

EVALUATION OF THE IMPLEMENTATION OF THE REHABILITATION PROGRAM FOR DRUG ADDICTS IN BENGKULU CITY

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ABSTRACT

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The Bengkulu Province's National Narcotics Board rehabilitation data from year-to-year experiences ups and downs; in 2019 there were 258 people; in 2020, 244 people; in 2021, 174 people; and in 2022, 189 people. Tjatur Supratman said the rehabilitation was spread across several places, including 111 outpatients at the National Narcotics Board Pratama Clinic in Bengkulu Province, 67 people at the Dwin Foundation, and 25 at the Kipas Foundation. Collected data that researchers obtained from the National Narcotics Board in Bengkulu Province's Rehabilitation Center, the number of inpatient residents in 2021 was 47 residents; in 2022, there were 87 residents; in 2023, there were 48 residents; for those currently active, there are currently 20 active people. This research aims to evaluate the implementation of the rehabilitation program for drug addicts in Bengkulu City. This type of qualitative research uses a case study method or approach (Case Study) using observation, interview, and documentation data collection techniques. The research results are that the rehabilitation program at the National Narcotics Board in Bengkulu Province's Rehabilitation Home 1) While the resident is undergoing rehabilitation with inpatient care at the National Narcotics Board in Bengkulu Province's rehabilitation house, the resident participates in a screening, assessment, and counseling program. 2) The SOP carries out program implementation, and the SOP is formed based on the applicable legal basis regarding drug abuse. 3) Carrying out assessment interviews using the 7 domains contained in the ASI form, namely, General, Medical, Economic, Drugs (Substance), Legal (Law), Family, and Psychiatry 3) Assessment of residents using SMART (Specific, Measurable, Attainable, Relevant, Time-bound).

INTRODUCTION

The process of social rehabilitation services for victims of drug abuse was reported to be in the practical category, namely 80.00%, quite effective in the 7.00% category, and 13.00% stated that the social rehabilitation services at the foundation were very effective. This explains that improvements are needed in terms of services for residents at the center. So that residents who hope to recover from participating in rehabilitation can feel the benefits of the service. Efforts to prevent the spread of drugs among students, teenagers, young people, and even adults are the responsibility of all components of government and society together. In this case, all parties, including parents, teachers, residents, and the community, must be aware of the threat of drugs to families. The government makes efforts to handle drug control more concretely by collaborating with the authorities to educate about the dangers of drugs. One of the efforts to prevent drugs is through drug education activities by various agencies.

Drug abuse in Indonesia has become a national threat that needs to be considered carefully from a micro (family) and macro (national security) perspective. This is increasingly

worrying with the significant negative economic and social impacts. The problem of drug abuse and illicit trafficking in Indonesia shows a trend that continues to increase, an increase that occurs not only in the number of perpetrators but also in the number of drugs confiscated and the types of drugs (Suryaman, 2018).

Criminal law reform, especially related to rehabilitation provisions for drug users, is a form of national criminal law reform step showing the existence of criminal law policies that prevent drug users from abusing drugs—legal reform by enacting Law Number 35 of 2009 concerning Narcotics, namely by decriminalizing drug abusers. Drug addicts and victims of drug abuse must undergo medical and social rehabilitation. (Yuli W & Winanti, 2019)

Drug addicts and victims of drug abuse must undergo medical and social rehabilitation. Rehabilitation for drug addicts is a treatment process to free the addict from dependence, and the period undergoing rehabilitation is counted as a period serving a sentence. Based on Law Number 35 of 2009 concerning drugs, which is a replacement for Law Number 22 of 1997 concerning Drugs, there are at least two types of rehabilitation, namely medical rehabilitation and social rehabilitation. The purpose of

punishment in implementing this rehabilitation is treatment and rehabilitation, which looks at the punishment of criminals rather than their actions so that the aim of legal benefits for addicts in drug crimes can be achieved.

In the General Provisions of Law no. 35 of 2009 concerning Narcotics, rehabilitation is divided into two types, which include:

1. Medical Rehabilitation is a process of integrated treatment activities to free addicts from drug dependence. Medical rehabilitation for drug addicts can be carried out in hospitals appointed by the health minister. Namely, hospitals run either by the government or by the community. Apart from treatment or care through medical rehabilitation, the community can carry out the healing process for drug addicts through religious and traditional approaches.

