



The Application of Cognitive Behavioral Therapy (CBT) in Drug Abuse Victims

Shania Islahi Nurlita
Dinie Ratri Desiningrum
Annastasia Ediaty*

Faculty of Psychology, Diponegoro University, Indonesia

*Corresponding author: Annastasia Ediaty, S. Psi., M.Sc., Ph.D.
Faculty of Psychology, Diponegoro University, Indonesia. Email: ediati@lecturer.undip.ac.id

Highlights

- *Cognitive Behavioral Therapy (CBT)* is an effective method of dealing with addiction this therapy usually involves five essential sessions
- Variables that can interfere with interventions such as lack of physical environment, difficulty in controlling the use of addictive substances, time constraints.

Abstract

Background: Cognitive Behaviour Therapy (CBT) is an appropriate therapy to be applied as a mental treatment for patients who have become victims of drug abuse, with a focus not only on cognition but also on patient behaviour. With CBT, individuals will be able to think rationally and prevent relapse. **Research Objective:** This study aims to gather sufficient data on the application of cognitive behaviour therapy for individuals addicted to drugs. **Research Method:** This study is a literature review. The authors used the PRISMA extraction form. The search for studies was conducted on databases published after January 1, 2013, and carried out for one week, from April 10th to April 17th, 2023 (excluding Saturdays and Sundays). The search was conducted on the following databases: Science Direct, Springer, and IPI (Portal Garuda) with Scopus Q1 and Q2 index standards and Sinta 4, using keywords. **Inclusive and Exclusive Criteria** This literature review will highlight the application of Cognitive Behaviour Therapy (CBT) in Drug Abuse Victims, thus the established criteria are research articles on (1) the application of Cognitive Behaviour Therapy (CBT) in Drug Abuse Victims, and (2) the outcomes of Cognitive Behaviour Therapy (CBT) in Drug Abuse Victims. The search was limited to studies published in English and Indonesian, after January 1, 2013 (the past 10 years). **Results:** Various literature indicates that in their research, there is a significant influence with the implementation of patient treatment methods using cognitive behaviour therapy (CBT) for drug abuse victims as a step towards recovery and reduction of substance abuse and alcohol addiction. Furthermore, other findings suggest that CBT can reduce symptoms of depression and anxiety in individuals who are victims of drug abuse.

Keywords: Cognitive Behaviour Therapy; CBT; Drug Abuse

INTRODUCTION

According to the United Nations Office on Drugs and Crime (UNODC), around 271 million people worldwide or 5.5% of the total world population aged 15-64 years have used drugs in 2017 (Yenes & Karneli, 2022). The inappropriate use of narcotics is a serious threat to the development of civilization. Even though it is still not common among the majority of the population at the moment, this problem needs serious consideration as it has started to affect the younger generation. Based on mass media coverage, narcotics abuse continues to grow from year to year (Eskasasnanda, 2014).

Drug abuse is a problem that has more negative than positive effects. Therefore, various efforts have been made by different parties to address addicts who want to quit, such as rehabilitation centers, the police, hospital treatment programs, and others. However, many addicts still relapse after discontinuing prolonged drug use. Relapse can be caused by internal and external factors of individuals, such as religious beliefs, family and peer roles, anxiety levels, socio-economic conditions, and other factors (Azka, 2017). Addressing drug abuse requires a multidisciplinary, multisectoral approach and consistent and sustainable active participation from the community. This issue is prevalent in society and needs to be comprehensively addressed (Yenes & Karneli, 2022).

Drug abuse is a problem that has more negative than positive effects. Therefore, various efforts have been made by different parties to address addicts who want to quit, such as rehabilitation centers, the police, hospital treatment programs, and others. However, many addicts still relapse after discontinuing prolonged drug use. Relapse can be caused by internal and external factors of individuals, such as religious beliefs, family and peer roles, anxiety levels, socio-economic conditions, and other factors (Azka, 2017). Addressing drug abuse requires a multidisciplinary, multisectoral approach and consistent and sustainable active participation from the community. This issue is prevalent in society and needs to be comprehensively addressed (Yenes & Karneli, 2022).

