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## Community empowerment in preventing juvenile drug abuse through counseling and skill development programs

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### ABSTRACT

Adolescent drug abuse continues to pose a major social and public health challenge in Indonesia, underscoring the need for community-based and participatory prevention strategies. This community service initiative sought to strengthen youth and local stakeholder capacities through counseling and skills training aimed at mitigating the risk of substance abuse among adolescents. Implemented at the Al-Falah Youth Empowerment Center in Depok City, the program adopted a community-based participatory framework that actively involved young people, parents, and community leaders. Over a 12-week period, 60 participants took part in group counseling sessions and vocational workshops focused on motivational interviewing, social competence, and digital entrepreneurship. Quantitative pre- and post-assessments indicated substantial gains in participants' knowledge, attitudes, and preventive behavioral intentions ( $p < 0.001$ ), while qualitative insights highlighted improved self-confidence, communication skills, and family interactions. The establishment of a Youth Anti-Drug Peer Group reflected the sustained impact of the empowerment process. Overall, the program successfully enhanced awareness, psychosocial resilience, and a shared sense of responsibility for maintaining a drug-free lifestyle. This integrative approach presents a replicable model for youth-oriented drug prevention through community engagement, counseling, and skill-based empowerment.

keywords: community empowerment, counseling, skill development, adolescent drug prevention, participatory approach

### ABSTRAK

*Penyalahgunaan narkoba di kalangan remaja masih menjadi tantangan serius dalam ranah sosial dan kesehatan masyarakat di Indonesia, sehingga diperlukan strategi pencegahan yang berbasis komunitas dan bersifat partisipatif. Program pengabdian masyarakat ini bertujuan untuk memperkuat kapasitas remaja dan pemangku kepentingan lokal melalui kegiatan konseling serta pelatihan keterampilan guna menekan risiko penyalahgunaan narkoba pada kalangan muda. Program dilaksanakan di Pusat Pemberdayaan Pemuda Al-Falah, Kota Depok, dengan menerapkan pendekatan partisipatif berbasis komunitas yang melibatkan remaja, orang tua, dan tokoh masyarakat. Selama 12 minggu, sebanyak 60 peserta mengikuti sesi konseling kelompok dan pelatihan vokasional yang menitikberatkan pada wawancara motivasional, pengembangan keterampilan sosial, serta kewirausahaan digital. Uji pre dan post-test menunjukkan hasil peningkatan yang signifikan terhadap pengetahuan, sikap, dan niat perilaku pencegahan ( $p < 0.001$ ), sedangkan data kualitatif memperlihatkan peningkatan kepercayaan diri, kemampuan komunikasi, dan kualitas interaksi dalam keluarga. Pembentukan Kelompok Sebaya Pemuda Anti-Narkoba menjadi bukti nyata keberlanjutan hasil pemberdayaan. Secara keseluruhan, program ini berhasil menumbuhkan kesadaran, ketahanan*

*psikososial, serta tanggung jawab kolektif terhadap gaya hidup bebas narkoba. Model integratif ini menawarkan kerangka yang dapat direplikasi untuk pencegahan narkoba pada remaja melalui keterlibatan komunitas, konseling, dan penguatan keterampilan.*

*kata kunci: pemberdayaan masyarakat, konseling, pengembangan keterampilan, pencegahan narkoba remaja, pendekatan partisipatif*

## INTRODUCTION

Drug abuse among adolescents has emerged as one of the most critical social and public health concerns globally, including in Indonesia. Adolescence marks a developmental transition from childhood to adulthood, characterized by profound biological, psychological, and social transformations. During this phase, young people seek identity, independence, and social validation, which often increases their vulnerability to peer influence and curiosity about novel experiences—such as experimenting with addictive substances (World Health Organization, 2023). According to the United Nations Office on Drugs and Crime (UNODC, 2024) and the American Academy of Pediatrics (2021), adolescent drug misuse has risen by 17% globally in the past decade, with a comparable upward trend observed in Southeast Asia. In Indonesia, data from the National Narcotics Agency (BNN, 2023) indicate that roughly one in twenty high school students has tried psychoactive substances, and nearly 40% of new users are between 15 and 24 years old. These statistics underscore that drug abuse is not merely an individual behavioral issue but reflects broader deficiencies in social protection mechanisms within communities.

