



**TECHNIUM
BOOKS**

**COMPREHENSIVE FRAMEWORK FOR
REHABILITATION: SOCIAL, LEGAL, AND
ECONOMIC PERSPECTIVES IN
INDONESIA**

ISBN 978-630-95064-0-5



Setyo Sumarno, et al

**Technium Press
2024**

**COMPREHENSIVE FRAMEWORK FOR
REHABILITATION: SOCIAL, LEGAL,
AND ECONOMIC PERSPECTIVES IN
INDONESIA**

ISBN 978-630-95064-0-5



**TECHNIUM
BOOKS**

Setyo Sumarno, et al

EDITORIAL OFFICE
TECHNIUM PRESS
E.U.



For citation purposes, cite as indicated below:

Setyo Sumarno, et al, COMPREHENSIVE FRAMEWORK FOR REHABILITATION: SOCIAL, LEGAL, AND ECONOMIC PERSPECTIVES IN INDONESIA; ISBN 978-630-95064-0-5, TECHNIUM PRESS, 2024..

FIRST EDITION 2024

ISBN 978-630-95064-0-5 (PDF)

© 2024 by the author. The book is Open Access and distributed under the Creative Commons Attribution license (CC BY-NC-ND), which allows users to download, copy and build upon published work non-commercially, as long as the author and publisher are properly credited. If the material is transformed or built upon, the resulting work may not be distributed.



TECHNIUM
BOOKS

COMPREHENSIVE FRAMEWORK FOR REHABILITATION: SOCIAL, LEGAL, AND ECONOMIC PERSPECTIVES IN INDONESIA



Setyo Sumarno, et al

COMPREHENSIVE FRAMEWORK FOR REHABILITATION: SOCIAL, LEGAL, AND ECONOMIC PERSPECTIVES IN INDONESIA

Setyo Sumarno
Mu'man Nuryana
Nurhayu
Togiaratua Nainggolan
Achmadi Jayaputra
Sugiyanto
Ruaida Murni
Ery Agus Kurnianto
Himawan Estu Bagijo
Sulistyani Eka Lestari
Mohamad Miftah
Asriani
Herrukmi Septa Rinawati
Andjar Prasetyo
Andi Tenri Awaru
Husnah Rahman
Hasniati

Editor
Amodu, Salisu Ameh, Ph.D

FOREWORD

We give thanks to God Almighty for the publication of the book entitled Comprehensive Framework for Rehabilitation: Social, Legal, and Economic Perspectives in Indonesia. This book is a work that is very relevant to our efforts at Indocharis Rehabilitation Center in supporting social recovery and reintegration for drug abuse survivors.

As an institution committed to providing comprehensive rehabilitation services, we recognize that the success of recovery depends not only on the therapy and guidance programs we offer, but also on the social support provided by family, peers, the community, and the work environment. Social support plays an important role in rebuilding confidence, improving quality of life, and opening up opportunities for survivors to live more meaningful lives.

This book not only provides theoretical insights, but also presents practical studies that can be a guide for various parties involved in supporting the rehabilitation process. The authors meticulously review various aspects, from the demographics of the rehabilitation population to case studies of reintegration success, which are very relevant to the challenges we face daily in the field.

We also appreciate the discussion of the role of family, community, workplace, and local government in this book. This multi-element approach aligns with our vision to create an inclusive and sustainable recovery ecosystem. Through close collaboration between rehabilitation institutions, communities, and related institutions, we are confident that more individuals are able to fully recover and contribute positively to society. We hope that this book will not only be an academic reference, but also an inspiration for other rehabilitation institutions, policymakers, and the wider community to continue to support the recovery efforts of drug abuse survivors.

Finally, we would like to thank the author for his dedication and hard work in compiling this book. Hopefully this book can provide broad benefits and become one of the real contributions in overcoming the problem of drug abuse in Indonesia.

Yogyakarta, 2024
Pusat Rehabilitasi Indocharis

PREFACE

We give thanks to God Almighty for His blessings and mercy so that this book entitled *Comprehensive Framework for Rehabilitation: Social, Legal, and Economic Perspectives in Indonesia* can be completed. This book was written with the aim of providing in-depth insight into the importance of social support in the rehabilitation and reintegration process for former drug abusers. As one of the complex and multidimensional problems, drug abuse requires a comprehensive approach, involving various parties, and emphasizing the importance of support from families, communities, and institutions.

The writing of this book is motivated by the challenges faced in the process of recovery and social reintegration of drug abuse survivors, especially in Yogyakarta. In this context, Indocharis Rehabilitation Center is one of the rehabilitation centers that contributes significantly through structured rehabilitation programs. However, the success of rehabilitation depends not only on the rehabilitation center itself, but also on the support received by former users from various elements, including family, peers, the community, the workplace, and local government.

The content of this book is systematically designed to provide a holistic picture, from demographic analysis to case studies that reveal how social support can be a determining factor in the success of reintegration. In Chapter I, the context and background of the problem as well as the conceptual framework on which the discussion is based are explained. Chapters II to IV discuss in detail the rehabilitation population, the programs run in rehabilitation centers, and forms of social support from various sources. Chapter V and Chapter VI present case analysis and the importance of inter-agency collaboration in dealing with drug abuse. In addition, the legal aspects and the role of local communities in supporting rehabilitation programs are also outlined in Chapter VII and Chapter VIII. The final chapter, Chapter IX, highlights the positive economic impact of successful reintegration, especially through the involvement of former users in productive activities.

We realize that this book is not free from shortcomings. Therefore, we really hope for constructive criticism and suggestions for future improvements. We would like to express our gratitude to all parties who have contributed, either directly or indirectly, in the preparation of this book. Hopefully this book can provide benefits for readers, especially practitioners, academics, policymakers, and the wider community who care about the problem of drug abuse.

Finally, we hope that this book can be a useful reference in the collective effort to create a more effective and humane rehabilitation system, and provide hope for survivors to achieve a better future.

Yogyakarta, 2024

Authors

EDITOR

This book comes at a very relevant time, where the problem of drug abuse is one of the major challenges faced by modern society. With a comprehensive approach, the author not only highlights the challenges, but also provides real solutions that can be adopted by various parties, both rehabilitation institutions, families, communities, and government institutions. As an editor, I was impressed with the systematics and completeness of the discussion of this book. Chapter by chapter is logically structured, starting with a strong background and conceptual framework, followed by an in-depth discussion of the rehabilitation population, recovery programs, to the important role of support from family, community, and the workplace. The author also enriches this book with case studies that provide a real picture of the success of reintegration, as well as being an inspiration for readers. One of the main strengths of this book is its focus on cross-sector collaboration. Chapters that discuss interagency cooperation, legal aspects, and the economic impact of reintegration provide an additional dimension that is indispensable in efforts to address drug abuse holistically. However, like every work, this book also has room for further development. I am confident that the input from readers will be an important part in improving this book in the future. I would like to thank the author for his dedication and thoroughness, as well as to the Indocharis Rehabilitation Center for his significant support and contribution to the publication process of this book. Hopefully this book will not only be an academic reference, but also a useful practical guide for all parties involved in supporting the process of social rehabilitation and reintegration.

Amodu, Salisu Ameh, Ph.D.*

Amodu, Salisu Ameh, Ph.D., is a distinguished scholar in African Philosophy with a robust academic background and a passion for advancing African intellectual heritage. He earned his Ph.D. in African Philosophy from the University of Nigeria, Nsukka, complemented by advanced degrees from Prince Abubakar Audu University and Kogi State University, Anyigba. His multidisciplinary expertise encompasses African metaphysics, epistemology, ethics, humanism, gender studies, and peace and conflict resolution, positioning him as a leading voice in critical areas of African studies. Currently, Dr. Amodu serves as a lecturer in the Department of Philosophy and is a board member at the Center for Diploma and Pre-degree Studies at Prince Abubakar Audu University. He is a driving force behind initiatives like the "Educate 500 Students on Quality Research" program, demonstrating his dedication to fostering intellectual development among students. An accomplished author and editor, his seminal works include *Land in African Ontology* and *Rational Proof of the Existence of God in Igala Ontology*. He has also co-edited influential texts on African

philosophy, ethics, and sociocultural studies. Dr. Amodu's contributions to scholarship have earned him several accolades, including an Award of Excellence for his impact on African studies. As an active member of professional bodies such as the Association for the Promotion of African Studies (APAS) and the Association of Philosophy Professionals of Nigeria (APPON), he also lends his expertise as an editorial board member and manuscript reviewer for leading academic journals. Through his research, publications, and commitment to community-focused initiatives, Dr. Amodu continues to shape contemporary philosophical discourse and inspire the next generation of African scholars.

CONTRIBUTORS



Setyo Sumarno is a lead expert researcher at the Social Welfare, Village, and Connectivity Research Center (KSDK) within the National Research and Innovation Agency (BRIN). Born in Solo on June 8, 1957, he holds a Bachelor's degree in Social Work from Bandung High School of Social Welfare (STKS) (1983) and a Master's degree in Social Welfare from STISIP Widuri (2010). With a robust academic and professional background, SS has extensively contributed to the fields of social welfare, community development, and social rehabilitation. His research explores integrated service and referral systems, the reintegration readiness of drug abusers, local wisdom in remote indigenous communities, and social resilience policies. He is also recognized for his work on collaborative care strategies for the elderly and the social impacts of the COVID-19 pandemic. Setyo Sumarno has authored numerous scholarly articles addressing topics such as disaster preparedness, rural community empowerment, and improving social worker competencies in Indonesia. His research outputs and academic profiles are accessible via platforms like Google Scholar, ORCID, Scopus, and Sinta.



Mu'man Nuryana, MSc., Ph.D. is an accomplished researcher and social policy expert currently serving at the Public Policy Research Center, National Research and Innovation Agency (BRIN), Indonesia. With a robust academic background, he holds a Bachelor's degree in Agricultural Social Economics from Bogor Agricultural University, a Master's degree in Horticultural Economics from Chiba University, and a Ph.D. in Agricultural Economics from Nihon University, Japan. He has also completed postdoctoral research in Public Policy and Social Governance at Hosei University, Japan, and a strategic management program at The University of Queensland, Australia. Nuryana's expertise lies in social planning and policy, particularly in addressing critical issues such as stunting prevention, social protection, and aging populations. Over the last five years, he has led or contributed to various significant research projects, including integrated stunting prevention programs, the evaluation of social assistance initiatives, and the promotion of healthy aging in ASEAN. His scholarly contributions include numerous journal articles, such as studies on social entrepreneurship and contextual factors in childhood violence surveys, and impactful books addressing social welfare development and the future of inclusive social initiatives. Nuryana is a key figure in regional and international collaborations, having participated in high-level ASEAN forums and policy dialogues focused on social governance and human rights.



Nurhayu is an accomplished legal scholar and researcher specializing in civil law and social policy, with a distinguished career spanning over three decades. She holds a degree in Civil Law from the Indonesian Christian University (1983–1988) and graduated from SMA Negeri 8 Jakarta in Bukit Duri (1980–1983). Currently serving as a Senior Researcher at the National Research and Innovation Agency (BRIN) since 2021, she contributes significantly to advancing research in disaster preparedness and social resilience. Her previous roles at the Indonesian Ministry of Social Affairs include serving as Coordinator for Social Protection and Security Research (2020–2021), and occupying leadership positions in the administrative divisions of the Ministry’s training and outreach centers. With a tenure at the Ministry from 2009 to 2021, she has led key initiatives in social outreach, disaster preparedness, and community resilience. Nurhayu has contributed as a team member in notable research projects, including studies on disaster preparedness in community settings and the development of social resilience policies for villages. Her extensive experience reflects a deep commitment to empowering communities through legal frameworks and policy innovation.



Togiartua Nainggolan is an accomplished researcher with academic credentials from IKIP Padang and Universitas Gadjah Mada Yogyakarta. Currently serving as a Senior Researcher at the Research Center for Social Welfare, Villages, and Connectivity (PR-KSDK) under the National Research and Innovation Agency (BRIN), he specializes in interdisciplinary studies addressing social welfare, disaster management, and economic development. Togiartua has co-authored numerous scientific publications reflecting his expertise in these fields. Notable works include Prediction of Self-Efficacy in Recognizing Deepfakes Based on Personality Traits, Synergy Between Disaster Preparedness Area Program with Local Institutions for Community Disaster Preparedness, and Social Cash Assistance for Food Security During a Disaster: Lessons Learned from Indonesia. Other significant contributions are Disrupting Money: Psychological Factors of Investment Biases in Cryptocurrency, Changes of Poor Family Behavior Through Family Development Session, and A Performance Model of the Indonesian National Police: The Role of Communication Apprehension, Servant Leadership, Group Cohesiveness, and Silence Behavior. His upcoming works, Critical Communication of Disaster Preparedness Areas for Informational Strategies in Disaster Management in Indonesia and Local Experience and Legal Aspects in Cultivating Cultural Tourism at Borobudur Village Economic Centre, further emphasize his commitment to addressing pressing societal challenges. Through his research, Togiartua continues to contribute to enhancing community resilience, promoting effective disaster management strategies, and supporting socio-economic development in Indonesia.



Achmadi Jayaputra is a principal expert researcher at the Research Center for Social Welfare, Villages, and Connectivity (PRKSDK) of the National Research and Innovation Agency (BRIN). Born in Takengon on November 2, 1957, he graduated with a Bachelor's degree in Anthropology from the Faculty of Letters, University of Indonesia (1984). He also holds a Diploma in Tauhid Science from Syekh Yusuf Islamic University (1986) and a Master's degree in Community Development from the Postgraduate Program of Muhammadiyah University of Jakarta (2001). With extensive experience in research and policy analysis, the author has made significant contributions to understanding and addressing social welfare challenges in Indonesia. His written works include notable studies on poverty management, the empowerment of remote indigenous communities, social welfare at national borders, and social protection for the elderly during the COVID-19 pandemic. Recent publications focus on long-term care, community-based services for the elderly, and village development strategies. A consistent advocate for community empowerment and welfare, the author's research combines rigorous analysis with practical solutions, aiming to improve the quality of life for marginalized groups across Indonesia.



Sugiyanto, born in Tawangharjo on January 8, 1961, is a skilled researcher and mid-level functional officer at the Social Welfare, Villages, and Connectivity Research Center (KSDK), National Research and Innovation Agency (BRIN) since 2022. His expertise focuses on Community Services and Welfare. He earned a Master of Science in Public Administration, specializing in Community Development, from Universitas Muhammadiyah Jakarta in 2005, and a Bachelor's degree in Moral Pancasila and Citizenship Education from STPIPS YAPSI Jayapura in 1994. Throughout his career, NTO has produced extensive research and publications, both independently and collaboratively. His notable works include research books such as *Kebijakan Desa Berketahanan Sosial Tahun 2021*, *Bantuan Sosial Tunai Kementerian Sosial Bagi Keluarga yang Berdampak Covid-19 Tahun 2020*, and *Pemberdayaan Sosial Keluarga Pasca Bencana Alam*. He has also published in academic journals, such as *Jurnal Sosio Konsepsia*, and presented at international conferences like the 4th International Conference of the Transdisciplinary Research on Environmental Problems in Southeast Asia (TREPSEA). His work significantly contributes to the discourse on disaster preparedness, social empowerment, and public welfare strategies in Indonesia.



Ruaida Murni is a Senior Researcher at the Social Welfare, Villages, and Connectivity Research Center (KSDK), National Research and Innovation Agency (BRIN). Born in Takengon on July 17, 1962, she earned a Bachelor's degree in Animal Husbandry from Jambi State University in 1986. Currently holding the rank of Pembina Utama IV/b, her expertise lies in Social Welfare. Ruaida has an extensive research portfolio covering diverse topics such as disaster preparedness, social policy, and rehabilitation services. Some of her notable works include studies on the synergy between disaster preparedness programs and local institutions, the influence of staff competency in integrated services for poverty reduction, and the social functionality of NAPZA (drug abuse) victims' post-rehabilitation. She has also explored public service quality improvement for underprivileged communities, the resilience of social welfare policies, and sustainable social entrepreneurship models in rural areas. Her publications, both individual and collaborative, span journals, books, and conference proceedings, reflecting her significant contributions to Indonesia's social welfare research and practice.



Ery Agus Kurnianto, born on August 29, 1975, in Purwodadi, Grobogan, is a distinguished researcher in literature with a focus on interdisciplinary studies. He earned his master's degree in literature from the Faculty of Cultural Sciences at the University of Indonesia in 2009. His career in language and literature research began at the Balai Bahasa Palembang, Ministry of Education and Culture, where he worked from 2002 to 2015. In 2016, he continued his contributions at the Balai Bahasa in Central Java Province.

Currently, he serves as a researcher at the National Research and Innovation Agency (BRIN), under the Research Organization for Archaeology, Language, and Literature, specifically in the Language, Literature, and Community Research Center. Ery has a notable portfolio of published works in national and international journals and proceedings, reflecting his expertise in cultural and linguistic studies. His key publications include *The Vulnerability of Indonesian Language Culture: A Search for Encoded Politeness in the Use of Plural Second-Person Pronouns* at the Talent Search Events (2023), *The Cultural Meaning of the Wonosobo Social Community in Agricultural Spells* (2022), and *Sufferings Due to Beautiful Face in A South Sumatra Folktale: "Putri Pinang Masak"* (2021). Other significant works explore themes of local wisdom, gender representation, and cultural practices, such as *The Local Wisdom in the Rhymes of Tari Topeng Lengger Wonosobo* (2020) and *Cultural Meaning of the Morge Siwe Wedding of Kayu Agung People, South Sumatera* (2021). With a strong interdisciplinary approach to literature and culture, Ery continues to advance research that bridges linguistic traditions and cultural heritage. His work contributes valuable insights into Indonesia's rich literary and cultural landscape.



Dr. Himawan Estu Bagijo, S.H., M.H., is a prominent legal scholar and constitutional researcher with extensive academic and professional contributions to the field of law. He began his distinguished academic journey at Universitas Airlangga (UNAIR), earning a Bachelor's degree in Law from the Faculty of Law and a Master's degree from UNAIR's Postgraduate Program, culminating in a Doctorate in Law from Universitas Diponegoro. Himawan is widely recognized for his leadership in legal academia, currently serving as the Chairman of the Association of Constitutional Law and Administrative Law Lecturers (APHN-HAN) for the 2021–2025 term and the Chairman of the Indonesian Law Doctorate Association (ADHI) for East Java for the 2023–2026 period. His leadership reflects a commitment to advancing legal education and fostering collaboration among legal scholars and practitioners. An accomplished author, Himawan has published numerous books and academic articles, contributing significantly to legal and constitutional studies. His research spans critical topics in constitutional and administrative law, offering insights that influence both academic discourse and practical applications. Himawan's dedication to scholarship and leadership solidifies his reputation as a respected figure in Indonesia's legal community.



Sulistyani Eka Lestari is the Rector of Universitas Sunan Bonang Tuban for the 2022–2026 period. She holds a Bachelor's degree in Anthropology, a Diploma in Tauhid Science, and a Master's degree in Community Development. Her extensive contributions span academic publications, legal research, and training programs. She has participated in various professional development programs, including technical guidance in legal drafting and constitutional law under the Indonesian Constitutional Court, and a Training of Trainers (TOT) on National Values organized by LEMHANAS RI. Her active engagement with policy evaluation and competency enhancement for academic staff demonstrates her commitment to education and governance. Sulistyani has authored several journal articles and books focusing on topics such as labor policies, political party systems, environmental law, and social issues during the COVID-19 pandemic. Notable works include *Pancasila: Sumber Kekuatan Filosofis Edukatif Yang Mewujudkan Era Pencerahan* and *Pengantar Bisnis: Merajut Bisnis Lokal Menuju Bisnis Global Beserta Kajian Hukumnya*. She has also contributed to intellectual property development, holding copyrights for works like *Hukum Administrasi Negara* and *Revitalisasi Wisata Pantai Hutan Mangrove Jenu-Tuban*. Her role in academic research, teaching, and policy-making underscores her dedication to advancing societal welfare and education.



Mohamad Miftah was born in Demak on December 20, 1977. He is a researcher and practitioner in the field of education with extensive experience at regional and national levels. Since 2016, he has served as a Senior Researcher (IVB rank) in education policy at the Provincial Government of Central Java. Previously, he worked as an education researcher at BPMPK Pustekkom/Pusdatin, Ministry of Education and Culture, from 2006 to 2015. Miftah holds a Bachelor's degree in Arabic Education from IAIN/UIN Surabaya (2002), a Master's degree in Learning Technology from UNY Yogyakarta (2006), and a Doctorate in Educational Management from UNNES Semarang (2021). He also pursued non-formal education at Roudlotutholibin Islamic Boarding School in Demak (1985–1996) and Attauhid and An-Nur Islamic Boarding Schools in Surabaya (1996–2002). Miftah is the founder of PTM Bintoro in Demak, a table tennis club established in 2011. He is also the developer of the Jateng Belajar Portal (2019–present) and has been actively involved as a media learning practitioner and instructor specializing in ICT-based educational tools since 2006. His expertise extends to serving as the lead researcher in the Central Java Provincial Study on Accelerating Solutions for Out-of-School Children (2022) and the Team Leader for Strengthening Human Resources through Science and Technology for Jateng 2045 (2023). He is a member of the Central Java Forum for Research and Innovation Communication (2023–present) and the Indonesian Researchers Association for Central Java (2021–present). Miftah has authored numerous academic works, including books, modules, and journal articles. Some notable publications include Learning Resources and Media Development (2021), E-Learning Model Development (2022), and Strategies for Addressing Out-of-School Children in Central Java (2022). His journal contributions focus on ICT-based learning, such as “Management of ICT-Based Learning Systems” (2022) and “Feasibility Study of Integrated ICT-Based Learning Media Services” (2023). Miftah's dedication to education is complemented by his hobby in table tennis, where he actively nurtures community interest through PTM Bintoro.



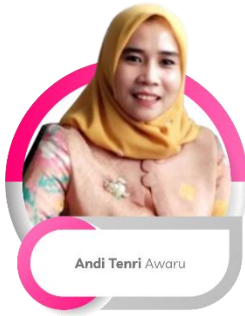
Asriani, S.Psi., M.A. is a dedicated researcher and expert in regional development planning and human resource development, currently affiliated with the Wajo Regency Regional Development Planning, Research, and Development Agency. Holding a Master's degree in Psychology from Gadjah Mada University (2017) and a Bachelor's degree in Psychology from Makassar State University (2007), Asriani has built a career marked by significant contributions to public service and development. Asriani's professional journey includes serving as Head of the Innovation and Technology Utilization Subdivision, where she focused on advancing regional innovation strategies. Additionally, she has a background in planning and reporting management at the Wajo Regency Civil Service Agency, with responsibilities including integrity analysis and enforcement of discipline among civil apparatus. Her expertise integrates psychological principles with strategic planning, fostering impactful approaches to regional and human resource development.



Dr. Ir. Herrukmi Septa Rinawati, M.M. is an accomplished academic and researcher, specializing in human resources and public policy. She earned her doctoral degree from Universitas Airlangga in 2014, cementing her expertise in these critical areas. Currently, she serves as a researcher at the Regional Research and Innovation Agency of East Java Province, Indonesia, where she plays a vital role in advancing regional innovation and knowledge development. Herrukmi also dedicates her efforts to education as a lecturer at Satya Widya Tourism College in Surabaya, where she mentors and prepares future professionals for the dynamic tourism sector. Her academic endeavors are complemented by her prolific writing, which includes publishing books and contributing international academic articles. Through her works, she actively engages in enriching the discourse on public policy, human resource management, and regional development. Bridging the realms of research and education, Herrukmi exemplifies a commitment to knowledge dissemination and interdisciplinary collaboration, impacting both local communities and the global academic sphere.



Andjar Prasetyo, SE, M. Si is a seasoned researcher specializing in regional economics, currently residing in Magelang City, Central Java Province, Indonesia. With a passion for advancing knowledge in economics and regional development, Prasetyo is an active author of international scientific articles and books, published by both domestic and international publishers. His works address a broad spectrum of topics, including economic policies, regional planning, and various socio-economic challenges faced by communities. In addition to his writing, Prasetyo is deeply involved in collaborative research projects that span multiple disciplines, integrating insights from economics with other fields such as social sciences, public policy, and environmental studies. These multidisciplinary approaches enable her to explore complex issues holistically, contributing to innovative solutions for regional and global challenges. His commitment to bridging academic research with practical applications is evident in his ongoing efforts to engage with diverse stakeholders, including policymakers, academic institutions, and community organizations, to ensure her research fosters meaningful impact. Prasetyo's work not only enhances theoretical understanding but also provides actionable recommendations that benefit local and international communities.



Andi Tenri Awaru is a State Civil Apparatus serving as a Young Expert Researcher at the Regional Development Planning, Research, and Development Agency (Bappelitbangda) of Wajo Regency since 2021. Born in Soppeng on December 12, 1982, she holds a Master's degree in Public Administration from the Puangrimaggalatung College of Administration, Sengkang. Andi Tenri Awaru has extensive experience in public administration and development, having previously held roles such as Head of Innovation and Technology Development Sub-Division at Balitbangda Wajo Regency (2017–2018), Head of Chemical Industry at the Wajo Regency Industry Office (2018–2020), and Head of Economy and Development Sub-Division at Bappelitbangda Wajo Regency (2020–2021). Her career reflects a commitment to fostering innovation, advancing industrial development, and enhancing regional economic planning.



Husnah Rahman is a Young Expert Researcher at the Regional Development Planning, Research, and Development Agency of Wajo Regency, a position she has held since 2021. A graduate of Puangrimaggalatung Sengkang University in 2023, Husnah brings a wealth of experience from her previous roles as Head of Subdivision in various strategic areas at Balitbangda Wajo Regency. These roles included overseeing the Dissemination of Research and Development and the Assessment of Rules and Natural Resources (2017–2018), Regional, Physical, and Infrastructure Development (2018–2019), and Social and Government Development (2020–2021). Her work reflects a strong commitment to advancing regional development through research and governance, with a focus on integrating natural resource management, infrastructure planning, and social policy improvements.



Hasniati, SE, MM, born in 1973, is a dedicated professional with a strong academic and career background. She earned her Bachelor's degree in Accounting from Universitas Muhammadiyah Makassar and later pursued a Master's degree in Regional Governance Management at Institut Nobel Indonesia. Currently serving as a Civil Servant in the Research and Development Division of the Regional Development Planning, Research, and Development Agency in Takalar Regency, South Sulawesi Province, Indonesia, Hasniati has established herself as a committed researcher. Her work focuses on fostering innovation and supporting sustainable development initiatives in the region. Through her expertise and dedication, Hasniati contributes significantly to the advancement of research and innovation in Takalar, reflecting her passion for driving impactful change in her community.

CONTENTS

Cover.....	i
Foreword.....	iii
Preface.....	iv
Editor.....	v
Contributors.....	viii
Contents.....	xvi
Tables.....	xix
Figures.....	xx
Abbreviations.....	xxi
CHAPTER I INTRODUCTION.....	1
1.1. Context and Background.....	1
1.2. Purpose and Scope.....	9
1.3. Conceptual Framework.....	10
1.4. Systematics of the Book.....	14
Reference.....	19
CHAPTER II DEMOGRAPHICS OF THE REHABILITATION POPULATION.....	24
2.1. Drugs, Psychotropics and other addictive substances in Yogyakarta.....	24
2.2. Post-Rehabilitation Resident.....	27
2.2.1. Resident demographics.....	27
2.2.2. Social functioning.....	31
2.2.3. Social role.....	33
2.2.4. Social Support and Forms of support.....	36
Reference.....	45
CHAPTER III REHABILITATION PROGRAM AT INDOCHARIS REHABILITATION CENTER.....	48
3.1. Indocharis Foundation.....	48
3.2. Handling Drug Abuse Victims.....	56
Reference.....	70

CHAPTER IV SOCIAL SUPPORT FROM VARIOUS SOURCES	74
4.1. Emotional Support and Family Encouragement	74
4.2. Family Encouragement.....	79
4.3. Family and Responsibility to Maintain Connectedness	81
4.4. Challenges Faced by Families in the Recovery Process	83
4.5. The Role of Peer Support in Reintegration.....	86
4.6. Community Support for Social Functions	88
4.7. Workplace Support and Reintegration	93
4.7.1. Workplace Support	93
4.7.2. Continuing Rehabilitation in the Workplace	93
Reference	96
CHAPTER V SUCCESSFUL REINTEGRATION THROUGH CASE STUDIES	98
5.1. Empowerment Theory	98
5.2. Independence of Former Residents.....	101
5.3. Comprehensive and Holistic Analysis	116
Reference	121
CHAPTER VI COOPERATION WITH EXTERNAL PARTIES	126
6.1. Theoretical Framework in Drug Handling Collaboration	126
6.1.1. Theory of Inter-Institutional Collaboration.....	126
6.1.2. Social Ecosystem Theory	130
6.1.3. Adverse Impact Reduction Theory	135
6.1.4. Community Leadership Theory	140
6.2. The Importance of Working with Community Leaders.....	144
6.3. The Role of Related Institutions in Support and Monitoring	147
Reference	149
CHAPTER VII LEGAL ASPECTS RELATED TO DRUG REHABILITATION	156
7.1. Narcotics Law Context	156
7.2. Rehabilitation Contribution to Legal Compliance	168
7.3. Morality Approach in Legal Compliance.....	172
7.4. Multi-Institutional Cooperation and Strategy.....	175
Reference	180
CHAPTER VIII REGIONAL ASPECTS AND COMMUNITY SUPPORT	185
8.1. Community Attitudes and Acceptance of Drug Rehabilitation	185
8.2. Factors Influencing Community Response.....	192
8.3. Community Programs to Support Rehabilitation.....	198

8.4. Cooperation with Local Governments.....	203
Reference	206
CHAPTER IX ECONOMIC IMPACT OF JOB REINTEGRATION, POSITIVE CONTRIBUTION OF FORMER DRUG USERS	210
9.1. Increased Productivity Through Job Reintegration.....	210
9.2. Reduction of Unemployment and Social Burden.....	216
9.3. Contribution to Local Economic Growth.....	221
9.4. Strategies to Increase the Involvement of Former Drug Users in Economic Activities.....	228
Reference	236
CHAPTER X PUBLIC HEALTH AND EDUCATION ASPECTS	241
10.1. Prevention of the Spread of Drug-Related Diseases	241
10.2. Prevention Education Program in Schools	249
10.3. Public Awareness Campaign	254
10.4. Socialization Activities in the Community	259
10.5. Analysis of the Effectiveness of Prevention Strategies	264
Reference	270
CHAPTER XI CONCLUSION AND RECOMMENDATIONS	280
11.1. Conclusion	280
11.2. Recommendations.....	290
Reference	292
Index.....	291

TABLES

Table 3.1.	Daily Activity Schedule for Client Rehabilitation.....	62
Table 5.1.	Implementation of Programs Based on Social Support, Community Participation, and Individual Resilience	100
Table 6.1.	Inter-Institutional Collaboration in Drug User Rehabilitation	129
Table 6.2.	Application of Social Ecosystem Theory in the Rehabilitation of Drug Users.....	135
Table 6.3.	Implementation of Harm Reduction in Various Contexts.....	140
Table 6.4.	Implementation of Community Leadership Theory	144
Table 8.1.	Implementation of a Multidimensional Approach in Drug Rehabilitation	189
Table 8.2.	Implementation of Cooperation among the Government and Local Institutions in Rehabilitation Programs	196
Table 8.3.	Implementation of CBR Models in Developed Countries.....	201
Table 9.1.	Reintegration Model of Ex-Drug Users in Several Countries	214
Table 9.2.	Social Reintegration Model of Former Drug Users	219
Table 9.3.	Reintegration model of ex-drug users and evidence of implementation	226
Table 10.1.	Sterile Syringe Exchange Case	242
Table 10.2.	OST Implementation Cases and Their Impact.....	244

FIGURES

Figure 2.1.	Areas Prone to Drug Abuse, Psychotropics and Other Addictive	25
Figure 2.2.	Resident Demographics.....	28
Figure 2.3.	Social Functionality Post-rehabilitation resident.....	33
Figure 3.1.	Indocharis Logo/Emblem	50
Figure 3.2.	Indocharis Foundation Structure Chart.....	51
Figure 3.3.	Indocharis organizational structure	54
Figure 6.1.	The Five Layers of Social Ecosystems	133

ABBREVIATIONS

ACT	Assertive Community Treatment
AMMD	ASEAN Ministerial Meeting on Drug
ASEAN	Association of Southeast Asian Nations
ASOD	ASEAN Senior Officials on Drug
BNN	Badan Narkotika Nasional
BPS	Badan Pusat Statistik
CBI	Community-Based Intervention
CBR	Community-Based Rehabilitation
CEFE	Competency-based Economies through Formation of Entrepreneurs
CND	Commission on Narcotic Drugs
CoP	Communities of practice
CRA	Community Reinforcement Approaches
CSR	Corporate social responsibility
GPRA	Government Performance and Results Act
ICL	Institute for Community Leadership
INCB	International Narcotics Control Board
IPS	Individual Placement and Support
LST	Life Skills Training
MAT	Medication-Assisted Treatment
MSM	Males who have sex with males
MSME	Micro, small and medium enterprises
NEP	Needle Exchange Program
NPS	New psychoactive substances
OST	Opiate substitution therapy
OST	Opioid Substitution Therapy
PPCT	Process, people, context, and time
PRCh	Pusat Rehabilitasi Charis
PrEP	Pre-exposure prophylaxis
PTSD	post-traumatic stress disorder
PWID	People who inject drugs
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	Substance use disorder
TC	Therapeutic Community
TIAC	Theory of Inter-Agency Collaboration
UNCTAD	United Nations Conference on Trade and Development
UNODC	United Nations Office on Drugs and Crime
VR	Virtual reality

WHO

World Health Organization

CHAPTER I

INTRODUCTION

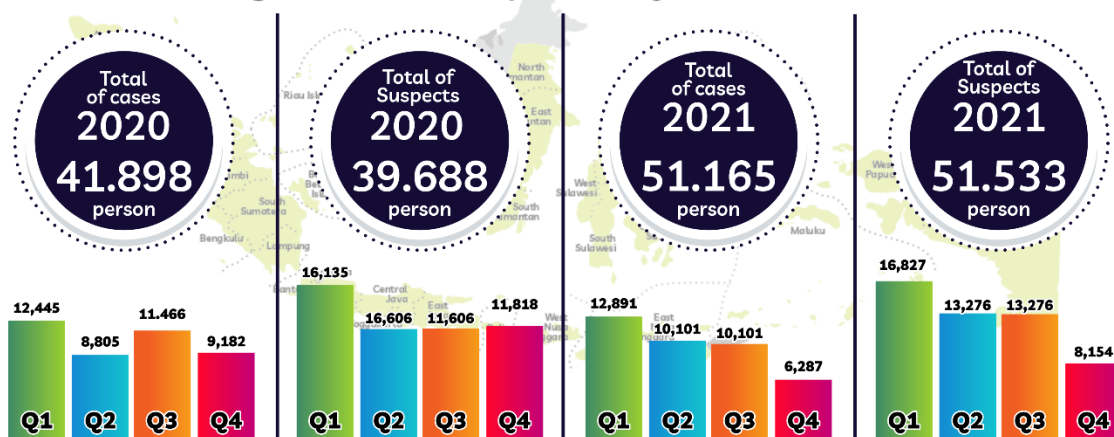
1.1. Context and Background

The increasing concern lies in the increasing harm posed by the abuse of narcotics, Psychotropics, and Other Addictive Substances (NAPZA). Reports from various media outlets indicate that individuals from various backgrounds, including celebrities, politicians, civil servants, and ordinary citizens, are involved in drug abuse cases, regardless of factors such as education, age, religion, ethnicity, and economic status (Firdaus Yamani & Dety Mulyanti, 2023; Nurhafizah et al, 2023a). This threat is not limited to Indonesia but is a global problem, affecting individuals across all demographics and geographic locations, emphasizing the wide range of drug abuse. This widespread issue transcends borders, impacting people worldwide and emphasizing the extensive reach of drug abuse. Endeavors such as community therapy, counseling, and public awareness campaigns like the prevention, Eradication, and Illicit Trafficking of Drugs (P4GN) program in Indonesia aim to address and mitigate the detrimental effects of drug abuse on society. Drug abuse cases involve multidimensional aspects such as medical, social, cultural, economic, political, and legal dimensions, leading to increased attention in Indonesia due to the increasing number of cases and the widespread impact on society. A recent 2021 national survey by BNN, BRIN, and BPS revealed a 0.15% increase in the prevalence of narcotics abuse in Indonesia, with the number of users increasing from 4,534,744 in 2019 to 4,827,619 in 2021, and from 3,419,188 in 2019 to 3,662,646 in 2021, showing an overall increase of 0.15% from 2019 to 2021. Factors influencing drug abuse include lack of understanding among students (Pratiwi et al, 2023a), personality, association, and social factors (Nurhafizah et al, 2023), and the need for innovative approaches like neuroimmunology for sentencing and social control theory for prevention (Christiana & Runturambi, 2023). The prison system's approach to drug cases is also crucial, with a call for health-focused strategies for abusers (Suarja et al, 2023).