In addressing the issue of drug abuse, social reintegration is crucial to prevent relapse among addicts. Social reintegration primarily focuses on the social environment, including both the family and the community, and aims to assist addicts in resisting the urge to use drugs again. This involves reshaping the brain that has become accustomed to the pleasurable and comfortable feelings induced by drugs through engaging in beneficial activities or acquiring useful skills to improve the quality of life. Internal and external factors such as religious beliefs, family and peer roles, anxiety, and socioeconomic status can also influence the success of social reintegration (Fatwa Nurul Hakim, 2019). Therefore, comprehensive measures are necessary, including the implementation of Cognitive Behavioral Therapy (CBT) as one form of therapy for individuals affected by drug abuse.

The Cognitive Behavior Therapy (CBT) approach is often chosen as an effective method of treatment because it provides many opportunities for patients to practice skills such as taking risks by engaging in different behaviors, challenging detrimental thoughts, learning from others' experiences, and interacting technically and socially in regular group sessions (Corey, 2012). In CBT, patients are taught how to recognize and modify unhealthy behaviors using skills that can help reduce dependence on drugs and improve problem-solving abilities (Aini, 2019).

Behavioral and Cognitive Therapy (CBT) is an appropriate therapy to be applied as a mental healthcare treatment for individuals affected by drug abuse, with a focus not only on cognitive aspects but also on behavior. CBT is a method to change the processes of thinking, behavior, and emotions. This therapy provides counseling to enhance and maintain mental health.

Counseling will be focused on changing the functions of thinking, emotions, and actions, emphasizing the brain as the analyzer, decision-maker, investigator, actor, and decision-taker (Aini, 2019). In this literature review, we will analyze various studies that have been conducted on the application of CBT in drug abuse victims. We will investigate the methods of implementing CBT, the effectiveness of this therapy, and the factors and issues that may arise during the therapy process. Therefore, further research is needed to examine this issue in greater depth.

METHOD

Inclusive and Exclusive criteria

This literature review will highlight the Application of Cognitive Behavior Therapy (CBT) on Drug Abuse Victims, and the criteria set are research articles on (1) the Application of Cognitive Behavior Therapy (CBT) on Drug Abuse Victims and (2) the Results of Cognitive Behavior Therapy (CBT) on Drug Abuse Victims. In this study, the search will be limited to studies published in English and Indonesian languages, after January 1, 2013 (the past 10 years).

Article Journal Search Procedure

A systematic database search was conducted to identify relevant studies. The search included studies published after January 1, 2013, and was conducted for one week, from April 10 to April 17, 2023 (excluding Saturdays and Sundays). The search was limited to research articles only. The following databases were searched: Science Direct, Springer, Elsevier, and IPI (Portal Garuda), using the Scopus Q1 and Q2 standard indexes, as well as Sinta 4. Different combinations of keywords were used for each database. The keywords related to the application of cognitive behavior therapy were "cognitive behavior therapy" and "CBT," while the keywords for drug abuse were "drug abuse."

Data Extraction

Details from eligible studies were extracted by researchers using the PRISMA extraction form in the form of an Excel file. The extracted data includes: (a) participant characteristics: total number and age; (b) variables, conceptual definitions/theoretical frameworks; (c) methods: data collection tools; (d) main results/findings related to the implementation of Cognitive Behavior Therapy (CBT) in Drug Abuse Victims.

RESULTS

Database Search

The database search yielded 204 articles matching the keyword "cognitive behavior therapy" (Science Direct: 95; Springer: 103; and IPI (Portal Garuda): 6). All articles were reviewed, duplicate articles were removed, resulting in a total of 67 articles. Then, only full papers with clear author citations were selected, resulting in 22 articles. From these, articles containing the keywords "drug abuse" or closely related terms in the title or abstract were further selected, and the authors chose 10 studies that were deemed relevant, meeting the inclusion criteria, and included in the review. A more detailed description of the literature search is outlined in the Figure.

