

The Dynamics of Family Communication and Peer Influence in Adolescent Drug Abuse Experiences: A Case Study at the Subdirectorate of Crisis Mitigation Center (SMCC)

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Abstract

Drug abuse among adolescents is a significant social problem that threatens psychosocial development and long-term social functioning. This study aims to explore the dynamics of family communication and peer influence in the drug abuse experiences of a male adolescent undergoing rehabilitation at the Subdirectorate of Crisis Mitigation Center (SMCC), Surabaya. Using a qualitative approach with a single-case study design, data were collected through in-depth semi-structured interviews with the primary participant (H, 17 years old), a rehabilitation counselor assistant, and the participant's biological father, complemented by observation and documentation over a four-month rehabilitation period. Thematic analysis revealed three interconnected themes: suboptimal family communication, characterized by low conversation orientation, the emotional impact of parental divorce, and absence of emotional support; peer influence through behavioral normalization, repeated invitations, direct modeling, and threat of social exclusion; and drug use as a psychological coping mechanism to fill emotional voids and resolve identity confusion during the identity versus role confusion developmental stage (Erikson, 1968). The study contributes a nuanced understanding of how weak family communication and strong peer influence mutually reinforce adolescent vulnerability to drug abuse, integrating Family Communication Patterns Theory (FCPT) with Erikson's psychosocial development theory within a rehabilitation context. Implications for guidance and counseling practice include the application of Gestalt therapy, Acceptance and Commitment Therapy (ACT), family resilience strengthening, and assertive communication training.

Introduction

Adolescent drug abuse in Indonesia constitutes a critical public health and social concern. Data from the National Narcotics Agency (BNN) recorded approximately 3.3 million drug users in 2023, with adolescents comprising one of the most vulnerable subgroups (Badan Narkotika Nasional, 2023). This vulnerability is not incidental, it is systematically shaped by two proximal contextual factors that is the quality of family communication and the normative influence of peer groups. Although research on these factors individually is growing, studies examining the dynamic interactions among them, particularly in the context of the life experiences of adolescents undergoing rehabilitation remain very limited. Adolescence is the “identity versus role confusion” stage in (Erikson, 1968) theory of psychosocial development, a period during which individuals actively seek social recognition, a sense of belonging, and identity reinforcement. Crucially, this is not merely a descriptive stage but a critical vulnerability period when the family environment fails to provide the emotional support necessary for identity exploration. Adolescents become highly vulnerable to peer group influences, including negative behaviors such as substance use (Santrock, 2019). Thus, the theoretical relationship between identity versus role confusion and substance abuse warrants empirical examination, particularly in contexts where family dysfunction is prominent.

The quality of family communication is one of the strongest protective factors against risky behavior in adolescents. The Family Communication Patterns Theory (FCPT) by Koerner & Fitzpatrick (2006) distinguishes two key dimensions, that is conversational orientation (openness and dialogic engagement) and congruence orientation (value instillation and behavioral consistency). Families with low orientation on both dimensions produce adolescents with limited emotional regulation capacity, reduced assertiveness in the face of peer pressure, and increased vulnerability to maladaptive coping strategies, including substance use (Garland, 2026; Rockenschaub et al., 2026). Linking the FCPT directly to substance abuse in adolescents, low conversation orientation deprives adolescents of the emotional channels and guidance needed to cope with peer pressure, while low conformity orientation fails to transmit the values necessary to reject deviant group norms. Recent evidence also shows that parental communication and monitoring are closely related to adolescent substance use because they shape how far parents understand adolescents' daily activities, peer networks, and risk exposure (Pelham et al., 2023; Russ et al., 2025). In this sense, weak family communication does not merely reduce emotional closeness, but also limits parents' ability to detect early warning signs of risky peer involvement. When adolescents experience low parental knowledge and limited dialogic support, they may interpret family silence as indifference, making peer approval a more powerful source of behavioral guidance (Pelham et al., 2024).