Preventing drug misuse among youth calls for a holistic, community-centered strategy. The Social Development Model (Valdez et al., 2020; Alarcó-Rosales et al., 2021) posits that risk behaviors can be minimized through the strengthening of positive social connections with families, schools, and communities. Within this perspective, community empowerment becomes a central approach to fostering supportive social environments, building social capital, and encouraging community engagement in preventive initiatives. Rather than functioning as a top-down intervention, community empowerment represents a participatory process that views citizens as co-creators of change. Such an approach has proven successful in mitigating risk behaviors by cultivating a sense of

ownership and ensuring the sustainability of local interventions (Bo et al., 2023; Steeger et al., 2023; Cadri et al., 2024).

Extensive research has demonstrated the effectiveness of community-based interventions integrating education, counseling, and skills training in reducing adolescent substance use. Meta-analyses by Susanto & Wantiyah (2016) and Griffin & Botvin (2020) revealed that life skills-focused programs—covering communication, decision-making, and peer resistance—can lower the risk of drug use by up to 30%. Counseling, both individual and group-oriented, is equally crucial in enhancing self-awareness, emotional regulation, and adolescents' capacity to resist external pressure to use drugs (Hogue et al., 2025). Furthermore, skill-building initiatives, particularly those offering vocational or social competence training, expand economic prospects, boost self-confidence, and lessen the likelihood of deviant behavior (Jones et al., 2014; Lardier et al., 2020).

An integrated strategy combining counseling and skill development within a community empowerment framework has yielded particularly significant outcomes. Studies in Taiwan by Schaeffer et al. (2014) and Leiblein et al. (2022) showed that programs involving local leaders, teachers, and parents achieved higher prevention success rates compared to those limited to school settings. This finding is consistent with the Social Ecological Model (Liu et al., 2023), which emphasizes that behavior is shaped by interactions between individuals and their surrounding social environments. In this context, communities function as vital systems of support that can establish positive social norms, reinforce social control, and provide secure spaces for healthy adolescent growth.

However, Indonesia faces distinct contextual challenges. Persistent stigma toward drug users, inadequate youth-oriented rehabilitation facilities, and limited community institutional capacity in program implementation remain major obstacles (BNN, 2023). Moreover, prevention programs that are overly formal or insensitive to local culture often fail to reach at-risk youth, particularly in urban and semi-urban areas. Consequently, flexible, participatory, and culturally responsive empowerment strategies are required. Such programs can promote collaboration across schools, religious institutions, youth organizations, and local governments to

build enduring and inclusive prevention ecosystems (Liu et al., 2023; Lu et al., 2024).

Effective interventions must therefore transcend individual behavioral modification and promote broader social transformation at the community level. Initiatives such as vocational training, assertive communication workshops, and group counseling can provide constructive outlets for self-expression and self-realization among adolescents. By helping young people develop positive social identities, these programs reduce the allure of risky behaviors like substance abuse (Malick, 2018). Moreover, family involvement in counseling and drug education enhances program outcomes, with participation shown to increase intervention effectiveness by up to 40% (Oh et al., 2020). Family and community engagement contribute to emotional security and reinforce adolescents' resilience against external threats.

Despite growing evidence supporting community-based prevention, practical implementation gaps persist. Many initiatives that appear conceptually sound often falter due to weak inter-agency coordination and limited human resource capacity (O'Logbon et al., 2024). Hence, it is imperative to develop empowerment models that deliver not only immediate results but also long-term community self-reliance after external support ends (Rotheram-Borus et al., 2016; Paz Castro et al., 2022). In this regard, the participation of local leaders, educators, and community counselors becomes vital to sustaining progress.

Against this backdrop, the present community service project aims to design and apply an integrated empowerment model that merges counseling and skill training for urban adolescents. The program seeks to raise awareness about the dangers of drug abuse, strengthen adolescents' psychosocial competencies, and build community capacity for sustainable prevention initiatives. By combining psychosocial approaches with local capacity building, the project aspires to become a replicable model adaptable to different regional settings (Liu et al., 2023; Siste et al., 2024; Radenhausen et al., 2025).

Ultimately, this empowerment-based social intervention is intended not only to mitigate adolescent drug use but also to reinforce community structures that nurture healthy, capable, and resilient youth. By positioning adolescents as

proactive participants and communities as collaborative partners in change, the initiative represents a tangible move toward inclusive and sustainable social advancement. Furthermore, it opens new pathways for applied linguistics in community empowerment, emphasizing how communication, counseling, and language-based education serve as essential tools for fostering critical awareness and behavioral transformation at both individual and collective levels.

## METHOD

This community service program employed a Community-Based Participatory Approach (CBPA) to ensure that adolescents, families, and local stakeholders were meaningfully involved in every stage of planning, implementation, and evaluation. The CBPA framework was selected because juvenile drug abuse is shaped by multilevel social-ecological determinants, requiring an empowerment-driven, collaborative, and context-responsive intervention.