2. Social Rehabilitation is a process of physically, mentally, and socially integrated recovery activities so that former drug addicts can return to social functions in community life. What is meant by a former drug addict here is a person who has recovered from physical and psychological dependence on drugs. Social rehabilitation for former drug addicts can be carried out at social rehabilitation institutions appointed by the Minister of Social Affairs. It is a social rehabilitation institution organized by the government and the community. This rehabilitation action is a repressive countermeasure, namely countermeasures carried out after a criminal act, in this case, drugs, in the form of guidance or treatment for drug users.

In 2022, the number of drug cases revealed will be 13 with 20 suspects. Meanwhile, the evidence confiscated was 210 kilograms of marijuana, 94 grams of methamphetamine, and 149 grams of gorilla tobacco. The Bengkulu Province's National Narcotics Board rehabilitation data from year to year experiences ups and downs: in 2019, there were 258 people; in 2020, 244 people; in 2021, there were 174 people; and in 2022, there were 189 people. Tjatur Supratman said the rehabilitation was spread across several places, including 111 outpatients at the National Narcotics Board Pratama Clinic in Bengkulu Province, 67 people at the Dwin Foundation, and 25 at the Kipas Foundation. Collected data that researchers obtained from the National Narcotics Board in Bengkulu Province's Rehabilitation Center, the number of inpatient residents in 2021 was 47 residents, in 2022 there were 87 residents, in 2023 there were 48 residents, for those currently active; there are currently 20 active people.

METHODS

Qualitative research is an approach to exploring and understanding the meaning of individuals or groups related to social problems (Creswell, 2013), which can be used to interpret, explore, or gain a deeper understanding of certain aspects of human beliefs, attitudes, or behavior. This research focuses on participants' perceptions and experiences, as well as the way they understand life. Meanwhile, data analysis is built inductively from specific to general themes; then, the researcher interprets the meaning of the data. Researchers pay more attention to individual opinions and are required to be able to translate the complexity of situations.

According to Creswell (2007), there are 5 approaches to qualitative research: narrative, phenomenology, grounded theory, ethnography, and case study. This research approach

is phenomenology. Phenomenological studies do not focus on an individual's life but rather on a concept or phenomenon, and this form of study seeks to understand the meaning of an individual's experience of this phenomenon. Phenomenology is a study in philosophy that studies humans as a phenomenon, which is usually associated with the science of hermeneutics, namely the science that studies the meaning of this phenomenon (Phenomenology - Indonesian Wikipedia, the free encyclopedia).

The research location is the place or area where the researcher conducts research; in this research, the location is a source of information that can reveal and describe the phenomena that occur as well as the information needed to answer research problems regarding the analysis of the Evaluation of the Implementation of Rehabilitation for Drug Addicts in Bengkulu. Description of the incident researchers will find in rehabilitation centers in Bengkulu based on data collected by researchers from the National Narcotics Board in Bengkulu Province's Rehabilitation Center.

This research uses observation, interview, and documentation research techniques. Observation is a deliberate and systematic study of social phenomena and psychological symptoms using observation and recording. The authors use this method to observe obstacles in the field. An interview is a conversation directed at a particular problem and is a verbal question-and-answer process where two or more people physically confront each other. Interviews are conducted to obtain as much data or information as possible and as clearly as possible for research subjects. The data collection technique involves asking questions directly by the interviewer to the respondent, and the respondent's answers are recorded or recorded. In practice, a list of questions is prepared to be asked directly to the Rehabilitation management.

Documentation is a record of past events in the form of writing, drawings, or someone's monumental work. Document study is a complement to the use of observation and interview methods. Research results will be more reliable if supported by documents and photographs found in the field.

RESULTS AND DISCUSSION

One of the tasks of the National Narcotics Board is to prevent or detect early deviant behavior related to narcotics, namely with rehabilitation efforts carried out by the National Narcotics Board as a form of prevention and action against drug abuse and drug addicts. Likewise with National Narcotics Board Province, including National Narcotics Board in Bengkulu Province that provides rehabilitation facilities, as proven by establishing the National Narcotics Board in Bengkulu Province's rehabilitation house.

In the selective rehabilitation process, to determine outpatient or inpatient rehabilitation, the resident will be assessed so that the passing grade points of addictive substances or the inner conflict problems that exist within the addict can be seen. If the resident has a high passing grade, it is recommended that they undergo inpatient treatment that companions at the National Narcotics Board in Bengkulu Province's rehabilitation house will accompany. Suppose the resident's passing grade point is recorded as moderate. In that case, a decision will be made by the family for the resident to be hospitalized or returned to the

family with an outpatient program. In contrast, if the resident's passing grade point is low, they will be rehabilitated with outpatient care. Currently, the number of outpatient residents at the National Narcotics Board in Bengkulu Province's rehabilitation center is 20 people with different backgrounds (Mr. Rezza Apizona as Counselor, 2023).

