

Friendship and Family Influence on Adolescent Substance Use: A School-Based Qualitative Study Using Focus Group Discussion

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Abstract

Adolescent substance use is a major public health challenge, with friends and family consistently implicated as key social risk factors. Most existing research, however, relies on predefined variable associations and provides limited insight into how adolescents themselves perceive and experience these influences in their everyday contexts, a gap particularly relevant in Indonesian urban settings where collectivist norms shape social dynamics. This study aimed to identify how friends and family are perceived as social risk factors for substance use among junior high school students in Semarang, Indonesia. An exploratory qualitative design was employed, using four focus group discussions with 40 students (aged 13–15) from a purposively selected public junior high school. Data were analyzed inductively using Braun and Clarke's six-phase thematic analysis. Two overarching themes emerged, friendship influence and family influence, each structured through three sub-themes forming a passive, active, coercive typology. Passive influence (observational modeling) operated without explicit invitation and was often unrecognized by adolescents as risk exposure. Active influence involved direct invitations and persistent persuasion embedded in peer group membership, while coercive influence encompassed mockery, intimidation, and forced initiation. Family influence, though secondary, included parental modeling, permissive access, and sibling coercion as distinct pathways to substance initiation. This study introduces a passive, active, coercive typology that extends beyond binary peer pressure frameworks, offering contextually grounded qualitative evidence from an Indonesian school-based setting. The findings call for prevention strategies that differentiate across influence levels and integrate school, family, and community components rather than relying on generic life skills curricula.

INTRODUCTION

Adolescent substance use represents a significant global public health challenge, with alcohol, tobacco, and illicit drug use contributing to substantial health and social consequences, particularly when use begins during adolescence (World Health Organization [WHO], 2024; Degenhardt et al., 2018). Early initiation is associated with an increased risk of dependence and adverse health outcomes later in life (Volkow et al., 2014). In Indonesia, this concern is reflected in the vulnerability of adolescents and young adults to substance use, while studies in urban settings such as Semarang have identified friendships and family dynamics as important influences (Badan Narkotika Nasional [BNN], 2023; Maharti, 2015; Oktariyanto et al., 2020). Although existing research has established the relevance of social influences, much of the evidence has focused on associations between predefined variables and substance use outcomes (Nawi et al., 2021; Trucco & Hartmann, 2021), providing less insight into how adolescents themselves perceive and experience the influence of friends and family in their everyday lives.

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This study addresses this gap by identifying the social factors for substance use as perceived by adolescents, with a specific focus on friends and family influences in a school-based context in Semarang, Indonesia.

Interpersonal influences, particularly those arising from friends and family, are consistently associated with adolescent substance use (Nawi et al., 2021; Trucco & Hartmann, 2021). Friends may influence substance use through direct invitations and pressure, behavioral modeling, and the internalization of group norms that make substance use socially acceptable. Family relationships may function as protective or vulnerability pathways through parental monitoring, communication, relational quality, and exposure to substance use within the household (Nawi et al., 2021; Trucco & Hartmann, 2021). In Southeast Asian contexts, these interpersonal processes may be shaped by social connectedness, conformity, and expectations within close relationships (Shafie et al., 2023). However, limited attention has been given to how adolescents in urban school settings perceive the combined influence of friends and family within their everyday social contexts. The Social-Ecological Model (SEM) situates these relationships at the interpersonal level within a broader social ecology (Sallis & Owen, 2015). In this study, SEM is applied selectively at the interpersonal level to frame friends and family influences, consistent with the study's specific focus.

Building on existing evidence regarding the social influences of friends and family, this study aims to identify how friends and family are perceived as social factors for substance use among junior high school students in Semarang. Guided by the interpersonal level of the SEM, the study examines how adolescents perceive and experience friends and family contributing to substance use within their everyday social contexts. By centering adolescents' own perspectives, this study provides context-specific qualitative evidence that may inform prevention efforts targeting friendship and family environments and provide a basis for future research examining these social factors across different adolescent populations and settings.