Data on the number of cases and the number of suspects related to drug abuse show an interesting trend between 2020 and 2021. In 2020, the total number of cases reached 41,898 people, while in 2021, there was a decrease to 39,688 people. Despite the decline, data shows that the number

of suspects has increased from 51,165 people in 2020 to 51,533 people in 2021 during the same period (Christiana & Runturambi, 2023; Pratiwi et al, 2023b). The decrease in cases was mainly observed in the fourth quarter of 2021, indicating a slight shift in the overall trend. This trend underscores the widespread issue of drug abuse across Indonesia, emphasizing the urgent need for more effective prevention, law enforcement, and rehabilitation strategies to combat drug abuse comprehensively and collaboratively (Novitry et al, 2023; Syafiudin & Satindra, 2023). Despite the increase in the number of suspects, the decrease in the number of cases only occurred in the fourth quarter, although not significantly. It is important to deed that this trend is happening across Indonesia, showing that drug abuse is a widespread problem in different parts of the country. This indicates the need for more effective prevention, law enforcement, and rehabilitation endeavors to address the problem of drug abuse in a comprehensive and coordinated manner.

Figure 1. Number of Drug Cases and Suspects in Quarters I-IV of 2020 and 2021
Total of Drug Cases and Suspects in Quarter I-IV 2020 and 2021



Source : Processed from National Drug Agency, Pusdatin, 2021, Redesign : Andjar, 2024

Based on data from the National Narcotics Agency (BNN), Indonesia is indeed facing a critical situation regarding drug abuse (Pratiwi et al., 2023). The number of drug addicts has been on a concerning rise, with estimates reaching 4.2 million people in 2011, surpassing 4.9 million in 2013, and predicted to escalate to 5.8 million by 2015 (Christiana & Runturambi, 2023). Alarmingly, about 75% of these addicts are students or individuals in their productive age (Syafiudin & Satindra, 2023). The Ministry of Social Affairs has reported that around 3.6 million individuals have fallen victim to drug abuse (Saputra & Kurniawan, 2023). Despite the challenges posed by the Covid-19 pandemic, drug abuse rates have remained high, emphasizing the urgent need for collaborative endeavors from all sectors of society to combat this

escalating issue. The data from the National Narcotics Agency reveals a concerning situation in Indonesia regarding drug abuse. In 2014, Indonesia faced a narcotics emergency, with a significant portion of addicts being students and individuals of productive age (Pratiwi et al., 2023). This emergency persisted until 2021, indicating a prolonged vulnerability to drug abuse and illicit trafficking in the country. The issue is not only humanitarian but also has destructive impacts on various aspects of life, affecting almost every region in Indonesia (Ilyas et al., 2023). The high involvement of students in drug abuse poses a serious threat to the nation's future, as addicted prospective leaders can jeopardize the country's integrity and hinder the establishment of a prosperous and just society (Rayhansyah et al., 2023; Sinaga et al., 2023). Endeavors to address this emergency require intensive and serious treatment to safeguard the well-being and future of Indonesia's youth and society.

Responding to the high cases of drug abuse and its impact on the future of the nation, Indonesia declared a "Drug Emergency" status. In response, the government issued a policy to provide rehabilitation services to drug addicts or victims of drug abuse through the Mandatory Report Recipient Institution (IPWL) (Pratiwi et al., 2023), both in the form of medical and social rehabilitation. The government targets this service to be provided to 100,000 addicts by 2015 (Ardy Sengkey & Michael, 2023). The Ministry of Health, Ministry of Social Affairs, and National Narcotics Agency were appointed as the persons in charge of IPWL, with the duties and functions of each institution having been established. The Government of Indonesia issued Presidential Regulation Number 25 of 2011 concerning the Implementation of Mandatory Report for Drug Addicts (Delmiati & Irsal, 2023a). This policy stipulates that drug addicts, who are considered victims of drug abuse, must report themselves if they are old enough, or their family, parents, or guardians if they are minors, to the Mandatory Report Receiving Institution (IPWL). The purpose of this reporting is so that they can get treatment and care through medical and social rehabilitation. The Presidential Regulation explains that IPWL is an institution such as community health centers, hospitals, and medical and social rehabilitation institutions appointed by the government to handle drug abuse cases. After self-reporting, victims of drug abuse will be provided with medical and social rehabilitation services according to their needs. In 2012, the Indonesian Ministry of Social Affairs issued Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 31/HUK/2012 which stipulates social rehabilitation institutions for victims of drug abuse as Mandatory Report Recipient Institutions (IPWL) for victims of drug abuse. A total of 30 institutions were designated as IPWL under the regulation. Endeavors to achieve the

target of handling drug addicts through IPWL continue to be carried out, and in 2013, the Ministry of Social Affairs issued the Decree of the Minister of Social Affairs Number 36/HUK/2013 which stipulated 40 IPWL, consisting of 2 UPT units, 5 UPTD units, and 33 LKS units in fifteen provinces. Data from the Directorate of Social Rehabilitation of Victims of Drug Abuse in 2014 shows that there are a total of 105 IPWL units throughout Indonesia, with one unit owned by the center, five units owned by local governments, and 98 units owned by communities with various handling models. Although the handling carried out by the government refers to existing guidelines, IPWL managed by the private sector, or the community has different approaches depending on the characteristics of each IPWL

Even so, the determination of the Mandatory Report Recipient Institution (IPWL) still follows the provisions stipulated in the Minister of Social Affairs Regulation Number 56 / HUK / 2009 concerning Social Services and Rehabilitation of Victims of Drug Abuse, as well as Minister of Social Affairs Regulation Number 26 of 2012 concerning Social Rehabilitation Standards for Victims of Drug Abuse which is a reference for norms, Standards, Procedures, and Criteria (NSPK). Social rehabilitation is an integrated process of recovery activities, both physically, mentally, and socially, with the aim that former drug addicts can return to carry out their social functions in community life. The main goal of social rehabilitation is to enable victims of drug abuse to carry out their social roles well, meet the needs of life, overcome problems, and achieve self-actualization. It also involves creating a social environment that supports the success of social rehabilitation of victims of drug abuse. One of the key components in IPWL's success is people. Within IPWL, there are various types of professionals, such as doctors, psychiatrists, psychologists, addiction social workers, counselors, and other instructors, who play an important role in providing comprehensive and effective rehabilitation services to victims of drug abuse. In 2015, Suradi and his colleagues conducted a study on the readiness of the Mandatory Report Recipient Institution (IPWL) in endeavors to overcome victims of drug abuse. The results of the study show that the institution responsible for organizing social rehabilitation for victims of drug abuse and has been appointed by the Ministry of Social Affairs as IPWL, has shown adequate capacity in carrying out its function as an implementer of social rehabilitation for victims of drug abuse. This is seen from various aspects, including institutions, human resources, and available infrastructure. The results of the services carried out by IPWL to residents show positive changes, both in physical, mental attitude, and behavior. Thus, it is evident that IPWL has succeeded in carrying out social rehabilitation of victims of drug abuse, providing hope for their better recovery and reintegration into society.

Drug abuse, encompassing both illicit and legal substances, is a significant societal issue with multifaceted implications. It is viewed as deviant behavior in social psychology, reflecting actions contrary to societal norms and laws (Lukas, 2023). From a sociological perspective, drug abuse is considered a social pathology, indicating a disruption in social functioning and societal structure (King, 2022). Moreover, in the realm of social work, drug abuse is seen as a form of social disorder that disturbs the social order and welfare of society (khan et al., 2022). This highlights the need for a comprehensive approach to address drug abuse, incorporating medical, legal, psychological, and social work aspects to effectively tackle the complexities associated with this behavior. Drug abuse is behavior that is contrary to social norms and standards recognized by society, as well as violating the law and harming the state. In the perspective of social psychology, this behavior is categorized as deviant behavior or social deviance. This means that individuals involved in drug abuse commit actions that are considered not by applicable social norms and expectations. From a sociological point of view, drug abuse is considered a pathology or social pathology, indicating that this behavior reflects an imbalance or disorder in social functioning and the structure of society. Meanwhile, in the perspective of social work, drug abuse is considered a form of social disorder, which refers to behavior that disrupts the existing social order and harms the welfare of society. Therefore, handling drug abuse does not only involve medical or legal aspects, but also requires a holistic approach that considers psychological, social, and social work aspects. There are several methods of therapy and rehabilitation used, namely:

1. Cold Turkey. The method described, involving confinement in a controlled environment without drugs to overcome drug abuse, is known as the drug withdrawal period. This period entails experiencing withdrawal symptoms due to the absence of drugs, typically in facilities like parlors or rehabilitation centers, where medical and counseling support is provided (Jayvindra Singh et al., 2022; YEH, 2023). Following the withdrawal phase, addicts transition to counseling for emotional and psychological help, understanding the root causes of addiction, and acquiring coping strategies (Sofi et al., 2023). This approach often integrates spirituality and faith into the healing process, as seen in religious-based rehabilitation institutions (Jusuf, 2022). While effective, this method has faced criticism for its challenging and painful nature, potentially risking the health and well-being of addicts (Ismail et al., 2022).
2. Alternative Methods. The unique method described involves a spiritual bathing ritual practiced by some ustads in Islamic educational

foundations to address drug abuse issues. This procedure includes heating water in a drum, adding specific ingredients, mixing with tawassul water for spiritual benefits, and patients soaking in the infused water for about 30 minutes. The immersion aims to cleanse the body of toxins, with the frequency based on the severity of drug abuse. While unconventional in medical terms, this spiritual approach is believed to aid in the healing process through faith and ritualistic practices (Rif'qi Lukman et al., 2023). Such practices are part of a broader spectrum of Islamic-based interventions, including self-hisbah and zikr methods, which have shown positive impacts on individuals facing addiction issues (Apsari et al., 2024; Nurhamzah Cahyo Setio et al., 2023).

3. **Opioid Substitution Therapy.** Opioid Substitution Therapy (OST) plays a crucial role in treating patients with long-standing heroin dependence, particularly those with a history of injecting heroin (Bala et al., 2023). This therapy involves replacing the need for heroin or unlawful drugs with legal narcotics like codeine, buprenorphine, methadone, and naloxone, tailored to individual requirements and gradually tapered as recovery progresses (Di Patrizio et al., 2022). The gradual dose reduction helps in managing withdrawal symptoms, aiding addicts in overcoming their dependence on heroin or unlawful drugs in a safe and controlled manner (Marambage et al., 2023). Additionally, the use of medications like methadone, buprenorphine, and naltrexone in Medication-Assisted Treatment (MAT) is highlighted as effective in addressing opioid use disorder, with detoxification being an alternative strategy for patients opting to remain opioid-free (Fathima et al., 2022). The combination of primary care, psycho-social interventions, and ongoing support further facilitates the detoxification process and long-term abstinence (Soyka, 2020).
4. **The therapeutic community (TC) Program** is a widely recognized biopsychosocial treatment model for addiction, aiming to help individuals in recovering from substance use disorders and successfully reintegrating into society. This program is rooted in various key elements such as active participation, role modeling, open communication, and the sharing of norms and values (Perfas et al., 2023; Varma & Muehlbach, 2023). TC involves engaging participants in activities across five main development areas: behavior management, emotional and psychological aspects, intellectual and spiritual growth, vocational and educational skills, and strategies for maintaining sobriety (Jayamaha et al., 2022). By focusing on these aspects, TC equips individuals with the necessary skills

and support to overcome drug dependence and lead healthier, more fulfilling lives (Ramos & Bernardo, 2022).

5. A person caught abusing drugs by a court will usually be subject to a sentence that requires him to follow a 12-step program and implement it in daily life. However, the Ministry of Social Affairs of the Republic of Indonesia views individuals involved in drug abuse as victims. Thus, the implication of victim status is that the individual requires social intervention, such as social rehabilitation, rather than imprisonment. Therefore, the treatment of victims of drug abuse falls into the realm of social rehabilitation, where the focus is to help the individual to recover socially and psychologically and reintegrate into society in a healthy and productive way. With this approach, endeavors are made to provide the support, coaching, and rehabilitation services needed by victims of drug abuse so that they can start a better life and be free from drug dependence. Individuals involved in drug abuse in Indonesia are viewed as victims by the Ministry of Social Affairs, emphasizing the need for social intervention like social rehabilitation instead of imprisonment (Delmiati & Irsal, 2023). Social rehabilitation aims to help victims recover socially and psychologically, facilitating their healthy reintegration into society (Mengjun, 2023). The process involves providing necessary support, coaching, and rehabilitation services to enable victims to lead drug-free, productive lives (Sinambela, 2023). The focus is on optimizing the social rehabilitation process to prevent relapses and ensure successful reintegration into society (Ramdlonaning & Achjani Zulfa, 2023). This approach highlights the importance of addressing drug abuse as a social issue requiring support and rehabilitation rather than solely punitive measures (Gunarto et al., 2023).

In 2014, the center for social welfare Research and Development conducted a study examining drug abuse. Research conducted by Gunawan, Sugiyanto, and Roebiyanto (2014) focused on the existence of Community-Based Social Rehabilitation (RBM) in the Special Region of Yogyakarta and West Java. The findings of this study show that RBM is a form of community participation in endeavors to overcome drug abuse starting from the grassroots level. The presence of RBM together with its networks and programs is one of the foundations that has great potential in the implementation of social rehabilitation for victims of drug abuse. Activities carried out in RBM are more focused on primary prevention endeavors, which include the tasks of communication, delivery of information, and education to the community, as well as continuous help to victims in the recovery process.

Through this approach, RBM acts as a bridge between the community and rehabilitation services, ensuring that endeavors to combat drug abuse are not only reactive, but also proactive by involving active community participation in maintaining social welfare.

Research on social rehabilitation of victims of drug abuse at the Indo Charis Foundation, Yogyakarta is important to be carried out to understand the rehabilitation handling methods carried out by the private foundation. Preliminary findings suggest that Yayasan Indo Charis has a distinctive approach and rehabilitation program, which allows it to achieve positive results in rehabilitating victims of drug abuse. This study aims to explore more about the treatment program, rehabilitation implementation, approach taken, and the results achieved by the Indo Charis Foundation in helping victims of drug abuse. Thus, this research is expected to provide deeper insights into effective social rehabilitation practices in the context of private foundations, as well as contribute to the development of better approaches and strategies in dealing with the problem of drug abuse in the community.

The questions raised in this paper provide a solid foundation for further research on social rehabilitation of drug abuse victims at Yayasan Indo Charis. First, how is the implementation of rehabilitation carried out by the foundation, especially related to the Indo Charis drug social rehabilitation center program? Second, what is the process of implementing social rehabilitation of drug abuse in the foundation? And third, what are the results of social rehabilitation carried out by the Indo Charis Foundation, and how will it affect the condition of residents after rehabilitation? The discussion on social rehabilitation of victims of drug abuse at the Indo Charis Foundation will make an important contribution academically and practically. Academically, this paper will make scientific theoretical contributions to the development of social sciences, especially in the discipline of social welfare. This research will provide methodological insights for researchers who will explore factors that influence the readiness to reintegrate victims of drug abuse into society. In practical terms, the results of this study will provide benefits for policy makers, especially the technical unit that handles rehabilitation for victims of drug abuse. The results of this study can be the basis for designing policies on handling drug abuse more systematically and sustainably. Thus, it is hoped that the social rehabilitation program for victims of drug abuse at the Indo Charis Foundation and similar institutions can be more effective and have a positive impact on the community at large.

To obtain data, information, and information related to social rehabilitation carried out at the Indo Charis Foundation, especially at the Indo Charis Social Rehabilitation center and the conditions of its ex-residents, it is

necessary to evaluate the implementation and results of social rehabilitation policies and programs for victims of drug abuse in the institution, as well as the problems faced. To achieve these goals, several data and information collection techniques can be used. First, a documentation study will be conducted to collect information related to victims of drug abuse, treatment programs, and other data relevant to the rehabilitation of victims of drug abuse at the Charis Rehabilitation Center. Second, interviews will be conducted with ex-residents of Charis Rehabilitation Center, management officers, technical officers, counselors, social workers, and officers from related agencies to gain a deeper understanding of the rehabilitation process carried out and the condition of ex-residents. Third, focus group discussions (Focus Group Discussion = FGD) will be conducted with the board to obtain broader and in-depth information about the rehabilitation carried out and the condition of ex-residents. Discussion participants will include elements of Charis Rehabilitation Center officers, district/city social agencies, and other related agencies. Fourth, observations will be made on the ex-resident environment, activities carried out, and social conditions with the surrounding community to gain a more comprehensive understanding of the context of social rehabilitation carried out at the Indo Charis Foundation. With the combination of these techniques, it is hoped that comprehensive data and information can be obtained for the evaluation and improvement of social rehabilitation programs for victims of drug abuse in the institution.

1.2. Purpose and Scope

The purpose of this book is to provide a comprehensive guide on drug rehabilitation with a focus on experiences and practices conducted at Charis Rehabilitation Center. This book aims to provide a deep understanding of various aspects related to drug rehabilitation, from the demographics of the population undergoing rehabilitation to the economic and public health impacts.

The scope of the book includes the first chapter provides a broad overview of the context and background of the drug rehabilitation problem, reviews the related social and health aspects. This chapter helps readers understand the importance of drug rehabilitation in social and public health contexts. Next, the second chapter explores demographic data from the population undergoing drug rehabilitation at Charis Rehabilitation Center, including information on number, gender, age range, marital status, and occupation. This gives a clear picture of who is participating in rehabilitation. The third chapter details the rehabilitation approach and program undertaken at Charis Rehabilitation Center, covering approach strategies, skills training,

and the importance of social support in the rehabilitation process. Furthermore, the fourth chapter discusses the role of social support from various sources, such as family, peers, communities, and workplaces, in assisting the reintegration of rehabilitation participants into society. The fifth chapter presents case studies to illustrate the processes and factors that influence the successful reintegration of rehabilitation participants, providing a deeper understanding of the dynamics of rehabilitation. Furthermore, the sixth chapter discusses the importance of cooperation with community leaders and relevant agencies in supporting and monitoring rehabilitation programs. The seventh chapter outlines the legal aspects related to drug rehabilitation and its contribution to legal compliance, while the eighth chapter discusses community responses to drug rehabilitation and community programs that support rehabilitation endeavors. The ninth chapter discusses the positive contribution of job reintegration to economic aspects and the role of former drug users as productive members. The tenth chapter highlights endeavors to prevent the spread of drug-related diseases and preventive education programs in schools and communities. Finally, the final chapter presents conclusions of the main findings and provides recommendations for improving the effectiveness of drug rehabilitation programs. Thus, the entirety of these chapters provides a comprehensive understanding of drug rehabilitation and the various aspects associated with it. As such, this book is designed to be a comprehensive guide for readers interested in understanding and implementing drug rehabilitation programs with a focus on the experiences of the Charis Rehabilitation Center.

1.3. Conceptual Framework

The conceptual framework serves as a theoretical foundation that links research to existing theories, guides the research steps by identifying key variables, and assists in designing appropriate research methodologies. In addition, conceptual frameworks help researchers in understanding the interrelationships between the concepts investigated, facilitate the interpretation of research results, and help in the development of specific hypotheses. Thus, the conceptual framework is an important tool in research that helps structure ideas, direct research design, and provide a theoretical foundation for the understanding of the phenomenon under investigation. Therefore, in this book is complemented by a relevant theory-based approach.

1. Stigmatization Theory is a theoretical framework that explores how individuals who use drugs experience social stigmatization, the process by which they are negatively labeled and perceived as members of marginalized groups in society. The stigma can arise from stereotypes,

prejudices, and discrimination experienced by individuals who use drugs. The impact of stigma on individuals who use drugs is broad and varied. First of all, social stigma can affect people's perception of them, creating barriers to reintegration into society after rehabilitation. This stigma can result in social isolation, exclusion, and difficulty in finding work or housing. In the context of drug rehabilitation programs, the theory of stigmatization is particularly relevant because social stigma can be a barrier for individuals who want to get help and support in their recovery process. Individuals who feel marginalized or judged by society may be reluctant to seek help or participate in rehabilitation programs. In addition, stigma can also affect an individual's perception of themselves, reducing their sense of self-worth and motivation to change. This can exacerbate the problem of drug abuse and hinder rehabilitation endeavors. By understanding stigmatization theory, rehabilitation practitioners can identify and address the stigma experienced by individuals who use drugs through an approach based on understanding, empathy, and raising public awareness. This includes endeavors to reduce stereotypes and prejudices, increase understanding of the problem of drug abuse, as well as create a supportive environment for the recovery process. By reducing social stigma, it is hoped that the effectiveness of rehabilitation programs and reintegration into society can be improved.

2. Behavior Change Theory, primarily known through the Transtheoretical Model of Behavior Change, is a theoretical framework that describes the process by which individuals experience behavior change from one stage to the next. This model states that behavioral change does not occur suddenly, but rather through a series of clearly defined stages. There are five stages identified in the Transtheoretical Model:
 - a. Precontemplation: The individual is unaware of their problem and does not intend to change their behavior soon.
 - b. Contemplation: Individuals commence to become cognizant of their problems and consider making changes soon.
 - c. Preparation: The individual has decided to make changes and started taking concrete steps to change their behavior.
 - d. Action: Individuals are active in making changes in their behavior.
 - e. Nurturing: The individual has successfully adopted the new behavior and strives to maintain it over the long term.

In the context of drug rehabilitation, this theory is particularly relevant because individuals undergoing rehabilitation often go through a series of stages of such behavior change. For example, they may start from the

precontemplation stage where they are unaware of the negative effects of drug abuse, then progress to the contemplation stage where they commence to consider changing. Designing interventions appropriate to the stage of behavior change experienced by individuals can increase the effectiveness of rehabilitation programs. The approach given at the individual stage in this model can help in tailoring intervention strategies to suit individual needs and readiness, thus maximizing the chances of success in the rehabilitation process. For example, individuals in the precontemplation stage may need an approach focused on increasing awareness of their problems, while individuals in the action stage need support and guidance to maintain new positive behaviors.

3. Systems ecology theory is a theoretical framework that recognizes that individuals do not exist in isolation, but interact with the surrounding social, economic, and physical environment. This theory emphasizes that individual behavior is influenced by the complex interactions between individuals themselves and their environment, which includes family, peers, communities, and workplaces. In the context of drug rehabilitation, this theory is particularly relevant because the process of reintegration of individuals undergoing rehabilitation is influenced by their interaction with various systems in the surrounding environment. For example, family and peer support can be an important factor in a person's rehabilitation success. Families who provide emotional and practical support, as well as peers who provide positive social support, can strengthen an individual's motivation and commitment to undergo rehabilitation. In addition, the community also plays an important role in the reintegration process. The community's response to an individual undergoing rehabilitation can influence how the individual feels welcome back into society and the extent to which they can get support and the opportunity to restart their lives. Furthermore, the workplace also has a significant impact on the reintegration process. Support from the workplace can help individuals in securing stable employment and provide structure and purpose in their lives after rehabilitation. By understanding systems ecology theory, rehabilitation practitioners can design more holistic and integrated programs, which take into account different aspects of an individual's environment. This can increase the chances of success in the drug rehabilitation process by strengthening the support and resources available to individuals who want to restart their healthy and productive lives.
4. Social epidemiology theory is a theoretical framework that studies the spread of disease and other health problems in society. This theory

emphasizes the role of social, cultural, and environmental factors in influencing disease patterns and trends among populations. In the context of drug abuse, this theory allows an in-depth analysis of how drug use spreads in society and what factors influence such behavior. Analysis based on social epidemiological theory can clarify patterns and trends of drug use in a given population. This includes identifying vulnerable demographics, such as age, gender, economic status, and social status, which can influence prevalence rates and patterns of substance use. In addition, the theory also allows an understanding of how environmental factors, such as drug availability, legal policies, and social norms, affect the level and pattern of drug consumption in society. By understanding the factors that influence the spread of drug abuse, practitioners and researchers can design more effective interventions in the prevention and control of drug abuse. For example, analyses based on social epidemiological theory can be helpful in targeting prevention programs aimed at vulnerable groups or areas with high prevalence rates. In addition, an understanding of the environmental factors that influence drug use behavior can also be used to design policies that are more effective in controlling the supply and access to unlawful drugs. Thus, social epidemiology theory provides an important foundation for endeavors to prevent and control drug abuse in society.

5. Social Structure Theory and Work Theory are theoretical frameworks derived from the fields of sociology and economics, which study how social structures and economic conditions affect individuals in society. The theory recognizes that factors such as marital status, employment, income, and access to social resources have a significant impact on an individual's life and success. In the context of drug rehabilitation, this theory provides important insights into how marital and employment status can influence the likelihood of successful reintegration of individuals undergoing rehabilitation. Marital status, for example, can serve as a source of emotional and practical support for individuals recovering from drug abuse. A stable life partner can provide moral support, motivation, and stability, which can strengthen an individual's commitment to the rehabilitation process. In addition, employment status also plays an important role in reintegration. A stable and decent job can provide daily structure, a stable income, and a sense of accomplishment and identity for recovering individuals. By having a job, individuals can contribute positively to society, increase self-esteem, and build a healthy social network in the work environment. However, individuals experiencing substance abuse problems often face challenges

in maintaining a stable marital relationship and obtaining or maintaining a decent job. Social stigma, legal barriers, and health problems associated with drug abuse can be barriers in achieving civil union and job stability. By understanding this theory, rehabilitation practitioners can design more holistic programs that not only focus on the medical and psychological aspects of rehabilitation, but also consider the social and economic factors that influence an individual's reintegration into society. This includes providing ongoing support services to help individuals in establishing stable relationships and finding or maintaining adequate employment after undergoing rehabilitation.

1.4. Systematics of the Book

Each chapter in this edited book presents research- and practice-based knowledge on Rehabilitation and Reintegration: The Critical Role of Successful Social Support for Narcotics, Psychotropics, and Other Addictive Substances. The chapters are written by practitioners and academics who present diverse perspectives on various aspects of The Critical Role of Successful Social Support for Narcotics, Psychotropics, and Other Addictive Substances. It is our hope that the information presented in this book will facilitate the development of evidence-based Critical Role of Successful Social Support for Narcotics, Psychotropics, and Other Addictive Substances practices, programs, and/or policies for those working with families from at-risk communities. The book is divided into eleven chapters by describing Rehabilitation and Reintegration: The Critical Role of Successful Social Support Based on interesting case studies for literacy, the nine chapters are presented as follows

In Chapter 1 of the Introduction, Context and Background are presented: This chapter will provide an overview of the context surrounding the problem of drug rehabilitation, including trends in drug use in society, their impact, and the need for effective rehabilitation interventions. Such background will help understand the urgency and relevance of this research in social and public health contexts. Purpose and Scope of Research: In this section, the objectives of the study will be explained in detail, ranging from identifying rehabilitation needs to analyzing the effectiveness of existing programs. In addition, the scope of research will be established to determine the parameters and limitations of this study, so that the results can be interpreted clearly. Conceptual Framework: The conceptual framework will outline the theories or concepts underlying the study, such as psychological theories about rehabilitation, models of rehabilitation programs that have been proven successful, and factors that influence the successful reintegration

of former drug users into society. This will provide a theoretical basis for the research to be carried out.

Furthermore, for Chapter 2, the pattern of drug user help is summarized by Rehabilitation Population Demographics by explaining the Number and Sex of the Population: This section will present statistical data on the number of residents undergoing drug rehabilitation at Charis Rehabilitation Center, as well as details regarding the distribution of sex among them. This demographic analysis is important to understand the population profile that is the focus of research. Age Range and Productive Characteristics: This chapter will discuss the age range of rehabilitated populations, as well as the productive characteristics possessed by them, such as education, skills, and potential for productive reintegration into society. This information will be the basis for designing rehabilitation programs that suit their needs. Marital and Employment Status of Residents: In this section, information on the marital and employment status of rehabilitation residents will be presented. It is important to understand the social and economic support available to them during the rehabilitation and reintegration process into society.

Chapter 3 discussing the Rehabilitation Program at Charis Rehabilitation Center is a description of the Rehabilitation Program Approach: This section will describe the various approaches used in the rehabilitation program at Charis Rehabilitation Center, ranging from medical, psychological, to spiritual approaches. An explanation of this approach will provide a better understanding of the methods used to aid the recovery of rehabilitation participants. Skills Training and Reintegration Preparation: This chapter will discuss the skills training programs organized at rehabilitation centers, as well as the preparations provided to participants for reintegration into society. This includes life skills training, job training, and other preparatory programs aimed at improving participants' ability to deal with life after rehabilitation. The Importance of Social Support in Programs: In this section, we will discuss the importance of social support in the success of rehabilitation programs. This includes support from family, peers, the community, and the workplace. This explanation of the role of social support will provide a better understanding of the factors that influence the successful reintegration of rehabilitation participants.