In social rehabilitation, residents who are hospitalized will carry out positive activities in the form of daily activities that will shape the resident's thought patterns, behavior, and character towards the positive side of getting the resident to carry out social activities with emotional stability so that the resident can return to the social environment. Residents will participate in a voluntary screening, counseling, and assessment program.

Screening

Initial stage

Carrying out this screening activity is the initial activity for residents entering a rehabilitation home, namely accepting clients who come to the National Narcotics Board in Bengkulu Province's Inpatient Rehabilitation House (SOP Screening). Based on information from residents and counselors, the initial stage of screening at the National Narcotics Board in Bengkulu Province's rehabilitation house is that the resident will be called by the program manager (PM) and will fill in a biodata form. Then, they will hear an explanation of what screening is.

Socialization

In explaining the screening process, residents will be asked what the screening program is and asked about problems with resident drug use. At the screening explanation stage, as usual, introduce yourself first to build emotional contact with the resident and explain what activities are currently being carried out, explain what the purpose of this activity is, followed by asking questions about the problem of drug use that the resident uses, the supervisor is not permitted to forcing the resident's answer.

Implementation

The screening is carried out using a registration process first with the following qualifications:

1. The coach can carry out screening with assistance and DAST 10
2. Have attended UTC 5 training
3. Understand and be able to interpret screening results
4. Data administration capabilities.

The equipment must be owned from ATK registration from Assist and DAST; 10 records and data collection will be saved as manual data. Activities carried out:

1. Receiving clients who come to the National Narcotics Board in Bengkulu Province's inpatient rehabilitation house, which administrative officers carry out within 5 minutes
2. Then the administrative officer directs the client to the assessor
3. Next, prepare a screening sheet in the form of a training assist instrument and DAST and ATK within 2 minutes to produce screening results
4. Then, the assessor or counselor explains the method and purpose of filling out the screening sheet for 5 minutes. They were followed by the resident filling out the screening sheet for 20 minutes to produce the screening results.

5. The administrative officer informs and explains the results of filling in the screening to the client. Lastly, the administrative officer stores the screening results in the client's medical record

Assessment

The screening assessment here, of course, has a form and is by the SOP, which uses assistance with 8 questions; the questions are by the SOP, and the questions do not run away from what the resident has answered, for example, when asked about whether they have used any addictive substances and The resident answers cigarettes and other things. The next question will not discuss substances other than what has been said. The questions must also be answered 5W + 1H and use language that the resident quickly understands. After carrying out this question process, the resident will be assessed using a form for each question, and each point will be added. The resident has the right to know whether the screening results are mild or high.

Counseling

Initial Stage

In the rehabilitation program, they must have counseling once a week, maybe more. The first step is that the resident must apply for initial counseling. What is done is to prepare what must be filled in and the tools and fill in the resident's bio data by the SOP and with several related SOPs, namely the SOP for Voluntary Client Acceptance.) and SOP for checking the client's urine (screening test).

Residents who want counseling must apply for counseling first, so they do not just go straight to the staff and then go straight to counseling at that time. Consider the place of application allows for counseling and knows the point of the problem. In that case, the resident will be directed to where they will conduct the counseling process and then prepare a form—and read the resident medical records.

Counseling Implementation

Counseling is carried out by considering the inpatient rehabilitation schedule the client and the admin officer agreed upon. Inpatient Counseling is carried out over 12 meetings, with the setting being individual/group counseling. Counseling is carried out by looking at the needs of the resident. Residents who wish to be counseled must be in front of a psychiatrist or supervisor. When the counseling process does not directly address the main problem, we approach it first so that the resident feels comfortable telling the story. The following is the implementation of counseling;

1. The counselor gives the resident a counseling schedule first, then the counselor prepares a medical partner or rehabilitation record
2. For 60 minutes, the counselor conducts individual or group counseling according to the patient's needs, records all the results in the medical record, and schedules the next meeting to produce counseling results.
3. After completing the counseling, the counselor hands the medical records back to the administration officer
4. The counselor receives the medical record from the assessment officer, archives it, then hands over the Mandatory Report card to the client and schedules the therapy schedule

5. Next, the administrative officer archives and stores them in the rehabilitation cupboard
6. The time required for the counseling process is approximately 95 minutes. Regarding flexible time, it depends on the client's condition.

