



Say No to Drugs: Empowering Adolescent Resilience Through Knowledge Transfer Programme

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ABSTRACT

Drug threats do not discriminate by age, affecting children, adolescents, youth, and the elderly. In Malaysia, the increasing involvement of children under 12 years old in drug abuse cases is a cause for concern. Although the number of cases remains relatively low, without early prevention and intervention this trend could jeopardize the nation's future. Contributing factors such as neglect, abandonment, poverty, and family problems highlight the inability of adults to consistently safeguard adolescent from harm, including the dangers of drugs. Hence, adolescents must be empowered with the ability to protect themselves. This study employed a qualitative approach through focus group discussions (FGDs) involving 44 adolescents aged 10 to 12 years old. The FGDs were conducted after participants attended a knowledge transfer program on the dangers of drug abuse. Data were analysed thematically using NVivo software. The findings reveal three stages of empowerment among adolescents: (1) early exposure (knowledge and awareness), (2) continuous learning (risk identification), and (3) building resilience (prevention). The study concludes that efforts to combat drug issues in Malaysia should begin at an early age. Adolescents must cultivate resilience to safeguard themselves, supported by parents, guardians, teachers, and the wider community.

KEYWORDS: Adolescent, drug threats, empowerment, prevention, resilience.

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INTRODUCTION

Drug abuse has long been recognized as one of the most pressing social issues in Malaysia. Traditionally, drug-related problems have been associated with adolescents and young adults, who are often considered the most vulnerable age groups due to peer influence, curiosity, and risk-taking behaviours. However, recent statistics reveal a more alarming trend the increasing involvement of children under the age of 12 in drug-related cases. Although the actual number of cases remains relatively small compared to older age groups, the upward trend cannot be overlooked ^[1]. If left unaddressed, the phenomenon poses a serious threat to the nation's future, as children represent the foundation of Malaysia's social and economic development.

The involvement of young children in drug abuse reflects a deeper structural problem. Studies show that neglect, abandonment, poverty, and family dysfunction are significant risk factors contributing to children's exposure to drugs ^[2] ^[3]. In many cases, adults fail to safeguard children from external threats, thereby weakening protective barriers within the family and community. Such vulnerabilities suggest that drug prevention cannot rely solely on external monitoring by parents or teachers. Instead, children themselves must be empowered with the knowledge, skills, and resilience to protect their own well-being.

While Malaysia has made considerable progress in strengthening enforcement and rehabilitation, preventive strategies targeting younger children remain underdeveloped. Most prevention campaigns and school-based interventions are designed for secondary school students, overlooking the fact that younger children are increasingly exposed to harmful environments ^[5]. As such, the present study explores how a knowledge transfer program on drug abuse can contribute to empowering early adolescents (aged 10–12) and building resilience against drug threats. This study argued that, the development of the resilience should start with the empowerment of the adolescents to protect themselves from the threat of drug abuse even without the observation or protection from the adults.

LITERATURE REVIEW

A. Scenario of drug abuse involving adolescent

Drug abuse remains a persistent challenge in Malaysia despite decades of intervention. According to the National Antidrug

Agency (2023), methamphetamine continues to dominate drug seizures, while synthetic drugs are increasingly accessible through online platforms. Although most users fall within the age range of 19–39, recent statistics highlight worrying involvement of children under 12 years old. Such cases may not necessarily involve direct drug consumption but include roles such as being used as couriers, being exposed to environments where drugs are consumed, or being influenced by drug-dependent family members.

Adolescents refer to individuals aged between 10 and 19 years old ^[6]. Concerns regarding drug abuse among children and adolescents have been highlighted since the late 1990s, as early exposure to substance use significantly increases the likelihood of future drug involvement and addiction ^[7]. In Malaysia, the situation remains worrying whereby 37 percent of adolescents were arrested in 2017 due to drug-related offences, and according to the recent concern raised by the Deputy Prime Minister of Malaysia, Zahid Hamidi, cases have now involved victims as young as 10 years old ^[8].