Peer groups fill the relational void created by dysfunctional family communication. During the identity-forming phase, adolescents prioritize acceptance by peers and a sense of belonging within a social group, which are often valued more highly than personal values (Santrock, 2019). The mechanisms of peer influence in substance use include normalization, repeated social invitations, direct imitation, and the threat of exclusion, processes that have been extensively documented in the literature (Ashifa, et al., 2025; Kusumastuti & Hadjam, 2019). These peer influence processes may become stronger when adolescents experience limited emotional support, weak parental monitoring, and insufficient value-based communication within the family. What remains poorly understood is how these mechanisms dynamically interact with specific patterns of family communication disruption, particularly following events such as parental divorce that exacerbate relational indifference.

Previous studies have established correlational links between family communication quality, peer influence, and drug abuse (Hasanah et al., 2020; Karjuniwati et al., 2023). However, these studies largely rely on quantitative designs and do not capture the subjective, process-level dynamics of how family communication breakdowns and peer influence co-construct vulnerability in real rehabilitation contexts. This limitation is important because adolescents' involvement in drug use is rarely caused by a single factor, but often emerges from repeated interpersonal experiences within family and peer environments (Reynolds et al., 2024; Watts et al., 2024). In families where communication is characterized by emotional distance, limited openness, or unresolved conflict, adolescents may seek validation and belonging from peers outside the family system (Marzban et al., 2024). Such peer contexts can become increasingly influential when adolescents perceive their friends as more accepting, understanding, or responsive than family members, particularly in situations where peer norms support substance use (Watts et al., 2024). The present study addresses this gap by integrating FCPT and Erikson's psychosocial theory to analyze one adolescent's trajectory into drug use through a single case study that enables the depth and contextual richness unavailable in large sample designs.

The development of conflict management skills in adolescents also plays a crucial role in this context. Adolescents who lack assertive communication and conflict resolution skills are more vulnerable to succumbing to peer pressure in situations marked by social dynamics (Yuswati et al., 2025). This is directly related to the focus of this study is the lack of conflict resolution and assertive communication within the family leaves adolescents ill-prepared to resist peer invitations related to drugs. From a guidance and counseling perspective, understanding these interaction dynamics is crucial for designing prevention and rehabilitation interventions that target not only the individual but also the family and peer systems. Therefore, this study aims to explore in depth the dynamics of family communication and peer influence in the drug abuse experiences of an adolescent undergoing rehabilitation at SMCC.

Methods

Design

This study employs a qualitative approach using an intrinsic single-case study design (Stake, 1995; Creswell, & Poth, 2018). The intrinsic single-case study design was chosen because the primary focus of this study is to gain an in-depth understanding of this adolescent's experience and it is not intended to be generalized to other cases, but rather to uncover the complex interactions between family communication and peer influence within the specific context of rehabilitation. This case covers the client's rehabilitation period at SMCC, specifically from November 2025 to March 2026, providing a clear timeframe and context.

Participants

Participant of this study is Subject (H) is a 17 year old male with a junior high school education who is currently undergoing a five-month methamphetamine rehabilitation program at SMCC (see table 1). The use of a single participant is justified by the intrinsic case study design, which prioritizes depth. In single-case qualitative research, analytical rigor is achieved through multiple data sources, not through a large number of participants (Creswell & Poth, 2018). Two supporting informants were involved to facilitate data triangulation, that is the client's counselor assistant at SMCC and his biological father. Their accounts were used to validate and enrich the subject's narrative.

Table 1. Demographic profile of research participants.

No.	Respondence	code	Gender	Age Range	Educational Background
1.	Subject	H	Male	17 years	Junior High School
2.	Supporting informant 1	CA	Female	20 years	Undergraduated
3.	Supporting informant 2	BF	Male	50 years	High School

Note. H= Respondence; CA= Counselor Assistant; BF= Biological Father

Data Collection

Data collection was conducted over a five-month period (November 2025-March 2026) using three methods, semi-structured in-depth interviews, observation, and documentation. Semi structured interviews were conducted in three sessions with participants (each lasting approximately 60-90 minutes) and one session with each supporting informant (approximately 30 minutes). The interview guidelines covered key themes including family communication patterns, relationships with peers, and the process of drug involvement. Observations were conducted during counseling sessions and rehabilitation activities to capture nonverbal cues and behavioral patterns. Documentation included SMCC counseling notes and initial assessments, which were accessed with institutional permission and subject consent.