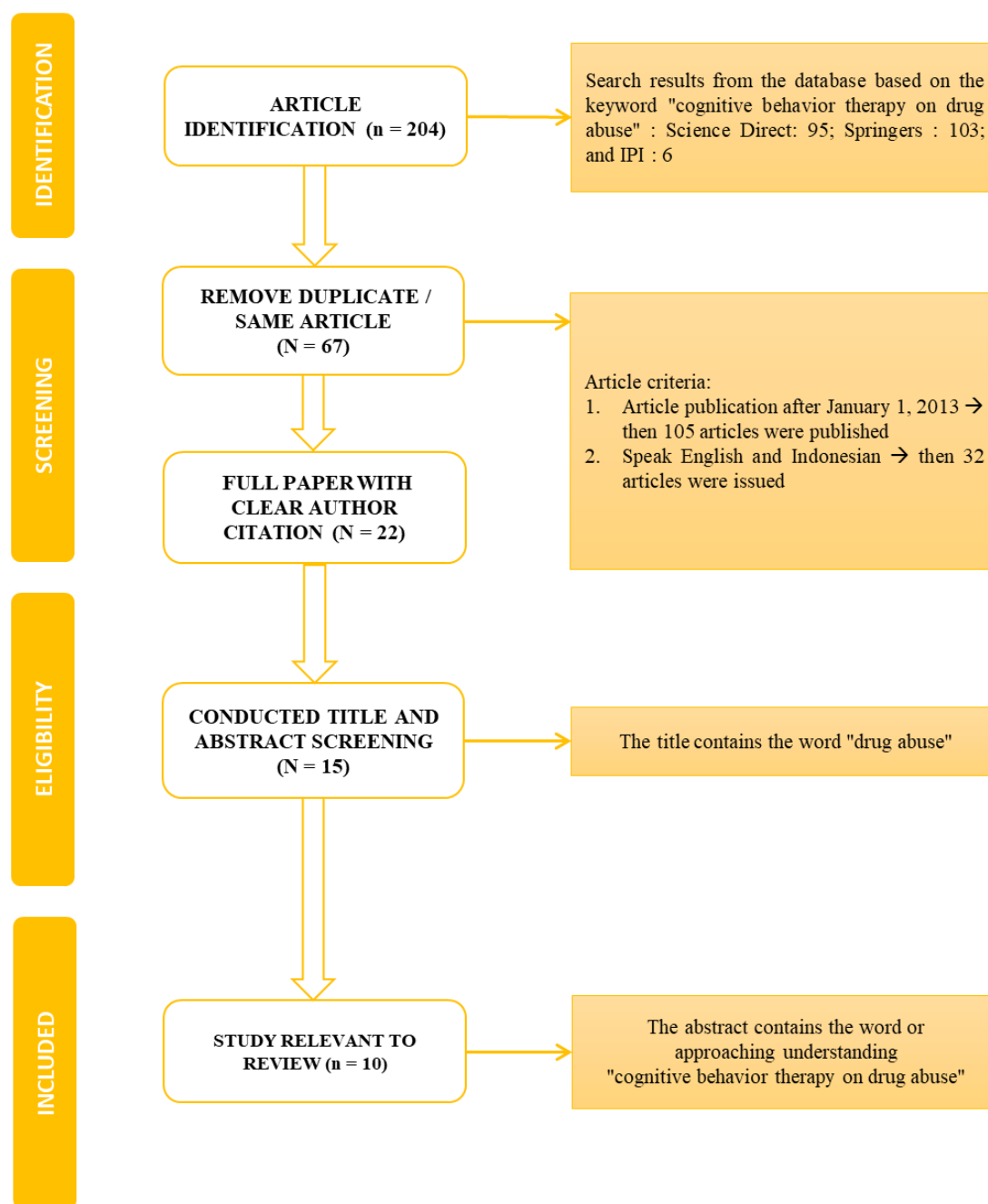


Figure 1. PRISMA Chart of Literature Search (Moher, Liberati, Tetzlaff, & Altman, 2009).

Participant's characteristics

Several studies involve participants with the following characteristics:

1. Practitioners or Therapists
2. Individuals who have experienced or completed the rehabilitation process for drug abuse.
3. Have normal intellectual abilities.
4. Clients who are at least 18 years old.

Data analysis

From the 10 reviewed articles regarding the Application of Cognitive Behavior Therapy (CBT) on Drug Abuse Victims, researchers found several findings, which are as follows:

1. Method in the Application of Cognitive Behavior Therapy (CBT) on Drug Abuse Victims

The intervention is conducted over five sessions, with each session lasting for 60 minutes. The therapy sessions can be outlined as follows: (a) First Stage: Assessment and initial diagnosis, (b) Second Stage: Identifying negative emotions, automatic thoughts, and core beliefs related to the disorder, (c) Third Stage: Developing intervention strategies by providing positive-negative consequences to the client, (d) Fourth Stage: Therapy focus, continued behavioral interventions, (e) Fifth Stage: Closing (Indra Dwi Purnomo, 2017).