This trend is not isolated to Malaysia. Globally, the United Nations Office on Drugs and Crime ^[31] reported a rising pattern of early experimentation among youths across Southeast Asia, driven by factors such as peer pressure, easy access to synthetic drugs, family dysfunction, and social media influence. A study in Asia by Degenhardt et al. (2016) also found that adolescents who begin using substances before age 14 have significantly higher risks of developing long-term dependency, mental health disorders, and reduced life outcomes ^[4]. The impact of this scenario can jeopardise the future human capital of the country, as adolescent drug involvement is strongly linked to school dropout, unemployment, and long-term social marginalisation ^[9]. According to Belcher et al. (1998), the younger the child is when exposed to drugs or other substances, the higher the risk of serious health and developmental consequences in adulthood, including cognitive impairment, emotional instability, and chronic addiction.

B. Adolescent as a Vulnerable Group

This Adolescent deserve a safe environment in which they can grow and develop. They require strong protections from adults, especially family to keep them save from danger, strangers, and to guide them in making the right decision in life ^[10]. According to Fahriani et al. (2025), vulnerability refers “to the conditions or characteristics of individuals or groups that affect their capacity to anticipate, overcome, resist, and recover from the impact of hazards”. Adolescents can be categorised as a vulnerable group because they are still too young to make their sound decisions on their own and may struggle to distinguish between what is good or bad. Without close supervision, they are easily become vulnerable exposed to the great danger. At this age, they often curious and eager to try new things, including imitating the actions or behaviours of others through observation ^[11] ^[12] ^[13]. For instance, a study by Rozubi et al. (2024) found that some adolescent experimented with substance due to curiosity about the drugs’ taste and the desire to experience something new. Therefore, the role of parent is important in monitoring and correcting their children’s behaviour immediately ^[12].

Number of studies revealed that family influence, peer influence, curiosity and fear of missing out (FOMO) among the contributing factors shaping adolescents ‘drug-usage pattern’ ^[14] ^[15] ^[12] ^[16]. Adolescents can be easily swayed and may gain access to drug after observing and learning such behaviours from their family members and relatives. In many cases, drug involvement among adolescents begins with smoking vapes or cigarettes with friends without knowledge of school and their parents ^[12]. Ismail et al. (2024) also mentioned that some adolescents engage in drug use to fit into peer group and gain acceptance. Their first exposure often start with cigarette, may be easily obtained from family members, and this can later lead them to try other substances such as vaping products or drugs. Illicit drug abuse among adolescents in Malaysia has been increasing, with cases reported as early as ages 10 years old ^[17]. Such behaviour increases their vulnerability and negatively affects their childhood life, health, and educational outcome.

C. Empowerment and Resilience of Adolescent in Confronting Drug Abuse Issues

Developing resilience among adolescents is crucial to ensure they have a strong internal shield that helps them avoid engaging with harmful substances ^[14]. Resilience is the individual property which enable them to overcome any negative set of life circumstances and in the context of study adolescent resilience is referring to the high intelligence, low novelty-seeking behaviour and able to protect themselves from delinquent peers ^[18]. According to D'Angelo (2020), adolescents and youth must develop the appropriate skills and abilities to face the global challenges present in today’s environment. This is important to prepare them for unseen shocks in both presents and future that may jeopardize their well-being ^[19]. When adolescents are resilient, they are able to regulate their impulse and confidently reject peer pressure to try cigarettes, vaping products, or drugs. To reach this level of strength, they need a great support from both schools and parents, especially in educating them about the risks associated with substance use ^[16]. Relying solely on external sources such as social media can expose them to harmful and misleading information, especially about drugs.

Parents can empower their children by encouraging independent decision-making and teaching them to take responsibility for themselves, their family and their friends ^[12]. When they experience academic stress, resilience helps them channel their stress into healthy way such as sports, hobbies, or quality time with families. This will help adolescents develop strong resilience, enabling them to grow with greater potential in future and confidently resist drugs or any harmful substances ^[19] ^[20]. Schools are place where adolescents spend most of their time with peers and teachers. To ensure they interact with positive peer groups, teacher play an important role in providing a supportive platform for building positive and healthy social interaction. According to Ismail et al. (2024), teacher can implement peer-mentoring programmes at schools to facilitate meaningful interaction among students. This approach helps create a larger community of students with strong protective barriers, a great sense of belonging and mutual understanding ^[14].