Chapter 4 on Social Support from Multiple Sources discusses Emotional Support and Encouragement from the Family: This section will discuss the important role of the family in supporting the rehabilitation and reintegration process. This includes providing emotional support, motivation, and a supportive environment for rehabilitation participants. Analysis will be conducted on strategies that are effective in strengthening the relationship

between rehabilitation participants and their families. **The Role of Peer Support in Reintegration:** This chapter will review the role of peer support in assisting the reintegration process of rehabilitation participants into society. Discussions will include how peers can provide moral support, motivation, and practical help in rebuilding the social lives of rehabilitation participants. **Community Support for Social Functions:** In this section, we will describe the important role of the community in supporting the social functions of rehabilitation participants. This includes support from community organizations, religious institutions, and other social groups that can provide social networks, opportunities to participate in positive activities, and moral support for rehabilitation participants. **The Role of Workplace Support in Reintegration:** The final section will discuss the important role of the workplace in supporting the process of reintegration of rehabilitation participants into society. This includes a discussion of policies and programs that can help former drug users to find and keep jobs, as well as work environments that support their recovery.

Then in Chapter 5 explained the success of reintegration through Case Studies, with the **First Case Study Presentation:** In this section, a concrete case study will be presented about an individual who succeeded in the reintegration process after undergoing a rehabilitation program at Charis Rehabilitation Center. This case study will provide insight into the factors that influence the success of reintegration, as well as effective strategies in achieving it. **Second Case Study Presentation:** This chapter will introduce other case studies that also reflect a success in the reintegration process. By comparing these two case studies, we will find common patterns or factors that contribute to successful reintegration, which can guide in designing more effective rehabilitation programs in the future. **Analysis of Success Factors:** The last section will conduct an in-depth analysis of the factors that have been found from both case studies. This will include the identification of key factors contributing to successful reintegration, as well as recommendations for strengthening those factors in existing rehabilitation programs.

Chapter 6 is presented on Cooperation with External Parties which explains the **Importance of Cooperation with Community Leaders:** This chapter will explain the importance of collaborating with community leaders in supporting drug rehabilitation programs. This includes endeavors to build partnerships with community leaders, non-governmental organizations, and other stakeholders to increase support and participation in rehabilitation programs. **Role of Relevant Institutions in Support and Monitoring:** This section will discuss the role of relevant institutions, such as government agencies, health institutions, and other social institutions, in supporting and monitoring

the implementation of rehabilitation programs. This includes a discussion of their role in providing resources, regulation, and monitoring of the effectiveness of rehabilitation programs.

Chapter 7 discusses the Legal Aspects Related to Drug Rehabilitation by explaining the Legal Context of narcotics: In this section, we will describe the legal context related to drugs, including regulations governing drug use, distribution, and rehabilitation. An explanation of this legal framework will aid an understanding of the challenges and constraints faced in implementing rehabilitation programs. Rehabilitation's Contribution to Legal Compliance: This chapter will discuss how drug rehabilitation programs can contribute to law enforcement and improve compliance with narcotics regulations. This includes a discussion of the effect of rehabilitation on decreasing drug-related crime rates and increased legal awareness among former drug users.

Next in Chapter 8 on Regional Aspects and Community Support, which describes Community Responses to Rehabilitation: This section will review community responses to drug rehabilitation endeavors, including community attitudes toward rehabilitation participants and programs offered by the Charis Rehabilitation Center. An analysis will be conducted of factors influencing community acceptance and support of drug rehabilitation endeavors. Community Programs and Cooperation with Local Governments: In this section, various community programs involving active participation from the community in supporting drug rehabilitation endeavors will be discussed. This includes working with local governments to provide resources and infrastructure to support rehabilitation programs at the local level.

Chapter 9 presents the Economic Impact of Job Reintegration, with Positive Contributions to Economic Aspects: In this section, we will discuss the positive impact of job reintegration on the economy, both at the individual level and society as a whole. This includes an analysis of productivity gains, unemployment rate reductions, and contributions to local economic growth. The role of former drug users as Productive Members: This chapter will discuss the role of former drug users in creating economic added value after being successfully reintegrated into the job market. Discussions will include strategies to increase their involvement in economic activity, as well as the importance of providing fair and equal opportunities in the world of work.

Chapter 10 discusses Public Health and Education Aspects, which describes prevention of the Spread of Drug-Related Diseases: This section will review endeavors to prevent the spread of drug-related diseases, including HIV/AIDS and hepatitis, through education, testing, and treatment programs organized by the Charis Rehabilitation Center. Analysis will be carried out on the effectiveness of prevention strategies that have been implemented.

Prevention Education Programs in Schools and Communities: In this chapter, we will discuss the important role of prevention education in addressing the problem of drug abuse at the school and community level. This includes outreach programs, public campaigns, and other activities aimed at raising awareness and knowledge about the dangers of drugs.

Finally, the book closes with Chapter 11 on Conclusions and recommendations, expected in the conclusion to convey a summary of the main findings revealed in this study. This includes redefining the purpose of the study, key findings, and the implications of these findings on drug rehabilitation practices. The conclusions will also highlight the importance of this research in social, health, and economic contexts. The recommendations in this last chapter will present concrete recommendations to improve and improve the effectiveness of drug rehabilitation programs at Charis Rehabilitation Center and similar institutions in the future. These recommendations may include suggestions for program improvement, policy development, increased cooperation with external parties, as well as directions for further research in this area.

As such, this chapter will serve as a strong conclusion to this research, provide a better understanding of the challenges and potential solutions in drug rehabilitation endeavors, and provide guidance for future actions in improving the effectiveness of rehabilitation programs.

Reference

- Apsari, N. C., Taftazani, B. M., & Santoso, M. B. (2024). Faith-based rehabilitation for drug abuse in Indonesia: A spiritual approach of social work. *International Social Work*, 67(2), 334–345. <https://doi.org/10.1177/00208728231165637>
- Ardy Sengkey, H., & Michael, T. (2023). Tanggung Jawab Negara dalam Memberikan Perlindungan Hukum terhadap Anak Penyalahguna Narkotika. *Syntax Literate ; Jurnal Ilmiah Indonesia*, 8(7), 4941–4951. <https://doi.org/10.36418/syntax-literate.v8i7.12980>
- Bala, N., Naib, G., Singh, M., Kaur, M., Singh, A., & Kaur, S. (2023). A Follow up Study Among Patients on Opioid Substitution Therapy (OST) in Relapse Rate, Factors Affecting Relapse Rate and HCV Incidence. *Annals of International Medical and Dental Research*, 9(3), 243–248. <https://doi.org/10.53339/aimdr.2023.9.3.29>
- Christiana, C., & Runturambi, A. J. S. (2023). The Blurry Portrait of Drug Abuse and Illicit Drug Trafficking in Indonesian Prisons. *Technium Social Sciences Journal*, 43, 584–592. <https://doi.org/10.47577/tssj.v43i1.8835>
- Delmiati, S., & Irsal, I. (2023a). Implementation of Medical Rehabilitation and Social Rehabilitation for Addicts and Victims of Narcotics Abuse. *Ekasakti Journal of Law and Justice*, 1(1), 19–26. <https://doi.org/10.60034/ejlv.v1i1.3>
- Delmiati, S., & Irsal, I. (2023b). Implementation of Medical Rehabilitation and Social Rehabilitation for Addicts and Victims of Narcotics Abuse. *Ekasakti Journal of Law and Justice*, 1(1), 19–26. <https://doi.org/10.60034/ejlv.v1i1.3>
- Di Patrizio, P., Clesse, C., Bernard, L., Batt, M., & Kanny, G. (2022). The remaining role and feasibility of detoxification in opioid addiction after 30 years of medication for opioid use disorder: A systematic review. *La Presse Médicale Open*, 3, 100030. <https://doi.org/10.1016/j.lpmope.2022.100030>
- Fathima, A., Nasirabadi, M., Ahmed, A., & Ali, M. (2022). Repurposed oral tapentadol as an intravenous drug of abuse in opioid dependence. *Telangana Journal of Psychiatry*, 8(2), 116. https://doi.org/10.4103/tjp.tjp_48_22
- Firdaus Yamani, & Dety Mulyanti. (2023). Rehabilitasi NAPZA Metode Terapi Komunitas untuk Perbaikan Psikopatologi, Citra Diri dan Kualitas Hidup. *DIAGNOSA: Jurnal Ilmu Kesehatan Dan Keperawatan*, 1(2), 95–104. <https://doi.org/10.59581/diagnosa-widyakarya.v1i2.209>
- Gunarto, G., Agustiana, A., & Wahyuningsih, S. E. (2023). Legal Reconstruction of Medical and Social Rehabilitation of Narcotic Abuse Victims Based on Humane

- Values. *Scholars International Journal of Law, Crime and Justice*, 6(1), 1–9. <https://doi.org/10.36348/sijlcj.2023.v06i01.001>
- Ilyas, M., Yanuardianto, E., & Mubarok, H. (2023). Edukasi Gerakan Siswa Anti Narkoba GESNAWA di MTs Darul Huda Desa Bagorejo Kecamatan Gumukmas Kabupaten Jember. *Jurnal Al-Khidmah*, 3(1), 33–42. <https://doi.org/10.56013/jak.v3i1.2170>
- Ismail, N. A. H., Haris, R. H., Kassim, S. K., & Awang Mat, M. Z. (2022). A Study on Islamic Psycho-Spiritual Therapy on Recovered Adolescent Addicts. *SYAMIL: Jurnal Pendidikan Agama Islam (Journal of Islamic Education)*, 10(2), 159–179. <https://doi.org/10.21093/sy.v10i2.5653>
- Jayamaha, A. R., Herath, H. M. N. D. M., Dharmarathna, H. N. N. D., Ranadeva, N. D. K., Amarabandu, P. N., Senanayake, B., Darshana, A. T., Renuka, A. N., Samarasinghe, K. L., & Fernando, S. S. N. (2022). Implementing therapeutic community as a rehabilitation intervention for the imprisoned narcotic drug offenders with substance use disorder: special reference to Sri Lanka. *Journal of Offender Rehabilitation*, 61(4), 188–206. <https://doi.org/10.1080/10509674.2022.2062519>
- Jayvindra Singh, Narender Chanchal, Sachin kumar, & Daya Shankar Singh. (2022). Drug Addiction and its Ayurveda and Yoga Management: Case Study. *AYUSHDHARA*, 31–36. <https://doi.org/10.47070/ayushdhara.v9i2.922>
- Jusuf, Y. S. (2022). Spiritualitas untuk Pemulihan Pecandu Napza: Sebuah Eksplorasi berdasarkan Lukas 15:11-32. *MELINTAS*, 37(1), 77–106. <https://doi.org/10.26593/mel.v37i1.6288>
- khan, M., Bajwan, D., & Subashini, S. P. (2022). Substance Abuse: An Overview. *Journal of Community and Social Health Nursing*, 4(2), 5–9. <https://doi.org/10.46610/JCSHN.2022.v04i02.002>
- King, L. A. (2022). *Forensic Chemistry of Substance Misuse*. The Royal Society of Chemistry. <https://doi.org/10.1039/9781839166631>
- Lukas, S. E. (2023). Substance abuse: drugs. In *Encyclopedia of Mental Health* (pp. 395–411). Elsevier. <https://doi.org/10.1016/B978-0-323-91497-0.00250-2>
- Marambage, K., Edinoff, A. N., Kongchum, T., Rosa, C. A., Cornett, E. M., Kaye, A. D., & Giepert, S. (2023). General therapy strategies in opioid addiction. In *Substance Use and Addiction Research* (pp. 289–307). Elsevier. <https://doi.org/10.1016/B978-0-323-98814-8.00015-9>
- Mengjun, S. (2023). The Dilemma and Solution of Socialized Extension Work in

China's Judicial Administrative Drug Rehabilitation. *World Journal of Public Health*. <https://doi.org/10.11648/j.wjph.20230802.18>

Novitry, F., Lilia, D., & Sarwoko, S. (2023). Faktor – Faktor Yang Berhubungan Dengan Kejadian Penyalahgunaan Narkoba Di Kecamatan Baturaja Timur Tahun 2022. *Jurnal Kesehatan Abdurahman*, 12(1), 38–46. <https://doi.org/10.55045/jkab.v12i1.162>

Nurhafizah, N., Hasuri, H., & Rokilah, R. (2023a). Penyalahgunaan Napza Menurut Undang-Undang Nomor 35 Tahun 2009 Tentang Narkotika. *Pro Patria: Jurnal Pendidikan, Kewarganegaraan, Hukum, Sosial, Dan Politik*, 6(1), 41–56. <https://doi.org/10.47080/propatria.v6i1.2431>

Nurhafizah, N., Hasuri, H., & Rokilah, R. (2023b). Penyalahgunaan Napza Menurut Undang-Undang Nomor 35 Tahun 2009 Tentang Narkotika. *Pro Patria: Jurnal Pendidikan, Kewarganegaraan, Hukum, Sosial, Dan Politik*, 6(1), 41–56. <https://doi.org/10.47080/propatria.v6i1.2431>

Nurhamzah Cahyo Setio, Hernawan, A. H., Rusman Rusman, & Chiedu Eseadi. (2023). The Repentant Bath of Abah Anom's Inabah: A Hydrotherapy for Drug Addicts in Muslim Society. *Fikri: Jurnal Kajian Agama, Sosial Dan Budaya*, 8(1), 111–123. <https://doi.org/10.25217/jf.v8i1.3288>

Perfas, F. B., Casin-Romano, S. J., Barcenas, M., Nasol, C., Añonuevo, N., Bongon, R. A. R., & Bragais, J. (2023). An evaluation of therapeutic community in Malinao treatment and rehabilitation center under the Philippine Department of Health. In *The Therapeutic Community* (pp. 71–110). Elsevier. <https://doi.org/10.1016/B978-0-323-98816-2.00012-5>

Pratiwi, U. D., Hanita, M., & Iskandar, K. (2023a). A Study of Drug Abuse Prevention and Law Enforcement in Indonesia From The Persperctive of Social Control and Neurocriminology. *Technium Social Sciences Journal*, 45, 460–468. <https://doi.org/10.47577/tssj.v45i1.9171>

Pratiwi, U. D., Hanita, M., & Iskandar, K. (2023b). A Study of Drug Abuse Prevention and Law Enforcement in Indonesia From The Persperctive of Social Control and Neurocriminology. *Technium Social Sciences Journal*, 45, 460–468. <https://doi.org/10.47577/tssj.v45i1.9171>

Pratiwi, U. D., Hanita, M., & Iskandar, K. (2023c). A Study of Drug Abuse Prevention and Law Enforcement in Indonesia From The Persperctive of Social Control and Neurocriminology. *Technium Social Sciences Journal*, 45, 460–468. <https://doi.org/10.47577/tssj.v45i1.9171>

- Ramdlonaning, A., & Achjani Zulfa, E. (2023). Analisis Kebijakan Rehabilitasi Bagi Penyalahguna Narkotika di Indonesia. *Jurnal Ius Constituendum*, 8(1), 50. <https://doi.org/10.26623/jic.v8i1.6119>
- Ramos, S. D. A., & Bernardo, A. B. I. (2022). Unboxing the therapeutic community for addictions: a locus-of-hope theory perspective. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 43(1), 51–64. <https://doi.org/10.1108/TC-03-2021-0009>
- Rayhansyah, M., Najemi, A., & Wahyudhi, D. (2023). Penanggulangan Badan Narkotika Nasional Terhadap Penyalahguna Narkotika Yang Dilakukan Anak PAMPAS: *Journal of Criminal Law*, 3(3), 337–347. <https://doi.org/10.22437/pampas.v3i3.23591>
- Rif'qi Lukman, M. D., Ali, Z., Noor, A. M., Ismail, N., Hashim, N., Sa'ari, C. Z., & Mohamed Arip, M. A. S. (2023). The Self-Hisbah Approach as an Islamic Psychotherapy Intervention for Behavioral Addiction: A Literature Review. *International Journal of Academic Research in Business and Social Sciences*, 13(6). <https://doi.org/10.6007/IJARBSS/v13-i6/17387>
- Saputra, W., & Kurniawan, H. (2023). Kebijakan Hukum Pidana terhadap Kejahatan Narkotika Studi Kasus Putusan Pengadilan Negeri Jambi Nomor: 228/PID.SUS/2022/PN.JMB. *Wajah Hukum*, 7(1), 259. <https://doi.org/10.33087/wjh.v7i1.1215>
- Sinaga, P. H., Zulyadi, R., & Ramadhan, M. C. (2023). Kebijakan Penanggulangan Kejahatan Dengan Sarana Penal Dan Non Penal Terhadap Tindak Pidana Narkotika Anak Sebagai Pelaku. *Journal of Education, Humaniora and Social Sciences (JEHSS)*, 5(4), 3151–3166. <https://doi.org/10.34007/jehss.v5i4.1741>
- Sinambela, A. (2023). Social Rehabilitation Management Drug Abusers. *Journal of Social Science*, 4(3), 712–719. <https://doi.org/10.46799/jss.v4i3.565>
- Sofi, G., Mujassam, M., & Alam, M. A. (2023). Exploring Drug De-addiction Treatment in Unani Medicine. *Alternative Therapies in Health and Medicine*, 29(6), 220–225.
- Soyka, M. (2020). Neue Therapieoptionen in der Substitutionsbehandlung. *CME*, 17(12), 11–19. <https://doi.org/10.1007/s11298-020-8112-8>
- Suarja, S., Juliawati, D., Yandri, H., Rasmita, R., & Saputra, R. (2023). Drug Abuse In The Perspective of Understanding Students In Junior High School. *Wahana Didaktika : Jurnal Ilmu Kependidikan*, 21(2), 464–471. <https://doi.org/10.31851/wahanadidaktika.v21i2.11212>

- Syafiudin, A. T., & Satindra, G. D. (2023). Perlindungan Hukum Bagi Korban Penyalahgunaan Narkotika Usia Pelajar Di Wilayah Hukum Polres Malang. *Nuansa Akademik: Jurnal Pembangunan Masyarakat*, 8(1), 209–222. <https://doi.org/10.47200/jnajpm.v8i1.1557>
- Varma, S., & Muehlbach, B. (2023). New York: the advent and evolution of the early American TC. In *The Therapeutic Community* (pp. 149–163). Elsevier. <https://doi.org/10.1016/B978-0-323-98816-2.00011-3>
- YEH, P.-M. (2023). The Journey From Drug Addiction to Drug Withdrawal: A Christian Gospel Rehabilitation Program in Taiwan. *Journal of Nursing Research*, 31(4), e282. <https://doi.org/10.1097/jnr.0000000000000561>

CHAPTER II

DEMOGRAPHICS OF THE REHABILITATION POPULATION

This section will present statistical data on the number of people undergoing drug rehabilitation at the Charis Rehabilitation Center, as well as details regarding the distribution of sex among them. This demographic analysis is important to understand the population profile that chapter 2 focuses on. Age range and productive characteristics, this chapter will discuss the age range of the rehabilitation population, as well as the productive characteristics possessed by them, such as education, skills, and the potential for productive reintegration into society. This information will be the basis for designing rehabilitation programs that suit their needs. Civil union and employment status of residents, in this section, information about the civil union and employment status of rehabilitation residents will be presented. It is important to understand the social and economic support available to them during the rehabilitation and reintegration process into society.

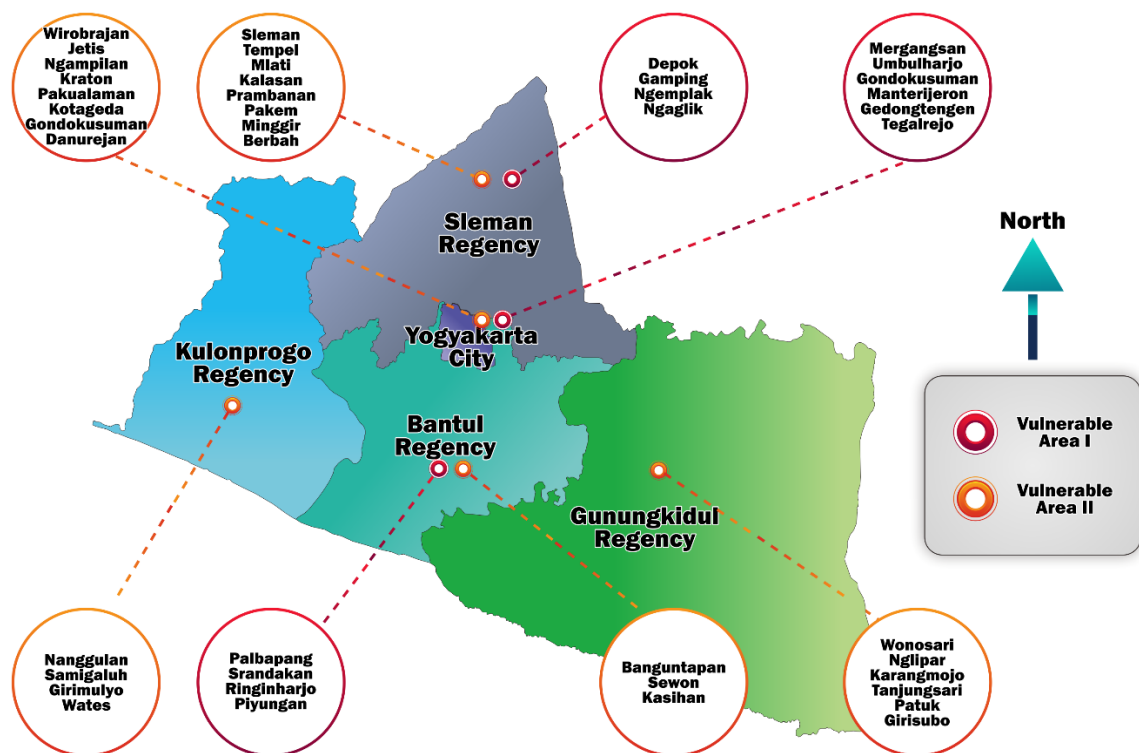
2.1. Drugs, Psychotropics and other addictive substances in Yogyakarta

The Special Region of Yogyakarta Province is one of the four provinces on the island of Java, precisely located in the southern part of the central part of Java Island and bordering the provinces of Central Java and the Ocean Indies. The province consists of; Yogyakarta City, Sleman Regency, Gunungkidul Regency, Kulonprogo Regency, and Bantul Regency. Socially, each district/city has its peculiarities. However, from the five existing districts/cities, districts that have many similarities in social and economic, educational, health and social infrastructure, namely, Yogyakarta City, Bantul Regency, and Sleman Regency. Overall, the Special Region Province of Yogyakarta is known at the national and international levels as a mainstay tourist destination after the Province of Bali. In addition, the Special Region of Yogyakarta is also known as a student city, and a cultural city. Currently, there are 5,071 educational institutions ranging from kindergartens to high schools, and 131 higher educations institutions. Students who go to school and study in the Special Region of Yogyakarta come from various regions in Indonesia, even from various foreign countries. The presence of students and students from outside the Special Region of Yogyakarta certainly brings, as well as their culture and way of life.

Culture from within and outside the Special Region of Yogyakarta then gave birth to new ways of life. The problem is that some of these new ways of life are not by the values, norms and social standards that apply in the social

life of the community. One form of problem that arises is drug abuse or drugs. Drug abuse in the Special Region of Yogyakarta in the fourth semester of 2021 as many as 70 cases and 80 suspects (National Narcotics Agency 2021). Ivan Aditya (August 19, 2021), editor of KRJOGYA.com, said that the pandemic period did not have a significant effect on drug abuse cases in Yogyakarta. Data in 2019 there were 218 cases and in 2020 there were 223 cases. This shows that the potential for drugs abuse in the Special Region of Yogyakarta remains high. It is also said that as many as 28,132 residents of the Special Region of Yogyakarta have abused drugs and 18,082 people have abused drugs in the past year (figure 2.1).

Figure 2.1. Areas Prone to Drug Abuse, Psychotropics and Other Addictive Substances in the Special Region of Yogyakarta Province in 2018



Source : National Drug Agency, Sleman, 2019, Redesign : Andjar, 2024

Referring to a survey by the Indonesian Institute of Sciences, and the Center for Research, Data, and Information of the National Narcotics Agency, in 2019 the number of drug users in the Yogyakarta area touched 18,082 people or 2.30 percent of the total population. Assuming a population of 3,842,932 people, DI Yogyakarta is in the top five positions in Indonesia after North Sumatra, South Sumatra, and Jakarta. If the population of the Special Region of Yogyakarta in 2019 amounted to 3,842,932 people, placing the Special Region of Yogyakarta in the fifth largest position in Indonesia after

North Sumatra, South Sumatra, DKI Jakarta, and Central Sulawesi (jogja.jpnn.com, December 2021). Drug abuse in the Special Region of Yogyakarta does not only occur in the provincial capital. But it also occurs in other districts, so that there is not a single regency/city in the Special Region of Yogyakarta Province that has escaped drug abuse cases. Based on data from the National Narcotics Agency of the Special Region of Yogyakarta, Yogyakarta City, Sleman Regency and Bantul Regency, are districts/cities that have significant cases of drug abuse compared to other districts, so that the three districts/cities are designated as Prone Areas I. The determination of Rawah I Areas is based on the number of cases and types of drugs abused. Areas prone to drug abuse in the Special Region of Yogyakarta Province in 2018, as shown in the following figure:

The Provincial Government of the Special Region of Yogyakarta, responded to the handling of the abuse of drugs, Psychotropics and Other addictive substances by issuing regulations related to the prevention of abuse of drugs, Psychotropics and other addictive substances. The regulations are:

1. Regional Regulation of the Special Region of Yogyakarta Number 13 of 2010 concerning Prevention and Countermeasures Against the Abuse and Illicit Circulation of Narcotics, Psychotropics and addictive substances.
2. Regulation of the Governor of the Special Region of Yogyakarta Number 9 of 2014 concerning the Coordination Forum for Prevention and Countermeasures Against the Abuse and Illicit Circulation of Narcotics, Psychotropics, and addictive substances.
3. Regulation of the Governor of the Special Region of Yogyakarta Number 20 of 2014 concerning the Enforcement of Regional Regulation Number 13 of 2010. In addition, there is a Regulation of the Governor of the Special Region of Yogyakarta Number 97 of 2014 concerning Guidelines for the Implementation of Rehabilitation and Institutions of Mandatory Reporting for Residents of Narcotics, Psychotropics, and Addictive Substance Abuse.

Endeavors to handle the abuse of drugs, Psychotropics and other addictive substances have been carried out by both the government, the private sector and the community through social rehabilitation and regional regulations, but these regulations have not been effective enough as a legal instrument in overcoming the abuse of drugs, Psychotropics and other Addictive Substances in the Special Region of Yogyakarta. This is associated with the trend from year to year to increase the number of victims of drug abuse, psychotropics and other addictive substances. The availability of these legal instruments does require the readiness of human resources to translate into operational activities. If not, then the legal instrument has

no function in the context of overcoming the abuse of drugs, psychotropics and other addictive substances.

The issue of the effectiveness of legal instruments in addressing drug abuse, psychotropics, and other addictive substances in Yogyakarta reflects global challenges related to the control of illicit substances. Various international studies show that legal instruments often fail to function optimally due to a lack of human resource readiness and effective policy implementation. According to research by (Al-Hassan, 2023), the success of eradicating drug abuse requires strong collaboration between the community, the government, and law enforcement authorities. Regulation alone is not enough without strict law enforcement and cross-sectoral coordination. Meanwhile, research by (Sult, 2023) in Moldova highlights that despite international regulations being implemented, drug abuse is still on the rise due to inconsistent policy implementation and weak administrative oversight. Research by (Muhammad Yunus Idris et al., 2021) also supports the importance of an integrative approach in narcotics policy. In Indonesia, rehabilitation-based policies for drug users have begun to be implemented as an alternative to prisons, but non-uniform implementation limits their success. This is exacerbated by the lack of training to improve the competence of legal and social officers. A study by (Dashutin & Tenytska, 2020) shows that the involvement of local communities, especially young people, in education-based prevention programs can increase awareness and reduce the risk of drug abuse. This is in line with the educational approach put forward by (Milekhin et al., 2020), which emphasizes the importance of early prevention education in educational institutions. From various studies, the effectiveness of legal instruments in Yogyakarta requires strengthening implementation through human resource training, community-based approaches, and strict administrative supervision. These endeavors must be supported by preventive education starting from a young age to create wider awareness.

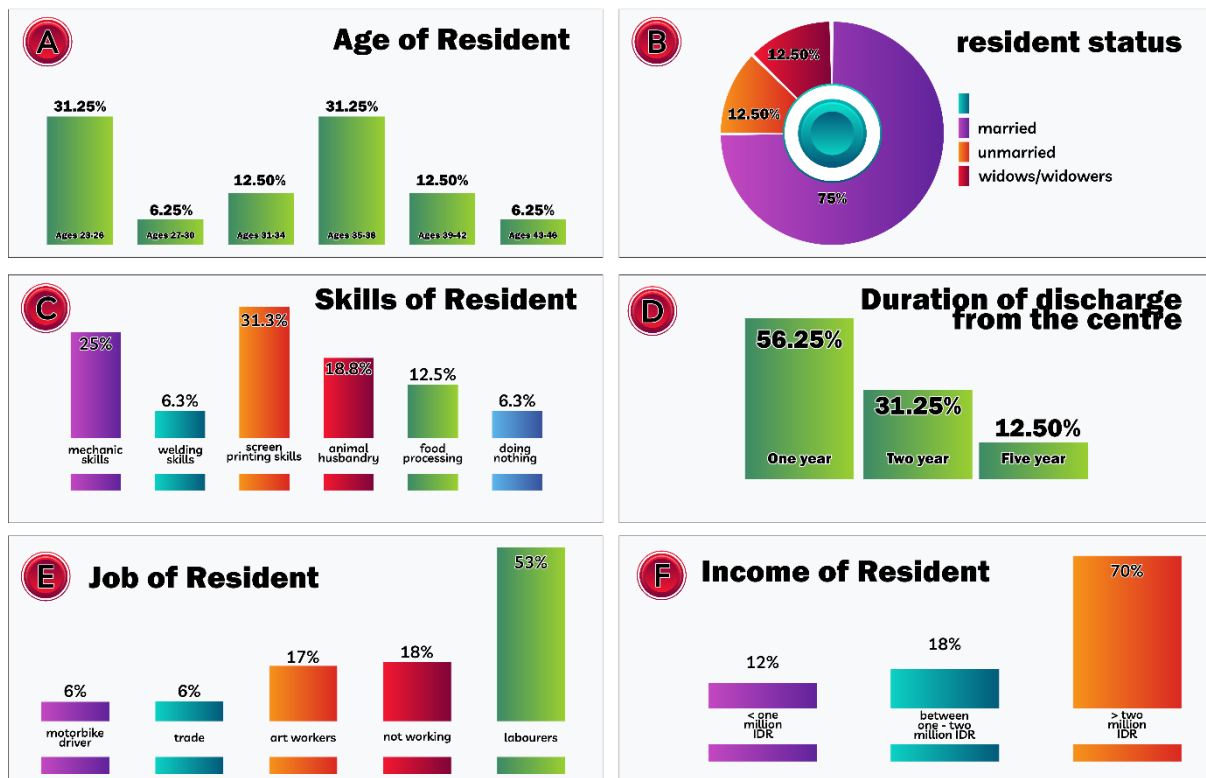
2.2. Post-Rehabilitation Resident

2.2.1. Resident demographics

The number of former residents of drug, Psychotropic and Other Addictive Substance Abuse and are post-rehabilitation residents at the Charis Rehabilitation Home who can be met and interviewed is 20 people, consisting of 17 males and three females. The age ranges from 25 – 46 years old. Most of the former residents are 23-26 years old and 35-38 years old, 31.25 percent, respectively. The rest are 31-34 years old and 39-42 years old 12.5

percent each and 27-30 years and 43-46 years old 6.25 percent each. Looking at the age of residents and former residents of drug abuse, psychotropics and other addictive substances, all are still at productive age, who should be active in exposing their potential to achieve a more successful life in the future. But the productive age is used to pick up problems. Look at the following figure 2.2.

Figure 2.2. Resident Demographics
Post-rehabilitation resident demographics



Source : Author's analysis, 2024, Redesign : Andjar, 2024

Source : Processed from Primary Data, 2021

The marital status of ex-residents is mostly (75 percent) married, and unmarried and widowed/widowed 12.5 percent each. Looking at the data, the involvement of residents in the abuse of drugs, Psychotropics and other addictive substances does not depend on marital status. When a person has a family and has responsibility for his family. It is appropriate to have a stronger sense to stay away from narcotics because it has bad consequences for drug abusers and their families, even on their environment.

Most of the residents (56.25 percent) have left the orphanage for 1 (one) year and 31.25 percent have left the orphanage for about 2 years and 12.5 percent of the residents have left the orphanage for 5 years. After leaving the orphanage, not all can immediately defend themselves with a recovered condition, a small number (12.5 percent) experience *relapse* for various reasons. Such as problems with family, work problems, community stigma and

because of meeting old friends and old friends inviting them to use drugs again and because the influence of the invitation is stronger than their self-defense, so they return to using drugs.