Assessment

In dealing with residents, we have to use technical counseling, where counselors are only a bridge to listen to stories, while the solutions come from themselves, answering what solutions they need; sometimes, we provoke them with open-ended questions.

The Implementation of Voluntary Assessment

Initial Stage

Implementing the voluntary assessment is based on several other related SOPs, namely the Voluntary Client Acceptance SOP, client urine examination SOP, outpatient SOP, and voluntary client referral SOP. Implementation of the assessment starts with preparing the forms and tools needed and then explaining the assessment in advance—the purpose of the assessment. Also, look at the resident's condition and whether it can be assessed. If the resident cannot carry out an assessment, then the assessment will be postponed until the resident is ready or possible to be assessed.

Socialization

After going through the process of filling out the assessment form, the counselor first explains to the client what assessment means and the purpose of carrying out assessment activities. This is done so that the client can understand the process of what activities are being carried out and feel comfortable during the implementation process.

Implementation

According to Mr. Rezza Apizona as the counselor, the assessment activity begins with determining the assessment implementer to obtain the name of the officer who will carry out the assessment; the administrative officer and the assessment officer inform the assessment officer according to the schedule determined and approved by the rehabilitation coordinator to assess the client, the assessment officer within time. 10 minutes explaining to you about the assessment procedure, the purpose of the assessment, and the time required for the assessment and then directing the client to fill out the ASI form, then the assessment officer conducts an interview using the 7 domains contained in the ASI form, namely general, medical, economic, drugs (substances), legal (law).

Based on the ASI form the client has filled out, this process lasts 10 minutes. For 60 minutes, the assessment officer receives the ASI form the client has filled out, then scores the ASI and the results of the client's urine examination. Next, if needed, the officer assesses the client regarding substance use and other domains. The assessment provides a prescription with approval from the list or makes a client referral. This is done by filling out an assessment form, a prescription signed by a doctor, and a referral letter.

After the process is underway, the administrative officer receives the medical records to be archived and then reports the implementation of the voluntary assessment to the IPWL coordinator. Next, the client receives a report on implementing the voluntary assessment. The assessment

lasts 80 minutes and is flexible to suit the client's circumstances.

Assessment

Assessment implementation using a treatment plan, namely planning. During the assessment process, there will be an assessment using a scale from 0 to 4; 0 is not at all. We use one piece of paper to scribble on during the assessment process. We copy it into the interview using the 7 Domains in the ASI form, namely, General, Medical, Economic, Drugs (Substances), Legal (Law), Family, and Psychiatry. After that, the ASI form the client has filled out is scored for ASI, and the results of the client's urine examination; then, the officer assesses the client regarding substance use and other domains. If necessary, the assessment officer provides a prescription with the doctor's approval or makes a client referral.

Then, the plans will be offered to the resident, and an agreement process will be carried out first with the resident. If the resident agrees to the treatment plan, the resident will be directed to the initial stage. One example is if a resident chooses to decide on an addictive substance, the resident will attend several outreach sessions regarding the dangers of misuse of addictive substances for 3 months twice and various other seminars and also planning other treatments.

After the assessment, the resident already has a plan. When the resident has agreed to the plan obtained from the assessment results, a team consisting of a counselor, psychologist, PM, medical nurse, and program coordinator gathers to carry out a PC or Converse press. Some things must be paid attention to in carrying out the assessment, namely 1) the assessor must have been trained and have an assessor certificate for final reporting materials. 2) Explain to the client that if there are questions that make you uncomfortable to answer, then they can be skipped. 3) The assessment is only stopped if the client is cooperative and severe during the interview.

The process of the resident being declared recovered, the rehabilitation process takes 3 months. The assessment is carried out by assessing the development of the resident facilitator or counselor who handles the resident and knows the development process and results of the development of the resident if the resident is declared to have good behavior, good affective and cognitive development of attitudes, traits, and emotions. Then, a press conference will be held a week before returning home to assess whether the resident can return to their family.

Because here residents carry out daily activities, positive activities, how will they be in social life when they leave the house, Rehab, from waking up to prayer, then carrying out daily activities both individually and in groups with these positive habitual activities, residents will get used to the activities. -Positive activities.

There is also an activity where residents have to hide their feelings before Thursday so that every Thursday, they can express all the conflicts within them called CRG (Conflict, Resolution, and Group). The resident has a conflict for one week but cannot let it out. The resident has to endure it for 1 week until Thursday so that the resident can control his anger or emotions.