Data Analysis

Data analysis in this study used an interactive analysis model consisting of three main stages: data reduction, data presentation, and conclusion drawing (Miles, 1994). In the data reduction stage, researchers selected, simplified, and transformed raw data obtained from interviews, observations, and documentation. The data presentation stage was carried out by systematically compiling information in the form of narratives or tables that made it easier for researchers to understand the relationships between categories. Finally, the conclusion drawing stage was carried out by interpreting the meaning of the data that had been presented, relating it to relevant theories, and answering the research questions that had been formulated.

This study used several strategies. The first strategy was source triangulation, which involved using data from the main participant, supporting informants (SMCC addiction counselors and biological fathers), and documents to validate the information. The second strategy was method triangulation, which involved combining data from interviews, observations, and documentation studies. The third strategy is member checking, in which the researcher confirms the interpretation results with the participants to ensure the accuracy of the researcher's understanding of the participants' experiences. The fourth strategy is peer debriefing, in which the researcher discusses the analysis process and results with the supervising lecturer to obtain input and alternative perspectives.

Results

Psychosocial Dynamics Underlying Adolescent Drug Abuse

Subject H is a 17 year old male living with his biological father and stepmother following his parent's divorce at an early age. He was first exposed to methamphetamine at age 17, shortly after completing junior high school. His family background is marked by emotional complexity. The parental divorce created a significant relational void, as his biological mother's absence was not compensated by the new family. Communication within the family was minimal and emotionally absent, leaving H without a reliable source of emotional support or identity guidance.

The subject's history of drug abuse began in mid July 2025, when the subject first used crystal methamphetamine. This drug use lasted for approximately four months until mid-November 2025, when the

subject was finally arrested and taken to SMCC for rehabilitation. The subject's pattern of use showed high intensity in the early months, namely July, August, and September, during which the subject consumed methamphetamine almost every day. However, from October to November, the frequency of use decreased to about twice a week. The subject was not only a user but was also involved as a courier in the distribution of narcotics. This involvement indicates the subject's high vulnerability to negative environmental influences and also indicates that economic needs drove the subject to become more deeply involved in the drug distribution network. Based on thematic analysis, three main themes emerged from the data, which is suboptimal family communication dynamics, peer influence in the process of drug involvement, and psychological mechanisms underlying drug use. Each theme is presented with its coding structure below.

Theme 1: The Dynamics Suboptimal Family Communication

Communication between H and his biological father was predominantly instrumental, characterized by directive-oriented exchanges and corrective feedback, with a notable absence of affective or emotionally attuned dialogue, as evidenced in Table 2. Communication with his stepmother was even more restricted, occurring only for basic practical needs.

"I rarely talk to my dad. Only when necessary, because it feels hard and I don't feel like talking about my problems. My dad is also busy with work, so we rarely have serious conversations." (*"Sama Ayah jarang ngobrol. Paling kalau ada perlunya aja, kalau mau cerita masalah rasanya berat dan males. Ayah juga sibuk kerja, jadi jarang ngobrol serius."*).

"I hardly ever talk to my mom. She just reminds me to eat. She's too busy with her own kids. That's why I go out more often, to hang out with my friends." (*"Sama ibu hampir nggak pernah ngobrol. Paling cuma diingetin kalau makan gitu. Sibuk sama anak-anaknya sendiri aja. Makanya saya lebih sering keluar, main sama teman-teman."*)

The impact of parental divorce compounded this communication breakdown. H explicitly expressed feeling abandoned following his parents' separation a pattern consistent with documented psychosocial outcomes of parental divorce in adolescents.

"Ever since my parents divorced, I feel like no one cares about me anymore. My mother left, my father is busy working and remarried. I feel alone, even though I need someone to talk to and listen to me." (*"Semenjak orang tua saya cerai, rasanya udah nggak ada yang peduli lagi sama saya. Ibu pergi, bapak sibuk kerja dan nikah lagi. Saya merasa sendirian, padahal saya butuh teman cerita dan butuh didengerin."*)

Table 2. Coding structure: suboptimal family communication dynamics.

