalcdep.2019.107640

Prins, S. J., McKetta, S., Platt, J., Muntaner, C., Keyes, K. M., & Bates, L. M. (2019). Mental illness, drinking, and the social division and structure of labor in the United States: 2003-2015. *American Journal of Industrial Medicine*, *62*(2), 131-144. https://doi.org/10.1002/ajim.22935

Rau, G., & Shih, Y. S. (2021). Evaluation of Cohen's kappa and other measures of inter-rater agreement for genre analysis and other nominal data. *Journal of English for Academic Purposes*, *53*, Article 101026. https://doi.org/10.1016/j.jeap.2021.101026

Rineer, J. R., Duhart C. S., Cluff, L. A., & Peiper, N. C. (2018). Comparing medical and recreational cannabis use among employees: Associations with health and work-related outcomes. *International Review of Psychiatry*, *30*(3), 268-276. https://doi.org/10.1080/09540261.2018.1465397

Sangi, Z., Tamini, & Kahrazei, F. (2016). Role of assertive behavior in ego-resiliency and self-control in addicted women. *Research on Addiction*, *10*(38), 163-182.

Sharma, D. (2018). Effect of drugs on individual and athlete in sports. *International Journal of Yogic, Human Movement and Sports Sciences, 3*(1), 493-495.

Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin*, *129*(2), 216-269. https://doi.org/10.1037/0033-2909.129.2.216

Smyth, E., & Darmody, M. (2021). *Risk and protective factors in adolescent behaviour: The role of family, school, and neighbourhood characteristics in (mis)behaviour among young people*. Economic & Social Research Institute. https://doi.org/10.26504/rs119

Strickland, J. R., Wagan, S., Dale, A. M., & Evanoff, B. A. (2017). Prevalence and perception of risky health behaviors among construction workers. *Journal of Occupational and Environmental Medicine*, *59*(7), 673-678. https://doi.org/10.1097/JOM.0000000000001051

Tobin, D. L., Holroyd, K. A., Reynolds, R. V., & Wigal, J. K. (1989). The hierarchical factor structure of the coping strategies inventory. *Cognitive Therapy and Research*, *13*(4), 343-361. https://doi.org/10.1007/BF01173478

United Nations. (2020). *World Drug Report 2020.* https://wdr.unodc.org/wdr2020/

United States Department of Health and Human Services Oral Health Coordinating Committee. (2016). US Department of Health and Human Services oral health strategic framework, 2014-2017. *Public Health Reports*, *131*(2), 242-257. https://doi.org/10.1177/003335491613100208

Vojoodi, B., Atarod, N., & Poursharifi, H. (2014). On the comparison of interpersonal sensitivity and assertiveness between drug-dependent persons and ordinary people. *Quarterly Journal of Research on Addiction*, *8*(31), 109-118.

Wagnild, G. M. (2016). *The Resilience Scale user's guide*. Resilience Center.

Walsh, M. (2003). Teaching qualitative analysis using QSR NVivo. *Qualitative Report*, *8*(2), 251-256. https://doi.org/10.46743/2160-3715/2003.1890

Wazir, R. (2018). Hadis dan tasawuf: Satu sorotan terhadap Sharḥ Al-Taftāzānī 'Alā Aḥādīth Al-Arba 'Īn Al-Nawawiyyah [Hadith and tasawwuf: Literature review on Sharh Al-Taftāzānī 'Alā Aḥādīth Al-Arba 'Īn Al-Nawawiyyah]. *HADIS*, *8*(15), 18-36.

Welsh, E., (2002). Dealing with data: Using NVivo in the qualitative data analysis process. *Forum: Qualitative Social Research*, *3*(2), 1-9. https://doi.org/10.17169/fqs-3.2.865

White, H. R., Fite, P., Pardini, D., Mun, E. Y., & Loeber, R. (2013). Moderators of the dynamic link between alcohol use and aggressive behavior among adolescent males. *Journal of Abnormal Child Psychology*, *41*(2), 211-222. https://doi.org/10.1007/s10802-012-9673-0

Williams, L. R., Ayers, S., Baldwin, A., & Marsiglia, F. F. (2016). Delaying youth substance-use initiation: A cluster randomized controlled trial of complementary youth and parenting interventions. *Journal of the Society for Social Work and Research*, *7*(1), 177-200. https://doi.org/10.1086/685298

Wolf, N. H., & Silver, C. (2017). *Qualitative analysis using NVivo: The five-level QDAR method*. Routledge.

Yusoff, M. S. A., Mat, A. C., Saad, M. L. I. H. M., Ismail, M. K. A., & Seman, Z. (2018). Khusyuk dalam melaksanakan ibadah solat: Peranannya dalam mencegah perkara keji dan mungkar [Fully concentrated in performing prayer: It's role in preventing bad deeds]. *e-Academia Journal*, *7*(1), 108-119.

Zakaria, E., Ibrahim, F., & Hassan, N. (2020). Hubungan antara penerimaan, kesediaan, logistik dan insentif dengan penglibatan program pendidikan pencegahan dadah dalam kalangan keluarga B40 [Correlation between acceptance, readiness, logistic and incentive in involving with drug prevention program among B40 families]. *Jurnal Psikologi Malaysia*, *34*(2), 184-194.