Most of the residents use this drug because there is emotion or anger inside them; they do not like the situation at home, they do not like their work in the office, or they are angry because they think they are not needed. According to

the resident, the implementation of the rehabilitation program at the National Narcotics Board in Bengkulu Province's rehabilitation house runs according to the SOP, is comfortable calm, and can help residents in the healing process.

In other words, the rehabilitation program carried out at the National Narcotics Board in Bengkulu Province's rehabilitation center completely follows the existing flow in implementing SOP. The SOP also explains the legal basis that is tied to the implementation of rehabilitation activities. In inpatient resident rehabilitation, the focus is on social rehabilitation balanced with medical rehabilitation. Social rehabilitation includes carrying out positive daily activities, getting up at dawn, praying, carrying out environmental and personal cleanliness, and other daily activities, whether carried out in groups or individually.

One of the rehabilitation programs at the National Narcotics Board in Bengkulu Province's rehabilitation house is a program to hold back anger or what is known as CRG (Conflict, Resolution, Group), where residents have to hold back their emotions until Thursday because, on Thursday, the resident will express or express all existing conflicts and emotions on him. The resident is declared inpatient or outpatient using screening and assessment assessments. Here, the resident will answer several questions that the supervisor will ask, and then each answer from the resident has a passing grade point value, which is the passing grade point that will be added up. This number will be measured whether the resident will be treated inpatient or outpatient if the resident's passing grade point is high. Then, the resident will be advised or required to be hospitalized and follow the next rehabilitation program.

The screening and assessment process continues to be carried out repeatedly at the specified time. Counseling activities are carried out once a week or, if possible, twice a week, with the resident having first to submit a request that the resident wishes to be counseled at every process and stage of activity in the program. Rehabilitation looks at the physical and emotional condition of the resident. If the resident cannot carry out activities, it will be postponed until the resident can do so.

At the National Narcotics Board in Bengkulu Province's rehabilitation house, the program follows the SOP flow, questions, and other processes; the assessment process uses the SMART method (*Specific, Measurable, Attainable, Relevant, Time-bound*).

- a. Specific, make the target detailed, clear, and can be explained well. This means a specific target, not one that can be determined in general.
- b. Measurable, measuring progress from the specific goals you have made, whether we can see we are getting closer to the goal or not. Measurable is also to see and determine the next steps from existing facts. Goals must be measurable to show progress towards the goals to be achieved.
- c. Achievable: At this point, you also need to know that the target that has been determined can be achieved, meaning that this target should not be too easy but not too difficult. With Achievable, you can assess whether the goals you have created can be achieved or not.
- d. Relevant: When making a target, you need to choose a relevant target, meaning that if the target is achieved, the target will certainly impact others. When the target

set is relevant, it will undoubtedly answer all existing questions, such as whether this target can be achieved. Is this target in line with other needs and targets? Are the targets aligned with the right time?

- e. Time-bound, if you have a goal, you must set a time limit for achieving the goal. This realistic time limit is needed to be focused and prepare the necessary financial resources as early as possible.

The difficulty on the resident's side is that the resident lacks focus due to a lack of support from the family and those closest to him, such as problems within the family; the family still burdens the resident so that the resident's thoughts are not focused on healing but are still thinking about how to solve problems that exist outside or who is in his house. If there are difficulties in the program, not all methods can complete the program because the resident's emotional level is always high. Here, there are visiting hours, whereas tomorrow's visiting hours are weekends, Saturdays, or Sundays because the activities on Saturday and Sunday are visiting activities, which, if coming from outside the area, is 2 hours. In-program services using IMB (Community-Based Intervention) services.

CONCLUSSION

Based on the results of the researcher's observations and interviews regarding the Evaluation of the Implementation of the Rehabilitation Program for drug addicts in Bengkulu City, the researchers can conclude:

1. While the resident is undergoing rehabilitation with inpatient care at the National Narcotics Board in Bengkulu Province's rehabilitation house, the resident participates in a screening, assessment, and counselling program.
2. The SOP carries out program implementation, and the SOP is formed based on the applicable legal basis regarding drug abuse.
3. Carrying out assessment interviews using the 7 domains contained in the ASI form, namely, General, Medical, Economic, Drugs (Substance), Legal (Law), Family, and Psychiatry.
4. Assessment of residents using SMART (Specific, Measurable, Attainable, Relevant, Time-bound).

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