Theme	Category	Description	Data
Limited Father Communication	Instrumental Interaction	Communication limited to directives, no emotional dialogue	LC1
	Emotional Absence	Father never inquires about H's feelings or emotional dialogue	LC2
Stepmother Communication	Functional Interaction	Interaction restricted to basic reminders (e.g., eating)	SC1
	Lack of Emotional Bond	No personal closeness or shared dialogue with stepmother	SC2
Impact of Parental Divorce	Emotional Withdrawal	'H' withdraws from family communication post divorce	FD1
	Feelings of Neglect and Loneliness	'H' perceives himself as uncared for and emotionally isolated	FD2
Consequences of Communication Breakdown	Lack of Emotional Support	Family fails to provide emotional validation	CB1
	Seeking External Validation	'H' turns to peer for acceptance and belonging	CB2

Note. LC = Limited Father Communication; SC = Stepmother Communication; FD = Family Disruption; CB = Communication Breakdown Consequences.

Based on table 2, these findings suggest that suboptimal family communication in H's context is not merely characterized by low frequency of interaction, but by the absence of emotional attunement and relational reciprocity. The predominance of instrumental communication, combined with emotional unavailability following parental divorce, appears to create a relational void in which H's need for validation, belonging, and psychological safety remains unmet. This condition may function as a critical vulnerability factor, pushing H toward external sources of emotional fulfillment, particularly peer groups that offer immediate acceptance. In this sense, the breakdown of family communication does not operate as an isolated issue but as a foundational mechanism that indirectly facilitates risk behaviors, including susceptibility to negative peer influence and maladaptive coping strategies.

Theme 2: Peer Influence and Drug Involvement

Four distinct patterns of peer influence were identified from table 3, that is normalization of drug use within the peer group, repeated and escalating invitations, direct behavioral modeling by peers already using drugs, and implicit threat of social exclusion for non-conformity.

"The first time I was invited by my friends. We were hanging out, then he said, 'Do you want to try it? It's good.' I asked, 'What is it?' He said, 'It's meth, just try it.' At first I was hesitant, but he said, 'Just try it once, it's okay.' So after that I tried it." (*"Pertama kali diajak sama temean-teman saya. Kita lagi nongkrong, terus dia bilang 'kon gelem coba gak? Enak iki. Saya tanya 'opo iku?', dia bilang 'sabu, wes coba en'. Awalnya saya ragu, tapi dia bilang 'wes sekali tok ae, gapapa'. Ya setelah itu saya coba untuk pakai."*)

"After trying it for the first time, my friends often asked me to do it again. They would say, 'Come on guys, let's do it again while we still have it.' At first I was able to refuse, but eventually it became a habit. Whenever we hung out, we would do it." (*"Setelah pertama kali coba, temen-temen sering ngajak lagi. Mereka bilang 'ayo maneh rek, mumpung onok barang e iki'. Awalnya saya bisa nolak, tapi lama-lama kayak kebiasaan. Kalau nongkrong pasti ada hal tersebut."*)

"From the assessment interviews and counseling sessions, it is clear that he is greatly influenced by his peer group. He considers the group to be his second family, a place where he feels accepted and valued. In the group, drug use has been normalized. They do not see it as wrong, but as part of their lifestyle. Basically, H is seeking acceptance and recognition, and is very vulnerable to this influence." (*"Dari hasil wawancara asesmen dan sesi konseling, terlihat jelas bahwa ia sangat terpengaruh oleh kelompok teman sebaya nya. Ia menganggap kelompok itu sebagai keluarga kedua, tempat ia merasa diterima dan dihargai. Di kelompok itu, penggunaan narkoba sudah dinormalisasi. Mereka tidak melihatnya sebagai hal yang salah, tetapi sebagai bagian dari gaya hidup mereka. Pada dasarnya H mencari penerimaan dan pengakuan, sangat rentan terhadap pengaruh ini."*) (SMCC Counselor Assistant, informant interview).

Table 3. Coding structure: peer influence patterns.