D. Transferring Knowledge and Skills Through Knowledge Transfer Programme (KTP)

Knowledge Transfer Programme (KTP) is one of the initiatives introduced by Malaysia's Ministry of Higher Education under 10th Malaysia Plan to enhance the relationship of the academia, higher learning institution, industry, and community. This initiative aims to encourage the transfer of expertise, knowledge, skill through research and innovation projects ^[21]. This approach has been practiced almost 15 years in Malaysia and has also shown that this program has benefits the academics, irrespective of position, to apply their classroom knowledge such as taught theory, concept, and approach in community settings ^[22]. Thus, via implementation of KTP programme to enhance the knowledge and skills of the adolescents to understand about the threat of drugs is among the most appropriate way. The programme not only give impact to the adolescents the organiser or project team also able to use the empirical data to evaluate the effectiveness of the programme. This will able to provide more impactful and effective strategies for the adolescents, parents, teachers, and many other stakeholders.

However, most preventive programs in Malaysia are school-based but predominantly target teenagers in secondary education. This creates a gap for primary school children, who may already be exposed to risky environments. International evidence demonstrates that early interventions are significantly more effective in reducing future risk behaviours ^[23].

By delaying prevention until adolescence, opportunities to instil protective knowledge and resilience at an earlier developmental stage may be lost. Not only the impactful programme able to exposed adolescents on the drug threats, however it can provide the knowledge and skills to adolescents as well as can contribute significantly to the policy makers, implementers and governments to prepare preventive actions and strategies in the future in order to tackle the drugs issues in the country ^[24].

METHODOLOGY

This study employed a qualitative research design to explore how adolescents perceive empowerment and resilience after exposure to a knowledge transfer program on drug abuse prevention. A qualitative approach was chosen to allow for deeper insights into the participants lived experiences and personal reflections ^[25]. The study involved 44 participants aged between 10 to 12 years. Participants were recruited from three primary schools located in three districts in the state of Kelantan, Malaysia. Ethical approval was obtained from the university's research ethics committee, and informed consent was secured from parents and guardians. Kelantan was selected as the study location due to the high rate of drug abuse issues in Malaysia ^[1]. A purposive sampling technique was adopted to obtain 44 participants. In qualitative research, the number of 44 participants was adequate and had reached the saturation point of the study ^[26].

The data collection process began with a talk delivered by speakers from the Royal Malaysia Police (RMP) to share knowledge about the dangers of drug abuse among children. The talk was conducted for approximately one to one and a half hours. After the session, the participants were given a break to rest and refresh. Following the program, participants took part in focus group discussions (FGDs). Each FGD consisted of 6–8 participants and was facilitated by a trained moderator to ensure the adolescents able to communicate within their capability ^[27]. The discussions focused on participants' understanding of the dangers of drugs, their ability to identify risks, and the strategies they believed could help protect them. All FGDs were transcribed verbatim and analysed thematically using NVivo software. The thematic analysis followed six-step process: familiarization, coding, theme identification, reviewing, defining, and reporting ^[28].

PROFILE OF PARTICIPANTS

The participants of this study comprised of 24 male and 20 female adolescents from three schools within Kelantan states. Majority of the participants aged 11 – 12 years old (66%) and 9 – 10 years old (34%). While for religion and race, 100% of participants were Malay and Islam. However, in term of location majority of them (88.7%) lived in rural area and only 11.3% stayed at urban area. The participants were

given the exposure on the drug abuse issues through a knowledge transfer programme for approximately two hours.

The talk was delivered by the expert from Kelantan's Royal Malaysia Police. The participants were actively involved and during the session the speaker has shown the pictures, stories, advice and even asking the experience that the adolescents has come across in their daily environment. This activity has created the curiosity and spark the idea on the dangers of drug abuse issues among the adolescents particularly within schools and their home.

TABLE I PROFILE OF PARTICIPANTS

Item	Descriptions	Frequency (n)	Percent (%)
Gender	Male	24	54.5
	Female	20	45.5
Age	9 – 10 years old	15	34.0
	11 – 12 years old	29	66.0
Race	Malay	44	100.0
Religion	Islam	44	100.0
Lived in (area)	Rural	39	88.7
	Urban	6	11.3

FINDINGS

The findings indicates that the knowledge transfer programme implemented to expose the adolescent with knowledge and skills on the threats of drug addiction has spark the awareness and lead to the enhancement in their resilience to protect themselves from drug abuse issues. This study discovered that the empowerment of the adolescent's resilience towards drug abuse issues

has involved three key stages as shown in the Fig. 1.