For victims of abuse of drugs, Psychotropics and Other addictive substances, there is indeed a stigma in society that states that addicts or abusers of drugs, Psychotropics and Other addictive substances will not be cured and there is a possibility that one day they will experience *a relapse*. In this case, family and peers have an important role in accompanying drug abusers, psychotropics and other addictive substances after rehabilitation. However, when family, peers, and the environment who have an important role, behave the opposite instead of providing support to former drug abusers, psychotropics, and other addictive substances to continue to maintain themselves in normal conditions after rehabilitation, then it is possible that *relapse* conditions can occur in former drug abusers, psychotropics and other addictive substances. One of the causes of frequent relapses in former abuse of drugs, Psychotropics and other addictive substances is when there is stigma from the surrounding community. Facing this condition, the family must play an important role as the closest person to the former resident and the orphanage officer. Because those who have established closeness and family and who better understand the condition of ex-residents, need to pay more attention to and accompany ex-residents, to be able to defend themselves so that they do not return as users of drugs, psychotropics and other addictive substances. Although there are former PRCh residents who return to use drugs, psychotropics and other addictive substances, but in small numbers, most (94 percent) of former residents, have never relapsed, because they are cognizant of the bad consequences of drugs, psychotropics and other addictive substances. This is a successful treatment or rehabilitation carried out at the Charis Rehabilitation Home.

After completing rehabilitation in PRCh, most of the former residents returned to live with their families (82.35 percent), some lived alone (11.76 percent) and a small part of the boarding house (5.88 percent). The results of discussions with the implementers of the social rehabilitation program for drug abusers, psychotropics and other addictive substances, counselors and social workers, that after undergoing rehabilitation, the former resident returned to his family. Reunite with family, with children and wives or husbands because most of them are married. The same thing was said by the former residents of the orphanage; after undergoing rehabilitation in the orphanage, they returned to their families.

Charis Rehabilitation Program for victims of abuse of drugs, Psychotropics and Other addictive substances, in addition to social

rehabilitation programs to cure residents from addiction to drugs, Psychotropics and Other addictive substances, is also provided with skill training according to interests and talents as capital and preparation for ex-residents to return to social roles in society. Especially in preparing the ability to work in an effort to meet the needs of daily life.

In Figure 1, the most people choose the type of screen-printing skills (31.3 percent), then mechanic skills (25.0 percent), animal husbandry (18.8 percent), and food processing (12.5 percent). Only a small percentage did not follow any skills. Based on the skills that have been followed, former residents already have or increase capital to get a job. Employment and Income. After completing the social rehabilitation program at the Charis Rehabilitation Home, in general, they already have jobs, most (53 percent) of ex-resident's work as laborers, 17 percent as art workers, and 6 percent each as ojeg and trade. Some (18 percent) of former residents have not worked. The work pursued has a variety of incomes according to the work pursued. Residents who are already working, most (70 percent) have an income of more than IDR 2,000,000,-/month, an income of IDR 1,000,000,- to IDR 2,000,000,-1 (18 percent), and less than IDR 1,000,000,-/month (12 percent). Looking at the amount of income of the respondents, some are still below one or two million rupiah, and some even do not have an income or have not worked, so they still need to make endeavors to increase their income. PRCh needs to collaborate with local community leaders and authorized agencies to monitor and help ex-residents, this is to guide ex-residents who are not yet independent, and possible interventions that can be done.

Based on the latest internationally indexed research, the effectiveness of social rehabilitation programs in improving the employment skills and income of former residents has become an important concern in various global contexts. A study by (Stroupe et al., 2022) shows that rehabilitation programs that integrate vocational training such as Individual Placement and Support (IPS) can increase job opportunities and participants' income compared to conventional approaches, although they require more costs. Social studies were found to be more effective in providing significant work results than other transitional work programs. In addition, (Reims & Tisch, 2022) observed that vocational training in rehabilitation can increase involvement in unsubsidized work, extend the duration of work, and generate higher income. This suggests that vocational rehabilitation programs have long-term benefits, although it requires a longer observation period to assess the impact thoroughly. Another study by (Masoudnia, 2023) in Iran compared three rehabilitation programs for patients with drug dependence. The results showed that the therapeutic community program had better results in reducing the rate of relapse and

improving the quality of life compared to the medium-term residential rehabilitation program. Outpatient rehabilitation programs are superior in reducing involvement in criminal activities and improving family relationships. Overall, research shows that successful rehabilitation requires diverse programs according to participants' needs, community-based skills training, and ongoing support from local stakeholders. Collaboration between rehabilitation centers, community leaders, and authorized institutions is important to support the independence and income stability of former residents.

2.2.2. Social functioning

By Law of the Republic of Indonesia Number 14 of 2019 concerning social workers, social functioning is a condition that allows individuals, families, groups and communities to be able to meet their basic needs and rights, carry out their social duties and roles, and overcome problems in their lives. In simple terms, social functioning is a person's ability to carry out their social functions or the capacity they have in carrying out their life tasks by their social status. Based on this, this paper will discuss the social functioning of ex-residents of drug abuse, psychotropics and other addictive substances which are described in several indicators, namely the fulfillment of daily needs, the ability to overcome problems, the ability to carry out social roles and the ability to develop oneself.

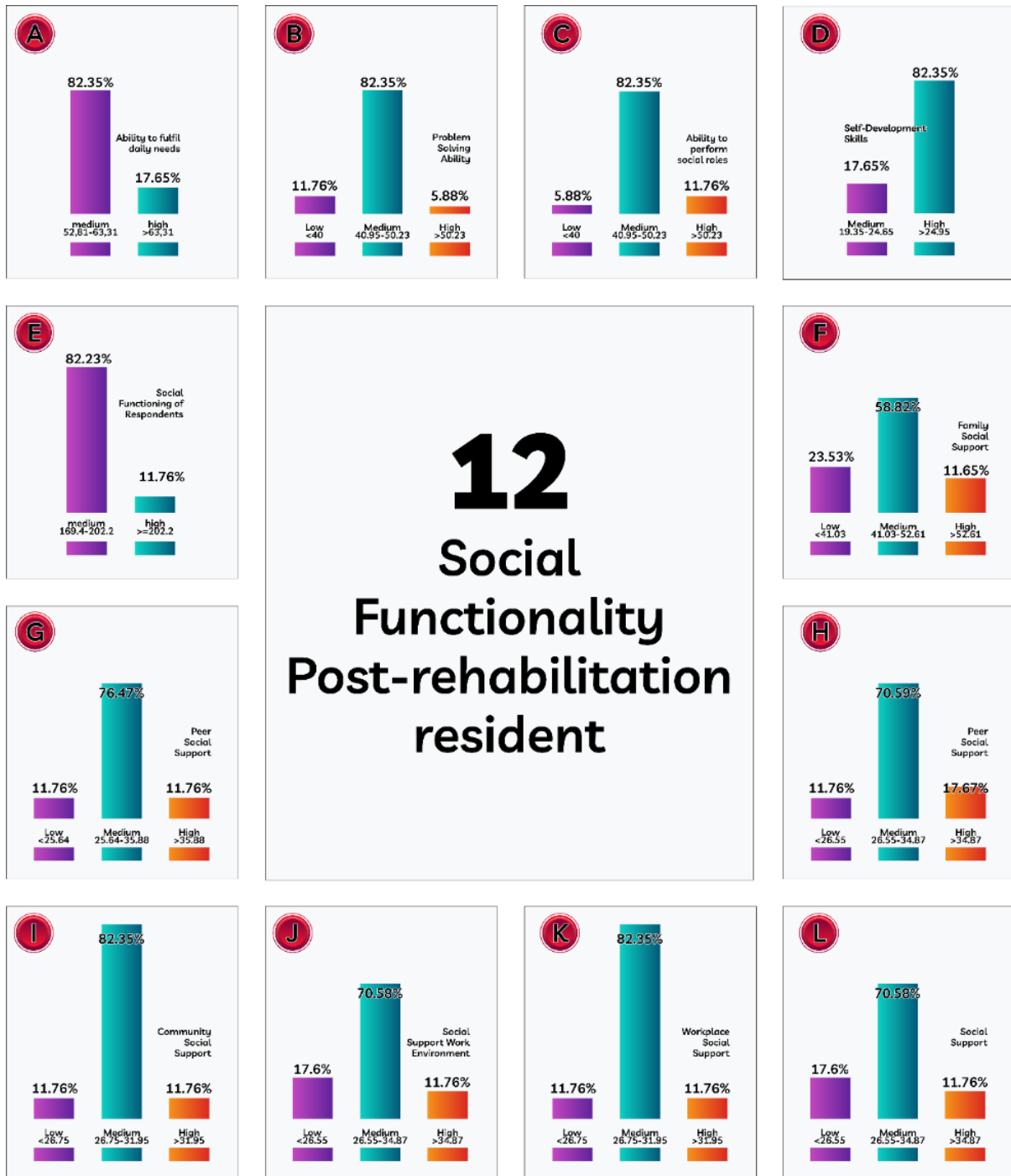
In the context of rehabilitation of ex-residents of drug abuse, psychotropics, and other addictive substances, social functioning is an important element that involves meeting basic needs, the ability to overcome problems, carrying out social roles, and self-development. Recent research suggests these various dimensions of social functioning can be significantly affected by rehabilitation interventions and community support. A study by (Alshahrani, 2023) highlights those psychosocial aspects such as risk of depression, self-confidence, and risk-taking are factors that greatly affect a client's social abilities during the rehabilitation phase. An integrated intervention approach can improve the client's psychosocial adjustments, including the ability to better meet their basic needs. Research by (Shaver et al., 2023) shows that therapeutic community-based rehabilitation programs not only reduce the rate of substance abuse but also improve mental health indicators and social behavior adaptation of participants. Support from the community and group-based approaches play a key role in the process of social recovery and reintegration of ex-residents. (Papamalis, 2020) emphasized that increased adaptation of personality traits during rehabilitation, such as emotional control and social cooperation skills, is closely

related to the completion of the rehabilitation program. This is important to ensure that ex-residents are able to carry out their social roles effectively after being discharged from rehabilitation facilities. A study by (Grijalvo et al., 2023) highlights that strong social support and self-acceptance significantly improve an individual's ability to cope with life's difficulties, which is an important basis in self-development during the recovery process. This emphasizes the importance of family and community support in building individual capacity to face social and psychological challenges. The development of ex-resident social functioning requires a comprehensive rehabilitation approach, including psychological interventions, community support, and skills training programs to ensure the fulfillment of basic needs, adaptability, and sustainable self-development.

After completing social rehabilitation, PRCh officers provide social, mental and skill guidance based on their interests and talents as well as other guidance, it is hoped that ex-residents will have resilience to drugs, psychotropics and other addictive substances. Self-resilience (anti)drugs, Psychotropics and Other addictive substances is defined as the ability of ex-residents to self-discipline, and avoid the temptation of drugs, reject all forms of abuse of drugs, Psychotropics and Other addictive substances. have self-resistance to the urge to abuse drugs, Psychotropics and Other addictive substances by using *Self-Regulation* namely the ability to control impulses, emotions and environmental influences on oneself. Then use *assertiveness* , that is, the ability to express directly what is desired or undesirable to others emphatically. During the guidance at PRCh, ex-residents are accompanied by supervisors, social workers and other officers who can listen to all the complaints of all residents, and use *Reaching Out* as a dimension, which is the ability to improve positive aspects of life by accepting challenges or using opportunities and increasing connections with others.

Most residents, i.e. 82.35%, have moderate ability to meet daily needs, such as cooking, cleaning the house, and managing finances, while 17.65% are at a high level, indicating full independence without significant help. In problem-solving ability, 82.35% of residents were at a moderate level, able to cope with everyday problems quite well, but 5.88% were at a high level, showing excellent skills in finding effective solutions to various problems. As many as 82.35% of residents are also able to carry out social roles at a moderate level, participate in social activities well despite some restrictions, while 11.76% have excellent social skills. Self-development skills were also at a moderate level for 82.35% of residents, indicating active involvement in self-improvement, while 17.65% were at a high level, highly committed to self-development (figure 2.3).

Figure 2.3. Social Functionality Post-rehabilitation resident



Source : Author's analysis, 2024, Redesign : Anjor, 2024

2.2.3. Social role

1. Fulfillment of Daily Needs

The fulfillment of daily needs in question is the ability of respondents to meet basic needs which include daily food needs, daily clothing needs, housing needs, and treatment if sick. The ability to meet daily needs is seen from the ability to meet physical, psychological, spiritual, and social needs. Fulfillment of physical needs in the form of clothing, food, board, and health.

Fulfilling psychic needs such as a sense of security, filling free time, and fulfilling spiritual needs such as carrying out worship. Then to meet social needs in the form of self-adjustment to the community environment. In figure 7, it is known that most of the respondents (82.35 percent) are able to meet their daily needs in the medium category, which can be interpreted that the respondents who are former PRCh residents are able to meet their daily needs. However, only most of the parts that support the fulfillment of daily needs that can be met by respondents, some (17.65 percent) are in the high category, meaning that respondents are able to meet their daily needs by the part that supports the fulfillment of daily needs. The rest of the answers are not able to meet their daily needs. This shows that former residents after leaving PRCh can be independent in fulfilling their daily needs without depending on others.

In addition to the role of PRCh who is able to provide guidance to residents, this is also closely related to the marital status of the respondents, most of whom are married and have jobs, so they have responsibility for their families in fulfilling their family's daily needs. So that former residents with the skill capital that has been provided at the Charis Rehabilitation Home or with businesses that are not related to debriefing from the orphanage, must work hard to find sources of income to meet the daily needs of themselves and their families.

2. Problem-Solving Skills

The ability to overcome problems is the ability of respondents to overcome problems that arise from within themselves, family problems and problems that originate from the environment, both peers, and society in general.

Most of the respondents were able to overcome problems in the medium category (82.35 percent), then low (11.76 percent). This means that most of the respondents after receiving rehabilitation and social guidance in PRCh are able to overcome problems in the medium category. This means that not all problems faced by respondents can be overcome smoothly and easily, both problems that come from themselves, family problems and problems that originate from the environment, both peers, and society in general. A few ex-PRCh respondents (5.88 percent) have been able to solve the problems faced smoothly and easily.

3. Ability to Carry Out Social Roles

The ability to perform social roles is seen from the respondents' ability to carry out their role as the head of the family in earning a living, roles in the family, in work groups or in the community.

In the chart above, it can be seen that most of the respondents (82.35 percent) former PRCh residents are able to carry out their social roles in the medium category. This means that not all social roles that are carried out, both the responsibility as the head of the family and the social role in the community have not been fully carried out properly. This can be influenced by several things. Such as the limited time of respondents to carry out their social roles in the community, the acceptance of the community when socializing with the community. A few respondents have the ability to carry out social roles at a low level, this is related to the status of respondents who have not yet had a family, so they do not fully have the obligation to meet family needs. Then some respondents (11.76 percent) were able to carry out social roles in the high category, this means that they have been able to carry out their social roles in the family and in the community well.

4. Self-Development Ability

The ability to develop oneself is important to achieve the independence of former residents of the abuse of drugs, Psychotropics and other addictive substances PRCh, self-development is the process of shaping a person's potential, attitude and personality to fulfill self-actualization and have better quality. Therefore, former residents need to continue to add or deepen their skills and add knowledge, so that the business carried out can continue to develop properly.

Self-development of ex-residents needs to be carried out, so that their potential can continue to develop by the progress of the needs of the business/activities carried out. Resident self-development is seen from 6 (six) items that measure self-development ability, namely; want to change, improve skills, increase knowledge, learn from experienced people, work hard, and learn new things. In diagram 10, it can be seen that the self-development ability of former PRCh residents is in the high category (82.35 percent). This shows that most former PRCh residents are able to develop themselves well. Only a small part of them is not fully able to develop themselves optimally. Here it can be seen that after returning to the family/community, directly or indirectly, the former PRSCh resident always tries to improve his knowledge and continues to improve the skills he already has, to improve the quality of life in the midst of family and society, to organize a better life in the family environment, and in the community as well as in the workplace.

In general, the social functioning of former PRCh residents is in the medium and high categories. This means that some ex-residents have not been able to meet their basic needs and rights, carry out their social duties

and roles and are able to overcome problems in their lives, and some are able to fully carry out their social functions.

This condition is understandable, because many factors can affect the rehabilitation process given to drug abusers, psychotropics and other addictive substances, the main factors that affect are the individual motivation of the drug abuser himself, the desire to always change for the better, having hope in the success of the rehabilitation carried out, and the drive to continue to strive so that the expectations that will be achieved get satisfactory results. Then another factor that can affect is family support, drug addicts, psychotropics and other addictive substances really need the attention of their families while in the rehabilitation process or after rehabilitation. When drug abusers, psychotropics and other addictive substances have high motivation and good family support, they will have good rehabilitation success as well.

2.2.4. Social Support and Forms of support

The main problem faced by former drug abusers, psychotropics, and other addictive substances is the ability to survive situations that can trigger a relapse of use. This is mainly due to the addictive effects of the substance which gives rise to tremendous dependence. Research shows that environmental support, including family, community, peers, and work environments, plays an important role in helping them overcome these challenges and prevent relapse. Family Support, research by (Alshahrani, 2023) highlights that emotional support and positive communication in the family have a significant impact on the psychological stability of former abusers. The family can function as the main support system that provides a sense of security and strengthens motivation to stay clean of addictive substances. The Role of Community and Social Support, (Grijalvo et al., 2023) showed that social support from the community, such as community-based rehabilitation programs and support group, significantly improves the ability of former abusers to cope with stressful situations. Support from peers also helps them feel understood and accepted, which strengthens their determination to stay in recovery. Supportive work environment, (Shaver et al., 2023) highlights the importance of creating an inclusive and supportive work environment for former abusers. This environment not only helps them return to productive life, but also advises them to stay away from old, harmful habits. The Role of Education and Training, (Papamalis, 2020) emphasizes the importance of rehabilitation interventions that include skills development and training to help former abusers face social and economic challenges. This gives them a positive alternative and builds their confidence to stay clean.

Prevention of relapse in ex-abusers requires a holistic approach that includes emotional support from family, supportive communities, an inclusive work environment, and training programs to strengthen their ability to cope with trigger situations. This support not only helps them overcome their dependency but also builds a more stable and independent life.

Social support is information or feedback from people around you that shows that the person is loved and cared for, valued and respected and involved in various activities in their environment. social support is feedback from others from others, which shows that a person is valued, loved and cared for and involved in communication and has a mutual obligation. This shows that the former resident after rehabilitation and guidance in PRCh behaves and behaves by the norms that exist in the community and shows that he has tried his best regardless of the snares of drugs, psychotropics and other addictive substances, so that the community or people around him will provide maximum social support. Social support is not only attentive but also helpful.

Social support is an important element in the recovery process of former users of drugs, psychotropics, and other addictive substances, especially after they have completed rehabilitation and coaching. This support takes the form of information, attention, or feedback from people around them that shows that the individual is valued, loved, respected, and involved in various activities in his environment. This plays a role in helping former residents return to behaving according to societal norms and moving away from the use of addictive substances. Definition of social support, in research by (Grijalvo et al., 2023) defines social support as a combination of emotional support, communication, and engagement that helps individuals feel accepted and valued in their environment. This support not only provides a sense of security but also strengthens their confidence to reintegrate into society. The Role of the Environment in Social Support by (Alshahrani, 2023) highlights the importance of the environment, including family, community, and peers, in providing support that is communicative and collaborative. This kind of support advises former users to remain consistent in their endeavors to stay away from drugs and build a more stable life. The Positive Effects of Social Support through a study by (Shaver et al., 2023) shows that optimal social support helps individuals overcome stigma and rebuild healthy social relationships. This also allows them to actively participate in community activities, which directly strengthens their commitment to staying free from addictive substances. The Normative Context in the Community by (Papamalis, 2020) emphasizes that the social support provided by the community must be in line with the norms and values of the community. This provides more motivation for former users to behave according to societal expectations, thus facilitating

their social reintegration. Maximum social support includes not only attention but also real actions that encourage former users to continue to grow. Through communication, care, and active engagement, communities can play a key role in ensuring the sustainability of their recovery. Solid support from family and community helps build confidence, minimize the risk of relapse, and strengthen their bond with the community.

Endeavors to strengthen the social functioning of former PRCh residents need social support from around the former residents, both social support from family, the community and peers and the work environment. Social support will create confidence that he or she is respected and appreciated and create confidence that community groups and individuals provide attention, comfort and security to former residents.

1. Family social support

The family has a very important role in supporting the recovery of former drug abusers, psychotropics, and other addictive substances. As the closest party, the family not only understands the problems faced by the former abuser, but can also provide the most relevant form of support to help them return to a productive life. The role of the family includes various aspects such as emotional support, providing a conducive environment, and being a role model in behavior change. Family as the Main Advocate in Research by (Alshahrani, 2023) shows that emotional support from family, such as open communication and genuine concern, helps ex-abusers cope with psychological distress and build confidence. This makes the family a haven and a source of encouragement to bounce back from old habits. Reducing Stigma from the environment, (Grijalvo et al., 2023) highlighted that the role of the family in creating positive perceptions and reducing social stigma is very important. By showing acceptance and trust in former abusers, families can help them more adaptability to their environment and workplace. Role Model and Self-Control through a study by (Shaver et al., 2023) confirms that families who are role models in a healthy lifestyle can motivate former abusers to remain consistent in their recovery. Families can also help in building self-control through moral support and non-punitive supervision. Family Role Variations by (Papamalis, 2020) found that the family's ability to support the self-control of former abusers varies widely, depending on the intensity of support provided. Families that are responsive and actively involved tend to be more effective in encouraging positive behavior change. Family is a key element in the recovery of former abusers. By providing emotional support, reducing stigma, being a positive role model, and helping to build self-control, families can create an environment that supports long-term

recovery. Intense and responsive involvement from the family will increase the chances of former abusers living a drug-free life.

The highest family support for former residents is in the medium (58.82 percent), low (23.53 percent), and high (17.65 percent) categories. Medium, low and high family support has a positive influence on the development of ex-resident independence because the family is the first and main environment that provides support to their family members. Moreover, former residents who are vulnerable will have a *relapse* if there is no support from their families. Families have an obligation to support, and encourage, and be strengthened and protected so that there is no stigma both from the community and from their peers and work environment.

2. Peer support

A peer is a person who has the same age and level of maturity or mindset. Peers are children or adolescents who have the same age or level of maturity. Peers are a place to obtain information that is not obtained from the family, a place to improve their abilities and a second place after the family that has an obligation to guide, direct, provide input and correction to what is done and support the former resident, as well as give him the strength to develop himself. Peers tend to be perceived as a place to learn free from adults, learn to adapt to group standards, learn to share feelings, be *sportsmanlike*, learn, accept and carry out responsibilities. Peers can also influence deviant behavior.

The role of peers in the rehabilitation and recovery of former users of drugs, psychotropics, and other addictive substances has proven to be a key element in rebuilding a stable life. Peers not only serve as a source of information and emotional support, but also as a learning environment free from adult authority. They provide motivation and direction to adopt positive behaviors, although negative influences such as deviant behaviors can also occur if peers have a bad influence. Emotional support and positive influence, (Shaver et al., 2023) found that peer support in therapeutic community programs play an important role in helping former users reduce substance abuse rates, improve mental health, and facilitate positive behavior change. This support also strengthens participants' social connections, which are important for long-term recovery. Social learning and adaptability development, (du Plessis et al., 2020) highlight that peers provide an environment where individuals can learn to adapt to group standards, share feelings, and develop social responsibility. This peer role increases the confidence and emotional stability of former drug users. The Impact on Personal and Social Life in

(Scannell, 2022) shows that peer relationships not only provide direct support to those undergoing recovery, but also reinforce the personal commitment of peer support workers to maintain their own recovery. This creates a positive feedback loop where the provision of support is also beneficial for the supporter. Negative Influences of Peer Environment, by (Zaelani & Ardiansyah, 2023) noted that in some cases, peer influence can also lead to relapses in drug use. This shows the importance of supervision in choosing a peer environment that supports and minimizes the risk of negative influence. Peers play a significant role in the rehabilitation and recovery of former drug users. Peer support can provide motivation, social learning, and emotional reinforcement that helps individuals adapt to their new lives. However, it is important to ensure that this peer environment has a positive influence and supports sustainable recovery.

The support provided by peers is in the form of enthusiasm for healing, telling each other's stories and planning for future self-development. Likewise, mentors in rehabilitation institutions, provide counseling on how to plan after rehabilitation. The following is a diagram of 12 social support of peer support of ex-residents.

Most (76.47 percent) of ex-resident respondents received support from peers in the medium category. This shows that the support provided by peers to former residents has not been maximized as expected. However, the support provided is enough to make most of the former residents have the strength to put themselves in a safe position. This means that with the support provided by peers, ex-residents are no longer trapped in the abuse of drugs, psychotropics and other addictive substances or do not relapse. Moreover, some of the former residents (11.76 percent) received support in the high category, meaning that the expected support was by expectations. However, a small percentage (11.76 percent) of peer support is still in the low category.

3. Community social support

A former abuser of drugs, Psychotropics and other addictive substances who has escaped his dependence on drugs, but the suggestion or tendency to use these substances will still be felt, it is an enemy that may be inevitable when the former abuser of drugs, Psychotropics and other addictive substances does not receive support from the people around him. Moreover, former abusers of drugs, Psychotropics and other addictive substances often receive stigma from the community. Community stigma is one of the factors that cause relapse. In an effort to eliminate the stigma of society and get support from the community, former abusers of drugs, Psychotropics and other addictive substances

must be able to show good attitudes and behaviors and prove that they have recovered from addiction to drugs, so that former abusers of drugs, Psychotropics and other addictive substances get support from the community.

Society's stigma against former drug abusers, psychotropics, and other addictive substances is a significant obstacle to their recovery, often contributing to the risk of relapse. To overcome this stigma and gain community support, former abusers need to demonstrate positive attitudes and behaviors as evidence of their recovery. Recent research provides insight into the impact of stigma and strategies to reduce it. Stigma as a risk factor for relapse, in a study by (Sonbol et al., 2023) found that societal stigma was significantly correlated with various risk factors for relapse, including emotional distress, the desire to reuse, and social relationship problems. Stigma can create shame and lack of support, which worsens the recovery chances of former abusers. Then the impact on social and community behavior in a study by (Burgess et al., 2021) showed that stigma often comes from public places such as hospitals, pharmacies, and government agencies. This creates fear and isolation that hinders recovery and reintegration endeavors into society. Strategies to overcome stigma with research by (Moon & Lee, 2020) highlight the importance of public education to reduce stigma against former abusers. In addition, community support based on social and cultural values can help promote a more inclusive environment. Meanwhile, support to increase social capital in (Jason et al., 2021) found that the existence of supportive social networks in recovery communities has a significant positive impact in reducing the risk of relapse. Strong social capital creates a sense of solidarity and mutual support among individuals in recovery. The role of community approaches, by (Skewes et al., 2021) highlights that cultural values-based approaches can help change societal perceptions and provide space for former abusers to demonstrate their transformation. This increases their acceptance by the community and motivates a more sustainable recovery. Community stigma is a major barrier to the recovery of former abusers. Reducing stigma through education, supporting social capital, and promoting inclusive values in the community can provide a strong foundation to support the recovery process and prevent relapse. This combination of approaches not only helps individuals but also strengthens solidarity in society.

The diagram above illustrates that respondents who are former abusers of drugs, Psychotropics and other addictive substances have received support from the community even though most of them are still

in the medium category. This means that the community supports the social functioning of ex-residents has not been maximized. This is understandable because the stigma of the community that has been attached is not easy to remove before the former resident really changes both from his behavior, worship and from his daily attitude. People generally want tangible evidence shown in their daily lives. Changing this must indeed have endeavors from various parties, especially from former drug abusers, psychotropics and other addictive substances themselves, so that support from the community can be maximized. Diagram 14 also shows that some former abusers of drugs, Psychotropics and other addictive substances have received maximum support from the community. Only a few respondents who abuse drugs, psychotropics and other addictive substances former PRCh residents receive public support still in the low category. The community must also provide opportunities for ex-drug abuse, psychotropics and other addictive substances to change by inviting them in various community activities.

4. Social Support work environment

Like social support from the community, social support from the work environment is also urgently needed by ex-drug abuse, psychotropics and other addictive substances. Comfort in the workplace is necessary for everyone, even for a former abuser of drugs, Psychotropics and other addictive substances who has a background not only harming himself but harming others.

Social support from the work environment is essential for ex-abusers of drugs, psychotropics, and other addictive substances, especially to ensure they can feel comfortable, accepted, and productive in the workplace. Research shows that a supportive work environment can play a significant role in facilitating recovery and preventing relapses of substance abuse behaviors. Workplace support, according to (Fields et al., 2023), the concept of Recovery Ready Workplaces is designed to create a work environment that supports the recovery of employees with a background of substance abuse. This kind of work environment provides supportive policies, such as flexibility and access to counseling services, that help employees undergo better recovery. Coping strategies and emotional support in research by (Brady et al., 2022) found that individual coping strategies and emotional support in the workplace, such as recognition from coworkers and supportive organizational policies, can reinforce the commitment of former abusers to stay on the path to recovery. This kind of support helps reduce work stress that can trigger relapses. Community-based recovery programs in the workplace, by (von

der Warth et al., 2022) show that workplace case management programs help individuals to overcome psychosocial challenges and improve relationships in the work environment. This kind of program supports job stability and minimizes negative influences that can trigger relapses. Then to reduce stigma in the work environment, (Cooper & Bixler, 2021) highlight the importance of workplace policies that support the reduction of stigma against employees who are in the process of recovery. Training for colleagues to understand the dynamics of recovery can help create a more inclusive and supportive work environment. Meanwhile, the positive effect of peer support in (Scannell, 2022) found that support-based interventions from colleagues who have similar experiences (peer support) provide more motivation for individuals who are recovering. Peer support in the workplace helps create mutually supportive relationships and strengthens positive social networks. Workplace support that includes recovery-friendly policies, stigma reduction training, and emotional support networks is essential to ensure the successful recovery of former abusers. An inclusive work environment not only improves the well-being of individuals but also their productivity and integration in society.

Ex-residents receive support from the workplace, which is the most in the medium category, and a small part in the high category. While a small part is in the low category. This is understandable because some of the former residents have not yet found a job, so they have not received support from the work environment. Support in the medium category is understood as support that has not been maximized. Support from the workplace arises not only because of the sympathy of the people in their work environment, but also because of the confidence of ex-residents to be able to interact with their work environment. This is also related to the social functioning that is already owned by former residents, most of them are in the medium category, meaning that self-adjustment with the community has not been able to be carried out optimally.

The social support obtained by respondents was greater in the medium category, some were even in the low category, only a few were in the high category. The social support that is not maximized by the respondents will be able to cause self-confidence in the respondents and can even cause a relapse for former abusers of Drugs, Psychotropics and other addictive substances. Families and the surrounding community play an important role in improving the social functioning of former abusers of drugs, psychotropics and other addictive substances. Fulfilling social support, ex-residents must be able to show the readiness of rehabilitation and guidance that has been carried out,

improve attitudes and behaviors in the community. Social support from the community can be obtained by ex-residents to the maximum, when ex-residents are able to show good attitudes and behaviors by the norms in society, both in association in the community and from the spiritual side. The community should also provide opportunities for former residents of drug abusers, psychotropics and other addictive substances to show better attitudes and behaviors, one of which is by participating in various activities in the community, both social activities and worship activities. If the former resident has received support from family, peers, from the community and from the work environment, the former resident will have strength or resilience and be in a safe position, meaning that he will not be affected by the invitation to abuse drugs, psychotropics and other addictive substances.