Pattern	Category	Description	Data
Normalization	Group Norm Formation	Drug use viewed as normal lifestyle within peer group	PI1
Repeated Invitations	Escalating Social Pressure	Progressive, repeated peer invitations eroding initial resistance	PI2
Direct Modeling	Behavioral Demonstration	Peers actively demonstrate drug use as pleasurable and harmless	PI3
Threat of Exclusion	Conformity Pressure	Implicit/explicit risk of social rejection for non participation	PI4

Note. PI = Peer Influence

The coding structure in Table 3 reveals that suboptimal family communication in H's context operates as a patterned and cumulative process rather than a set of discrete issues. The convergence of instrumental father-child interactions, functionally restricted communication with the stepmother, and post-divorce emotional disruption reflects a sustained absence of affective engagement within the family system. Importantly, these categories are not independent; instead, they form an interconnected pathway in which limited emotional exchange evolves into withdrawal, perceived neglect, and ultimately the redirection of attachment needs toward

external sources. This pattern underscores that communication breakdown functions as a structural condition shaping H's relational orientation, progressively weakening familial bonds while increasing reliance on peer-based validation and belonging.

Theme 3: Psychological Mechanisms in the Process of Drug Abuse

Two distinct psychological functions of drug use were identified (see Table 4), that is identity confusion coping, drug use as a means to obtain social acceptance and resolve the identity versus role confusion crisis, and emotional regulation coping, drug use as a strategy to manage stress, emptiness, and psychological pain.

"I used to be confused about what I wanted to be and how I wanted to be. At home, no one gave me any guidance, and at school it was just the same. When I met my friends, I felt that they accepted me for who I was, without demanding that I be a certain way." (*"Saya dulu bingung mau jadi apa dan mau gimana. Di rumah nggak ada yang kasih arahan, disekolah juga biasa aja. Pas ketemu sama teman-teman, saya merasa mereka menerima saya apa adanya, nggak nuntut untuk harus jadi seperti apa."*)

"When I'm stressed, confused, or bored, I use it. It makes me feel stronger, and it's like some of my problems disappear. I feel more motivated, so I keep using it. I know it's wrong, but at the time I didn't care." (*"Kalau lagi stress, bingung, bosan, saya pakai. Efeknya bikin lebih kuat dan rasanya kayak beberapa masalah itu hilang. Saya lebih bersemangat, makanya saya terus pakai. Saya tahu itu salah, tapi waktu itu saya nggak peduli."*)

Table 4. Psychological mechanisms in drug use.

Mechanism	Function	Description	Data
Identity Confusion Coping	Social Belonging	Drug use provides sense of acceptance and group identity	PM1
Emotional Regulation Coping	Stress Reduction	Drug use temporarily reduces emotional pain and psychological emptiness	PM2

Note. PM = Psychological Mechanism.

The patterns summarized in Table 4 indicate that drug use among participants cannot be reduced to mere maladaptive behavior, but rather reflects a functional psychological response to unmet developmental and emotional needs. Specifically, identity confusion coping aligns with Eriksonian perspectives on identity versus role confusion, where the absence of meaningful guidance from primary socialization agents (e.g., family and school) appears to create a vacuum that is subsequently filled by peer-based validation, even when such validation is embedded in risky behaviors. At the same time, emotional regulation coping demonstrates a form of negative reinforcement, in which substance use is repeatedly enacted because it provides immediate, albeit temporary, relief from psychological distress such as stress, boredom, and existential emptiness. Importantly, these mechanisms operate in a mutually reinforcing cycle: the temporary emotional relief strengthens continued use, while the sense of belonging within drug-using peer groups further consolidates identity formation around these behaviors. This dual-function dynamic suggests that interventions focusing solely on behavioral cessation may be insufficient, as they fail to address the underlying psychosocial functions that sustain substance use.

Discussion

The Interaction Between Family Communication and Peer Influence

The findings confirm and extend prior research by demonstrating that weak family communication and strong peer influence do not operate as independent risk factors but as mutually reinforcing dynamics. This interactive model differs from earlier correlational studies (Hasanah et al., 2020; Kusumastuti & Hadjam, 2019), which tended to treat these as parallel pathways. In H's case, the relational void created by low conversation orientation in the family was the primary catalyst that amplified peer group susceptibility, a sequence not adequately captured in variable based designs. The findings align with Karjuniwati et al. (2023) on the role of peer counseling in motivation, but extend the analysis by showing how normalization and repeated invitations constitute a progressive socialization process into drug use, not merely a single point decision. This is further supported by Rahmatillah et al. (2023), whose study on peer conformity in junior high school students found a significant positive relationship between peer conformity and student behavior, demonstrating that conformity pressure as observed in the current case constitutes a meaningful behavioral influence, not merely a passive social

condition. Similarly, [Sulusyawati & Juwanto \(2022\)](#) found that peer quality encompassing mutual support, mutual guidance, and conflict resolution among peers significantly influences students' career planning, reinforcing the present finding that peer group norms and interactions directly shape individual behavioral choices and developmental outcomes, including susceptibility to drug initiation.