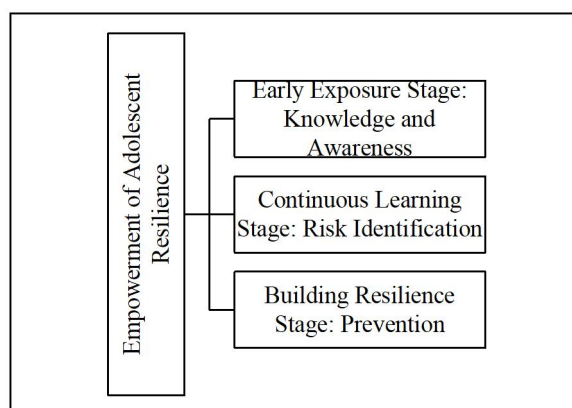


Fig. 1 Thematic Analysis

A. Early Exposure Stage: Knowledge and Awareness

No The first stage of empowerment of adolescent resilience towards drug threats is the development of knowledge and awareness among the participants. Participants demonstrated that they have the reach the level of getting the awareness on the drugs. Majority of the participant do not know about drugs; however, they are aware on the common names of drugs such as “Pil kuda” or methamphetamine type of drugs. This is due to the high rate of cases of drug abuse involving this type of drugs in Kelantan. One of the participants has highlight he knows about drug from the news in television. The findings show that in creating the awareness many platforms can be use as the approaches not only through digital media as well as electronic media.

“I learned about drugs from the news on TV.”
“I had fun today because I learned about drugs.”

Despite that, there were participants revealed that they know about drugs and substance such as mushrooms, marijuana, and ketum from social media such as TikTok platform. This shows that, as adolescents they also being exposed with drugs information from the social media and this should be monitor by the parents and guardians. Majority of the participants able to recall the knowledge and information that has been shared during the talk. The pictures and advise on the drugs have given them knowledge and create the awareness on the dangers of drug abuse.

“I know some types of drugs like mushrooms, marijuana, and ketum.”

Furthermore, the participants also have recalled their past experience with the new knowledge that they obtained from the talk programme. The participants able to describe and identify what they have experience is dangerous and should be avoided.

“I saw pills that were red and green and looked sweet. Now I know not to be fooled by colours.”
“I have seen a vape before.”

“Once, behind my friend’s house, I saw something like a straw and they were heating something. It made me uncomfortable.”

B. Continuous Learning Stage: Risk Identification

The second stage of empowerment and resilience development among the participants is in term of continuous learning which is the participants able to think further from the knowledge and awareness that has been given to them. At this stage the findings revealed that, the participants acknowledged they were scared as drug is dangerous.

“I feel scared now that I know how dangerous drugs are.”
“Drugs are dangerous. I hate drugs.”

Apart from that, the participants also revealed that they know the risk of drugs threat in terms of health, consequence of taking drugs and the punishment of involving with drugs abuse or possession.

“Drugs can make you feel dizzy or ‘high.’”
“Drugs can cause death.”
“I didn’t know smoking and drugs could hurt our bodies so much.”
“Taking drugs can ruin school performance, make you angry easily, make you skip school, and even make you lose control.”
“People who sell drugs hide because they’re afraid of being caught and going to jail.”

The programme also has enabled the participants to know what is good and bad in schools. As adolescents they can think and described the actions clearly such as when addicted the physical and behaviour of the individual will change and will experience symptoms such as dizzy, red eyes and others.

“Smoking, vaping, and bullying are not okay.”

"Don't try drugs. You can get addicted."

C. Building Resilience Stage: Prevention

The final stage reflected the emergence of resilience, where participants expressed confidence in their ability to resist the negative situations related to drug threats. This directly shows that, the knowledge transfer programme has big impact towards the adolescents as they are still young and the right and accurate information and knowledge should be provided to them. The participants involvement in the programme also has enable them to build the resilience against drug threat. Their feedback shows how they feel empowered after know the ways to react if they face with the drugs treats.

The participants revealed that, they know the refusal skills if they confront with the threat of drugs from their friends, family and closed person. The participants mentioned in confidence that they will refuse and take actions towards the individual who offered them to take drugs or involved in drug abuse.

"If someone offers me drugs, I will say no and walk away."

"If my friends try something unsafe, I won't follow them."

There were participants feel that they were responsible to advise their friends if they try to involved with drug abuse. They also will share the knowledge that they have learned from this programme to their family members and friends. This shows the empowerment that they have to fight against drug abuse.

"If a friend wants to take drugs, I will tell them not to because it harms health."

"I will remind my friends to stay safe and make healthy choices."