Psychiatrists should also participate in these sessions to increase client awareness. The duration per session is 40-45 minutes, with the initial session (20-25 minutes) involving group sessions and role-playing games used to help establish a relationship with the patient. The remaining time is used for several therapy techniques, such as motivating the patient and their family and teaching progressive muscle relaxation. Psychoeducation should be ongoing throughout the sessions to ensure that the patient understands the therapeutic process and techniques. In subsequent sessions, psychiatrists should provide information about the truth and benefits of medical and psychiatric treatment, as well as discuss superstitious beliefs and clarify unfounded denials. The patient's family should be involved in therapy as they play an important role in treatment decisions and the process (Azad et al., 2022).

CBT Therapy Sessions: Session 1: Explaining the session structure, number and duration of sessions, as well as tasks and requirements for each session. Session 2: Reviewing the previous session, identifying beliefs, and assigning tasks for the next session. Session 3: Reviewing tasks from the previous session, teaching the "arrow technique," and assigning tasks for the next session. Session 4: Reviewing the previous session, continuing the instruction on the "arrow technique," discussing various types of beliefs, and assigning tasks for the next session. Session 5: Creating a list of core beliefs, designing a cognitive approach, and assigning tasks for the next session. Session 6: Reviewing tasks from the previous session and teaching the importance of believing that beliefs can be changed (Haghighat & Mohammadi, 2018).

Five other therapy sessions involve various activities per session, including: Session 1: Opening and introduction activities are conducted to build a sense of comfort among participants and provide an understanding of the overall procedure of the activities. Session 2: The focus is on the theme of coping with craving, which involves identifying factors or triggers that can induce a desire to return to drug use, as well as discussing strategies to overcome these cravings and prevent relapse. Session 3: Cognitive restructuring involves identifying and replacing negative thoughts or beliefs that contribute to a return to drug use with more rational and adaptive beliefs. Session 4: Relaxation exercises are conducted to teach skills that can be applied when experiencing anxiety, sleep difficulties, and other challenges in daily life. Session 5: The final session, termination, involves evaluating the entire series of activities and discussing the commitment to maintaining the current drug-free condition (Sari et al., 2020).

The method of applying cognitive behavior therapy in some of the literature above is that therapy is carried out with individual and group counseling processes divided into several sessions and the duration of time according to counseling standards. There are several sessions and important points in the application of cognitive behavior therapy to victims of drug abuse in the

context of recovery and reducing the risk of craving and relapse in patients, there are several important methods in the counseling process for each session, namely:

a. Assessment and Opening

Initial assessment or diagnosis of victims of drug abuse includes evaluation and collection of information about history of drug use, physical and psychological symptoms experienced, as well as factors that influence drug abuse. Opening activities and introductions that aim to build a sense of comfort between participants and provide an understanding of the procedure for the whole activity.

b. Identify triggers

It is necessary to know the things that give rise to the urge to return to using drugs, as well as to discuss strategies for dealing with these urges so as to avoid relapse

c. Cognitive restructuring

Identifying and replacing negative thoughts or beliefs that lead to a return to drug use into more rational and adaptive beliefs.

d. Relaxation exercises

It teaches skills that are useful in situations of anxiety, trouble sleeping, and other everyday problems. In addition, in the last session an evaluation of all series of activities was carried out and discussed the commitment to maintaining the current condition of not using drugs.

e. Follow-up behavioral interventions and Closing

Assessment and discussion of all therapeutic activities that have been carried out and also discusses the client's commitment to maintaining the condition.

2. The Effectiveness of Applying Cognitive Behavior Therapy (CBT) in Drug Abuse Victims

Found in the articles: A text message-based program was implemented to deliver CBT, which reduced alcohol use and improved adherence to antiretroviral therapy (ART) for adults with alcohol use disorder and comorbid HIV, and the results were effective (Glasner et al., 2020). A quasi-experimental study with a pretest-posttest design and experimental and control groups was conducted to compare the effectiveness of two group-based treatment strategies, Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT), in reducing depression symptoms among substance-abusing women in Iran, and the results proved to be effective (Sahranavard & Miri, 2018). Integrative Cognitive Behavioral Group Treatment (Group TST-I-CBT) consisting of four modules and 20 sessions was provided for Substance Use Disorder (SUD) among veterans, and the results were effective (Polak et al., 2020).