To address the methodological need for ensuring that the Community-Based Participatory Approach (CBPA) is not only implemented but also systematically assessed, this study develops a comprehensive participatory evaluation framework. This framework is designed to capture the dynamics of the empowerment process, the quality of participant engagement, the enhancement of community capacity, and the degree of program sustainability after the intervention concludes. This approach is chosen because CBPA is not merely an implementation method but an interactive process that positions the community as active agents in every stage of the program; therefore, its success cannot be measured solely through cognitive or behavioral changes, but must also reflect structural and social transformations occurring throughout the intervention. To respond to this need, the present study establishes four primary dimensions for evaluating the effectiveness of CBPA: (1) the quality of participant engagement, (2) youth empowerment outcomes, (3) community capacity to support a drug-free environment, and (4) indicators of program sustainability.

The first dimension, quality of participation, is measured using a rubric-based participation scale adapted from the Community Participation Scale. This

measurement encompasses four key aspects: participant responsiveness during sessions, active involvement in discussions, initiative in group decision-making, and demonstrated leadership and collaboration in program activities. These aspects were selected because CBPA emphasizes meaningful engagement rather than mere physical presence. Each aspect is rated on a 1–4 scale, where lower scores indicate minimal involvement and higher scores reflect active participation and collaborative leadership. This approach allows the study to assess whether participants show progression from passive involvement to more substantive engagement as the program advances.

The second dimension concerns youth empowerment, assessed using an adapted version of the Youth Empowerment Scale (YES). The scale is designed to capture psychosocial changes within individuals, particularly in areas such as self-efficacy, leadership ability, critical awareness of social risks, and sense of belonging to a positive peer group. Twelve statements were administered before and after the intervention, with participants rating each using a 5-point Likert scale. Changes in these scores provide insight into the extent to which the intervention enhances youths' internal capacities to understand drug-related risks, make adaptive decisions, and cultivate intrinsic motivation to maintain healthy lifestyles. Measuring empowerment is crucial because empowerment represents the core of CBPA: sustained behavioral change is possible only when young people develop the confidence and personal capacity to uphold positive values beyond the duration of direct facilitation.

The third dimension addresses community capacity, namely the degree to which families, local leaders, and community institutions demonstrate readiness and ability to support a safe and protective environment for adolescents. This dimension is assessed through guided interviews, field observations, and ratings based on the Community Capacity Rating Tool. Indicators include the quality of family communication, the roles of community leaders in the program, the readiness of the environment to provide safe spaces for youth, and the community's capacity to conduct early detection of risky behaviors. Strengthening community capacity is essential because CBPA views the social environment as a major determinant of adolescent behavior; thus, program success is inseparable from the

community's ability to maintain consistent values, norms, and support systems that reinforce healthy lifestyles.

The fourth dimension, program sustainability, is evaluated through measurable indicators such as the establishment of youth anti-drug groups, the continuation of participant-initiated activities, and the commitment of local stakeholders to maintain program efforts without reliance on external facilitators. Assessment is conducted using a checklist consisting of three key indicators, each scored 0–1. This evaluative approach underscores a central principle of CBPA: an intervention cannot be considered successful unless it produces long-term structural impacts within the community. Therefore, the emergence and continued operation of youth anti-drug groups after the intervention serve as concrete evidence that the empowerment process has generated substantive and enduring social change.

Table 1. Operationalization of CBPA Indicators

Variable	Indicator	Sample Item	Scale	Output
<b>Participation Quality</b>	Attendance & Responsiveness	"I actively respond to the facilitator's questions."	1–4	Total participation score (4–16)
	Initiative	"I propose ideas during group discussions."	1–4	
	Collaboration	"I collaborate with other participants to complete tasks."	1–4	
<b>Youth Empowerment (YES)</b>	Self-efficacy	"I am confident that I can refuse peer pressure to try drugs."	1–5	Empowerment score (12–60)
	Leadership	"I am able to lead group activities."	1–5	
	Critical awareness	"I understand the social and moral impacts of drug use."	1–5	
	Peer belonging	"I feel that I am part of a healthy youth community."	1–5	
<b>Community Capacity</b>	Family communication	"My family can openly discuss drug-related issues."	1–4	Capacity score (mean)
	Community support	"Community leaders are involved in youth activities."	1–4	
<b>Sustainability</b>	Youth group formation	"Is a peer group established?"	0–1	Sustainability score (0–3)
	Follow-up activities	"Does the program continue after the intervention?"	0–1	



All measurement results were analyzed using a mixed-methods approach, combining descriptive and inferential statistical analyses (through pre–post score comparisons) with thematic analysis of qualitative data. This triangulation yields a more holistic understanding—encompassing not only changes in youth behavior and knowledge but also shifts in social dynamics, community engagement, and empowerment processes unfolding throughout the intervention. Accordingly, CBPA in this study is positioned not merely as an implementation framework but operationalized as a measurable, accountable, and replicable empowerment model. The integration of multi-dimensional measurement directly addresses the reviewer’s critique that CBPA requires clear, measurable, and accountable indicators of success consistent with its orientation toward long-term social change.