Reference

- Al-Hassan, R. A. A. (2023). The Effectiveness of Management in Reducing The Abuse of Narcotic Drugs and Psychotropic Substances. *Indonesian Journal of Law and Economics Review*, 18(3). <https://doi.org/10.21070/ijler.v18i3.963>
- Alshahrani, M. (2023). ASSESSMENT OF PSYCHOSOCIAL LIFE ASPECTS AMONG SUBSTANCE ABUSE CLIENTS AT REHABILITATION PHASE. *New Armenian Medical Journal*, 17(2). <https://doi.org/10.56936/18290825-2023.17.2-58>
- Brady, L. A., Wozniak, M. L., Brimmer, M. J., Terranova, E., Moore, C., Kahn, L., Vest, B. M., & Thomas, M. (2022). Coping Strategies and Workplace Supports for Peers with Substance Use Disorders. *Substance Use and Misuse*, 57(12). <https://doi.org/10.1080/10826084.2022.2112228>
- Burgess, A., Bauer, E., Gallagher, S., Karstens, B., Lavoie, L. A., Ahrens, K., & O'Connor, A. (2021). Experiences of stigma among individuals in recovery from opioid use disorder in a rural setting: A qualitative analysis. In *Journal of Substance Abuse Treatment* (Vol. 130). <https://doi.org/10.1016/j.jsat.2021.108488>
- Cooper, R., & Bixler, E. A. (2021). Comprehensive Workplace Policies and Practices Regarding Employee Opioid Use. *New Solutions*, 31(3). <https://doi.org/10.1177/10482911211037905>
- Dashutin, I. V., & Tenytska, I. A. (2020). Peculiarities of administrative and legal work on counteraction to offenses committed by minors in the field of drug trafficking. *Legal Horizons*, 24. <https://doi.org/10.21272/legalhorizons.2020.i24.p72>
- du Plessis, C., Whitaker, L., & Hurley, J. (2020). Peer support workers in substance abuse treatment services: A systematic review of the literature. In *Journal of Substance Use* (Vol. 25, Issue 3). <https://doi.org/10.1080/14659891.2019.1677794>
- Fields, M., Longley, J., Martinez, J. A., Weizman, S., & LaBelle, R. (2023). Recovery Ready Workplaces: A key strategy for reducing overdoses and sustaining recovery from substance use disorder. *Journal of Opioid Management*, 19(7). <https://doi.org/10.5055/jom.2023.0798>
- Grijalvo, M. O., Kalalo, T., Heng, P. H., Dewi, F. I. R., Angus, A., & Pesik, T. (2023). Social Support, Self-Acceptance, and Adversity Quotient Among Residents of Selected Drug Treatment and Rehabilitation Center. *International Journal of Application on Social Science and Humanities*, 1(1).

<https://doi.org/10.24912/ijassh.v1i1.25797>

- Jason, L. A., Guerrero, M., Salomon-Amend, M., Stevens, E., Light, J. M., & Stoolmiller, M. (2021). Context Matters: Home-level But Not Individual-Level Recovery Social Capital Predicts Residents' Relapse. *American Journal of Community Psychology, 67*(3–4). <https://doi.org/10.1002/ajcp.12481>
- Masoudnia, E. (2023). Effectiveness of Addiction Treatment Programs in Iran in Terms of Social, Psychological, Economic, and Therapeutic Outcomes: An Appraisal. *Iranian Rehabilitation Journal, 21*(3). <https://doi.org/10.32598/irj.21.3.1625.1>
- Milekhin, A. V., Umnyashova, I. B., & Egorov, I. A. (2020). Psychological and Educational Prerequisites for Primary Prevention of Drug Addiction among Students. *Psychology and Law, 10*(4). <https://doi.org/10.17759/psylaw.2020100408>
- Moon, S. J. E., & Lee, H. (2020). Relapse to substance use: A concept analysis. *Nursing Forum, 55*(3). <https://doi.org/10.1111/nuf.12458>
- Muhammad Yunus Idy, Marif, & Handar Subhandi Bakhtiar. (2021). Legal Policy in the Prevention of Narcotics in Indonesia. *Indian Journal of Forensic Medicine & Toxicology, 15*(4). <https://doi.org/10.37506/ijfmt.v15i4.16902>
- Papamalis, F. E. (2020). Clinical Utility of Assessing Changes of Personality Functioning During Substance Misuse Treatment. *Substance Abuse: Research and Treatment, 14*. <https://doi.org/10.1177/1178221820931101>
- Reims, N., & Tisch, A. (2022). Employment effects for people with disabilities after participation in vocational training programmes: A cohort analysis using propensity score matching. *Work, 72*(2). <https://doi.org/10.3233/WOR-205046>
- Scannell, C. (2022). By helping others we help ourselves: insights from peer support workers in substance use recovery. *Advances in Mental Health, 20*(3). <https://doi.org/10.1080/18387357.2021.1995452>
- Shaver, S. R., Forsyth, O., & Meritus, D. (2023). Effectiveness of Therapeutic Community Rehabilitation Program for Drug Abuse in Social Institutions. *Law and Economics, 17*(3). <https://doi.org/10.35335/laweco.v17i3.45>
- Skewes, M. C., Gameon, J. A., Hallum-Montes, R., & Ricker, A. (2021). Determinants of Relapse and Opportunities for Growth: Perspectives on Substance Use among American Indian Community Members. *Journal of Psychoactive Drugs, 53*(5). <https://doi.org/10.1080/02791072.2021.1986241>
- Sonbol, H. M., Arockiasamy, A. P. R., & Amr, M. A.-M. (2023). Relapse in Substance Use Disorder and Its Relation to Stigma: An Outpatient Based Cross Sectional

Study. *European Journal of Medical and Health Research*, 1(2).
[https://doi.org/10.59324/ejmhr.2023.1\(2\).13](https://doi.org/10.59324/ejmhr.2023.1(2).13)

Stroupe, K. T., Jordan, N., Richman, J., Bond, G. R., Pogoda, T. K., Cao, L., Kertesz, S. G., Kyriakides, T. C., & Davis, L. L. (2022). Cost-Effectiveness of Individual Placement and Support Compared to Transitional Work Program for Veterans with Post-traumatic Stress Disorder. *Administration and Policy in Mental Health and Mental Health Services Research*, 49(3). <https://doi.org/10.1007/s10488-021-01173-z>

Sult, G. (2023). Judicial Practice of the Republic of Moldova in the Sphere of Illicit Trafficking in Narcotic Drugs, Psychotropic Substances and their Analogies. *Studii Juridice Universitare*. <https://doi.org/10.54481/sju.2022.2.13>

von der Warth, R., Kessemeier, F., & Farin-Glattacker, E. (2022). Barriers, Facilitators and Experiences Linked to a Work-Related Case Management in Individuals with Substance Abuse Disorders. *International Journal of Environmental Research and Public Health*, 19(14). <https://doi.org/10.3390/ijerph19148657>

Zaelani, A., & Ardiansyah, F. (2023). The Relationship Between the Family Environment and the Role of Friends with Drug Abuse re-Abuse at the Pamardi Putra Social Rehabilitation Center, Lembang, West Bandung Regency. *PROMOTOR*, 6(5). <https://doi.org/10.32832/pro.v6i5.296>

CHAPTER III

REHABILITATION PROGRAM AT INDOCHARIS REHABILITATION CENTER

Rehabilitation program approaches, this section will outline the various approaches used in the rehabilitation program at Charis Rehabilitation Center, ranging from medical, psychological, to spiritual approaches. An explanation of this approach will provide a better understanding of the methods used to help the rehabilitation participants recover. Skills training and reintegration preparation, this chapter will discuss the skills training programs organized in rehabilitation centers, as well as the preparation provided to participants to face reintegration into society. This includes life skills training, job training, and other preparatory programs aimed at improving participants' ability to cope with life after rehabilitation. The importance of social support in the program, in this section, the importance of social support in the success of the rehabilitation program will be discussed. This includes support from family, peers, the community, and the workplace. This explanation of the role of social support will provide a better understanding of the factors that affect the success of reintegration of rehabilitation participants.

3.1. Indocharis Foundation

The Indocharis Foundation is one of the private foundations that cares about and participates in handling the problem of drug abuse victims in the Special Region of Yogyakarta and its surroundings. This foundation is located in Mutihan hamlet in Madurejo Village, Prambanan District, Sleman Regency. Initially in 1999 the foundation was established to serve people with mental disorders. Its development is based on Law Number 28 of 2004 concerning Amendments to Law Number 16 of 2001 concerning foundations, and Government Regulation Number 63 of 2008 concerning foundations, so the Indocharis Foundation has been approved as a legal entity from the Ministry of Law and Human Rights.

On August 21, 2014, the role and function of the ministry increased with the implementation of drug abuser rehabilitation services and based on the Decree of the Minister of Social Affairs of the Republic of Indonesia Number 40/HUK/2015 was designated as a Mandatory Reporting Institution (IPWL). The Charis Foundation is the forerunner of the Indocharis Foundation, a social Welfare Institution established in 2000, Helping to Rehabilitate Drug Victims,

Mental Disorders, and papa consisting of homeless people and beggars (Gepeng). So that their lives are restored and empowered according to the potential they have. Adjustment of the law Regarding foundations, the permit was processed to the Ministry of Law and Human Rights, so that its name has now become the Indocharis Foundation. The operational scope of its services is expanded throughout Indonesia. In 2013 the Indocharis Foundation was given the authority and trusted by the government to implement Law Number 35 of 2009 as a Mandatory Reporting Recipient Institution (IPWL) for drug abusers. Based on the Decree of the Minister of Social Affairs Number 36/HUK/2013, dated April 17, 2013, so that every victim of drug abuse is given the opportunity to report to the Indocharis Foundation to get help to get social rehabilitation and social guidance. The Indocharis Foundation has the following vision and mission: Vision: "The Awakening of Neglected Humans Completely" (In the social, Religious and Humanitarian Fields)". Mission: "To carry out activities in the social, Humanitarian, and Religious Fields with a commitment to exist to express God's love for human beings as its main center, regardless of ethnicity, religion, culture, gender, skin color, economic status, and ideology. The mission of declaring God's love for neglected humans is the heartbeat of the existence of the Indocharis Foundation, which means that all the means, endeavors and capabilities of the Indocharis Foundation are focused on building neglected human beings completely."

Four main mission objectives:

1. Recruiting, accommodating, fostering, empowering street children, homeless people and beggars, so that their lives become orderly and independent.
2. Adopt, educate/foster, empower, and help fathers (foster children, and victims of disputes, abandoned people, etc.) so that their future will be good and independent.
3. Consultative, accommodating, therapy and providing guidance for Drug Victims/Drug Addicts/HIV-AIDS to be rehabilitated.
4. Accommodating, caring for and fostering the mentally ill so that they can be healed and humanized.

The Indocharis Foundation has formal legality and has a legal basis by the provisions of the law in carrying out its activities, including:

1. First Notary Deed: IRanto, SH., Number 01, dated January 4, 2000.
2. Second Notary Deed: Lumayan Marbun SH, Supreme Court Number 6, dated May 17, 2014.

3. Decree of the Minister of Law and Human Rights Number AHU-04841.50.10. 2014 Regarding the Ratification of the Establishment of the Legal Entity of the Indocharis Foundation.
4. Indocharis Foundation NPWP: 70.289.221.7-542.000.
5. As a Recipient Institution of Mandatory Reporting (IPWL) Decree of the Minister of Social Affairs Number 43/HUK/2018, dated March 1, 2018.

In addition, Indocharis also has a distinctive logo (figure 3.1.), which symbolizes the limited hope of human beings who always hope in the Almighty. The emblem/logo of the Indocharis Foundation forms an image of the meeting between inferior (limited) humans and the dark blue color which has the meaning of humans who are easily swept away and helpless, so they always hope in the Almighty. Then there is also a picture of the existence of a superior (unlimited) God in white which has the meaning of holiness, who has come to the world, to seek male. The presence and existence of these two people in the world, depicted in light blue which describes the state of the world. The result of this shape forms the letter "C" which is the initials of the word Charis.

Figure 3.1. Indocharis Logo/Emblem



The organizational structure of the Indocharis Foundation is the Indocharis Foundation Management consisting of 15 people, including eight males, and seven females. Consists of: Founder and Trustee one person, Supervisor one person, Chair one person, Secretary one person, treasurer one person, head of office one person, admin staff one-person, social Affairs Coordinator one-person, Religious Affairs Coordinator one-person, Humanitarian Affairs Coordinator one person, Health Team Coordinator one-person, spiritual Team Coordinator one person, Psychology Team Coordinator one-person, Legal Team Coordinator one person, Skills Coordinator one person.

This overall organizational structure, if managed properly, can increase the foundation's positive impact on the communities it serves. This structure shows that the foundation has a broad focus on social, religious, and

humanitarian affairs, as well as the management of institutions that function in various fields of service to the community.

Figure 3.2. Indocharis Foundation Structure Chart

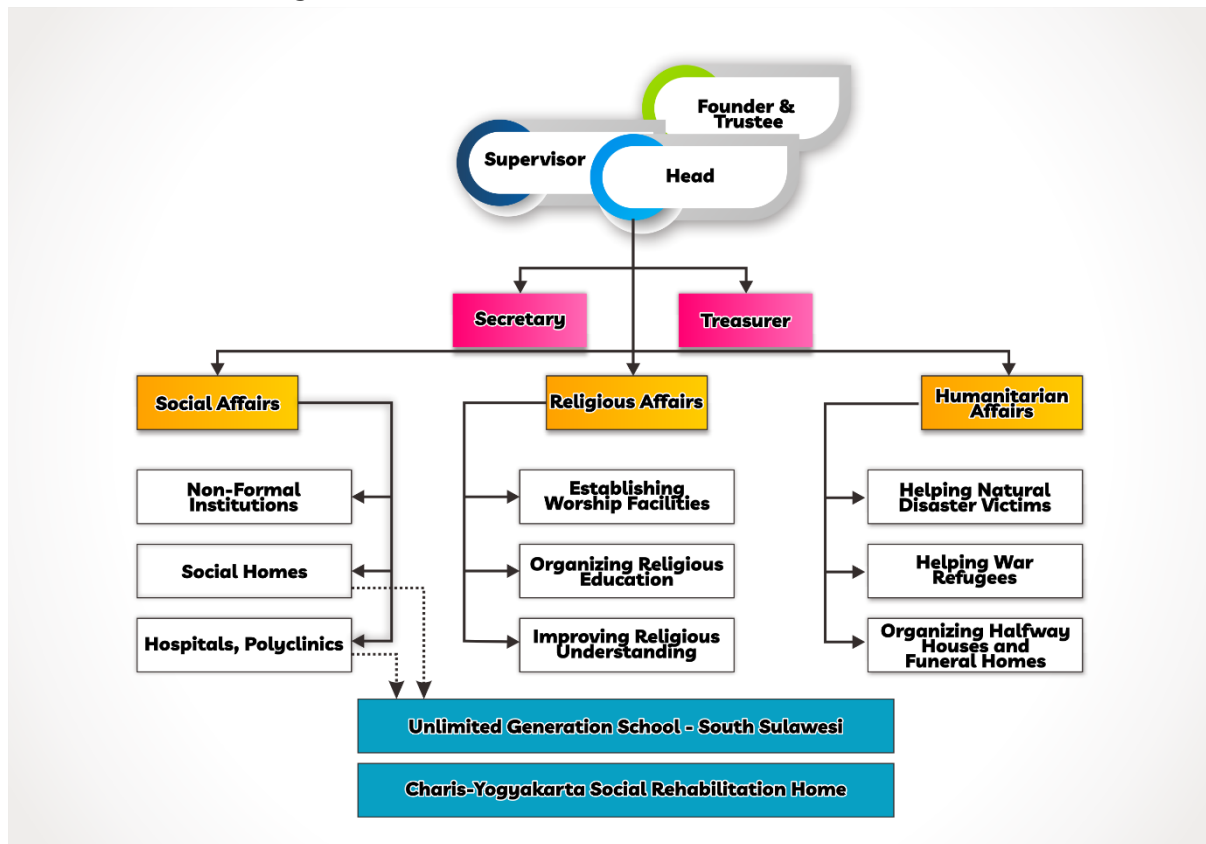


Figure 3.2. Indicates the organizational structure related to the foundation engaged in the social, religious, and humanitarian fields. Here is a detailed explanation of the elements:

1. Founder & Trustee – At the top of the organizational structure, this role is held by the founder of the foundation and is responsible for providing strategic direction and overseeing the running of all programs and activities of the foundation.
2. Supervisor – Under the founder, the supervisor has the task of monitoring the activities carried out by the foundation, ensuring compliance with the foundation's objectives, and helping to provide strategic advice.
3. Head – The head of the foundation who is directly responsible for the day-to-day management of the foundation. He carries out the vision and mission of the foundation and coordinates all departments.
4. Secretary – The secretary has a role to manage the administration, correspondence, and documentation of all foundation activities.

5. Treasurer – The treasurer manages the financial aspects of the foundation, including fund management, costs and expenses, and financial reporting to ensure the foundation's operations run smoothly.
6. The three main areas of the foundation:
 - a. Social Affairs – This field focuses on social activities that support the welfare of the community, including:
 - non-Formal Institutions – Supporting educational institutions or informal institutions in the community, providing training or educational services;
 - Social Homes – Responsible for the management of social homes that provide shelter and help to those in need, such as orphans or the elderly;
 - hospitals, Polyclinics – Providing health services through hospitals or polyclinics managed by foundations.
 - b. Religious Affairs – This field manages activities related to spiritual and religious development, including:
 - establishing Worship Facilities – Coordinating the construction or provision of worship facilities for the community;
 - organizing Religious Education – Responsible for organizing and providing religious education programs;
 - improving Religious Understanding – Conducting activities that aim to deepen people's understanding of religion, as well as establish tolerance between religious people.
 - c. Humanitarian Affairs – Areas that focus on humanitarian help, especially in emergency situations, include:
 - helping Natural Disaster Victims – Organizing aid and support for victims of natural disasters, such as earthquakes, floods, and so on;
 - helping War Refugees – Providing help to refugees affected by war or conflict;
 - organizing Halfway Houses and Funeral Homes – Managing shelters for the homeless as well as arranging services for funeral homes.
 - d. Institutions Managed:
 - Unlimited Generation School – South Sulawesi – The school managed by this foundation is located in South Sulawesi, providing education for the young generation in the area;
 - Charis-Yogyakarta social rehabilitation home – A social rehabilitation home located in Yogyakarta, functions to provide rehabilitation help for individuals in need.

The foundation's organizational structure, which is engaged in social, religious, and humanitarian fields, plays an important role in realizing its vision and mission. The Founder and Supervisor occupy a strategic position to ensure that the foundation runs by its basic goals and values. This role includes providing strategic direction and oversight of the implementation of the foundation's programs. This structure is important to maintain the foundation's accountability to the communities it serves (Miarsa & Hazir, 2021). Supervisors function as supervisors who are in charge of providing strategic advice and monitoring the implementation of foundation policies. Research shows that effective supervision helps improve efficiency in community-based organizations (F. M. Sari et al., 2023). The head of the foundation is responsible for the day-to-day management, including coordinating various departments. The head of the foundation plays a role in ensuring that the vision and mission of the foundation are reflected in its operational activities. Innovative and professional leadership can improve the performance and competitiveness of foundations (Tade, 2023). The secretary manages the administrative and documentation aspects, which are essential for smooth communication and document archiving in the organization (Folandra, 2020). The treasurer manages the organization's finances, including fund management, financial reporting, and ensuring the operational sustainability of the foundation. Good financial management contributes to the effective use of foundation resources (Lette, 2020). The foundation's three main areas: Social Affairs include non-formal institutions, social institutions, and health services. This activity aims to improve community welfare through education, social rehabilitation, and health services (Nazri, 2022). Religious Affairs focuses on the construction of worship facilities and religious education. This program aims to strengthen religious understanding and tolerance between religious communities (Sualang, 2023). Humanitarian affairs include disaster relief, support for refugees, and funeral services. This help is designed to respond to urgent needs in crisis situations (Arafat et al., 2021).

The Indocharis Foundation has several fields of service through: Social Field, Religious Field, and humanitarian field. All of them have their own duties and functions. Social Sector; manages formal and non-formal institutions in the form of Unlimited Generation Schools in South Sulawesi. Then it manages social homes to rehabilitate people with social problems, which is then referred to as the Charis Rehabilitation Home located in Jogjakarta, which consists of street children's homes, papa orphanages, mental disability homes, and drug victim rehabilitation homes. Charis Recovery Pond located in Palembang. The religious field establishes worship facilities, organizes religious education, and increases religious understanding. Meanwhile, the

humanitarian field carries out activities to help victims of natural disasters, help refugees due to war and organize halfway houses, and funeral homes.

Figure 3.3. Indocharis organizational structure

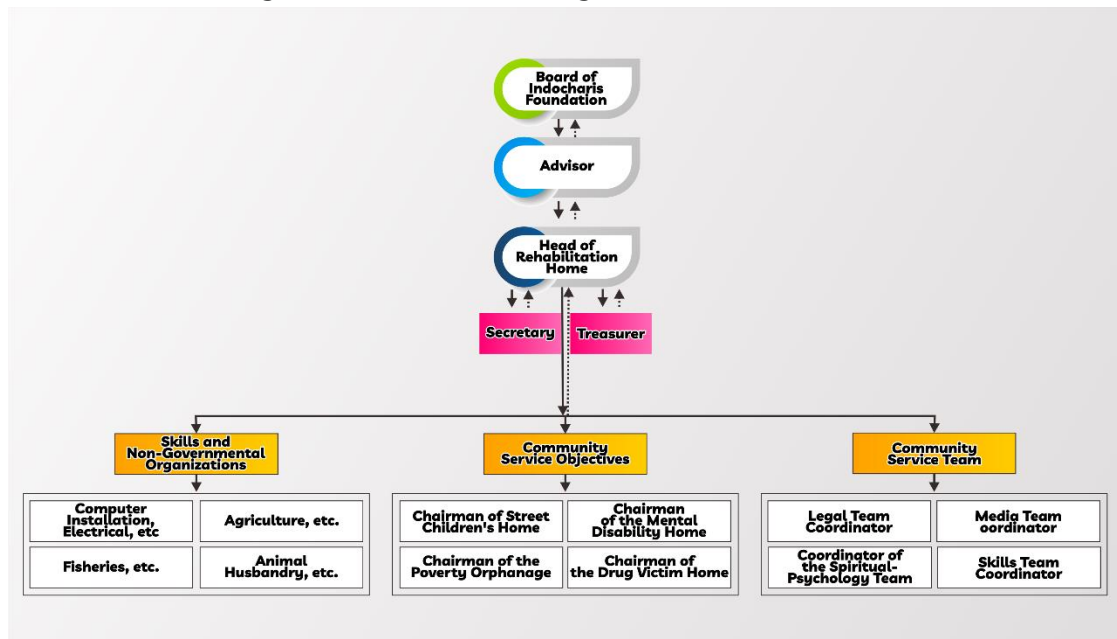


Figure 3.3. Displays the organizational structure related to a *rehabilitation home* and a foundation that supports its social activities. Here is a detailed explanation of the elements in the image:

1. Board of Indocharis Foundation – The highest in the organizational structure, this board acts as a policymaker and supervisor of activities from the rehabilitation home. They are responsible for providing strategic direction and decisions.
2. Adviser – Acts as an adviser to the foundation board and the head of the rehabilitation home. This adviser provides professional input and advice in the operation of the rehabilitation home and the implementation of its social programs.
3. Head of Rehabilitation Home – The main operational leader of the rehabilitation home. This head is directly responsible for the implementation of daily activities in the rehabilitation home, as well as ensuring that rehabilitation programs run by the foundation's objectives.
4. Secretary – In charge of managing administration, communication, and documentation related to the operation of the rehabilitation home. The secretary assists the head of the rehabilitation home in carrying out his duties administratively.

5. Treasurer – Responsible for financial management, including funding for rehabilitation programs and other activities. The treasurer manages the budget, records and ensures financial transparency.
6. Skills and Non-Governmental Organizations – This division focuses on developing skills for the residents of rehabilitation homes. There are several categories of skills taught, including:
 - *Computer Installation, Electrical, etc.* (Computer Installation, Electrical, etc.)
 - *Agriculture, etc.* (Pertanian, dll.)
 - *Fisheries, etc.* (Fisheries, etc.)
 - *Animal Husbandry, etc.* (Peternakan, dll.)
7. Community Service Objectives – This section refers to the social service endeavors carried out by the rehabilitation home to support various community groups in need, including:
 - *Chair of Street Children's Home* (Ketua Rumah Anak Jalanan)
 - *Chair of the Mental Disability Home*
 - *Chair of the Poverty Orphanage* (Ketua Panti Asuhan Miskin)
 - *Chair of the Drug Victim Home* (Ketua Rumah Korban Narkoba)
8. Community Service Team – A team responsible for the implementation of various social programs in the field. They are grouped into several specific team coordinations:
 - *legal Team Coordinator* – In charge of taking care of legal aspects related to rehabilitation and legal help for people in need;
 - *media Team Coordinator* – Managing aspects of publication, communication, and media related to rehabilitation home programs;
 - *coordinator of the spiritual-Psychology Team* – Managing the spiritual and psychological needs of the residents of the rehabilitation home;
 - *skills Team Coordinator* – Organizes skills teaching and capacity development for residents.

This structure reflects collaboration between multiple management functions, service teams, and skill development to support ongoing rehabilitation and social service programs.

The organizational structure of a rehabilitation home managed by a social foundation has elements that support each other to achieve social and rehabilitation goals. The Board of Indocharis Foundation acts as the main policy maker who provides strategic direction and oversees the implementation of the rehabilitation program. This function is similar to the results of research that shows that strategic leadership is essential in social

service-based organizations to maintain the sustainability and effectiveness of programs (Sarah & Waluyo, 2020). Advisers are in charge of providing input and operational guidance to the heads of rehabilitation homes and foundations. Input from these advisers improves the quality-of-service management, as is the importance of strategic consultation in improving the performance of social institutions (Aotama & Mandome, 2020). The Head of Rehabilitation Home is responsible for running daily operations and ensuring that the rehabilitation program runs according to its objectives. Studies show that strong and focused operational leadership assists rehabilitation institutions in creating a significant impact on the communities served (Luthfa et al., 2021). The Secretary and treasurer manage the administration and finances of the foundation, ensuring transparency and operational efficiency. Research shows that effective management of administration and funds supports the accountability and sustainability of rehabilitation programs (Fahroji et al., 2021). The Skills and Non-Governmental Organizations Division provides skills training such as computer installation, agriculture, and fisheries to residents of rehabilitation homes. The development of these skills is important in rebuilding the confidence and independence of residents (Junedi et al., 2020). Community Service Objectives include the management of homes for street children, mentally disabled, poor orphans, and drug victims. This function is in line with research that shows the importance of a comprehensive approach in dealing with complex social problems through rehabilitation services (Hendrawati et al., 2023). The Community Service Team, with specific teams such as law, media, spiritual-psychology, and skills, supports the implementation of field programs. This collaboration emphasizes the importance of strategic human resource management in social organizations (Haerianti, 2023). This structure demonstrates the integration of various management and service roles that enable the organization to provide ongoing rehabilitation services and positively impact the communities served.

3.2. Handling Drug Abuse Victims

Drug abuse victims who enter the Indocharis Foundation are given services and rehabilitation at one of the orphanages managed by the Indocharis Foundation, namely the Charis Rehabilitation Home (PRSch). Initially, PRCh handled only a few street children involved in drug abuse, but in its development the number handled increased so that the orphanage could no longer accommodate the desire of street children and children's victims of drug abuse to get social rehabilitation. To overcome this, orphanages make shelters or halfway houses in other places. Such as in the Janti and Klaten areas. The handling strategy carried out by PRSch is quite flexible and there is

no pressure or coercion, all done with the awareness of the residents themselves.

The steps taken by the orphanage are to socialize the program to the community which is followed by approaches both to the community and to prospective residents who want to be rehabilitated. From these approaches, finally residents or prospective residents began to be interested in getting rehabilitation. In addition to socializing and building social relationships, PRSCh also conducts outreach to prospective residents with a *getok tular* system, meaning that the recruitment of prospective residents is carried out by people who have received socialization and ex-residents by inviting and/or notifying other people who have family members of victims of drug abuse. and ex-residents invite their friends or other people who are known to be victims of drug abuse to This system is quite effective in running social rehabilitation programs. Coupled with government policies through the Decree of the Minister of Social Affairs Number 43/HUK/2018, dated March 1, 2018 concerning Institutions of Compulsory Reporting Recipients, increasing the awareness of residents and ex-residents and the community to bring family members/victims of drug abuse to get social rehabilitation services from PRCh.

The social rehabilitation approach carried out by the Charis Rehabilitation Home (PRSCh) for victims of drug abuse focuses on flexibility, resident awareness, and community involvement. This strategy has been proven to be in line with various scientific findings and best practices in the field of social rehabilitation. The emphasis on resident awareness in participating in the rehabilitation program without coercion is in line with the self-help-based approach applied in the therapeutic community. This approach provides space for residents to actively participate in their own recovery process, which has been shown to improve social functioning and reduce relapse (Citra et al., 2021). Socialization of the program to the community followed by direct approaches, such as viral *getok*, also strengthens the success of PRSCh. This kind of socialization helps reduce social stigma against victims of drug abuse and motivates them to seek rehabilitation. Research shows that social stigma is a major barrier for individuals to access rehabilitation services. Therefore, community interventions that include community education are an important step in promoting access to these services (Alifya & Michiko Mamesah, 2022). The system of shelters or shelters set up in locations such as Janti and Klaten reflects the organization's ability to overcome the limitations of facilities through diversification of services. This is important given the need for adequate physical space for residents, as discussed in the study on the effectiveness of social rehabilitation, which emphasizes the importance of sustainability and adjustment of rehabilitation facilities to accommodate the

increasing number of victims (Fahroji et al., 2021). Government policies, such as the Decree of the Minister of Social Affairs Number 43/HUK/2018, also play a significant role in encouraging increased public awareness to report and bring victims of drug abuse to rehabilitation services. This policy support increases public trust in the available social services (Kristian et al., 2022). The overall strategy shows that a collaborative, community-based, and supportive approach to resident awareness can increase the effectiveness of social rehabilitation programs. PRSCh has shown success in integrating these various elements to have a positive impact on the lives of residents and communities.

The PRCh has a capacity for inpatient treatment of 100 people, while the capacity for outpatient treatment ranges from 150 to 200 people. However, in its implementation, it depends on the acquisition of funds from the government, in this case the Ministry of Social Affairs through IPWL. But for the treatment of psychotic problems, funds are from the participation of the family or community who entrust their children. The handling of drug victims carried out by PRCh is carried out by two methods. First, rehabilitation in the orphanage or inpatient, in the process of service and inpatient rehabilitation, residents are accommodated in the orphanage dormitory for four months, orphanage officers carry out various activities to restore the condition of the residents. The implementation of rehabilitation services and guidance at PRCh uses a holistic approach by combining a spiritual approach with a *Therapeutic community*.

The PRCh uses a holistic approach in dealing with victims of drug abuse, especially through inpatient and outpatient programs. This approach combines therapeutic community (TC) methods and spiritual guidance, which have proven to be effective in social rehabilitation. Research shows that the TC method aids in resident recovery by prioritizing self-help, where residents support each other to overcome their emotional and behavioral challenges. The main stages in this method include induction, primary treatment, reentry, and aftercare, each of which plays a role in building residents' emotional independence and control (Citra et al., 2021). The combination of TC with spiritual guidance, such as prayer, meditation, and community-based activities, improves the mental well-being of residents. Research conducted at the Tetirah Dhikr Orphanage shows that a spiritual approach can accelerate the recovery process by providing emotional stability and increasing motivation to heal (Wati, 2020). The holistic approach also involves aspects of physical and social rehabilitation. Fitness exercises, which are part of rehabilitation programs, have been shown to improve the physical and mental health of drug abuse victims. A sports-based guidebook developed for social rehabilitation in Yogyakarta shows the effectiveness of physical exercise in

improving the quality of life of residents (Nugraha, 2023). However, the success of the program also depends on funding support and family participation. Family involvement in rehabilitation has been shown to improve long-term outcomes and reduce the risk of relapse. A study conducted in Pekanbaru highlights that community stigma and lack of family support are still the main challenges in the sustainability of social rehabilitation (Luthfa et al., 2021). With a community-based strategy, PRCh's holistic approach not only aids the physical and mental recovery of residents but also builds social connections that support their reintegration into society. The combination of TC methods, spirituality, and community support reflects best practices in the rehabilitation of victims of drug abuse.

Guidance on services and activities carried out for inpatient residents:

1. Guidance and social services with the aim that residents can adapt, interact and communicate both with fellow residents and in the community.
 - a. Socialization and outreach; socialization is carried out to the community, so that the public understands the role of PRCh which is later also referred to as IPWL for drug abuse. Then the community and/or drug abusers and their families voluntarily report themselves and their families to PRCh/IPWL to get rehabilitation.
 - b. Conduct assessments and make referrals for residents who need medical treatment and others such as handling legal processes.
 - c. Conduct *case conferences* and hold reunions for residents who have completed the rehabilitation program.
 - d. Conducting remote monitoring via phone for clients who have completed rehabilitation programs.
2. Physical guidance aims to ensure that residents have a healthy body, followed by all residents, including sports activities, gymnastics, walks in the PRSCh environment, community service work in the PRSCh environment with local hamlet residents, guided by PRSCh officers and social workers.
3. Psychological guidance aims to ensure that residents have a healthy psyche and no pressure, followed by all inpatient and outpatient residents. Guided by social workers and addiction counselors. Guidance and activities carried out by individual and group counseling; Psychosocial therapy; *Encounter group; Family support group; Group dynamics; Session/seminar,*
4. Guidance and health services aim to ensure that residents have good physical health. PRCh works with health teams and doctors who visit PRCh once a week, to control their health and see how residents recover from

- their dependence. Then routine examinations every 1 (one) month for psychological and psychiatric treatment in the hospital.
5. The Health Guidance carried out is to provide education about personal hygiene and personal health through seminar media.
 6. Religious guidance and services by providing mental reinforcement through motivational and educational activities, which are packaged in spiritual guidance which is carried out every Tuesday, Wednesday, and Thursday attended by all inpatient residents and guided by spiritual coaches.
 7. Skills and vocational guidance is followed by all inpatient clients, guided by skills instructors. The types of skill guidance provided are cooking skills; Sew a cloth mask; Making crafts; dusters, flowers from straws, etc.; and Vocational guidance including computer training.