A qualitative study was conducted on the utilization of CBT to reduce drug use in Pakistan. The findings revealed three main themes: mental health system, community practices, and therapeutic issues. Cultural adaptation is needed in the implementation of CBT, and its delivery requires strict modifications within the healthcare system to address challenges (Azad et al., 2022). A study was conducted to examine the effectiveness of Cognitive-Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) in reducing mood symptoms among patients with substance abuse, and the results were effective (Haghighat & Mohammadi, 2018). This study explored the mediating pathways, moderating factors, and mediating effects moderated by web-based Cognitive Behavioral Therapy (CBT) intervention for chronic pain patients associated with illicit drug use behavior (ADRB). Findings indicated that the positive impact of web CBT on pain outcomes and ADRB was mediated by pain relief effects. The treatment was most effective for younger patients and those with a history of substance dependence (Guarino et

al., 2021). An experimental study was conducted to compare the effects of venlafaxine antidepressant (VEN-225 mg per day) and cognitive-behavioral therapy (CBT) alone on individuals with comorbid alcohol use disorder (AUD) and anxiety disorder. The findings showed that Barlow's transdiagnostic CBT approach influenced alcohol management systems in individuals with comorbid alcoholism and anxiety (Ciraulo et al., 2013).

In these articles, several studies were found that examined the effectiveness of Cognitive Behavioral Therapy (CBT) in addressing various issues related to alcohol and illicit drug abuse as well as substance use disorders. Some studies were conducted using experimental designs, while others utilized qualitative approaches. The results indicated that CBT was effective in reducing alcohol use and improving adherence to antiretroviral therapy (ART) among adults with alcohol use disorders and comorbid HIV, reducing depression symptoms among substance-abusing women in Iran, and reducing mood symptoms among patients with substance abuse. Additionally, CBT therapy was effective in addressing substance use disorders among veterans and comorbid alcohol use disorders and anxiety. However, strict modifications within the healthcare system are necessary to overcome challenges in implementing CBT.

3. Limitations in the Application of Cognitive Behavior Therapy (CBT) in Victims of Drug Abuse

In several literatures, limitations in the application of Cognitive Behavioral Therapy (CBT) for individuals with substance abuse were discussed. Some limitations mentioned include the social-spiritual biopsychic model adopted in the Group TST-I-CBT study, which did not guarantee that individuals would benefit more from being religious (Polak et al., 2020). Various variables can disrupt interventions, such as the lack of a suitable physical environment for CBT interventions, secondary stressors, and individual biological differences that can accumulate randomly within a group (Sahranavard & Miri, 2018). In the therapy process, difficulties in controlling addictive substance use can affect the effectiveness of the therapy. In fact, some therapy participants experience an increased tendency to relapse, leading to therapy failure. Another limitation is the time constraint, which can make therapy with a cognitive-behavioral approach less effective and optimal (Indra Dwi Purnomo, 2017). Furthermore, there is a relative lack of psychological support in the form of face-to-face psychosocial support for individuals with chronic pain in rural environments (Guarino et al., 2021). This is due to the lack of resources and access to appropriate healthcare and the limited social support available in their environment. These statements also indicate that participants in the studies may have economic disadvantages that affect their participation and introduce selection bias in the sample.

Several literatures state the limitations in using Cognitive Behavioral Therapy (CBT) to address substance abuse problems. Some mentioned limitations include the social-spiritual biopsychic model that does not guarantee the success of therapy, variables that can disrupt interventions such as a lack of suitable physical environment and individual biological differences, difficulties in controlling addictive substance use that can affect therapy effectiveness, time limitations in therapy that can result in less effective and optimal outcomes, and a lack of face-to-face psychosocial support for individuals with chronic pain in rural environments. Additionally, the economic conditions of participants in the studies can influence their participation and introduce selection bias in the sample.

DISCUSSION

In this discussion, we will begin by summarizing the research objectives to remind the reader of the focus of this manuscript. This study aims to analyze the impact of cognitive behavioral therapy (CBT) on substance abuse and explore its effectiveness in reducing substance use, such as the Sara and Alireza studies with the aim of comparing the effectiveness of cognitive-behavioral therapy (CBT) and acceptance and commitment therapy (ACT) in reducing mood symptoms in patients with substance abuse (Haghighat & Mohammadi, 2018). Another study aimed to compare the effectiveness of two treatment strategies in reducing depressive symptoms in Iranian substance-using women (Sahranavard & Miri, 2018).