METHODS

Design

This study is an exploratory qualitative research aiming to understand adolescents' experiences regarding the influence of others in substance abuse. This approach was chosen because it allows researchers to explore the actual experiences and social dynamics faced by Indonesian adolescents especially at a junior high school in Semarang. The main focus of this research is to identify how the influence of others plays a role in shaping adolescents' attitudes and responses toward substance abuse.

Participants

The participants were 40 students (25 males, 15 females) aged 13–15 years from a public junior high school in Semarang, Indonesia. The school was purposively selected based on teachers' reports of substance-related behaviors, indicating potential access to adolescents with direct or indirect exposure to substance use. Eligible students were in Grades 7–9 and either had a history of substance use/currently used substances or had never used substances but had witnessed substance use or been offered substances.

Instruments

Data were collected through Focus Group Discussions (FGDs) to explore adolescents' perceptions and experiences regarding social risk factors for substance use. FGDs were selected to facilitate reflection, exchange of perspectives, and exploration of socially negotiated meanings and pressures. A flexible semi-structured guide covered adolescents' experiences related to substance use, with the main prompt: "Tell us about your experience when you were offered to use substances." Emerging issues were explored as appropriate.

Procedure

This study has received approval from the Research Ethics Committee of the Faculty of Psychology, Universitas Diponegoro (No. 5/SERTIF/KEPPU/VI/2025). Before data collection, the researchers obtained verbal permission from the school administration, followed by formal approval from the Semarang City Department of Education. Written approval was then obtained from the guidance and counseling (BK) teachers responsible for each grade. These teachers identified 40 students meeting the eligibility criteria and invited them to participate. Because teacher involvement could create implicit pressure due to their authority, the researchers emphasized that participation was voluntary and that students could decline without consequences. Written informed consent was obtained directly from each student to confirm their willingness to participate.

The 40 participants were divided into four groups of ten. Two groups comprised students with a history of substance use, while the other two comprised students without such a history but with indirect exposure. This grouping was intended to facilitate open discussion and increase participants' comfort by bringing together students with similar experiences. Four focus groups were considered appropriate for the focused exploratory aim of the study, as previous methodological research suggests that four focus groups may be sufficient to achieve code saturation, although the adequacy of the number of groups depends on the study purpose and group characteristics ([Hennink et al., 2019](#)).

Before each FGD, participants completed written informed consent. Each session was conducted in a school room arranged in a circle to promote an informal and comfortable atmosphere. One facilitator led the discussion, while one note-taker documented the discussion and group dynamics. Four individuals served as facilitators: two research-team members (second and third authors), both university lecturers and psychologists with master's degrees in psychology, and two additional psychologists recruited specifically for data collection, including one psychological assessment practitioner; all held master's degrees in psychology. None was affiliated with the school or had prior personal or professional relationships with participants. Note-takers were undergraduate psychology students who were likewise unaffiliated with the school and had no prior relationships with participants. This arrangement was intended to minimize power imbalances and potential response bias arising from pre-existing relationships.

At the beginning of each FGD, facilitators explained confidentiality procedures and informed participants that their identities would be excluded from transcripts and reports. Transcripts were anonymized, and participants were reminded not to disclose information shared by others outside the group. However, the researchers acknowledged that confidentiality could not be fully guaranteed because participants might disclose information outside the FGD. This limitation and the expectation of confidentiality were explicitly communicated before each discussion. Disclosures concerning substance use were treated as confidential and anonymized during transcription and reporting. Such disclosures occurred only in the two FGDs comprising students with a history of substance use, whose histories were already known to the school during participant selection. Nevertheless, the research team-maintained confidentiality and excluded identifying information from all transcripts and reports.

Data Analysis

Data were analyzed inductively using [Braun and Clarke's \(2006\)](#) six-phase thematic analysis. FGD recordings were transcribed verbatim, with each participant assigned an alphanumeric code to protect their identity, in which the letter indicated the FGD group and the number represented the individual participant, while the first author repeatedly read and reread the transcripts to become familiar with the data, its context, and the range of participants' perspectives. Meaningful segments relevant to the research question were then systematically

coded without predetermined categories, allowing patterns to emerge from participants' accounts. Codes were subsequently reviewed, compared, and organized into broader patterns of meaning, which were iteratively developed, defined, and labeled as final themes, considering the local social and cultural context.