The guidance and services implemented by the Charis Rehabilitation Center (PRCh) reflect a comprehensive approach in the rehabilitation of victims of drug abuse. These strategies include social, physical, psychological, health, spiritual, and skills aspects, which are in line with scientific findings regarding the effectiveness of holistic rehabilitation approaches. Social guidance that includes socialization, assessment, and remote monitoring aims to improve resident adaptation in the community. Research shows that socialization involving communities and resident families is effective in reducing stigma and increasing access to rehabilitation services (Rizki et al., 2023). Physical guidance, such as sports and community service, improves the physical health of residents while building social connections. Related studies show that regular physical activity during rehabilitation can reduce anxiety levels and increase motivation to recover (Mashur et al., 2022). Psychological guidance, which involves individual and group counseling, psychosocial therapy, as well as family support, is essential in dealing with emotional trauma due to dependence. The program reflects best practices, as research shows that psychological interventions and group dynamics are effective in improving emotional stability and self-control (Maisunah, 2021). Health guidance, including regular check-ups by doctors and hygiene education, helps ensure that residents' physical and psychological health remains monitored. Seminar-based health education increases residents' awareness and knowledge about the importance of maintaining their health (R. M. Sari et al., 2022). Spiritual guidance, which involves regular spiritual activities, supports the mental and spiritual balance of the resident. Research shows that spiritual strengthening can accelerate recovery and provide a stronger foundation for preventing relapses (Petricka, 2021). Skills and vocational guidance, such as

cooking, sewing, and computer training, provide residents with the provision to be economically independent after rehabilitation. Relevant skills training programs have been shown to increase confidence and post-rehabilitation job opportunities (Endah Sulistyawati et al., 2023). The holistic approach that PRCh implements ensures that rehabilitation not only addresses the issue of dependency, but also prepares residents for successful reintegration into society. This approach is an effective model in dealing with the complexity of the needs of victims of drug abuse.

In addition, home visits are also carried out for affordable family residences, to establish friendship with the residents' families and see the family conditions of the residents. Especially between family members and residents, so that there is a reference for the implementation of rehabilitation and solving problems faced by the residents themselves. If the background of resident dependence has something to do with family members. This family visit also provides guidance to the family and reports on the development of the residents.

Home visits involving families in the rehabilitation of residents who experience drug dependence have strong scientific relevance. This approach leverages the role of the family as part of the resident support system, as well as providing insight into the social environment that contributes to their dependence. Research shows that family functioning is highly effective in improving individuals' quality of life and their health status in various contexts (Masithoh et al., 2022). Home visits allow for the collection of first-hand information related to family dynamics and the social conditions of residents, which is important for identifying causes of dependence, including conflicts or dysfunctional communication patterns. In addition, by establishing relationships with families, rehabilitation programs can improve social cohesion and family involvement in the healing process, an important step in community-based medicine (Sudrajat et al., 2023). The intervention also extends the benefits by providing guidance to families on how to effectively support residents, including reducing stigma against dependence. Studies support that social support, including from the family, significantly affects subjective well-being and reduces stress in family members, including individuals involved in rehabilitation (Herawati & Rizkillah, 2022). Home visits in resident rehabilitation involving families are scientifically relevant because they increase understanding of the factors that cause dependence, facilitate family-based solutions, and strengthen resident social support networks. This step also improves family relationships and builds the foundation for more sustainable rehabilitation.

Table 3.1. Describe the daily schedule of activities designed for the client in the rehabilitation process. This schedule includes a variety of activities that combine elements of spiritual, physical, social, and individual skills to support the recovery process holistically.

Table 3.1. Daily Activity Schedule for Client Rehabilitation

It	Time	My	Tues	Wednes	Thurs	Fri	Contains
1	05:00–05:30	Subuh Prayer	Subuh Prayer	Subuh Prayer	Subuh Prayer	Subuh Prayer	Subuh Prayer
2	05:30–06:30	Cleaning	Cleaning	Cleaning	Cleaning	Cleaning	Cleaning
3	06:30–08:30	Morning shower, personal activity, breakfast	Morning shower, personal activity, breakfast	Morning shower, personal activity, breakfast	Morning shower, personal activity, breakfast	Morning shower, personal activity, breakfast	Morning shower, personal activity, breakfast
4	09:00–10:00	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting
5	10:00–11:00	Group Counseling	Religious Counseling	Religious Counseling	Religious Counseling	Dynamics of Group Counseling	Free activities
6	11:00–12:00	Music	Music	Music	Music	Private Counseling	Music
7	12:00–13:30	ISHOMA	ISHOMA	ISHOMA	ISHOMA	ISHOMA	ISHOMA
8	13:30–15:30	Seminar (1)	Group Therapy	Computer	Skills Training	Karaoke	Medical Examination
9	13:30–15:30	Seminar (2)– Client Training	Games (Client Training)	Games (Client Training)	All clients capable of training	Medical Check-up	Games (Client Training)
10	15:30–16:30	Break	Break	Break	Break	Break	Break
11	16:30–17:00	Evening Sports	Job Function	Free Activities	Job Function	Job Function	Job Function
12	17:00–18:00	Evening Shower	Evening Shower	Evening Shower	Evening Shower	Evening Shower	Evening Shower
13	18:00–19:00	Dinner, medication	Dinner, medication	Dinner, medication	Dinner, medication	Dinner, medication	Dinner, medication
14	19:00–19:30	Evening Reflection	Evening Reflection	Evening Reflection	Evening Reflection	Evening Reflection	Evening Reflection
15	19:30–20:00	Wrap Up	Wrap Up	Wrap Up	Wrap Up	Movie Night	Movie Night
16	20:00 - finish	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep

Source : Indocharis Rehabilitation Center, 2020.

This schedule integrates routine activities, group therapy, counseling, and skills training to help clients in the rehabilitation process. This approach reflects the concept of the biopsychosocial model, which emphasizes the importance of addressing the biological, psychological, and social aspects of individual care. Recent studies suggest that a structured daily routine can help individuals with dependency issues to rebuild self-control, reduce stress, and improve social skills (Henderson et al., 2020). The spiritual aspect, activities such as Fajr prayers and night reflections provide spiritual support, which has been shown to have psychological and emotional benefits, including reduced anxiety and improved well-being (Koenig, 2021). Psychological aspects, group therapy and counseling help clients understand their emotions, develop coping skills, and increase self-awareness. This activity is aligned with the theory of cognitive-behavioral therapy, which is effective for addiction

disorders (Beck et al., 2020). The schedule (table 3.1.) supports the client's recovery holistically through a combination of spiritual, physical, and social activities. This strategy is in line with the proof-based practices recommended in the international rehabilitation literature, ensuring an effective and sustainable recovery approach.

Second, the outpatient or outpatient system is carried out for victims of drug abuse who remain with their families. Implementation of social services and guidance and rehabilitation for residents of outpatient drug abuse victims. It is carried out by grouping residents into two groups, namely community-based and family-based. The services and guidance provided to outpatient residents are the same as inpatient residents, there are only a few things that distinguish the services and guidance provided. Services and guidance provided;

1. Social Services by carrying out socialization and outreach; conducting initial and final assessments; and conducting *case conferences*; *conducting reunions for residents who have completed rehabilitation with resident alumni and PRSCh administrators*; conducting remote monitoring by telephone to residents who have completed rehabilitation programs; conducting home visits to residents whose locations or residences can be reached.
2. Social Guidance through Individual and Family Counseling, Psychosocial Therapy, *Family Support Group*, Group Dynamics; and Sessions/Seminars.
3. Health services and guidance are provided to residents, so that they have a healthy body and soul. The health services provided are incidental, namely to residents who need medical services to the hospital. And given educational guidance and motivation through seminars by complying with the 5 (five) M health protocol; use masks, avoid crowds, keep your distance, wash your hands with soap, and limit mobility.
4. Skill Guidance by making processed food. Such as donuts, risol, rolled omelets, and others); and Development of resident independent businesses. Such as goat farming, chicken farming, laundry, carpentry, and angkringan.

The community- and family-based outpatient rehabilitation approach, as described, has strong scientific relevance in improving the effectiveness of recovery for victims of drug abuse. The range of social services, counseling, therapy, and skills guidance provided in this system aligns with a community-based approach that has proven effective in strengthening an individual's social, emotional, and physical resilience. Social services and monitoring by carrying out initial and final assessments, as well as monitoring through home

visits or telephones, are effective methods to ensure the sustainability of rehabilitation. Studies show that community-based monitoring helps minimize the risk of relapse and improve the social stability of clients (Endah Sulistyawati et al., 2023). Psychosocial counseling and therapy, individual, family, and group dynamics counseling provide emotional support and repair interpersonal relationships that are often disrupted by drug abuse. Family-based therapy improves the family's ability to support members undergoing rehabilitation, which significantly lowers the rate of relapse (Alifya & Michiko Mamesah, 2022). Skills guidance and economic independence, skills programs such as cooking and independent business development play an important role in improving the economic conditions of clients. This success is reinforced by research showing that involvement in productive activities helps individuals regain confidence and independent life skills (Nugraha, 2023). Health services, incidental health services and health education prevent physical and mental complications due to substance abuse. The implementation of health protocols during the COVID-19 pandemic also proves the importance of flexibility in providing safe and effective rehabilitation services (Tri Utami et al., 2021). An outpatient rehabilitation system that involves communities and families is a scientifically relevant approach to dealing with victims of drug abuse. This approach not only strengthens social support but also empowers individuals with skills that allow them to reintegrate into society. This program is in line with various studies that confirm the effectiveness of community- and family-based rehabilitation approaches.

Meanwhile, physical services and guidance, as well as religious services and guidance are not carried out by PRCh because residents live with their parents, so religious and physical guidance will be carried out by their families. Getting family relationships between officers and residents, both inpatient and outpatient residents, orphanage officers both by social workers, counselors or other officers. An individual approach or a heart approach, so that between officers and residents there is familiarity in family relations. The condition of the residents who are still in a state of rehabilitation and who have completed rehabilitation, looks familiar as if they are in one big family. Orphanage officers always monitor the development of ex-residents who have returned to their families and to the community, this is done to find out former residents who are likely to experience *relapse*, so they need help to remind them continuously so that they are able to control themselves and remain in a condition of recovery or recovery. All former residents are monitored for their development in the community. The familial approach in the rehabilitation of victims of drug abuse, both inpatient and outpatient, has scientific relevance in strengthening the recovery process and preventing relapse (relapse). This

concept reflects the importance of emotional connection and continuous monitoring in improving rehabilitation success.

1. The familial approach, the familial relationship between officers and residents helps create an emotionally supportive environment. Studies show that positive interpersonal relationships, either with family or rehabilitation workers, significantly increase the success of rehabilitation programs and reduce relapses (Masithoh et al., 2022). This is relevant because residents feel accepted as part of a large family, which strengthens their psychological stability.
2. Continuous monitoring, post-rehabilitation monitoring through home visits or telephone plays an important role in early detection of the risk of relapse. Research supports that regular monitoring helps identify the challenges faced by ex-residents in adapting to their social environment, as well as provide timely intervention if needed (Tri Utami et al., 2021).
3. Holistic recovery advises family involvement for religious and physical guidance for outpatient residents underscores a holistic approach. Studies show that family involvement in the rehabilitation process increases the sustainability of recovery and reduces social stigma that is often an obstacle to the reintegration of ex-residents into society (Nugraha, 2023).
4. Prevention of relapse through emotional help, the involvement of officers in emotional relationships with residents creates psychological support that is very important to prevent relapse. This approach emphasizes the importance of positive relationships as internal reinforcements to maintain resident motivation in maintaining their recovery (R. M. Sari et al., 2022). The family approach and post-rehabilitation monitoring are effective in supporting the long-term recovery of victims of drug abuse.

This strategy not only helps reduce the rate of relapse but also advises better reintegration into families and communities. This practice is supported by the scientific literature that highlights the importance of an emotional approach and monitoring for rehabilitation success.

Even though the former resident has been released from his dependence on drugs, the suggestion or tendency to use will still be felt. These suggestions can be triggered suddenly and uncontrollably, if the inner situation of the former resident begins to feel chaotic. *Relapse* or relapse for drug users and their immediate environment, is a big problem that makes all the endeavors that have been made will be meaningless at all. It is necessary to rehabilitate from the beginning, so that the orphanage officer monitors or communicates continuously with the former resident so that there is no *relapse* for the former resident. Several reasons why ex-residents experience *relapse* are due to

several reasons. Such as frustration, depression, low self-esteem, recalling fun events in the past with drugs, and invitations to old friends. Thus, his family is the closest person. It is necessary to pay attention to the behavior of ex-residents so that ex-residents are really monitored and really able to maintain conditions that are clean from drugs. The role of the family as the closest person to the former resident and his environment, has an important role in supporting the former resident to remain in normal condition after rehabilitation.

Relapse or relapse after rehabilitation is a major challenge for individuals who have completed a recovery program from drug abuse. This state is often caused by emotional distress such as frustration, depression, low self-esteem, and encouragement from old friends. Research supports that a holistic approach and continuous monitoring can play an important role in preventing relapses.

1. The causes of relapse and the management of stress, frustration, depression, and other emotional factors are common causes of relapses. Studies show that stress management and psychosocial therapy can help individuals develop better coping mechanisms, thereby reducing the risk of relapse (Tri Utami et al., 2021).
2. The role of continuous monitoring and support with regular monitoring and communication with ex-residents through home visits or telephone contact is effective in preventing relapse. Research highlights that this ongoing interaction helps identify potential problems early on and provides the necessary emotional support (Herawati & Rizkillah, 2022).
3. The role of the family in supporting recovery, the family as the immediate environment has an important role in monitoring the behavior of ex-residents. Family involvement in rehabilitation has been shown to increase recovery success and reduce the likelihood of relapse. Family support provides significant emotional and social stability to help ex-residents cope with environmental pressures (Nugraha, 2023).
4. The importance of education and social reinforcement, family education about the signs of relapse and how to support ex-residents emotionally is essential. Socialization and educational sessions with families and communities also help raise awareness about the importance of support for recovering individuals (Maisunah, 2021).

Relapse is a significant challenge in drug rehabilitation, but a structured approach through continuous monitoring, family involvement, and education can minimize these risks. The role of families and rehabilitation officers in creating a supportive environment is crucial to ensure that ex-residents

remain clean from drugs. This strategy is consistent with evidence-based best practices in the latest scientific literature.

As a result of the handling of social rehabilitation carried out by PRCh for drug abusers, from 2018 to 2020 the number of residents decreased both inpatient and outpatient. This is related to the budget obtained by PRCh depending on the amount of budget given by the donor, not based on the number of tamping capacities from the PRCh. In addition, it is estimated that the number of drug abusers in the PRCh service coverage area has decreased due to the active implementation of counseling both by government institutions and by the community. The number of inpatient residents in 2018 amounted to 257 people, most of the former residents (64.2 percent) managed to break free from drug dependence, even got a job or returned to work and some returned to school. The rest (35.8 percent) still experienced relapse after rehabilitation. Likewise with outpatient residents totaling 76 people, most of the former residents (98.68 percent) have worked, returned to work and some have returned to school, only a few former residents (1.32 percent) have experienced relapses. In 2019, the number of inpatient residents amounted to 102 people and outpatient residents amounted to 200 people. The number of ex-residents who experienced relapse in inpatient residents was only 0.98 percent, while in ex-residents on outpatient outpatient there were no ex-residents who experienced relapse. All former residents who return to their families, get jobs or return to work and return to school. The results of the handling of drug abusers in 2020 showed that there were no ex-residents who experienced relapse, both in outpatient and inpatient ex-residents. All ex-residents return to work or get a job according to the type of skills provided or according to the job position that is in demand or needed by the employer. This shows that PRCh has an important role in the implementation of social rehabilitation for drug abusers, this can be seen from the results of the implementation of social rehabilitation which shows that most of the former residents of inpatient and outpatient treatment have succeeded in separating from drug abuse. Then in the recruitment of drug abusers, they take advantage of former residents who understand areas that are prone to drug abuse, and with *viral getok* which is considered more efficient in reaching drug abusers to carry out social rehabilitation in PRCh. The number of drug abusers is one of them because of the friend factor and the availability of drugs to be consumed, and former residents understand this because they have experienced it.

Data shows that the results of social rehabilitation handled by PRCh during 2018 to 2020 have decreased the number of residents. This is related to the reduction of the budget and the increase in the effectiveness of

extension programs by various parties. This decline is relevant to the literature that highlights the effectiveness of social rehabilitation and counseling in reducing the prevalence of drug abuse. The effectiveness of social rehabilitation, social rehabilitation has been proven to be able to reduce the rate of drug abuse. The role of counseling in prevention, intensive counseling by government agencies and the community has a positive impact in increasing awareness of the dangers of drugs. Effective counseling can strengthen individual resistance to negative environmental influences, as outlined in a study by (Nugraha, 2023), which mentions the importance of community education as a preventive effort. The synergy of community programs, community-based approaches, such as counseling and social engagement, advises effective collective behavior change in reducing drug abuse. Studies show that community integration with rehabilitation programs accelerates the recovery process and lowers the risk of relapse (Tri Utami et al., 2021). The reduction in the number of residents involved in PRCh social rehabilitation reflects the positive impact of increasing the effectiveness of rehabilitation and counseling. Budget factors do affect service capacity, but the success of counseling and community support is the main key in preventing drug abuse in a sustainable manner. This strategy is in line with scientific findings that emphasize the importance of integrated social rehabilitation with community counseling.

The source of funds for the operation of social rehabilitation activities, obtained from the Ministry of Social Affairs of the Republic of Indonesia, is used for inpatient and outpatient resident costs for residents who cannot afford it, while for economically able residents, PRCh receives rehabilitation costs according to their ability. This approach is relevant in ensuring the sustainability of services while reaching vulnerable groups in need of rehabilitation help. Blended funding and service sustainability model, this blended funding model is in line with the concept of social service sustainability, where the government provides subsidies to vulnerable groups, while the contribution of service users who are able to help cover the shortfall in operational costs. According to research, a combination of public funding and user participation is an effective strategy to ensure the sustainability of social services in the health and rehabilitation sector (Mashur et al., 2022). The effectiveness of budget allocation in the social context, budget allocation by the government and donors directed to groups is not able to reflect the appropriate allocation of resources. In other case studies of social program management, the involvement of stakeholders in supporting operational needs through a collaboration-based approach shows a positive impact on the welfare of vulnerable communities. Implications for rehabilitation

sustainability, this approach also allows institutions like PRCh to balance social missions with economic sustainability. Studies on the dynamics of funding in the social sector stated that strategies involving user contributions increased individual sense of responsibility, while government subsidies ensured accessibility for the underprivileged (Tri Utami et al., 2021). The social rehabilitation funding model implemented by PRCh reflects evidence-based practices to ensure service sustainability and accessibility. This strategy is scientifically relevant because it supports a balance between social responsibility and financial sustainability, thus allowing rehabilitation services to reach more individuals in need.

Reference

- Alifya, N., & Michiko Mamesah. (2022). Pengaruh Stigma Masyarakat Terhadap Pembentukan Konsep Diri Remaja Penyalahgunaan Narkoba di Yayasan Bersama Kita Pulih (BESAKIH). *INSIGHT: Jurnal Bimbingan Konseling*, 10(1). <https://doi.org/10.21009/insight.101.08>
- Aotama, F. F., & Mandome, A. A. (2020). STRATEGI KOMUNIKASI KESEHATAN BAGI TINGKAT KEPATUHAN PASIEN INSTALASI REHABILITASI MEDIK RSUP PROF. KANDOU MANADO. *Komunikologi: Jurnal Pengembangan Ilmu Komunikasi Dan Sosial*, 4(2). <https://doi.org/10.30829/komunikologi.v4i2.8406>
- Arafat, S., Rawe, A. S., Syariah, N., & Abdullah, A. N. (2021). PENGABDIAN MASYARAKAT GERAKAN BAKTI SOSIAL PENYEMPROTAN DISINFEKTAN DAN BERBAGI PAKET SANTUNAN PEDULI COVID-19 DI PONDOK PASENTRAN BUKIT TENGGORAK NDAO KABUPATEN ENDE FLORES. *SELAPARANG Jurnal Pengabdian Masyarakat Berkemajuan*, 4(3). <https://doi.org/10.31764/jpmb.v4i3.4918>
- Citra, A., Triana, A., Sonia, G., & Humaedi, S. (2021). Peran Pekerja Sosial dalam Penerapan Therapeutic Community. *Focus: Jurnal Pekerjaan Sosial*, 3(2). <https://doi.org/10.24198/focus.v3i2.31851>
- Endah Sulistyawati, E. Y., Rismaya, R., Radiansyah, M. R., Hakiki, D. N., & Fauziyyah, A. (2023). PENINGKATAN PENGETAHUAN DAN KETERAMPILAN KADER POS BINAAN TERPADU (POBINDU) DALAM PRODUKSI MAKANAN SEHAT BERBASIS LABU KUNING UNTUK PARA LANSIA. *Diseminasi: Jurnal Pengabdian Kepada Masyarakat*, 5(2). <https://doi.org/10.33830/diseminasiabdimas.v5i2.6182>
- Fahroji, M. F., Hakim, L., Gulo, P. A. A., Sunardi, N., & Hasmanto, B. (2021). Sosialisasi Efektifitas Manajemen Sumber Daya Manusia Pada Yayasan Pembangunan Masyarakat Sejahtera (YPMS) Pamulang Tangerang Selatan. *Jurnal PADMA: Pengabdian Dharma Masyarakat*, 1(3). <https://doi.org/10.32493/jpdm.v1i3.11429>
- Folandra, D. (2020). AKTIVITAS SOSIAL KEAGAMAAN SANTRI YAYASAN AMAL SALEH AIR TAWAR BARAT KOTA PADANG. *Potret Pemikiran*, 24(1). <https://doi.org/10.30984/pp.v24i1.1045>
- Haerianti, H. (2023). Pengembangan Komunitas Petani Padi Pada Program Water Resources Irrigation Sector Management Project (WISMP) di Kabupaten Luwu. *Jurnal Ilmiah Ecosystem*, 23(1). <https://doi.org/10.35965/eco.v23i1.2500>

- Hendrawati, H., Amira, I., Maulana, I., Senjaya, S., & Rosidin, U. (2023). Peranan Keluarga dan Masyarakat pada Odgj (Orang dengan Gangguan Jiwa). *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 6(2). <https://doi.org/10.33024/jkpm.v6i2.8313>
- Herawati, & Rizkillah, R. (2022). PENGARUH STRES DAN DUKUNGAN SOSIAL TERHADAP KESEJAHTERAAN SUBJEKTIF PADA KELUARGA AYAH TUNGGAL SELAMA PANDEMI COVID-19. *JKKP (Jurnal Kesejahteraan Keluarga Dan Pendidikan)*, 9(02). <https://doi.org/10.21009/jkkp.092.03>
- Junedi, B., Mahuda, I., & Kusuma, J. W. (2020). Optimalisasi keterampilan pembelajaran abad 21 dalam proses pembelajaran pada Guru MTs Massaratul Mut'allimin Banten. *Transformasi: Jurnal Pengabdian Masyarakat*, 16(1). <https://doi.org/10.20414/transformasi.v16i1.1963>
- Kristian, A., Chandra, T. Y., & Ismed, M. (2022). Penerapan Sanksi Rehabilitasi Terhadap Anak Penyalahguna Narkotika Dalam Sistem Peradilan Pidana Anak. *SALAM: Jurnal Sosial Dan Budaya Syar-i*, 9(5). <https://doi.org/10.15408/sjsbs.v9i5.27636>
- Lette, A. R. L. (2020). JUMLAH DAN KEBUTUHAN SUMBER DAYA MANUSIA KESEHATAN DI FASILITAS KESEHATAN KOTA KUPANG. *Jurnal Publikasi Kesehatan Masyarakat Indonesia*, 7(2). <https://doi.org/10.20527/jpkmi.v7i2.9602>
- Luthfa, I., Susanto, H., & Hasna, M. Y. (2021). Terapi Reminiscence Sebagai Upaya Meningkatkan Kepuasan Hidup Lansia Di Rumah Pelayanan Sosial Pucang Gading Semarang. *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 4(3).
- Maisunah, M. (2021). Layanan Bimbingan Kelompok Teknik Sosiodrama untuk Meningkatkan Keterampilan Komunikasi Siswa. *Edu Consilium: Jurnal Bimbingan Dan Konseling Pendidikan Islam*, 2(1). <https://doi.org/10.19105/ec.v2i1.4257>
- Mashur, M., Hunaepi, H., & Subagio, S. (2022). Bimbingan Teknis Pengolahan Jerami Padi Menjadi Pakan Sapi Potong pada Musim Kemarau di Lahan Kering. *Lumbung Inovasi: Jurnal Pengabdian Kepada Masyarakat*, 7(2). <https://doi.org/10.36312/linov.v7i2.712>
- Masithoh, A. R., Kulsum, U., Parastuti, F., & Widiowati, I. (2022). HUBUNGAN INTERAKSI SOSIAL DAN FUNGSI KELUARGA DENGAN KUALITAS HIDUP PADA LANSIA DI POSYANDU SEROJA DESA SAMBIYAN REMBANG. *Jurnal Ilmu Keperawatan*

Dan Kebidanan, 13(1). <https://doi.org/10.26751/jikk.v13i1.1320>

- Miarsa, F. R. D., & Hazir, C. A. (2021). RECHTSVACUUM ATAS PENGATURAN KEKUASAAN PEMBINA YAYASAN. *Jurnal Muara Ilmu Sosial, Humaniora, Dan Seni*, 5(2). <https://doi.org/10.24912/jmishumsen.v5i2.9268.2021>
- Nazri, A. S. (2022). Penglibatan dan Sumbangan NGO Malaysia dalam Isu Kemanusiaan Palestin: Aman Palestin Berhad. *Sains Insani*, 7(1). <https://doi.org/10.33102/sainsinsani.vol7no1.337>
- Nugraha, A. I. (2023). Tuntunan kebugaran khusus untuk pemulihan dari penyalahgunaan NAPZA. *Jurnal Pedagogi Olahraga Dan Kesehatan*, 4(2). <https://doi.org/10.21831/jpok.v4i2.20110>
- Petricka, G. (2021). MENINGKATKAN KAPASITAS LANSIA MELALUI PENYULUHAN MENGENAI GIZI SEIMBANG SEBAGAI UPAYA PREVENTIF KEJADIAN DIABETES MELLITUS DI PRAKTIK BIDAN BERSAMA CITRA LESTARI, KABUPATEN BOGOR. *Jurnal Pengabdian Masyarakat Kesehatan*, 7(3). <https://doi.org/10.33023/jjpm.v7i3.770>
- Rizki, S., Yusran, S., & Effendy, D. S. (2023). HUBUNGAN PENGETAHUAN IBU, SIKAP, BIMBINGAN KESEHATAN DAN DUKUNGAN SUAMI TERHADAP KUNJUNGAN ANAK USIA 0-59 BULAN KE POSYANDU DI KELURAHAN LANDONO KECAMATAN LANDONO KABUPATEN KONawe SELATAN TAHUN 2022. *Jurnal Gizi Dan Kesehatan Indonesia*, 4(1). <https://doi.org/10.37887/jgki.v4i1.43102>
- Sarah, N. N., & Waluyo, W. (2020). PENGARUH PENERAPAN POLA KOMUNIKASI ORGANISASI TERHADAP KINERJA PEGAWAI PADA PUSAT PENGEMBANGAN DAN PEMBERDAYAAN PENDIDIK DAN TENAGA KEPENDIDIKAN (P4TK) BISNIS & PARIWISATA JAKARTA. *Jurnal Sekretari Universitas Pamulang*, 7(2). <https://doi.org/10.32493/skr.v7i2.7033>
- Sari, F. M., Yusnadi, Y., & Samosir, H. E. (2023). Struktur Sosial Komunikasi Organisasi dalam Perspektif Klasik, Humanis, Integratif, dan Kontemporer. *Jurnal Ilmu Sosial Dan Ilmu Politik Malikussaleh (JSPM)*, 4(2). <https://doi.org/10.29103/jspm.v4i2.12415>
- Sari, R. M., Putri, M. D., & Yani, A. F. S. (2022). Bimbingan Teknis Pemanfaatan Portal Rumah Belajar bagi Guru Sekolah Dasar. *Bubungan Tinggi: Jurnal Pengabdian Masyarakat*, 4(3). <https://doi.org/10.20527/btjpm.v4i3.5694>
- Sualang, F. Y. (2023). Suatu Kajian Mengenai Keterkaitan Faktor-Faktor Pembentukan Karakter dalam Kitab Amsal. *HUPERETES: Jurnal Teologi Dan Pendidikan*

Kristen, 4(2). <https://doi.org/10.46817/huperetes.v4i2.171>

- Sudrajat, J., Jamaludin, J., Anshari, G. Z., Gusmayanti, E., Sawerah, S., & Jabbar, A. (2023). Analisis Keberhasilan Pengelolaan Hutan Mangrove: Kasus Rehabilitasi dan Konservasi oleh Komunitas Peduli Pesisir. *Buletin Ilmiah Marina Sosial Ekonomi Kelautan Dan Perikanan*, 9(1). <https://doi.org/10.15578/marina.v9i1.11845>
- Tade, R. (2023). Peran Kepemimpinan Ust. Kusnadi Ikhwan pada Perubahan Masjid Raya Al-Falah Sragen Jawa Tengah. *Al-Manaj: Jurnal Program Studi Manajemen Dakwah*, 3(01). <https://doi.org/10.56874/almanaj.v3i01.1212>
- Tri Utami, O. V., Wiguna, C., & Kusumawardani, D. M. (2021). Implementasi dan Pengukuran Pengalaman Pengguna Sistem Informasi Rehabilitasi Korban Penyalahgunaan Napza Menggunakan Heart Framework. *SISTEMASI*, 10(2). <https://doi.org/10.32520/stmsi.v10i2.1304>
- Wati, I. A. (2020). BIMBINGAN SPIRITUAL BERBASIS TERAPI LINGKUNGAN TERHADAP KORBAN NAPZA DI PANTI REHABILITASI PONDOK TETIRAH DZIKIR. *Hisbah: Jurnal Bimbingan Konseling Dan Dakwah Islam*, 16(2). <https://doi.org/10.14421/hisbah.2019.162-06>

CHAPTER IV

SOCIAL SUPPORT FROM VARIOUS SOURCES

4.1. Emotional Support and Family Encouragement

Providing and providing emotional support for a person with substance use disorder (SUD) is one of the most important tasks that a family is responsible for to help him or her in the addiction recovery process. To help the person with SUD stay motivated, steady, and confident in his or her dedication to the recovery goal itself. Although this family-centered approach has great benefits in medical rehabilitation of addictions to drugs (short for narcotics, psychotropics, other addictive substances) and alcohol, individual-centered programs remain the standard of service in addiction recovery. The term emotional support in the context of addiction recovery refers to the care and understanding offered by family members, friends, and experts in the field of mental health to individuals (Clarityapp, 2021). The purpose of emotional support is to help individuals in overcoming challenges associated with the recovery process of their addiction. Support can be provided in a variety of ways, such as listening or helping in activities of daily living. Having emotional support is especially important during the drug addiction recovery process because it can reduce feelings of isolation, empower people to take charge of their lives, and help them to feel less alone. In the process of building a solid foundation for addiction recovery, the provision of emotional support is one of the important elements that must be included in recovery. Facilitating the development of self-awareness and the acquisition of skills related to emotional maturity is the goal of emotional support in addiction rehabilitation (Christina Soliday, 2018). Those battling addiction often have a history of traumatic experiences or dysfunctional relationships, both of which negatively impact their ability to control their feelings and build healthy relationships with others.