The main findings of this study indicate that CBT is effective in reducing substance use among individuals with drug addiction. These findings are supported by previous studies that have shown similar benefits of CBT in addressing drug addiction. These findings highlight the importance of CBT as an effective therapeutic approach for substance abuse. CBT is useful in assisting individuals with comorbid AUD and anxiety disorders in reducing alcohol consumption (Cirauro et al., 2013). However, it is important to acknowledge some limitations of this study. First, the research sample may have limitations in terms of representativeness, thus generalizing the findings should be done with caution. Additionally, time and resource constraints may have limited the scope of this study. Therefore, further research can expand the coverage and improve the research design to address these limitations.

Overall, the findings of this study provide a better understanding of the effectiveness of CBT therapy in addressing substance abuse. The implications of these findings.

CONCLUSION

In conclusion, the studies examined by the author regarding the implementation of Cognitive Behavior Therapy (CBT) for individuals with substance abuse suggest that CBT is an effective method for addressing drug addiction, especially for individuals who have undergone or are undergoing drug rehabilitation. This therapy typically involves five important sessions, each lasting 60 minutes, and is divided into several stages, including initial assessment and diagnosis, identifying negative emotions and beliefs, developing intervention strategies, and focusing on behavioral interventions. Psychiatrists and family members are also involved in therapy to ensure patient support and understanding. Various techniques are used during therapy, such as relaxation techniques, cognitive restructuring, and coping strategies. Overall, CBT can help drug addicts overcome negative thoughts, emotions, and behaviors and prevent relapse.

Cognitive Behavior Therapy (CBT) for substance abuse has limitations, such as the social-spiritual biopsychic model not guaranteeing therapy success, variables that can disrupt interventions such as a lack of suitable physical environment and individual biological differences, difficulties in controlling addictive substance use that can affect therapy effectiveness, and time limitations in therapy that can result in less effective and optimal outcomes. As in Indra Dwi Wibowo's research that limitation is the time constraint, which can make therapy with a cognitive-behavioral approach less effective and optimal (Indra Dwi Purnomo, 2017). Therefore, the use of this therapy should be carefully considered, and efforts should be made to address these limitations so that therapy can provide maximum benefits to individuals in need.

ACKNOWLEDGEMENT

We would like to express our gratitude to the authors and researchers whose works have been reviewed in this literature review on the application of Cognitive Behavior Therapy (CBT) for individuals with substance abuse. Their valuable contributions and insights have greatly informed our understanding of the effectiveness and limitations of CBT in addressing drug addiction.

Additionally, we extend our appreciation to the participants and subjects involved in the original studies reviewed. Their willingness to share their experiences and contribute to the advancement of knowledge is essential in improving the quality of interventions for individuals struggling with substance abuse.

Lastly, we would like to acknowledge the support and guidance provided by our mentors, colleagues, and academic community. Their input and feedback have been invaluable in shaping this literature review and enhancing its overall quality.

We are grateful for the collective efforts of all those involved, as they have played a significant role in the completion of this literature review and its contribution to the field of substance abuse treatment.