The interaction between weak family communication and peer influence in this case is not only structural but also sequential, reflecting a clear developmental trajectory. The findings indicate that the absence of emotional dialogue within the family precedes and conditions the adolescent's openness to external social validation, as reflected in H's tendency to seek comfort and belonging outside the home. This sequence suggests that peer influence becomes effective not merely because of exposure, but because the adolescent has already experienced a deficit in emotional support ([Zeng et al., 2025](#)) and identity affirmation. In this context, normalization and repeated invitations operate as reinforcing mechanisms that gradually reshape the adolescent's perception of acceptable behavior. Therefore, peer influence ([Keller, 2023](#); [Watts et al., 2024](#)) should be understood as a process embedded within a broader relational context, rather than as an isolated external factor.

Furthermore, the findings highlight that peer-driven drug involvement ([Vignal et al., 2025](#)) is closely intertwined with the adolescent's psychological need to resolve identity confusion and regulate emotional distress. The subject's experience illustrates that drug use functions not only as a behavioral response to peer pressure, but also as a coping strategy to manage feelings of loneliness, confusion, and unmet emotional needs ([Yakovlyeva et al., 2023](#)). This reinforces the argument that susceptibility to peer influence is amplified when adolescents lack internal resources for emotional regulation and identity formation. In such conditions, peer groups do not simply influence behavior, but actively shape the meaning system through which adolescents interpret their experiences ([Shaw et al., 2026](#)). Consequently, the interaction between family communication and peer influence should be conceptualized as a psychosocial mechanism that integrates relational, developmental, and emotional dimensions of adolescent vulnerability.

Theoretical Integration Between Erikson's Psychosocial Theory and Family Communication Patterns Theory

The primary theoretical contribution of this study lies in the explicit integration of Erikson's (1968) psychosocial development theory with the Family Communication Patterns Theory (FCPT) as a structured explanatory framework and a combination that has not previously been applied in the literature on adolescent substance abuse rehabilitation in Indonesia. Rather than applying these frameworks sequentially, this analysis treats them as complementary, with the FCPT explaining why the family environment fails to provide identity support, while Erikson's theory explains why this failure has a fatal impact on development during adolescence.

Specifically, low conversational orientation (FCPT) during the identity versus role confusion stage (Erikson) creates a convergent vulnerability, that is adolescents who are unable to express their confusion or seek guidance within the family context are at a critical juncture in the development of their identity. Peer groups serve not only as social substitutes but also as providers of identity, and when these groups normalize drug use, adolescents adopt it as part of their emerging identity. This framework goes beyond [Rahmasari et al. \(2025\)](#), who identified family protective factors, by explaining the mechanisms through which the absence of these factors leads to vulnerability. This framework also differs from [Fahma et al. \(2025\)](#), who focused on communication and mental health but did not examine the peer-mediated pathway leading to the initiation of drug use.

This integration also reveals that identity formation in adolescence cannot be understood solely as an internal developmental task, but must be situated within a communicative and relational context. In families with low conversational orientation ([Reynolds et al., 2024](#)), adolescents are deprived of opportunities to articulate confusion, negotiate meaning, and construct a coherent sense of self through dialogue. As a result, the identity versus role confusion stage becomes prolonged and unresolved, increasing reliance on external sources of validation. Peer groups, in this context, do not merely supplement family functions but effectively replace them as primary arenas of identity construction ([Schwetlick et al., 2025](#)). When these peer environments normalize deviant behaviors ([Reynolds et al., 2023](#)) such as drug use, adolescents are more likely to internalize these behaviors as part of their identity formation process.