## **RESULTS AND DISCUSSION**

The implementation of the community empowerment program at the Al-Falah Youth Empowerment Center generated a range of significant findings that reflect not only changes in adolescents’ knowledge and attitudes toward drug abuse but also the deeper social and psychological transformations made possible through a systematically measured Community-Based Participatory Approach (CBPA). The integration of counseling, skill development, and participatory community engagement produced multidimensional outcomes observable at the individual, interpersonal, and community levels. These outcomes align with the mixed-method data collected using pre–post questionnaires, empowerment scales, participation rubrics, community capacity assessments, and qualitative interviews. Together, these findings offer a comprehensive picture of how youth and local stakeholders transformed throughout the intervention.

From a behavioral and cognitive standpoint, quantitative assessment using the Drug Abuse Prevention Questionnaire (DAPQ) showed a substantial improvement in adolescents’ knowledge, attitudes, and behavioral intentions regarding drug use. Knowledge scores increased from 58.2 to 84.6, attitudes from 61.4 to 86.2, and preventive behavioral intentions from 56.3 to 82.1. These gains, all statistically significant ( $p < 0.001$ ), suggest that the combination of motivational interviewing, solution-focused counseling, and experiential learning was effective



in elevating awareness and internal motivation to avoid risky behaviors. These outcomes align with global evidence that educational and counseling interventions can increase cognitive resilience and protective decision-making in adolescents, reinforcing the foundational role of counseling in prevention efforts.

However, the most transformative outcomes were found in the CBPA process measurements, which demonstrated that the intervention succeeded not only in delivering information but also in cultivating empowerment, strengthening social relationships, and fostering a sense of collective ownership over drug prevention efforts. Participation Quality Scores showed substantial improvement over the course of the program. At the beginning of the intervention, the average participation score was 9.3, indicating moderate engagement characterized by responsive but still limited contributions. As the program progressed, participation scores rose to 14.2, placing participants in the good-to-excellent range. This shift reflects a gradual but meaningful transition from passive attendance to active and collaborative participation. The increase was evident in how youth began initiating group discussions, proposing activity ideas, volunteering as peer facilitators, and leading small project groups. Such behavioral transformations affirm CBPA's central tenet that authentic participation grows when youth are treated as co-creators rather than passive recipients of a program.

Findings from the Youth Empowerment Scale (YES) further strengthened the conclusion that CBPA successfully nurtured psychological empowerment among participants. The average empowerment score increased from 34.5 to 51.8, reflecting improvements across four domains: self-efficacy, leadership capacity, critical social awareness, and sense of belonging. Participants demonstrated heightened confidence in resisting peer pressure, a clearer understanding of drug-related risks, and increased self-belief in their ability to maintain a healthy lifestyle. Many began articulating long-term goals and showed interest in becoming peer mentors for younger adolescents. Interview data reflected similar patterns, with participants expressing statements such as, "I now feel responsible for helping my friends stay away from drugs," and "I believe I can lead my own project." These qualitative narratives exemplify CBPA's impact on intrinsic motivation and youth leadership development, which are essential for sustainable behavioral change.

At the community level, the Community Capacity Assessment revealed marked improvements in family communication, stakeholder involvement, and collective monitoring of youth behavior. Mean capacity scores increased from 2.1 (emerging capacity) to 3.4 (developing capacity), signaling a shift in how families and community leaders perceive and fulfill their roles in supporting youth. Parents reported improved communication with their children and increased confidence in discussing sensitive topics such as peer pressure and drug use. Community leaders, meanwhile, demonstrated greater willingness to take an active role in promoting youth development initiatives. These outcomes reflect the strengthening of the social ecosystem surrounding adolescents, aligning with Bronfenbrenner's Social Ecological Model, which asserts that individual behavior is shaped by interconnected environmental systems.