REFERENCE

- Aini, D. K. (2019). Penerapan Cognitive Behaviour Therapy dalam Mengembangkan Kepribadian Remaja di Panti Asuhan. *Jurnal Ilmu Dakwah*, 39(1), 70. <https://doi.org/10.21580/jid.v39.1.4432>
- Azad, A. H., Khan, S. A., Ali, I., Shafi, H., Khan, N. A., & Umar, S. A. (2022). Experience of psychologists in the delivery of cognitive behaviour therapy in a non-western culture for treatment of substance abuse: a qualitative study. *International Journal of Mental Health Systems*, 16(1), 1–12. <https://doi.org/10.1186/s13033-022-00566-3>
- Azka, A. (2017). Penerapan Cognitive Behavior Therapy (Cbt) Untuk Meningkatkan Self-Regulation Pada Pengguna Amphetamine Di Balai Besar Rehabilitasi Badan Narkotika Nasional Lido Sukabumi. *Conference SENATIK STT Adisutjipto Yogyakarta*, 3. <https://doi.org/10.28989/senatik.v3i0.135>
- Ciraulo, D. A., Barlow, D. H., Bird, S., Farchione, T., Morissette, S. B., Kamholz, B. W., Eisenmenger, K., Brown, B., Devine, E., Brown, T. A., & Knapp, C. M. (2013). The effects of venlafaxine and cognitive behavioral therapy alone and combined in the treatment of co-morbid alcohol use-anxiety disorders. *Behaviour Research and Therapy*, 51(11), 729–735. <https://doi.org/10.1016/j.brat.2013.08.003>
- Eskasasnananda, I. D. P. (2014). FENOMENA KECANDUAN NARKOTIKA. *SEJARAH DAN BUDAYA*, 8(1), 65–72. <https://doi.org/10.1080/00219266.1982.9654420>
- Fatwa Nurul Hakim, S. yani. (2019). Evaluasi Pelayanan Rehabilitasi Sosial bagi Korban Penyalahgunaan Napza di Prs Maunatul Mubarak. *Media Informasi Penelitian Kesejahteraan Sosial*, 43(1), 79–88. <https://ejournal.kemosos.go.id/index.php/mediainformasi/article/view/2203>
- Glasner, S., Garneau, H. C., Ang, A., Ray, L., Venegas, A., Rawson, R., & Kalichman, S. (2020). Preliminary efficacy of a cognitive behavioral therapy text messaging intervention targeting alcohol use and antiretroviral therapy adherence: A randomized clinical trial. *PLoS ONE*, 15(3), 1–17. <https://doi.org/10.1371/journal.pone.0229557>
- Guarino, H. X. · H., Moore, · Sarah K., Acosta, · Michelle, ·, Alan J. Budney, · Andrew Rosenblum5, & · Lisa A. Marsch, · Chunki Fong. (2021). Web - based cognitive behavior therapy for chronic pain patients with aberrant drug - related behavior : How did it work and for whom ? *Journal of Behavioral Medicine*, 44(5), 704–714. <https://doi.org/10.1007/s10865-021-00219-9>
- Haghighat, S., & Mohammadi, A. (2018). Comparison of the Effectiveness of Cognitive Behavioral Therapy and Acceptance and Commitment Therapy on Reducing Mood Symptoms in Patients With Substance Abuse. *International Clinical Neuroscience Journal*, 5(4), 158–163. <https://doi.org/10.15171/icnj.2018.28>
- Indra Dwi Purnomo, G. H. (2017). TERAPI DENGAN PENDEKATAN KONSEP KOGNITIF PERILAKU UNTUK MENCEGAH RELAPSE PADA PENGGUNA NARKOBA. *TERAPI DENGAN PENDEKATAN KONSEP KOGNITIF PERILAKU UNTUK MENCEGAH RELAPSE PADA PENGGUNA NARKOBA*, 15(01), 152–174.
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & PRISMA Group*, T. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Annals of internal medicine*, 151(4), 264–269.
- Polak, K., Meyer, B. L., Neale, Z. E., & Reisweber, J. (2020). Program Evaluation of Group Transcending Self Therapy: An Integrative Modular Cognitive-Behavioral Therapy for Substance Use Disorders. *Substance Abuse: Research and Treatment*, 14. <https://doi.org/10.1177/1178221820947653>
- Ridwan. (2018). Penyalahgunaan Narkoba oleh Remaja dalam Perspektif Sosiologi. *Jurnal Madaniyah*, 8(2), 243–261. <https://www.neliti.com/publications/502387/penyalahgunaan-narkoba-oleh-remaja-dalam-perspektif-sosiologi>
- Sahranavard, S., & Miri, M. R. (2018). A comparative study of the effectiveness of group-based cognitive behavioral therapy and dialectical behavioral therapy in reducing depressive symptoms in Iranian women substance abusers.

- Psicologia: Reflexao e Critica*, 31(1). <https://doi.org/10.1186/s41155-018-0094-z>
- Sari, N. L. K. R., Hamidah, H., & Marheni, A. (2020). Terapi Kognitif Perilaku untuk Menurunkan Potensi Kekambuhan pada Narapidana Mantan Pecandu Narkoba. *Intuisi : Jurnal Psikologi Ilmiah*, 12(1), 113–122. <https://doi.org/10.15294/intuisi.v12i1.22276>
- Yenes, E., & Karneli, Y. (2022). Efektivitas Cognitive Behavior Therapy dengan Teknik Thought Stopping untuk Menurunkan Tingkat Kecemasan Narapidana Penyalahgunaan Narkoba di Lapas Klas IIB Lubuk Basung. *Jurnal Konseling Indonesi*, 7(2), 46–53. <http://ejournal.unikama.ac.id/index.php/JKI>