The analysis was conducted by the first author, a university psychology lecturer with a Master of Science degree in psychology, who was unaffiliated with the participating school and had no prior relationship with participants. Emerging themes and interpretations were discussed with the other research-team members who had facilitated the FGDs. These discussions assessed whether the themes adequately represented participants' accounts and FGD dynamics and explored alternative interpretations. Analytic decisions were revised when interpretations were considered insufficiently grounded in the data, supporting the credibility and consistency of the analysis.

The research team consisted of psychology academics and practitioners with professional knowledge and experience in understanding adolescents and their social environments, rather than individuals with personal experience of using addictive substances. This professional background may have shaped certain preconceptions or expectations regarding adolescents' substance use and the role of social influence. To minimize the influence of these assumptions, the researchers adopted an inductive approach to data analysis and sought to ground all codes, interpretations, and themes in the participants' accounts rather than in pre-existing expectations. The interpretations developed during the analysis were also discussed among the research team to critically examine whether they were adequately supported by the FGD data and to consider alternative interpretations.

RESULTS

Substance use discussed by participants was mostly related to cigarettes, vapes, and alcohol. A small number also mentioned drugs in the form of pills. The analysis found two social risk factors associated with substance use among adolescents, namely friendship influence and family influence. More specifically, their roles can be divided into three levels: passive, active, and coercive (Figure 1).

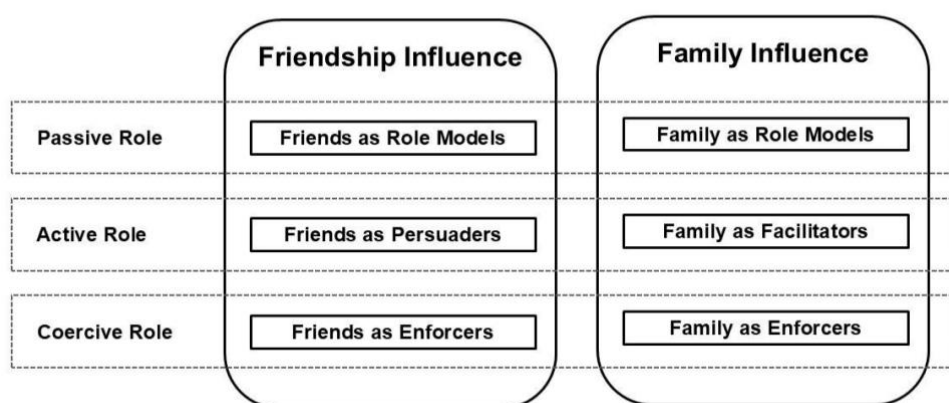


Figure 1. Diagram of Themes and Sub-themes.

Friendship Influence

This theme explains the role of friendships as one of the social risk factors for substance use among adolescents. The term "friends" here refers not only to schoolmates, but also to friends from the neighborhood and social circles. Influences related to substance use come from both peers and older friends. This theme is divided into three sub-themes: friends as role models, friends as persuaders, and friends as enforcers.

Friends as role models refers to friends at school or outside of school who are known to use substances. The presence of friends who use substances around adolescents can inspire some of them to also try these substances. In this situation, these friends only act as a passive influence, as there is no active encouragement given. What drives adolescents to imitate the behavior of substance use is the desire to appear the same as their friends. This kind of desire usually arises in closer friendships. One participant described this process directly: “I saw my friend [smoking], and then I just wanted to try it” (A2).

Indirect influence can also occur when teenagers see that a friend is using substances. The presence of a friend who uses substances does not directly inspire similar behavior, but it becomes a source of curiosity. This curiosity leads teenagers to find out more about the substances used by their friends. Teenagers typically search for information about these substances on the internet. As one participant explained, “I had seen it before, and then I searched on the internet to find out what type of pill it was” (D9). In some cases, this search for information can result in the initiative to try using substances. In this situation, the presence of a friend who uses substances acts as the initial trigger for the information-seeking process, and it is the outcome of this search that determines whether the teenager ultimately decides to try using the substance or not.