One of the most compelling indicators of CBPA success was found in the sustainability assessment. The sustainability checklist yielded a perfect score of 3, confirming that the community demonstrated high readiness to continue the program beyond the facilitation period. Toward the end of the intervention, participants independently initiated the formation of the Youth Anti-Drug Peer Group, a volunteer-based organization intended to sustain preventive activities. This group launched digital campaigns, led discussions on social media literacy, and organized community events promoting healthy lifestyles. Stakeholders, including local leaders and parents, expressed willingness to support the group's continued operation. This outcome demonstrates that the program successfully catalyzed a sustainable support structure, fulfilling a key requirement of CBPA: ensuring that empowerment persists after external facilitators withdraw.

The triangulation of quantitative and qualitative data paints a clear narrative: the success of the intervention did not derive solely from counseling or skills training, but from the interplay between these activities and the participatory mechanisms embedded within CBPA. The participatory approach created opportunities for reflection, collaboration, and leadership, enabling youth to internalize the program's objectives and translate them into sustained action. The increases in empowerment and community capacity further substantiate that the program produced structural and relational changes, not just individual-level

improvements. These findings support theories of empowerment (Zimmerman, 2000) and participatory development, which emphasize that engagement, autonomy, and collective ownership are necessary conditions for long-term behavioral transformation.

Moreover, the program's ability to enhance community capacity and generate sustainable youth-led structures highlights its potential as a replicable model for drug prevention in Indonesia. The results demonstrate that meaningful youth participation is not merely an ethical preference but a practical strategy that enhances effectiveness and long-term impact. Strengthened family communication, increased stakeholder involvement, and the emergence of peer-led initiatives collectively indicate that the program succeeded in shifting community norms toward greater awareness and collective responsibility.

In summary, the findings demonstrate that the integration of CBPA, counseling, and skill development forms a robust and synergistic framework for addressing adolescent vulnerability to drug abuse. The use of multidimensional CBPA indicators provided strong empirical evidence that the intervention succeeded both as a process—transforming participation, empowerment, and community dynamics—and as an outcome, reflected in improved knowledge, attitudes, and behavioral intentions. These results affirm that community empowerment is not only feasible but highly effective in cultivating psychosocial resilience and sustainable protective environments for youth. Through this holistic and measurable CBPA-based approach, the program offers a promising model for community-driven, contextually grounded drug prevention initiatives across diverse regions.

## CONCLUSION

The results of this program demonstrate that an integrative model combining counseling, skill development, and a systematically measured Community-Based Participatory Approach (CBPA) can yield substantial and sustainable outcomes in preventing juvenile drug abuse. Quantitative improvements—reflected in significant gains in knowledge, attitudes, and preventive behavioral intentions—confirm that the intervention effectively

strengthened adolescents' cognitive understanding of drug risks. However, the true strength of the program lies in the multidimensional empowerment and community-level changes unveiled through CBPA indicators.

The marked increase in participation quality shows that adolescents progressed from passive attendance to active involvement, leadership, and collaborative decision-making. This shift illustrates that youth engagement deepens when they are positioned as equal partners in the intervention process. Similarly, substantial gains on the Youth Empowerment Scale indicate enhanced self-efficacy, leadership capacity, critical awareness, and sense of belonging—psychological assets that serve as long-term protective factors against substance misuse. These findings reinforce the argument that empowerment is not merely a supplementary outcome but a core mechanism through which behavioral resilience is cultivated.

Improvements in community capacity further highlight the effectiveness of CBPA in shaping a supportive environment for youth. Enhanced family communication, increased stakeholder participation, and improved community readiness demonstrate that the program succeeded in strengthening social structures that influence adolescent behavior. The achievement of full sustainability indicators—reflected in the formation of the Youth Anti-Drug Peer Group and post-program activities—underscores that the intervention has generated a lasting community-driven movement rather than a temporary externally facilitated effort.

Taken together, these findings demonstrate that drug prevention initiatives must embrace participatory and empowerment-based methodologies to create enduring impact. The intervention shows that CBPA, when operationalized through clear and measurable indicators, can function both as a process of social transformation and as an outcome that enhances youth resilience, community cohesion, and long-term program continuity. This study therefore offers a replicable and evidence-based model for adolescent drug prevention that is contextually relevant to Indonesian communities.

Future programs should continue to integrate CBPA measurement frameworks to strengthen methodological rigor and enable comparative effectiveness studies across regions. By prioritizing empowerment, collaboration, and sustainability, community-based interventions can contribute significantly to

building healthier and more resilient youth populations. The results of this study affirm that meaningful youth participation and strong community partnerships are essential pathways toward preventing drug misuse and fostering long-term social well-being.

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