In the context of employment, there are several ways that can be offered to individual employees who are in the process of recovery, to benefit from emotional support, such as Clarity (Clarityapp, 2021) the largest emotional wellness platform in India, as follows. First, for job providers, providing a safe space for those involved in drug use. Individuals who are in the process of recovery, are provided with a safe environment where they can examine their emotions and address challenging issues related to their addiction. Providing this emotional support makes it easier to achieve recovery goals. A safe environment can provide significant value to individuals facing recovery challenges, by helping them feel that they are being listened to, acknowledged, and supported as they go through the recovery process. Second, giving encouragement in modern times – with its contemporary society – is crucial in

the addiction recovery process. It is well known that in people who are undergoing the recovery process, the possibility of experiencing setbacks and difficulties in the process, is quite significant. This recovery process is not easy for them to go through, regardless of what means it is used. But clearly, the provision of emotional support can be a source of encouragement and inspiration, assisting individuals in maintaining their dedication to recovery, and staying focused on the goals they have set for themselves. Third, to facilitate the process of creating a coping strategy, it is necessary to apply it in the addiction recovery process. Individuals who are in the process of recovery may find that receiving emotional support is useful for their recovery. They may be able to develop coping skills with the help of this emotional support, which in turn allows them to be able to deal with any difficulties that may come their way. All of these are examples of activities that might fall into the category of adaptive coping mechanisms. Managing stress, overcoming its triggers, and preventing them from returning to old habits are examples of these activities. If individuals who are in the process of recovery can gain this ability with the help of emotional health support while they are in the process of recovery, they may feel a higher sense of confidence in their capacity to control addiction. Fourth, when a person accepts responsibility for his actions and transfers it to someone else, this is what is meant by providing accountability. Individuals recovering from addiction may benefit from emotional support, which can help them maintain accountability to their goals and commitments. This can be a powerful boost to their recovery process. It is impossible to stress the importance of this when it comes to individuals who are struggling with the urge or temptation to use drugs. It can also be significant when one is faced with the temptation of drug reuse. Individuals who are in the process of recovery can stay focused on their goals and prevent themselves from returning to previous behaviors when they have someone they can turn to for support and encouragement. This is because individuals who are recovering can stay focused on their goals. Lastly, it is necessary to improve the mental well-being of addicted individuals. Individuals who are in the process of recovery may realize that receiving help for emotional health can be useful for them. This has the potential to help individuals in overcoming the difficulties posed by addiction, over their mental health. By providing clients with hearing, affirmation, and encouragement, emotional health support from us, it can help individuals to reduce feelings of anxiety and depression, manage stress, and improve their overall mental health. This kind of support can help individuals in managing stress. Based on the understanding outlined above, to provide a solid foundation for people to build a fulfilling and healthy life while they are in the process of recovering from addiction, emotional support, is an important ingredient. Individuals can be assisted in maintaining the focus of attention on their goals and preventing relapse with the help of emotional health support. This support can be provided in the form of a safe environment, encouragement, coping skills, accountability, and the development of mental well-being. Creating a safe environment like this is a way to achieve emotional support goals. It is likely that receiving medication or treatment for emotional well-being can be a very beneficial resource on the road to recovery for a loved one who is battling addiction. They can

expect to benefit by receiving such emotional help.

There is an innovative idea that emotional support is manifested in the form of emotional intelligence, which was practically developed by Dr. Arnold M. Washton and Dr. Lori J. Washton, two psychologists in the field of clinical and addiction, Washton Group, New York, USA which refers to the way a person understands his sense of self and the feelings of others (Neil McKinnell, 2022). The role played by emotional intelligence in this addiction recovery process, in their view, starts from many addictions can be traced back to a time when people tried to escape or cope with unpleasant emotions. To avoid relapse and stay free from addiction in the long-term, developing emotional intelligence is important. To commence the process of medical and social rehabilitation, the first step is to become physically aware. Furthermore, to maintain long-term calm and recovery, it is necessary to cultivate emotional fortitude to deal with difficult feelings, and this is a contributing factor of addiction.

Addiction has a major impact on families, and for those in the process of overcoming addiction, family participation in treatment can reduce adverse effects and improve acceptance, completion, and treatment outcomes (Kourgiantakis & Ashcroft, 2018). Family members can provide emotional support in a variety of ways, including: 1) encouragement and positive reinforcement are two things that need to be given, 2) supporting and listening to requests for help when requests are made is an important part of providing support, and 3) assisting in developing and maintaining a supportive atmosphere for addiction recovery. Although this family-centered approach has great benefits in the treatment of addiction, individual-centered programs remain the standard of rehabilitation. Here are some common endeavours made to increase the effectiveness of emotional support that comes from family. Providing emotional support is one of the most important tasks that family members are responsible for to help the individual in recovery from addiction, as part of family responsibilities. This is very important in helping people stay motivated and steady, diligent, and sincere, as well as confident in their dedication to recovery goals. Although a family-centered approach has great benefits in addiction treatment, individual-centered programs remain the standard, with little research on the subject. According to the standard operational procedure of Clarity, India's largest emotional wellness platform, the term emotional support in the context of addiction recovery or rehabilitation refers to the care and understanding offered by family members, friends, and mental health experts to individuals (Clarityapp, 2021). The purpose of this support is to help individuals in overcoming challenges associated with the addiction treatment process. This support can be provided in a variety of ways, for example by listening or by offering help in daily activities. Having emotional support is especially important during the addiction recovery process as it reduces feelings of isolation, empowers people to take charge of their lives, and helps them feel less alone.

In the process of building a solid foundation for drug addiction recovery, the provision of emotional support is one of the important elements that must be

included. There are many ways for people who are recovering from addiction to benefit from getting support for their emotional health, including by referring to what Clarity offers as outlined above. First, stakeholders in addiction recovery need to provide a safe space for those involved in drug use. Individuals who are recovering from addiction are provided with a safe environment where they can examine their emotions and address challenging issues, related to their addiction. Providing this emotional support makes it easier to achieve recovery goals. This safe environment can provide significant value to individuals facing recovery challenges by helping them feel heard, acknowledged, and supported as they go through the recovery process. Second, giving encouragement in contemporary times like now is very important. It is common for people who are going through the addiction recovery process to experience setbacks and difficulties in the process. The recovery process is not easy to go through regardless of what means it is used. Nevertheless, the provision of emotional support can be a source of encouragement and inspiration, assisting individuals in maintaining their dedication to recovery and staying focused on the goals they have set for themselves. Third, to facilitate the process of making coping strategies, it is necessary to apply them in the addiction recovery process. Individuals who are recovering from addiction may find that receiving emotional support is useful for their recovery. They may be able to develop coping skills with the help of this support, which in turn allows them to be able to deal with any difficulties that may come their way. These are examples of activities that might fall into the category of adaptive coping mechanisms. Managing stress, overcoming its triggers, and preventing them from returning to old habits are examples of these activities. If individuals who are in the process of recovery can gain this ability with the help of emotional health support while they are in the process of recovery, they may feel a higher sense of confidence in their capacity to control their addiction. Fourth, when a person accepts responsibility for his actions and transfers it to someone else, this is what is meant by providing accountability. Individuals recovering from addiction may benefit from emotional support, which can help them maintain accountability to their goals and commitments. This can be a powerful boost to their recovery process. It is impossible to stress the importance of this when it comes to individuals who are struggling with the urge or temptation to use drugs. It may also become significant when a person is faced with temptation. Individuals who are in the process of recovery can stay focused on their goals and prevent themselves from returning to previous behaviors when they have someone they can turn to for support and encouragement. This is because individuals who are recovering can stay focused on their goals. Lastly, the need to improve the mental well-being of addicted individuals. Individuals who are in the process of recovery may realize that receiving help for emotional health can be useful to them. This has the potential to help individuals in overcoming the difficulties posed by addiction over their mental health. By giving clients hearing, affirmation, and encouragement, emotional health support can help individuals in reducing feelings of anxiety and depression, managing stress, and improving their overall mental health. In addition, this support can help the individual in managing his stress.

Based on this understanding, it can be succinctly concluded that to provide a solid foundation for people in building a fulfilling and healthy life while they are in the process of addiction recovery, emotional support is an important element in this recovery process. Individuals can be assisted in maintaining focus on their goals and preventing relapses with the help of emotional health support. Such support can be provided in the form of a safe environment, encouragement, coping skills, accountability, and the development of mental well-being. Creating a safe environment is the way to achieve this. It is possible that receiving medication or treatment for emotional well-being can be a very beneficial resource on the road to recovery for a loved one who is battling addiction. That is, we or they can benefit by receiving such emotional help. Thus, addiction has a major impact on families, and for those in the process of overcoming addiction, family participation in treatment can reduce adverse effects and improve acceptance, completion, and treatment outcomes (Kourgiantakis & Ashcroft, 2018). Family members can provide emotional support in a variety of ways, including encouragement and positive reinforcement are two things that need to be given, supporting and listening to requests for help when requests are made is an important part of providing support, and assisting in developing and maintaining a supportive atmosphere for addiction recovery. Although this family-centered approach has great benefits in the treatment of addiction, individual-centered programs remain the standard of rehabilitation. Here are some steps that need to be taken to increase the effectiveness of emotional support that comes from the family.

While there are many benefits associated with peer support, particularly when provided in group form, there are also some drawbacks and drawbacks associated with peer help in the recovery process from addiction. Peer support services, peer support groups, and peer support networks are all quite diverse from one another; Therefore, there is no guarantee that they will stick to the concepts that have been put forward before. It is currently being discussed whether there is a widely recognized quality mark; In reality, the existence of these indicators is still uncertain. Therefore, before actually taking part in a project, it helps you understand the basics and the process. On the other hand, that someone has experienced life circumstances comparable to others does not necessarily mean that they will "fit in" with them you or that they have tactics that the person considers useful. Since peer support is based on relationships, it is important to find individuals or groups that can make someone feel comfortable. There may be individuals who are forced to take part in projects and peer support initiatives to avoid secondary care or because of a lack of available resources. Therefore, peer support relationships cannot be started in this way because it is unfair if there is one person who does not want to be there at all from the beginning of the relationship.

In addition, even if they belong to peer support groups or initiatives, it is possible that some of them still need professional help and support. Therefore, it is more important to find ways to work together to create these relationships than to do everything without prior planning. Peer support can be used in conjunction with

other types of help, such as medication, therapy, and so on; However, deciding which option to use can be very difficult. People may also assume that there is so much going on in their lives that listening to other people's experiences is overwhelming and will make things more difficult for them. This is a common misconception. This worry cannot be simply ignored because this concern is natural. Consequently, some people prefer to receive help from their peers individually rather than receive help from groups. In addition, although some people are the same age, others have more valuable professional support. The most important element of peer support lies in maintaining a social network that supports and maintains abstinence from alcohol and drugs after rehabilitation. This is to make up for shortcomings like this. The power of positive peer influence needs to be harnessed in prevention, treatment, rehabilitation, and social reintegration activities to help individuals recovering from SUDs achieve and maintain harmony in their lives.

4.2. Family Encouragement

Any person, any family, or any location can be affected by addiction or SUD (Oasas Gov, n.d.). It affects twenty million people and their families each year, according to some reports. However, it can be difficult to care for, maintain a good relationship, and love someone who is battling addiction. Individuals who connect and support their loved ones on the journey to recovery can benefit from gaining knowledge about addiction, treatment, and recovery. Understanding these two things is very important when assisting a loved one in the recovery process because addiction is a brain disease and not a failure of moral character. To achieve long-term recovery, there are options. According to a publication in Psychology Today (Oasas Gov, n.d.) that recovery from addiction is not only possible, but also a common practice and not something unusual. Experts assert that recovery from addiction can be achieved and occurs frequently, not an extraordinary event. But the recovery process is not something that can be done easily. It is almost always inevitable that a relapse will occur, and the road to recovery is usually long and winding; However, this does not mean that the restoration has been completed. In practice, recurrence is one opponent of the process. Getting rid of cravings is something that can be achieved through the acquisition of coping techniques and abilities. Harnessing this ability not only helps the individual overcome his desire to continue using drugs but also fosters a sense of self-worth and a more positive outlook on life.

In supporting the recovery of someone suffering from an addiction, such as living together or being in a romantic relationship, there must be many challenges. By gaining knowledge about addiction, treatment, and recovery, we will be better equipped to sympathize with our loved ones and provide support as they commence their journey to recovery. To effectively support family members during recovery, it is important to fully understand the following (Oasas Gov, n.d.): (1) drug abuse does not signify a moral shortfall, but rather a neurological disorder, (2) there are other ways that can be investigated to achieve long-term sustained recovery, (3) none of these methods are wrong, and (4) the healing process varies from individual to individual. Therefore, progress in acquiring knowledge, maturing, and achieving goals is an

inseparable part of the human lifespan.

Although overcoming addiction is a challenging task, it can be made easier with the support of caring individuals, especially families. Having a support system that includes family members and close friends is very beneficial during the addiction treatment process. By utilizing this support structure, individuals can gain more encouragement, a sense of belonging and friendship, financial help, and several other advantages. The involvement of family members and loved ones in the lives of individuals battling addiction or other mental health illnesses is critical (Amanda Lautieri, 2024).

Individuals who consistently provide emotional help to family members grappling with addiction might be referred to as family support. Family support refers to the strong emotional bonds established between individuals who may not have a biological connection. When discussing recovery from addiction, the term "family" does not simply refer to the traditional nuclear family consisting of a mother, father, and son. The term "family" refers to a vast network of relatives, including parents, grandparents, aunts, uncles, cousins, and other individuals connected through kinship. Families can include those who, despite not having biological relationships, are considered selected members of the family. This may include guardians or close friends fulfilling selected family positions (Amanda Lautieri, 2024). When selecting a suitable candidate for family therapy, a counsellor or therapist usually asks about the client's kinship relationships and their basic principles. Furthermore, the person may be invited to participate in family therapy sessions. The existence of family support can directly affect a person's expectations, while the potential resilience of individuals can indirectly have a considerable impact. The existence of rejection, which is noticed by non-recurring and repetitive groups, has an important indirect influence on expectations through family support. However, the correlation between resilience and family support, as well as the relationship between resistance and hope, diminishes due to relapse. Based on these findings, it appears that interventions that prioritize resistance can be a successful method to foster hope in individuals in China facing substance abuse disorders (Cai & Wang, 2022).

Recovery from addiction is not a universally applicable process; there is no single approach that can be applied to all addicts. On the other hand, help from family can be an important factor in successful recovery from addiction. During their loved one's journey through the addiction treatment process, families could give their loved one an ear of understanding, support in practical matters, and another ear to listen to. In addition, families have the option of seeking addiction recovery support groups to engage in conversations with other families experiencing similar situations. Ultimately, recovering from addiction is a very profitable investment for the whole family, although sometimes challenging. Family support is essential in the process of overcoming addiction because it provides help, help, and empathy to individuals undergoing recovery. Therefore, the importance of family and community recovery capital in recovery is not surprising.

In this regard, there are three ways in which family involvement can speed up

the healing process, and family involvement can be an important source of strength for loved ones (Ashley Addiction Treatment, 2022). First, the family is an ecosystem that provides secure and seamless communication. As family members adopt new communication tactics, they commence to realize the importance of keeping communication channels open. Families benefit if their loved ones are in a supportive environment where they can openly discuss their problems and achievements during rehabilitation. Secondly, family is a great source of motivation. Family members are very important in supporting loved ones during their recovery. Family members show care and help by helping loved ones maintain a positive attitude in the face of adversity. Third, that the first year of recovery is a very vulnerable period with a high probability of recurrence after therapy is one of the most important factors in ensuring accountability. Rehabilitated individuals take ownership of their behaviour and make a conscious effort not to disappoint their families as well as themselves.

There is no quick and simple way to ensure someone recovers from addiction; however, there are four pillars of recovery that help support this process in the long run. Without a proper basis for recovery, it will be more difficult to guarantee a person's ability to withstand drug abuse in the future. There are four pillars of recovery introduced by the Substance Abuse and Mental Health Services Administration (SAMHSA) (Melissa Carmona, 2022), namely health, community, purpose, and home. The need for long-term health insurance, since rehabilitation is more focused on addiction control; At the same time ensuring long-term health is not just about stopping taking drugs and alcohol; It is more than just refraining from drug abuse, so it requires effective addiction management and addressing some aspects of health in the long run. The need to create a meaningful life, a feeling of usefulness in life strongly advises a person to focus and get satisfaction beyond the appeal of drugs and alcohol. The purpose of this use can be realized in a job or educational effort that satisfies people who have drugs. It can also involve artistic activities, responsibilities as a caregiver, or volunteering. The need to build relationships within a community means that everyone should feel the importance of being part of a community. When someone is struggling with mental and physical health, having a community becomes even more important. A person will be able to get the support they need to maintain a lasting peace, especially when the person moves into a healthy place with family members and a group of friends.

4.3. Family and Responsibility to Maintain Connectedness

In addition, the family also plays a role in maintaining healthy connectedness, which in this way can bid physical, mental, emotional, social, and support for addiction recovery. Strong people-to-people relationships result in things like finding common interests, smiling and cheerfully together, sharing and understanding each other's emotional challenges, celebrating together, worshiping religious orders, thus feeling comforted by each other. Thus, this connectedness or connection helps addiction recovery. Through participation in support groups, family members can help those in recovery to engender a sense of belonging to the larger community. This can be achieved by establishing relationships with family in a broad sense. These institutions

can foster a sense of community and connection, in addition to providing useful help. Families can also develop relationships with a variety of addiction rehabilitation options in their area. Such possibilities include what are known as 12-Step Programs or addiction recovery centers that are common in developed countries such as the US. This is what hopefully can make people feel connected and supportive of others who are concentrating on coping with their addiction recovery. In dealing with communication problems in the family unit during the addiction recovery process, tacit knowledge and explicit knowledge say that there is no more effective opponent in helping addiction recovery than improving communication itself but must be accompanied by high commitment and care and accompanied by patience and laughter, sincerity, and perseverance accompanied by diligent endeavours.

There are several helpful strategies to help improve the intensity and quality of communication, including those offered by Katie Phillips, a trauma therapist from Cura South, Guardian Recovery Network, which is accredited and recognized nationally in the United States (Krystina Murray, 2023) as outlined below. First, implement active listening methods. What is meant is that family members or relatives should listen to their loved ones without interrupting or drawing conclusions from what they say to us as the party listening to his complaints. This allows the individual to communicate his emotions without fear of being criticized, refuted, blamed, or even humiliated. It is recommended that family members use the term "I" instead of the "you" statement, this is to avoid potential problems at the family level. Instead of saying "You never listen to me," for example, family members can say more wisely and tactfully like, "I don't feel heard when I talk to you." A person who is addicted can have feelings of defensiveness or guilt, especially if blamed or humiliated. So, it is important to avoid doing so, rather divert the attention of the conversation to things that can help the person concerned to recover.

Second, establishing 'borders', meaning that healthy relationships require 'borders' to be established so that family relationships remain intact and well maintained. For this reason, it is important for family members to convey their borders clearly and politely and obey them. Third, seek help from competent experts, because family therapy helps overcome communication problems in addiction treatment programs. To strengthen communication and obtain coping methods, family members can seek professional help to avoid missteps. Fourth, families have the potential to make a substantial contribution to the positive outcomes of treatment in the context of addiction recovery, by improving communication and fostering a supportive atmosphere.

1. Reaching out

A person who is in the process of recovering from addiction needs meaningful help from his family members. This support could include help finding the right addiction treatment program, connecting them with resources that bid recovery support, or helping to stay accountable for their recovery goals. Families can also help with tasks such as shopping for daily necessities, preparing meals, and doing laundry. With practical help like this, those who are helped can concentrate more on their recovery without being distracted by activities that are

an integral part of daily life.

Help in addiction recovery is very necessary because the road to drug addiction recovery starts from the patient's or client's awareness of the need for professional help. Once the person admits that there is a problem, the support system will decide what else needs to be done to help the person battle the addiction. In this regard, social rehabilitation programs are considered the most effective type of treatment among the various recovery programs offered. Many rehabilitation facilities provide round-the-clock help where programs and activities support the creation of long-term calm. Some specific examples of forms of help that are practically useful: 1) help in the process of establishing and maintaining daily routine activities; 2) help carry out household chores and chores; 3) provide transportation to meetings related to addiction rehabilitation; and 4) provide financial help to meet rehabilitation-related needs.

The role of the family in aiding the addiction recovery process, described by Krystina Murray, Addiction Center (Krystina Murray, 2023) as follows. First, the 'guiding light' in an addicted family system is the savior or hero, where family members save or become heroes. Secondly, as a 'mascot' where individuals provide relief to families who are experiencing a lot of stress due to their circumstances. Third, both outwardly and mentally as prodigal children are children who are lost and in the wrong place and are likened to children who are alone and in a "cocoon". Fourth, as a 'scapegoat' by referring to the person in the family who is blamed for the negative event. Fifth, as an enabler, which is a person who activates, stores, or provides care. Enablers protect addicted individuals by justifying their actions. The enabler does not have the will or ability to impose responsibility on the addicted individual for his or her behavior.

2. Restoration is personal growth

Family members can devote themselves to those who are in the process of recovering from addiction by opening their ears wide and preparing to listen to the outpouring of hearts and complaints of drug addicts. This can be achieved by being there to provide support and encouragement, listening without order, and providing perspective or feedback when requested. Sitting and listening to people who are recovering from addiction can often help the recovery process succeed. In some cases, it is often enough to let someone know they are being listened to make them feel better about themselves and to build new bridges of trust and respect between the person in recovery or rehabilitation and others.

4.4. Challenges Faced by Families in the Recovery Process

Recovery from addiction can be difficult for the person experiencing it and for their family members. Gaining this understanding is crucial to realizing that the road to addiction recovery is full of ups and downs. During the healing process, families may face a variety of challenges, some of which are listed here for easy reference. A systematic review of qualitative research findings identifies the following complex issues facing families affected by drug addiction existing financial, social, cultural, mental, and physical health issues that require investigation by experts in this field

before taking the necessary action (Mardani et al., 2023). The challenges faced by families in the process of recovering from addiction are generally described below.

1. Difficulty in communicating

In the process of recovering from addiction, one of the challenges commonly faced by families is difficulty talking to each other. Addictions, emotions of guilt and shame, and communication disorders in the past are some of the influencing factors that can lead to the development of this condition. In rebuilding bonds and communication in the family, the most important thing to consider is to be patient and try (put trust), realizing that this recovery process may take a long time.

Attending addiction treatment support group activity sessions together can be one way to support the first step toward relationship recovery. Families have the opportunity to gain knowledge from those who have gone through similar experiences, and this can be a safe setting or environment to start a conversation about addiction and recovery.

2. Accepting mistakes and insults

Despite their best endeavours, families must overcome a major obstacle when supporting their members through the addiction recovery process the inability to overcome feelings of guilt and shame in front of others. This is usually due to shame related to the addiction itself, in addition to the individual's perception that they may have taken action to prevent the onset of the addiction. However, families should realize that addiction is a disease and there is no one to blame for the addiction experienced by family members. Families can overcome this by attending programs offered by general and specialized hospitals, addiction treatment facilities, and religious institutions. These three resources include support groups and group therapy for families recovering from addiction.

In the process of recovering from addiction, it is important to be cognizant of the risks associated with 'feelings of shame' and 'feelings of guilt'. If someone allows themselves to drown in feelings of guilt, it is almost certain that they will feel ashamed. This shame not only causes deeper wounds than guilt, but also has the potential to cause significant harm to the individual who experiences it. When a person allows themselves to be overwhelmed with feelings of guilt and shame toward themselves, they may commence to believe that they deserve bad feelings about themselves. In the terminate, they punish themselves for the things they do when they are addicted, and this is of no use to them or those around them, it can actually harm them. What and what are strategies to break the cycle of 'guilt' and 'shame' in the addiction recovery process? It is not an easy task to break the cycle of 'guilt' and 'shame' that is usually expressed during the recovery process from addiction. This is because this cycle often appears in everyday life (Clint Mally, 2019) as outlined below.

First, it is important to realize and unconditionally acknowledge that 'guilt' and 'shame' are really unproductive. It's tempting to be overly judgmental about yourself and the things someone does when they're not clean when they're going through the recovery process from an active addiction. Indeed, no one should feel guilty or ashamed, and should not allow this emotion to continue to exist within

them because it will only cause him pain. Second, find out if the door to forgiveness is open and available. No one is perfect. A person who has decided to change lives and fight addiction requires tremendous courage from himself. To keep going back and forth through the healing process, they should express remorse and apologize from the person they have hurt. If someone has made every effort to apologize and overcome the impact of their actions, even if they cannot forgive immediately, this person has achieved all that they can do. Third, one must let go of the things they cannot manage. Unless one's self is the only person he can know and can fully control, that is, himself. One of the many things that is beyond a person's control and cannot be changed or improved is that person's history. They cannot change or modify it. They can't make significant changes or modifications to many things. Sticking to the things they did while they were still active addicts, guilt for hurting others, or shame from addiction will not help a person's rehabilitation; On the contrary, it will only make a person fall further behind in his recovery. To make progress in overcoming addiction, the first important step is to let go of things that happened in the past. Finally, open opportunities exist and exist in a person to forgive themselves. Mastering discipline by forgiving yourself is a process that takes time. When people overthink things they've done in the past, they're not doing them any good, and they're not accomplishing anything useful. Being one's choice for the present is an important one's choice, regardless of one's past.

3. Financial burden to pay for treatment

Addiction treatment can be very expensive, and many families may experience financial difficulties. Obtaining financial help for recovery can be done in a variety of ways, including through health insurance or compensation options based on an adjustable scale. For low-income families, making money is even more difficult. In addition, families need to understand that the costs associated with addiction recovery are, in the long run, worth it. It is possible that investing in addiction therapy will result in a healthier and more enjoyable life for the whole family.

4. The vague setting of the boundaries of noble endeavour

One of the most important aspects a family can do in the process of recovering from drug addiction is setting boundaries about noble endeavours in assisting the recovery process. This may involve limiting the way they communicate, such as eliminating the ability to make phone calls after certain hours or allowing visits only at certain scheduled times at certain hospitals or social rehabilitation centers. In addition, families may need to set financial boundaries, such as not lending money or compensating only for costs associated with addiction treatment. This may be due to several reasons, such as concerns that the money is not being used to support rehabilitation or recovery but is being used to buy medicines.

While it's difficult to set boundaries, it's important to consider what will benefit families whose members are in the process of long-term recovery. Therefore, families should be able to ensure that they clarify their limits on individuals who are recovering from drug addiction. This will prevent misunderstandings or

confusion that may arise as a result of the situation.

4.5. The Role of Peer Support in Reintegration

Everyone can follow a variety of paths and patterns in their lives as a result of the choices they individually make. The problem is that there are wrong decisions made in this life that give rise to challenging and high-risk situations. Regardless of the development of the number of people suffering from drug abuse disorders, their existence must receive serious attention so that they can recover soon. The provision of equipment and the creation of conditions that promote reintegration for individuals who have recovered or who are still recovering from addiction are the most important things in their lives. Such individuals, just like other citizens, are entitled to decent work, but must be accompanied by the fulfilment of needing work appropriate to their current stage of life. They not only need the help of a professional counsellor but should also work to improve their quality of life, improve their physical appearance, improve their communication skills and confidence.

On the other hand, existing social structures and reactions also require the ability to be able to bid a support mechanism tailored to meet the specific needs of everyone. On the other hand, society becomes one of the most decisive actors in the process of reintegration of those who have completed following recovery, considering that social responses to reintegration assume the existence of contact or communication with the aim of being incorporated into the social structure of society. In other words, successful reintegration into the workplace depends largely on community involvement and participation. After all, community awareness, care, and recognition are just some of the factors that influence the reintegration process. There are many other unidentified factors that need to be investigated through research.

More especially, in the field of mental health, for example, peer support (equivalent or peers) is becoming increasingly important as a potentially helpful means of helping individuals struggling with mental health issues and/or addiction to alcohol and drugs (Lammers et al., 2023). Although it has been examined from a historical point of view of behavioural health, peer support has been thoroughly documented. Within this field, some informal job roles are not compensated, while a growing number of paid formal job roles concentrate on professional intervention, health promotion, and addiction prevention. The SAMHSA provides an introductory explanation of peer support (Samhsa, 2015). Peer support is a framework that allows individuals to exchange and receive non-clinical help based on shared experience, accountability, and collaboration. Peer support is an approach often used by specialists to help individuals struggling with mental health issues. Challenges include drug addiction, chronic illness, homelessness, physical health problems, and the need for help in finding a job. Empirical research that establishes a link between peer care and behavioural health outcomes is particularly beneficial for individuals in the process of recovery, as the research is comparable to or even superior to services provided by non-peer professionals. Peer support refers to the act of offering and receiving help from individuals facing similar circumstances as those affected by SUD to cope with challenges related to drug and alcohol abuse, as well as mental health

issues (Tracy & Wallace, 2016). Peer support is a non-professional and non-clinical practice. The effectiveness of this peer support has not been tested empirically comprehensively, nor has it been separated as a specific intervention opponent so that it can be evaluated separately. However, it is still difficult to evaluate the effectiveness of this peer support.

When it comes to long-term rehabilitation of mental health problems, alcohol dependence, and drug dependence, another definition of the phrase "peer support" is the process of giving and receiving help from those experiencing symptoms or circumstances comparable to a person's condition or circumstances (Tracy & Wallace, 2016). Although this is the action, there are still many different ways to treat and recover addiction today. Some of these methods include the 12-Step Program, Community Therapeutics, and Community Reinforcement Approaches, all of which have shown they rely on peer support throughout their personal history. People who have experienced similar situations and successfully overcome SUD are people who provide each other with help, motivation, and direction through a process of peer support. This form of help is based on the idea that people who have gone through similar experiences with each other can connect in ways that others cannot achieve (Stephanie Catalano, 2023).

Therefore, the Community Reintegration Program (CRA) is one alternative solution that is commonly known in the community to help social reintegration of individuals who have drug addiction disorders. The CRA has provided evidence showing the invaluable importance of social roles in the process of maintaining resistance to subsequent drug use. The Community Resource Association (CRA) serves as a platform for peer relationship development that provides financial support and other forms of encouragement. To help individuals and families in recovering from the effects of drug abuse, the CRA program was developed. Although members of peer support groups typically lack the understanding necessary to cope with mental illness or high-risk illnesses, it is possible that such groups can be a very helpful complement in the treatment of people struggling with substance abuse disorders. Nevertheless, these groups, in most cases, cannot serve as a substitute for official therapy or direct therapeutic supervision.

Returning to the topic of peer support, it is important to deed that this support can be provided in a variety of ways, such as through face-to-face meetings, group meetings, monitoring, and 12-Step Programs. In addition, the act of sharing personal experiences, offering emotional support, and providing very useful practical advice are examples of what can be included in peer support. Interaction between peers in a group usually consists of sharing personal narratives, investigating challenges, giving constructive criticism, and encouragement from others. In addition, it is possible to implement it in the form of a text-based support community, a telephone support service, or a text-based help desk. This increases accessibility for individuals who may have difficulty in attending face-to-face meetings. Answering the phone when someone who is battling addiction calls you is another example of how peer support can be that easy. Even if the call is made to ask for financial help, the individual

receiving it should pay close attention to what they are saying and listen carefully. This is because the call is part of a persuasive approach intended to support an effective recovery in the long-term.

It is hoped that those who are interested will more easily face feelings of guilt and social rejection that are often associated with addiction because of this source of information that contains practical knowledge. Peer support is an approach that has proven to be quite effective in fostering a sense of belonging and community in a group that is in the process of recovery. Because it helps build a sense of hope and motivation, it can be beneficial for individuals who are recovering from addiction, undergoing rehabilitation, or even reintegrating into society. People can gain knowledge from each other and exchange experiences, regardless of usefulness, in a safe and uncritical environment.

A broad approach and combining services such as individual counselling, case management, and peer support groups have become highly effective and empowering methods for managing the social context of health issues in the areas of drug abuse and mental health. In recent years, this strategy has grown in popularity. In addiction treatment, the shift from biopsychosocial approaches to continuous recovery management techniques has resulted in the development of peer support services to break the chain of addiction over time.

When it comes to peer support in reintegration, two things are quite important. On the one hand, there is help from individuals who seek to reintegrate into society. On the other hand, there is prevention of the behaviour of people who try to escape from those who struggle to regulate drug use. Based on its categorization, individuals who experience addiction, especially those who are dependent on drugs, have a higher vulnerability to socioeconomic challenges than most people affected by addiction. This applies to drug-dependent individuals. About this, there are several important elements that can facilitate the successful reintegration of a person, such as the accessibility of education, employment, housing and health services. Current evidence suggests that there is a tendency in society to subtly distract drug users by making it harder for them to get the help they need. Implicitly, this marginalizes individuals who engage in drug abuse, despite having overcome their addiction. In reintegration, this is the most difficult obstacle for individuals who have successfully completed the recovery process from addiction.

4.6. Community Support for Social Functions

A group of people or families who are geographically close together and have similar values, norms, interests, services, help, mutual help, and institutions, is called a community. A community can be broadly defined as a collection of individuals who share diverse characteristics and are linked by social relationships. They share similar perspectives and actively participate in collaborative actions within a particular location or geographic environment (MacQueen et al., 2001). Different participants in the local community showed different levels of interest in different aspects of the definition, and each participant's level of interest differed from one another. The experiences of people from different backgrounds with these communities vary

widely, although the methods used to build those communities are similar.

For long-term recovery from addiction, the process of giving and receiving non-professional and non-clinical help to individuals experiencing similar events or conditions is called peer support (Tracy & Wallace, 2016). Peer support is an act of giving and getting help from non-professionals. In contrast, peer support is usually considered an integral part of a particular intervention and tested extensively through experimentation, making it difficult to determine the individual impact of the intervention. In recent years, there has been a significant increase in the use of alternative forms of peer support services to help individuals recover from drug use patterns. Some recovery organizations have taken advantage of most of these services.