Friends as persuaders refers to friends at school or outside of school who directly invite or offer someone to use substances. The invitation can take the form of using substances together or simply offering substances they have for others to try. Some invitations are made openly, while others are done deceitfully. An example of deceit in this context is pretending to invite someone to the restroom under the pretense of urinating, but actually intending to offer a certain substance. Offers to use substances can also involve teaching how to use them, for example, demonstrating how to hold and smoke a cigarette. The variety of substances offered was also evident in the participants' accounts. One participant reported receiving offers involving “cigarettes, vapes, pills, and alcohol” (D9). Another participant similarly stated, “The ones I was offered most often were cigarettes... cigarettes, alcohol, and pills” (C5).

Offers or invitations to use substances can occur in various locations. In the school context, such offers or invitations usually happen during break time or after school hours. Offers are made at the school gate after school or in quiet places like the restroom. For example, one participant described being directly offered a substance “after school, when I was at the school gate,” adding that the situation occurred “when it was quiet” (D2). Outside of school, offers or invitations can arise at home, hangout spots, or other places that are considered safe. These “safe” places are usually far from home and quiet. One participant described being offered cigarettes and alcohol at a hangout spot, explaining that it was “at an *angkringan* [Javanese food stall], at night, when we were hanging out,” and that the location was somewhat far from the alley where they lived (D3). Another participant noted that offers were more common outside school because their social circles included people of different ages: “Outside school, there are many [opportunities]. Their friends are not always the same age, sometimes they are older, and some are already married” (C5). This diversity of locations shows that there is no specific place that serves as the main area for such offers or invitations, it all depends on where the opportunity arises.

Friends as enforcers refers to friends at school or outside of school who exert pressure or coercion to use substances. The coercion can range from repeated offers to shouting. In extreme cases, coercion to use certain substances can also take the form of physical force. One participant described being forced to drink alcohol after being invited to hang out: “They invited me to hang out, and eventually someone bought some [alcohol]. I was forced. They held my hands and feet and then made me drink it” (B5). Another participant described a similar experience involving cigarettes: “At first, I didn't want to, but they forced me. They held the

cigarette and brought it close to my mouth” (B4). In such cases, substance use ultimately becomes a situation that can no longer be refused.

The pressure that arises can take the form of mockery or threats when teenagers who are offered something decide to refuse the offer. The mockery can include being called weak or even not being considered a real man. One participant described being mocked after refusing an offer: “Sometimes they teased me after I refused, but they were joking about it. They said, ‘*Alah, ra lanang*’ [Come on, you're not a real man]” (C2). In addition, there may be threats, such as ending friendships if the one being offered refuses to use substances. This was illustrated by one participant who was offered pills and, after refusing, was told, “Okay then, you don't have to be friends with us anymore” (B2). This situation is quite typical among teenagers, who are in the process of searching for their identity, making issues related to peer groups and gender identity significant sources of pressure for them.

Family Influence

This theme explains the role of family as one of the risk factors for adolescents becoming involved in substance use. The influence of family is not discussed as much as the influence of friends, but it remains a main risk factor for some adolescents. Family here can refer to parents, siblings, or cousins. This theme is divided into three sub-themes: family as role models, family as facilitators, and family as enforcers.

Family as role models refers to parents or siblings known to use substances. When a teenager sees family members such as a father or older sibling using substances, they become curious about the sensation experienced when using those substances (for example, cigarettes or vapes). One participant described seeing an older sibling drinking *ciu* (a locally produced alcoholic beverage) and stated, “I saw my older brother, and I became curious” (A7). Another participant also identified a family member as a source of exposure, stating, “My father [drinks]” (A7). This curiosity can eventually lead the teenager to take the initiative to try using the substance, either with or without their family's awareness.

Family as facilitators refers to the role of parents or siblings in providing opportunities or access for adolescents to become involved in substance use. A common occurrence in the emergence of substance use behavior among adolescents is parental permission. When parents give their consent, adolescents are free to experiment with substance use without having to do it in secret, this permission is usually related to smoking. One participant explained, “I tried smoking because my parents allowed me to” (C4). Similarly, another participant stated, “My father allowed me to” (B8), referring to being permitted to smoke.