"I want to share with my mom about the types of drugs I learned."

"I will tell my family what to do if we see drugs."

Furthermore, the participants also informed that they will protect themselves away from drug abuse by making a good peers or friends.

"To avoid bad influence, I should choose friends who make good choices."

Majority of the participants mentioned that, they will seek help from the adult such as parent, teacher and even police to protect them from the danger of drug threat. The participants will tell a trusted adult when feeling unsafe or when exposed to drugs. They also shared what they need to do if drugs are found or seen.

"If I see drugs, I will feel worried and tell a trusted adult."

"If I see drugs, I will report it to a teacher."

"If I think it's dangerous, I will tell my parents or call the police with an adult's help."

"I might first advise my friend to stop, but I will still tell an adult so everyone stays safe."

"If I see drugs, I will not touch them. I will tell a teacher or parent and get help."

DISCUSSION

The findings of this study clearly demonstrate that the knowledge transfer programme successfully enhanced adolescents' awareness, understanding, and capacity to protect themselves from drug-related threats. Providing early and age-appropriate exposure to drug-related knowledge allowed participants aged 10 to 12 years old to internalize key messages and translate them into meaningful reflections. This finding supports existing literature, which emphasizes that children and early adolescents are capable of processing complex health and safety information when it is delivered in a structured and relatable manner ^[29].

Consistent with empowerment theory ^[32], the findings revealed a progressive pathway from knowledge acquisition to the strengthening of resilience. The three stages identified (1) early exposure, (2) continuous learning, and (3) resilience building; illustrate how adolescents gradually moved from basic awareness to more complex decision-making and self-protective behaviours. At the early exposure stage, participants demonstrated significant gains in factual knowledge, reflected in their ability to recall types of drugs, harmful behaviours associated with substance use, and real-life encounters. This early cognitive shift is essential, as awareness lays the foundation for later behavioural resistance.

The continuous learning stage further showed how adolescents began interpreting risks more critically. Participants were able to identify the physical, emotional, and social consequences of drug abuse, revealing an emerging capacity for risk assessment. Expressions of fear, concern, and discomfort reflected not only awareness but also emotional engagement of the adolescents. This is an important indicator to behavioural change. This aligns with developmental psychology perspectives, which argue that emotional responses play a key role in strengthening risk avoidance behaviours during early adolescence.

The resilience-building stage provided the clearest evidence of empowerment. Participants articulated a range of resistance strategies, including refusal skills, help-seeking behaviour, peer influence management, and reporting mechanisms. These responses demonstrate the development of personal agency an essential component of resilience. Similar to Ungar's (2008) framework, resilience in this study is shown not merely as an internal trait but as a dynamic interaction between individual capacities and supportive environments ^[30].

Importantly, the findings highlight that adolescents are not passive recipients of safety messages. Instead, they act as active agents capable of analysing risks, making informed decisions, influencing peers, and seeking help appropriately. Their

willingness to share what they learned with parents, teachers, and peers reflects a multiplier effect, where knowledge gained by one child can strengthen protective networks around others. This outcome indicates that well-designed knowledge transfer programmes can create ripple effects beyond the immediate participants.

However, the study also points to systemic gaps in Malaysia's current drug prevention landscape. While preventive education is more established at the secondary level, structured interventions for primary school students remain limited. This leaves a critical developmental gap in our previous actions to prevent the drug abuse or addiction among the individuals in Malaysia. The results of this study support the efforts for integrating drug prevention modules into the primary school curriculum^{[5][23]}, ensuring that children receive continuous, developmentally appropriate exposure to drug awareness content.

The adolescents' reflections also indicate that resilience does not develop in isolation. Reinforcement from parents, teachers, and the community is essential to sustain protective behaviours. Without ongoing support and environmental consistency, the protective skills gained may diminish over time. Thus, school-based programmes must be complemented by family engagement, community awareness activities, and sustained national-level prevention campaigns.

CONCLUSIONS

Overall, this study concludes that efforts to combat drug abuse in Malaysia must begin earlier and more systematically. By equipping children with knowledge, risk-identification skills, and self-protection strategies, they can become empowered agents capable of navigating harmful environments. Early intervention is not merely educational; it is an investment in Malaysia's future social resilience. By strengthening preventive education at the primary school level, Malaysia can build a generation of adolescents who are informed, vigilant, and capable of standing against drug and substance threats.

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