Moreover, the combined application of FCPT and Erikson's theory provides a process-based explanation of vulnerability, moving beyond static risk factor models commonly found in prior research. Rather than viewing family communication deficits and peer influence as separate predictors, this framework conceptualizes them as interconnected stages within a developmental pathway leading to substance use. The absence of open communication limits emotional regulation ([Sitepu & Madjid, 2025](#)) and identity exploration. [Delvaux & Van den Broeck \(2024\)](#) explain that while peer influence provides both the context and reinforcement for maladaptive coping strategies ([Maqsood et al., 2024](#); [Olorunfemi & Jibrin, 2026](#)). This dynamic suggests that drug use emerges not simply from exposure or opportunity, but from an ongoing interaction between unmet developmental needs and available social environments. Therefore, the integration of these two theories contributes to a more

comprehensive understanding of adolescent drug abuse as a developmental and relational process, rather than a discrete behavioral outcome.

Implications of Guidance and Counseling Services

Based directly on the empirical findings, three intervention priorities are recommended. First, family communication strengthening through psychoeducation programs for parents, focusing on improving conversation orientation (open, empathetic dialogue) consistent with FCPT principles (see figure 1). This addresses the core finding that H's family lacked the communicative conditions for emotional expression and identity support. Second, individual counseling using integrated approaches: Gestalt therapy to address unfinished business from parental divorce (Nuryono et al., 2025) and Acceptance and Commitment Therapy (ACT) to develop psychological flexibility and reduce drug-dependent coping (Ariyanti & Nuryono, 2021).

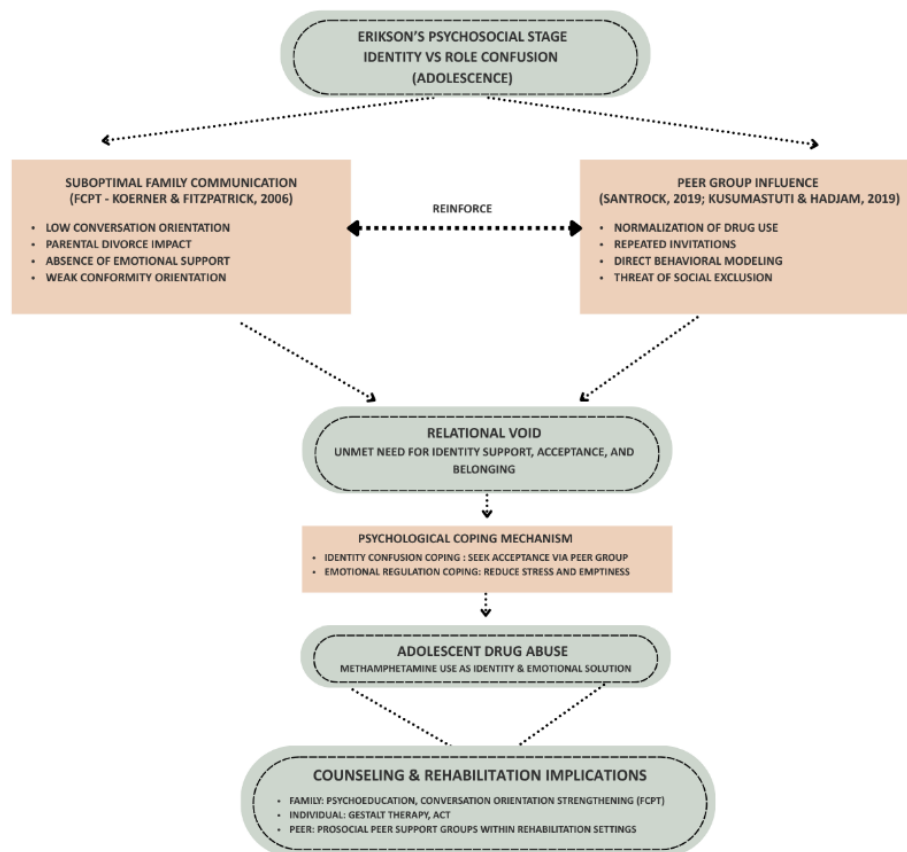


Figure 1. Conceptual model: FCPT - Erikson integration in adolescent drug abuse vulnerability.