Another situation is when the family provides access for adolescents to use substances. For example, a sibling may invite them to use substances together. One participant reported being offered cigarettes by a relative, stating, “It was a long time ago. The first time I was offered [cigarettes] was by a relative when I was in first grade of elementary school” (B8). There are also participants whose parents sell cigarettes and alcohol; in this situation, the adolescent inevitably gains access to smoking and drinking alcohol as well. Interestingly, these parents also ask their children to help sell cigarettes and alcohol to their school friends. One participant described this practice, stating, “There are also those whose mothers tell them to sell [the substances] to their friends” (C6). Another participant similarly noted, “Sometimes their parents even tell them to sell them” (C2). This situation indicates that the family environment not only leads children to use substances but also facilitates the distribution of these substances to other adolescents.

Family as enforcers refers to the role of siblings in putting pressure on teenagers to use substances. Some siblings force participants to buy them cigarettes. After the participant buys cigarettes for their sibling, they are also coerced into trying smoking. One participant described this experience: “At first, I didn't want to [smoke when offered by my sibling], but I felt forced”

(B8). The participant further explained that the sibling “shouted at me” and that they were told to buy cigarettes and try one puff: “I was just told to buy them and try one puff. Then I tried it” (B8). When they refuse, their sibling yells at them to make them try smoking anyway. Situations like this obviously make teenagers feel as if they have no freedom to make their own decisions regarding substance use.

DISCUSSION

This study identified two overarching themes of social risk for adolescent substance use: friendship influence and family influence. Each theme was further differentiated into three sub-themes, passive (observational), active (direct invitation), and coercive (pressure or forced initiation), forming a typology that extends beyond the binary peer pressure framing common in existing literature.

Friendship influence emerged as one of social risk factor across participant narratives. Evidence showed that peer influence exerts the strongest effect on adolescent substance use relative to other social domains (Nawi et al., 2021). This primacy is particularly pronounced in the Indonesian adolescent context, where collective norms emphasizing group belonging and social conformity intensify the developmental shift toward peer orientation (Mahathir et al., 2020).

Passive friend influence, in which adolescents are exposed to substance use through observation, without any direct invitation, was the most foundational sub-theme. When substance use is visible and unchallenged within a friend group, it establishes descriptive norms that lower the psychological threshold for imitation (Gommans et al., 2016). The results indicate that adolescents may not perceive themselves as under social pressure even when their behavior is being shaped by friend group norms, making passive influence particularly difficult to detect and counter. In Indonesia's collectivist cultural setting, where social harmony and friend group cohesion are valued, the pull toward conformity may be stronger than in more individualistic contexts.

Active friend influence, direct invitation or persistent persuasion, was also prominently reported. Participants described repeated social invitations framed around group membership and belonging, reflecting a structural feature of adolescent social networks rather than isolated events (Yulianti & Kamilah, 2023; Pannyiwi et al., 2025). This finding supports the use of peer educator programs, which have demonstrated effectiveness in improving refusal skills and attitudes in Indonesian school settings (Nurhakiki et al., 2025; Nurmala et al., 2020).

Coercive friend influence, involving mockery, intimidation, or forced initiation, was the most severe sub-theme and warrants particular attention. Its presence in a school-based sample indicates that coercive dynamics are not confined to marginalized youth populations (Shaluhiah et al., 2025). This sub-theme challenges the assumption that substance initiation is always voluntary and calls for responses beyond health education.

Family influence remained significant and meaningful. Passive family influence, including parental modeling of substance use without explicit invitation, was identified as a particularly potent pathway. National data from Indonesia confirm that having a parent who smokes increases adolescent smoking risk by 1.61 times, and family members who drink raise adolescent alcohol use odds by 4.78 (Romadlona et al., 2021). Active family influence, including permissive or uninvolved parenting that normalizes or permits substance use, was associated with the removal of key social control mechanisms (Williams et al., 2023; Faridah & Atakari, 2018). Coercive family influence, involving social obligation, covert exposure, or pressure within the family, though less common, signals conditions where the family ceases to serve as a protective environment.

Although peer substance use is a well-established predictor of adolescents' own substance use, evidence also indicates that family-related factors, including parental closeness,

monitoring, and family support, can shape adolescents' vulnerability to substance use and moderate the influence of peers (Watts et al., 2024; Rodríguez-Ruiz & Espejo-Siles, 2024; Alfitri et al., 2024). Thus, rather than indicating that adolescents shift their primary reliance from family to peers, our findings highlight the importance of considering peer and family contexts simultaneously when understanding adolescent substance use.

Implications

These findings carry specific implications for substance use prevention in school-based settings in Indonesia. First, prevention programs must be designed to address all three levels of social influence rather than focusing solely on direct peer pressure. For passive influence, social norms correction interventions, helping adolescents accurately assess the actual prevalence of substance use among friends, are directly indicated (Gommans et al., 2016). For active influence, assertiveness training and peer-led education have demonstrated effectiveness in Indonesian schools and should be prioritized (Nurhakiki et al., 2025; Nurmala et al., 2020). For coercive influence, prevention must extend beyond health education to include school anti-bullying policies, safe reporting mechanisms, and child protection literacy for both students and school staff.

Second, family-based prevention components are warranted given that passive parental modeling and permissive parenting were identified as clear risk pathways. Interventions that improve parent-child communication, strengthen parental monitoring, and address parental substance use behaviors have shown significant improvements in Indonesia (Rachman et al., 2022) and represent a locally validated approach.

Third, given Indonesia's cultural profile, prevention programs should incorporate community-level protective factors, including religiosity and local moral authority figures, which have been shown to buffer against substance use risk among Indonesian adolescents (Asni et al., 2013). Prevention frameworks that harness existing social influence dynamics for protective ends are particularly well-suited to this context.

Limitations and Future Directions

This study has several limitations that should be considered when interpreting its findings. First, participants were recruited from a single school in Semarang, restricting geographic, socioeconomic, and cultural generalizability. Substance use patterns and social dynamics may differ substantially across regions, socioeconomic groups, and school contexts in Indonesia.

Second, data were collected through focus group discussions (FGDs), which carry a risk of social desirability bias. Participants may have moderated their disclosures to avoid stigma or to conform to perceived group norms, particularly regarding coercive experiences. While FGDs stimulate collective narrative and comparison, they cannot fully safeguard against the suppression of sensitive personal disclosures. Future studies might mitigate this through individual in-depth interviews, anonymized written prompts, or member checking.

Third, the school-based sampling strategy excluded adolescents outside formal education, who may face more extreme forms of social pressure and represent higher-risk groups (Shaluhiyah et al., 2025). The findings therefore represent a structured, school-attending population and may underrepresent the most vulnerable adolescents.

Fourth, this study focused exclusively on social risk factors, leaving individual-level variables (e.g., mental health, impulsivity), structural determinants (e.g., school policy, neighborhood substance availability), and protective factors largely unexamined. The findings should be understood as one component of a broader, multidimensional account of adolescent substance use.

CONCLUSION

This study demonstrates that social risk factors for adolescent substance use in Indonesia operate across two primary domains, friendship and family influence, each structured through three analytically distinct mechanisms: passive (observational), active (direct invitation), and coercive (pressure or forced initiation). Friendship influence emerged as one of domain, consistent with the heightened peer orientation of adolescence and Indonesia's collectivist cultural context, in which conformity to group norms carries strong relational significance. Passive friend influence was particularly noteworthy, as it operates without explicit invitation and may go unrecognized by adolescents as a form of risk exposure. Family influence, while secondary, remained meaningful, with passive parental modeling and permissive parenting identified as pathways that reduce adolescents' resistance to substance use. Together, these findings demonstrate that the social architecture of adolescent substance use is multilayered, contextually embedded, and irreducible to simple peer pressure. The passive-active-coercive typology introduced here offers a conceptual contribution that may guide more differentiated, contextually sensitive prevention strategies, moving beyond generic life skills curricula toward targeted interventions for each influence level, integrated across school, family, and community settings.

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AUTHOR CONTRIBUTION STATEMENT

DO was responsible for conducting the literature review, collecting research data, performing data analysis, and writing the manuscript, JA contributed to the literature review, data collection, and manuscript writing, HR was involved in designing the research program, collecting data, and writing the manuscript.

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