Third, peer support group development within rehabilitation settings, enabling adolescents to experience prosocial group belonging directly countering the peer normalization pattern identified in Theme 2 (Karjuniwati et al., 2023). The use of group guidance techniques, such as the problem solving approach demonstrated by Resti et al. (2023), offers a structured framework for helping adolescents achieve their developmental tasks within rehabilitation group settings. Furthermore, Zulfikar et al. (2023) highlight that adolescents from broken home backgrounds analogous to H's parental divorce experience often exhibit deviant social behavior as a response to unmet emotional needs, underscoring the importance of addressing family dynamics alongside peer-level interventions.

The integration of Erikson's psychosocial development theory and Family Communication Patterns Theory in designing interventions helps counselors understand that in the identity versus role confusion phase, when families fail to fulfill their function of accepting and strengthening identity, the influence of peers becomes increasingly dominant. Therefore, guidance and counseling services need to be designed to strengthen the protective functions of the family (Huff et al., 2023; Misca & Walker, 2025) by improving the quality of communication, while equipping adolescents with adequate social and assertive skills to deal with peer pressure, so that counselors can make a significant contribution to the prevention and recovery of drug abuse cases among

adolescents (Halili & Sulaiman, 2024). This integration also reveals that identity formation in adolescence cannot be understood solely as an internal developmental task (Comtois et al., 2024; Gabler et al., 2025), but must be situated within a communicative and relational context (Cieciuch et al., 2024). In families with low conversational orientation (Liu et al., 2025), adolescents are deprived of opportunities to articulate confusion, negotiate meaning, and construct a coherent sense of self through dialogue. As a result, the identity versus role confusion stage becomes prolonged and unresolved, increasing reliance on external sources of validation. Peer groups, in this context, do not merely supplement family functions but effectively replace them as primary arenas of identity construction (Shah et al., 2024). When these peer environments normalize deviant behaviors such as drug use, adolescents are more likely to internalize these behaviors as part of their identity formation process.

Moreover, the combined application of FCPT and Erikson's theory provides a process-based explanation of vulnerability, moving beyond static risk factor models commonly found in prior research. Rather than viewing family communication deficits and peer influence as separate predictors, this framework conceptualizes them as interconnected stages within a developmental pathway leading to substance use. The absence of open communication limits emotional regulation and identity exploration, while peer influence provides both the context and reinforcement for maladaptive coping strategies. This dynamic suggests that drug use emerges not simply from exposure or opportunity, but from an ongoing interaction between unmet developmental needs and available social environments (McCann et al., 2024; Olsson et al., 2023). Therefore, the integration of these two theories contributes to a more comprehensive understanding of adolescent drug abuse as a developmental and relational process, rather than a discrete behavioral outcome.

Conclusions

This study demonstrates that adolescent drug abuse is produced by the convergent interaction of suboptimal family communication and strong peer influence, operating within the developmentally critical identity versus role confusion stage. Suboptimal family communication characterized by low conversation orientation, emotional absence, and the compounding effects of parental divorce, eliminates the family as a protective and identity supportive system. Peer groups fill this relational void through normalization, repeated invitation, direct modeling, and conformity pressure. Drug use emerges not merely as a behavioral choice but as a psychological response to unresolved identity confusion and emotional emptiness.

For practitioners, this study recommends an integrated counseling approach combining Gestalt therapy, ACT, family resilience strengthening, and assertive communication training. For policymakers and government agencies, the findings underscore the need for mandatory family counseling components in all government-run adolescent drug rehabilitation programs, school based assertiveness and drug resistance training programs, particularly targeting junior high school students, strengthened collaboration between BNN and school guidance counseling services for early identification of at risk adolescents, and regulation mandating family participation in the rehabilitation process, not merely individual treatment.

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Author Contributions

Clara Jelita Gracia Theo: Conceptualization, Methodology, Data Curation, Writing Original Draft; **Wiryo Nuryono:** Formal Analysis, Writing review, Supervision, Validation; **Budi Purwoko:** Formal Analysis, Validation; **Evi Winingsih:** Formal Analysis, Validation; **Heru Prasetyo:** Formal Analysis, Validation.

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Conflicts of Interest

The authors declare no conflicts of interest.

Ethical Approval

Ethical approval for this study was obtained from BNN Surabaya City (BNNK) through a formal cooperation agreement under reference number PKS/22/X/KA/HM.00/2024/BNNK.

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