The provision of equal support in addiction recovery is becoming increasingly popular as it is offered through a variety of means. However, due to the limited number of individual studies on the subject, it is difficult to determine the exact outcome of such interventions. Equivalent support services, both individually and in groups, are usually combined with the main type of therapy carried out in an integrated and synergistic manner, so these combined results are difficult to interpret separately or partially. In other words, the results of these interventions are unique and not selective.

1. A Moral Approach to Addiction Recovery

Throughout human history, we have sought to understand the concept of drug use and the specific factors that contribute to a person's susceptibility to drug addiction. Drug use has been the subject of many hypotheses generated throughout history to give us an explanation. Some ideas are modelled to help us define a problem or situation so that it is easier for us to understand it. The classification of subsequent models exerts a major influence on substance abuse legislation and treatment programs. These models influence our approach to dealing with individuals who use narcotics and psychotropic drugs. It is possible that we will find that it is easier to connect with certain people compared to others. After reviewing various treatment models for drug addiction, it becomes clear that there are diverse approaches. This shows the increasingly progressive public concern for the rehabilitation of individuals with SUD. At the same time, the report also highlights the challenges associated with the treatment of individuals with the disorder. It is possible that other models will emerge along with the complexity of drug abuse in society. The models have been identified by Evoke Wellness, an advanced addiction and mental health treatment centre in the U.S. that provides safe travel programs to sobriety (Neil McKinnell, 2022) that generally follow seven commonly practiced models.

First, the Disease Model of Addiction. When examining addiction, most treatment facilities in the United States use this disease model as their primary framework. Second, the moral model of addiction. According to the moral model of addiction, character flaws and innate weaknesses of a person are the main causes of addiction. Individuals who adhere to this model hold the view that

addiction has no biological basis. This model argues that a person with increased fortitude or moral determination can overcome addiction. Moral frameworks are widely used to overcome drug dependence. The consequence is that its therapeutic efficacy is reduced because it relies more on moral improvement. The moral model of addiction holds that addiction arises from personality weaknesses and character defects of each person. Those who believe in the moral model recognize that there is no biological basis for the occurrence of an addictive event. According to this model, individuals with higher levels of fortitude or moral determination have the potential to be able to overcome addiction problems permanently. Because of this advantage, the moral model has been widely internalized into drug addiction recovery programs, although it no longer has therapeutic value, because the therapeutic itself is another model. Third, the Temperance Model of Addiction. This paradigm of moderation in addiction dates to prohibition in the 19th century. The acknowledgment states that moderation does not actually exist, and the only viable alternative is to abstain from drug addiction. The fundamental principle of this model is that the potential for drug addiction and destruction is enormous, and attributes the problem to the drug itself. Fourth, Genetic Model of Addiction. According to the genetic paradigm of addiction, genetic predisposition influences certain behaviors. Fifth, the Opponent-Process Model of Addiction. According to this paradigm, there are opposite psychological events for every psychological event. Sixth, Personality Model of Addiction. According to the addiction personality paradigm, drug abuse is characterized by personality abnormalities. Seventh, Social Education Model of Addiction. This paradigm argues that addiction is essentially a learned behaviour, influenced by genetics, behaviour, cognitive processes, and social modelling. Finally, the Cultural Model of Addiction. This addiction culture model argues that a person's culture has a significant impact on their susceptibility to certain addictions. In countries where the prevalence of alcoholism is relatively low due to the prohibition of consumption of alcoholic beverages. During the last two decades of the 20th century, there was a huge increase in the number of people becoming addicted to gambling because of the widespread presence of gambling. Based on research findings, fifty percent of alcoholics are born into households that have a history of alcoholism. Based on these data, there appears to be a significant relationship between the development of alcoholism and addiction as well as the presence of family and genetic components.

There is a question that has become a common knowledge in society: Is every desire motivated by lust a bad thing? The answer is not as simple as the question. The term "desire", also called "eve", and sometimes called "lust", indicates an inherent tendency toward anything that is considered to satisfy male. Because of the need for encouragement for human survival, it is in people. Because, if there is no urge to consume drugs, people will not consume them.

Just as abstinence from keeping a person away from something that harms him, "desire" also serves as a source of motivation to achieve what one wants. Just as to not dispute all desires without exception, it is incorrect to state that all desires

are praiseworthy. The same is accurate of wrath if it is not praised unconditionally nor criticized unconditionally. On the contrary, what is considered reprehensible is an excessive tendency to do more than prevent harm or bring about barakah or potential benefits. Given that a person can never escape his desires during his life, the command to completely abandon all desires, most likely, is impossible to fully achieve. However, what is reasonable and anticipated is for people to shift their desires from a destructive region to a region filled with peace and security. The desire to keep non-mahram of the opposite sex away from adultery and toward an institution of civil union, is another example. This means that one can resist lust. In other words, this is one of those desires that is manifested in a positive sense. The argument put forward here is that religion pays attention to human desires but also forbids things that are forbidden along with alternative solutions that are lawful.

Gambling is an act that violates the law and religion. However, there are sports activities that can bring money and participate in them and benefit religion, such as horse racing, camel racing, and archery, are acts allowed by religion. In addition, that silk cloth is not allowed to be worn by males, but there is a solution, which is to use other good textile materials so that they can be bought and used by males. These fluctuations affect people's psyche. Therefore, sincere people must balance between lust and anger, just like doctor's balance humour. Few people can achieve this. Thus, bad wishes are unreliable. Lust and pleasure-seeking without considering the consequences, can bring a person down. Lust motivates people to move quickly to achieve their goals, despite short-term and long-term discomfort. Even before demise, the consequences of these passions can occur. Desire also gives rise to the unconscious, but integrity, religion, and knowledge get in the way of pseudo-happiness that generates pain. Religious, moral, and intellectual prides say, "Don't do that!" when one is looking for pleasure. But regret will follow lust. A stronger impulse will prevail. When noticed, children often attachment behaviours that can harm them, regardless of their decision-making ability. Without religion, these individuals would be inclined to pursue their desires, regardless of their potential adverse effects in the world and hereafter. A dishonest person will always put his needs above his self-esteem, and vice versa. Responsible individuals will judge carefully using their intelligence and confidence the animalistic desires that constantly tempt them. A person must learn to reject harmful appetites while avoiding those that damage his health. It should be noted here that a person who is addicted to lust turns into a state in which he cannot restrain lust, but at the same time he cannot obtain it. pleasure from such lust. They get to a point in their lives where they have to give in to their impulses. As a result, they will find that individuals who are addicted to drugs and alcohol do not enjoy one-tenth the pleasure that a person would normally get when performing such behaviors in moderation. Therefore, a person is thrown into a state of destruction when he tries to satisfy his addictive needs.

2. The importance of community support

Community support for social functioning to support successful drug and

alcohol addiction recovery has grown in popularity recently. Peer-supported community programs improve perceptions of community attachment, supportive behaviour, self-determination, and quality of life, while lowering the risk of relapse among clients recovering from drug abuse and homelessness (Boisvert et al., 2008). One type of specific, evidence-based treatment for SUD is known as the CRA, which utilizes the support system that exists in the community where the patient or client receives treatment (Meyers et al., 2011). A common opponent of the CRA program is the provision of positive reinforcement in the form of money or tangible more benefits.

Individuals who participate in community programs are significantly less likely to revert to drug abuse behaviors, although changes in quality-of-life rankings do not come close to statistical significance, but increase in rankings. Meanwhile, qualitative research data shows that helpful behaviour and a sense of affiliation to the community increase. In summary, the results suggest that peer-supported community programs that emphasize self-determination have the potential to have a significant and positive impact on the recovery process for those recovering from drug addiction.

The CRA is a comprehensive behavioural therapy program that pays primary attention to the management of behaviors related to drug abuse and other aspects of life that are affected. (Meyers et al., 2011) The mission of CRA is to provide help to individuals in finding and adopting lifestyles that are not only healthy but also enjoyable and more beneficial than lifestyles full of drug and alcohol use. The theoretical framework underlying the CRA is presented as follows.

Community support plays an important role in the recovery process from drug and alcohol addiction. This approach, called the CRA, states that behaviour is influenced by good outcomes (sometimes called "rewards") and bad outcomes (often called "contingency management"). CRA was formed based on the idea of operant conditioning. Therefore, doctors work closely with patients or clients to restructure patients' lives and the activities they participate in with their peers (also referred to as "communities") to reward them for their determination to stay clean. The patient is aware that the client can engage in healthy and adaptable behaviors, resulting in natural and pleasurable experiences. Although it does not cause adverse side effects, this sensation is similar to the pleasurable sensations caused by drugs and alcohol.

In contrast with the practice of contingency management, which usually generates incentives for more concrete awareness, it is generally accepted that experiences and social bonds will result in increased rewards for the awareness they create. The effect of this is that CRA makes it easier for patients and clients to participate in sober activities alone, independently, or in groups with others who are not addicted to drugs and alcohol. In the context of an ever-evolving social environment, each patient has certain specific needs and challenges that are unique to them. The likelihood of success in these new activities can be increased by taking advantage of the CRA, which offers a number of skill-building exercises that can be provided in a flexible way during therapy (that is, at other times when

therapy is in progress is vital).

During treatment, the patient acquires the practical skills necessary to achieve his goals. These skills include communication, problem-solving, and assertive refusal to drink alcohol or use drugs, an effective method of dealing with direct and indirect pressure to drink alcohol or use drugs comfortably. With a CRA, it is possible to incorporate job-finding skills and social or recreational counselling to choose thoughtful activities. When it comes to patient care, doctors may support patients in learning and using new skills and encourage patients to try new things.

4.7. Workplace Support and Reintegration

4.7.1. Workplace Support

Recovery from SUD or drug abuse can be a challenging process, but it is not insurmountable. Based on recent research, there is a significant correlation between a longer recovery and a meaningful and purposeful work-life balance. To maintain financial independence and continue the recovery process, employment support is essential.

The process of getting a job is often cited as a significant cause of anxiety and worry in the lives of individuals recovering from drug and alcohol addiction. Individuals often have the capacity and desire to engage in work and exert effort, regardless of whether they are in the recovery stage or not. The ability to get and keep a job is a reliable indicator of success for people struggling with SUDs.

When comparing the characteristics of working people with unemployed people shows that those who are employed are more likely to show the following positive factors: After attending residential therapy (medical and social rehabilitation) for a long time, there are several benefits, including: 1) reduced relapse rate of criminal behaviour; 2) increased levels of restraint from destructive activities; 3) decreased involvement in unlawful acts; 4) reduce cases of parole violations; 5) improvement of quality of life; and 6) increased likelihood of successful reintegration into society in the absence of parole help.

According to the findings of a longitudinal study that analysed survey data and was conducted by the Government Performance and Results Act (GPRA), patients and clients who worked and received therapy, were more likely to complete treatment and rehabilitation compared to those who did not work. Individuals who immediately work on the recovery process, regardless of the size of the compensation they receive, have a greater chance of reducing the amount of drug and alcohol consumption, and have an increased capacity to maintain drug abstinence.

4.7.2. Continuing Rehabilitation in the Workplace

Recovery from substance abuse disorder (SUD) can produce workers who are most reliable and committed to their work, because they are intrinsically encouraged and motivated to immediately integrate into society, where they have the same rights and obligations as citizens. That those with SUDs are able to make the transition from a substance use disorder to recovery from addiction or dependence alone is a testament to their strong dedication, not to mention that the upskilling they

have received will help them maintain long-term recovery, in addition to the support they have that comes from family, friends, peers, and community. Leaders of private and public sector organizations do not act and work alone in creating workplace policies that open opportunities to them through the implementation of such inclusive policies, even to the point of accepting responsibility to rehire employees who have been involved in drug abuse.

It is likely that local governments, chambers of commerce and industry, or community-based organizations in the region already have workplaces ready for recovery or work environment initiatives that are friendly to addiction recovery. Because of the amount of stigma and labelling against people with SUD who have recovered from their addiction, people certainly expect workplaces to have inclusive policies. In addition, such addiction recovery organizations may be willing to collaborate with employment providers in the public or private sector to develop the initiative, with support from other local governments, chambers of commerce and industry, or community-based organizations that have implemented the initiative.

In addition to more comprehensive initiatives at the local level, the public and private sectors could form partnerships with local treatment and rehabilitation providers, recovery community organizations, recovery homes, and social service providers. These organizations can help newly hired employees to recover, or those who return to the workplace after treatment and rehabilitation. This is what policies and practices mean in creating workplace support for reintegration for those recovering from drug dependence.

From a different point of view, when entering a rehabilitation facility for people addicted to drugs or people with substance disorders (SUDs), workplace support for them does not stop there. One of the most important stages in addiction recovery is the transition of reintegration or transition into the work environment and the support provided by local leaders, managers and employees. Reintegration is a term commonly used to describe ongoing processes in the context of the world of work. The stage that involves reintegrating into the work environment and getting advice from their superiors can be considered the most decisive stage in the long-term addiction rehabilitation or recovery process. In many cases, drug and alcohol addiction is referred to as 'relapsing diseases', so it is important for leaders of private and public organizations to be cognizant of that a certain percentage of individuals who successfully complete rehabilitation will eventually return to previous levels of drug abuse. In addition, it is also important for the person concerned to know that they can approach management confidently and safely if a relapse, which may or sometimes occurs.

The struggle to stay sober and prevent relapse after overcoming an addiction may be more difficult than the challenge of overcoming addiction for the first time, which is a challenge in itself (Palm Springs Rehab Center, 2023). Relapse is inevitable for individuals who are recovering if they do not take precautions to ensure that they remain sober. In fact, relapses occur so often that many people terminate up experiencing them repeatedly. Individuals who experience this condition are said to suffer from chronic relapsing disease and require treatment especially designed for

this chronic recurrent disease. The possibility of a return to drug use among those who have successfully completed detoxification and rehabilitation is a global public health concern. After forty to sixty percent of people complete detoxification and rehabilitation programs, their disease often recurs (Kabisa et al, 2021).

Related to that, it is important to consider some of the following. First, the extent to which the leadership, managers, and doctors in the workplace are cognizant of that there are individuals who have successfully completed rehabilitation. Second, ensure that the therapist conducting supervision of the client has informed the doctor at work of the client's response to rehabilitation. Third, the need to prepare the workplace environment by modifying it to ensure safety for employees and there is adequate supervision and support from management. If management follows up on the recovery of workers and gets them back to work, the leadership and management of the organization can make informed decisions about when the person concerned can resume his or her entire position in the organization. Fourth, it is necessary to find out whether the employees of the organization have received instructions from rehabilitation centers on how to cope with the triggers of relapse and how to cope with them. In addition, there needs to be direction that they give to family members and employers related to this issue. Employees who relapse are vital to abide by two golden rules they are not allowed to come to work if they use drug or alcohol. On the other hand, it will be a matter of disciplinary action; They should disclose the issue to an occupational health professional, therapist, or physician from the organization where they work. This makes it easier for them to have open conversations and allows them to use relapse as a tool for continued rehabilitation.

Reference

- Amanda Lautieri. (2024). *Family Roles in Addiction & the Importance of Family Support in Recovery*.
- Ashley Addiction Treatment. (2022). *3 Reasons Family Involvement is Important for Addiction Recovery*.
- Boisvert, R. A., Martin, L. M., Grosek, M., & Clarie, A. J. (2008). Effectiveness of a peer-support community in addiction recovery: Participation as intervention. *Occupational Therapy International*, 15(4). <https://doi.org/10.1002/oti.257>
- Cai, W., & Wang, Y. (2022). Family Support and Hope among People with Substance Use Disorder in China: A Moderated Mediation Model. *International Journal of Environmental Research and Public Health*, 19(16). <https://doi.org/10.3390/ijerph19169786>
- Christina Soliday. (2018, March). *Emotional Support and Therapy*. Dove Tree. <https://ranchatdovetree.com/blog/emotional-support-and-therapy/>
- Clarityapp. (2021). *The Role of Emotional Support in Addiction Recovery*. Clarityapp. https://www.clarityapp.in/blog/The_Role_of_Emotional_Support_in_Addiction_Recovery/?blogId=BLOG20220093
- Clint Mally. (2019). Overcoming Shame and Guilt in Addiction Recovery. *Sandstone Care*.
- Kabisa, E., Biracyaza, E., Habagusenga, J. d'Amour, & Umubyeyi, A. (2021). Determinants and prevalence of relapse among patients with substance use disorders: case of Icyizere Psychotherapeutic Centre. *Substance Abuse: Treatment, Prevention, and Policy*, 16(1). <https://doi.org/10.1186/s13011-021-00347-0>
- Kourgiantakis, T., & Ashcroft, R. (2018). Family-focused practices in addictions: A scoping review protocol. In *BMJ Open* (Vol. 8, Issue 1). <https://doi.org/10.1136/bmjopen-2017-019433>
- Krystina Murray. (2023). The Role Of Family In Addiction Recovery. *The Role Of Family In Addiction Recovery*.
- Lammers, K., Dobslaw, G., Stricker, M., & Wegner, J. (2023). Motives of Peer Support Volunteers with Experiences of Mental and Addictive Disorders: An Innovative Approach in the Context of Employment Promotion in Germany. *Voluntas*, 34(2). <https://doi.org/10.1007/s11266-022-00476-5>
- MacQueen, K. M., McLellan, E., Metzger, D. S., Kegeles, S., Strauss, R. P., Scotti, R., Blanchard, L., & Trotter, R. T. (2001). What is community? An evidence-based definition for participatory public health. *American Journal of Public Health*, 91(12). <https://doi.org/10.2105/AJPH.91.12.1929>
- Mardani, M., Alipour, F., Rafiey, H., Fallahi-Khoshknab, M., & Arshi, M. (2023). Challenges in addiction-affected families: a systematic review of qualitative studies. *BMC*

Psychiatry, 23(1). <https://doi.org/10.1186/s12888-023-04927-1>

Melissa Carmona. (2022). Exploring the Four Pillars of Successful Long-Term Addiction Recovery. *The Recovery Village Columbus* .

Meyers, R. J., Roozen, H. G., & Smith, J. E. (2011). The community reinforcement approach: an update of the evidence. *Alcohol Research & Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism*, 33(4), 380–388.

Neil McKinnell. (2022). What Are The Main Models of Addiction? *Evoke Wellness* .

Oasas Gov. (n.d.). *Understanding & Supporting a Loved One's Recovery*. Oasas Gov. Retrieved December 3, 2024, from <https://oasas.ny.gov/recovery/understanding-supporting-loved-ones-recovery>

Palm Springs Rehab Center. (2023). What is Chronic Relapsing Disease? *Phoenix Rising*.

Samhsa. (2015). Substance Abuse and Mental Health Services Administration. Core competencies for peer workers in behavioral health services. SAMHSA.

Stephanie Catalano. (2023). The Role of Peer Support in Addiction Recovery. *Agape Treatment Center*.

Tracy, K., & Wallace, S. (2016). Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation, Volume 7*. <https://doi.org/10.2147/sar.s81535>

CHAPTER V

SUCCESSFUL REINTEGRATION THROUGH CASE STUDIES

With the presentation of the first case study in this section, a concrete case study will be presented about an individual who successfully underwent the reintegration process after undergoing a rehabilitation program at Charis Rehabilitation Center. This case study will provide insight into the factors that influence the success of reintegration, as well as effective strategies in achieving it. Second case study presentation, this chapter will introduce other case studies that also reflect a success in the reintegration process. By comparing these two case studies, common patterns or factors that contribute to the success of reintegration will be found, which can guide the design of more effective rehabilitation programs in the future. Analysis of success factors, the last section will conduct an in-depth analysis of the factors that have been found from the two case studies. This will include the identification of the key factors that contribute to the success of the reintegration, as well as recommendations for strengthening those factors in the existing rehabilitation program

5.1. Empowerment Theory

In the context of community empowerment, strong social support, community participation, and individual resilience play an important role as a foundation for achieving success in social recovery and well-being. Community empowerment theory is a concept that aims to increase the capacity of individuals or groups in society to be able to control and manage resources, make decisions, and improve living standards independently. Conceptually, community empowerment is defined as economic development that integrates social values, people-centered, participatory, empowering, and sustainable (Habib, 2021). This concept emerged at the end of the 20th century in response to the failure of conventional development models that focused too much on industrialization and the trickle-down effect, which proved to be incapable of reducing social inequality evenly (Habib, 2021). In Indonesia, this theory began to develop rapidly after the New Order era, along with the need for a community-based development approach.

This theory emerged in response to: The failure of the neoclassical

development paradigm that focuses too much on industrialization; Social and economic disparities that cannot be overcome by the top-down development model; and Encouragement to create a more independent and empowered society through a more inclusive and sustainable approach (Habib, 2021). Community empowerment theory is applied through various programs and approaches such as Training and Education, providing skills training, such as fish farming with biofloc technology to increase economic productivity during the pandemic (Adi Wisesa et al., 2022); Community assistance, community-based programs such as corn and cattle integration that support farmers to utilize local resources efficiently (Mashur et al., 2021); Creative economy development, integrating the concept of creative economy in empowering village communities through the management of Village-Owned Enterprises (BUMDesa) (Habib, 2021).

The main benefits of this theory include economic capacity building, allowing people to develop skills and earn more stable incomes (Mashur et al., 2021). Social Resilience, improving the ability of communities to face challenges, such as health-based programs during the COVID-19 pandemic (Rudiyanti et al., 2022). Environmental sustainability, encouraging the efficient use of local resources for long-term welfare. The theory of community empowerment proves its effectiveness in creating an independent and empowered community, with a positive impact on social, economic, and environmental aspects.

Social support provides a sense of emotional and practical empowerment, community participation increases collective involvement in decision-making, while individual resilience helps community members face challenges more adaptively. These three elements are interrelated and form a solid foundation for empowerment programs. Strengthening community-based programs is very relevant, especially in post-crisis situations, such as the COVID-19 pandemic or natural disasters. This program serves not only to restore the socio-economic condition of the community, but also to prevent similar problems from occurring in the future. Through this approach, communities can jointly develop sustainable solutions, based on local potential and real needs of the community. Focusing on community empowerment through social support and active participation not only ensures sustainability, but also creates a more resilient society in the face of future challenges.

Social support, community participation, and individual resilience are closely intertwined in ensuring the success of community empowerment, especially in post-crisis situations such as the COVID-19 pandemic. The combination of these three factors strengthens people's ability to rise from

challenges and build sustainable well-being. Table 5.1. The following provide some examples of program implementations that integrate these factors.

Table 5.1. Implementation of Programs Based on Social Support, Community Participation, and Individual Resilience

Program	Main Focus	Key Results
MSME program based on social entrepreneurship (Hasanah et al., 2022)	Increase participation in addressing local economic problems.	Increasing economic independence and community involvement in the creation of community-based business opportunities.
Community-based mangrove rehabilitation (Fatimatuzzahroh et al., 2021)	Increase collaboration for the sustainability of local ecosystems.	Community participation in planning and implementing mangrove ecosystem rehabilitation for disaster mitigation.
Zakat community program during the pandemic (Isman, 2022)	Strengthening the socio-economic capacity of zakat-based communities.	Provision of health facilities, education, and economic support for people affected by the pandemic.
Strengthening community capacity in tourism (Wijaya et al., 2022)	Community-based tourism development.	Improving living standards through tourism management that actively involves the community.
Mental health and psychosocial support (Rahman & Tasalim, 2022)	Handling stress and anxiety during the pandemic.	Reduce community stress and anxiety levels through community-based psychosocial interventions.
Forest rehabilitation by local communities (Haslan & Ilyas, 2023)	Community-based natural resource management.	Increase community participation in preserving forests and increase recognition of indigenous peoples' rights.
Productive business training program (Nurhidayati et al., 2020)	Improving the skills of the post-disaster community.	Improving people's skills in the production and marketing of local products to improve the economy.

Source: Author Search, 2024

The results of the study show that social support-based approaches and community participation are effective in increasing individual and collective resilience. For example, social entrepreneurship that focuses on community participation has succeeded in creating a resilient and sustainable local economy (Hasanah et al., 2022). Implementation that involves the community in decision-making, such as in mangrove rehabilitation, shows the importance of "citizen power" in creating inclusive and effective policies (Fatimatuzzahroh et al., 2021). Zakat community-based support also proves a real impact in strengthening health, education, and economic aspects in the midst of a crisis situation (Isman, 2022). A participatory approach to tourism helps communities manage their local resources. The results of the study show that this program not only improves the economy but also strengthens social relations in the community (Wijaya et al., 2022). Mental health support that

involves the community is effective in reducing anxiety and stress levels during the pandemic. This program shows a positive impact on increasing individual and collective resilience (Rahman & Tasalim, 2022).

Local communities involved in forest rehabilitation show increased participation in preserving the environment and recognition of their rights. This program creates ecological sustainability and strengthens the social structure of indigenous communities (Haslan & Ilyas, 2023). Skills training for disaster-affected communities, such as the manufacture of local products, provides opportunities to strengthen the local economy. This also increases community resilience in facing post-disaster challenges (Nurhidayati et al., 2020). The integration of community-based approaches in various sectors results in significant social, economic, and ecological capacity increases. Structured social support is the key to the success of these programs. Overall, the integration of social support, community participation, and individual resilience contributes significantly to socio-economic recovery and long-term sustainability.

5.2. Independence of Former Residents

The Charis Rehabilitation Home has an important role in the implementation of social rehabilitation for drug abusers, this can be seen from the results of the implementation of social rehabilitation such as the case below.

Case I

Name	: AD
Age	: 41 years old
Education	: High School
Leaving the orphanage	: Year 2018
Status	: Marry
Address	: Sleman Regency
Stay	: With Parents (Mother)

1. Parents' Conditions

Andi is the second of four children of Mrs. MN and Mr. MT They live in a permanent house whose condition is simple, spacious enough for the size of the village, the zinc roof and the furniture of the house they own look old. Supporting his family, AD's parents worked as entrepreneurs and sold rice in front of his mother's house. Mr. MT died of illness when his children were still young, of course he still needs the attention of his parents. Since then, the young children

have been cared for by their mothers alone.

Armed with high enthusiasm for raising her children, MN's mother works without feeling tired by selling her rice and side dishes. This has been carried out since his children were still young until now. Every day, AD's parents (MN's mother) sell with a gross income per day of approximately IDR 400,000. The money is used for shopping and meeting daily needs with her children. Day after day they lived their lives with concern until their children became adults. One by one, the children began to get married so that with the help of the greatest children, they could ease the burden on MN's mother to meet their daily needs. Then followed by AD and his younger brother who had started working and having a family, so that with the help of her children, the burden of MN's mother in meeting her daily needs became greatly reduced. However, even though their children have families, they still live in the same house with their parents.

The impact of single parent parenting, research shows that the role of parents, especially mothers, is very important in supporting children's personality and psychosocial development. Single motherhood is often associated with greater challenges in educating children, including emotional and social aspects. According to (Lestari et al., 2021) et al. (2020), mothers' knowledge about child growth and development and their active involvement in parenting can increase children's independence. Mrs. Andi, who continues to fight tirelessly, shows this example. Parenting and child development, another study found that the parenting style applied can affect children's independence and ability to make decisions and control emotions. Democratic or authoritative parenting tends to support positive social and emotional development in children (Fikriyyah et al., 2022). The importance of positive interaction, quality interaction between mothers and their children, as Andi's mother shows in raising her children, has an impact on their emotional development. Close and supportive relationships can improve the psychological well-being of children (Sholikha et al., 2021). The success of Andi and his siblings in growing up to be independent and responsible individuals is the result of a dedicated mother's upbringing, even with economic limitations. Supportive parenting and positive interaction play a big role in shaping children's strong and independent character.

2. Condition of Former Residents

Andi has known liquor and drugs since 1989 when he was still in junior high school. The first time they knew drugs was when they often got together with their friends on the street. AD and his friends often drink liquor and use oplosan drinks. Since then, they have been addicted to alcohol, not only that, AD and his friends also consume various types of drugs, so it is difficult to stop. Moreover,

the supervision of parents who are lacking because they have to work hard to earn a living to meet the needs of their children, so that the attention to their children is very lacking, their time is almost running out to make a living for their family, the principle of their life seems to have changed "the important thing is that their children can eat" when in fact the most important thing is the guidance and guidance of parents for their children, not just being able to eat.

With such conditions, AD's behavior is increasingly uncontrollable and in his daily life hanging out with friends and fellow friends. Her parents (Mrs. MN), were very devastated when they found out the condition of their child who was already very dependent on liquor and other drugs. But all that can be done is pray, every time AD's parents pray for him to be free from his dependence. The MN mother's prayer got results because AD's behavior had changed. AD realized that his dependence was a mistake, so he wanted to abandon his bad habit and wanted to be cured. However, to achieve recovery requires a process and brings changes to the Army, so it needs certain people or special institutions that can handle people like the Army. MN's mother could not afford to put her child in a rehabilitation facility, because she did not have the money.

In 2018, the Indocharis Foundation conducted socialization to the public about the Mandatory Reporting Institution (IPWL) program. This socialization was welcomed by the Army and his friends and supported by information on an ongoing basis by the Army friends who had recovered from their dependence and were rehabilitated at the Charis Rehabilitation Home. In 2018, Andi was determined to abandon bad habits by entering the Charis Rehabilitation Home to get social rehabilitation. While in the Army orphanage, they diligently participated in the activities given by the orphanage officers so that in July 2018 they had finished participating in rehabilitation and returned to life in the community.

The determination and enthusiasm to return to live a life that is beneficial to others, seems to be welcomed by the family environment and the community. This is evident from the family who can accept the condition of AD as it is and give full affection like to the child before they make a mistake. By being accepted by his family and treated as such, AD increases his enthusiasm and confidence to be able to adapt to the environment without feeling rejected by his environment. It turns out that the environment can also accept it as it is without giving a negative stigma to AD. Factors causing and impacting drug involvement, Andi has known drugs since a young age, triggered by a negative social environment and lack of parental supervision due to economic demands. Research shows that the influence of the social environment, especially peers, is the dominant factor that encourages individuals to try drugs (Hulukati et al., 2020). In addition, weak family supervision

often increases the risk of children being involved in addictive substance abuse. The role of family in the rehabilitation process, Andi's behavior change occurred thanks to the consistent emotional support and prayers of his mother. Family support plays a vital role in the recovery process of addicts. According to research, optimal family support can increase individual motivation to recover and reduce the rate of relapse (Sumah, 2020). Effectiveness of the social rehabilitation program: Andi participates in the social rehabilitation program managed by the Indocharis Foundation. Studies show that rehabilitation institutions that provide holistic services, including group therapy and psychosocial support, are more effective in assisting drug users' recovery (Mashur et al., 2022). The success of this program is also influenced by the continuous support from the community and families after rehabilitation. Effect of social support on reintegration, after completing rehabilitation, Andi receives full support from his family and community, which is crucial in preventing negative stigma. Social acceptance plays an important role in increasing self-confidence and accelerating the process of reintegration into society (Ismawati et al., 2022). Andi's rehabilitation journey shows that a combination of family support, comprehensive rehabilitation programs, and social acceptance is the key to successful recovery from drug dependence. A holistic approach, involving all aspects of life, is essential to ensure the sustainability of recovery and successful reintegration into society.

3. Independence in the Community

With such conditions, AD began to plan how to live a good future life by getting a halal job. With the provision of faith and education, AD began to look for a job as a parking attendant and was accepted by the owner of the parking area. From here, they began to get a job that could support themselves even though their daily income was only enough to meet their food needs.

Earning a daily income of IDR 30,000 as a parking attendant, feeling that he already had an income and was able to meet his life needs, AD also planned to get married, and then marry a girl he loved. Since getting married, AD has increased his enthusiasm to work, in order to meet the needs of his family and make his wife happy. The number of family members is increasing, which means that the needs of life should also increase. So Andi needs additional halal income. With his mother's permission, AD and his wife no longer live in the same house as their mother. AD lives with his two wives and they start saving to prepare for a planned business to get additional income. The house occupied by his wife, whose position is next to his mother's residence, is also used as his place of business. There is a rest of his savings, AD can buy a washing machine even though it has to be paid in installments. AD and his wife opened a laundry business (laundry) which was managed with his wife. The business was done more by his wife, while AD continued his work as a parking attendant. Since then,

the business has increased, so that AD can add one more washing machine in installments.

The competition for the laundry business in this area is indeed quite tough, but the Army has a precise business move and there are no other laundry places. The business move carried out by AD is to pick up the ball to its customers, so that customers do not need to deliver and take laundry to AD's place. In such conditions, the AD business developed compared to similar businesses around it. Picking up the laundry AD invited friends of former residents, so that they could also open new jobs for their friends. This business can be seen to have a division of labor in the household, namely the wife opens a laundry business with an average daily income of IDR 20,000. AD remains a parking attendant, a job that has been pursued for a long time with a daily income of IDR 30,000. Communication between the AD and the PRCh management and companions is still ongoing, so that the AD knows about other former residents who need support and guidance. It is understood that the role of ex-residents in general is very important in providing guidance and strengthening to ex-residents who have just completed rehabilitation. The total income of the husband and wife is IDR 150,000 per day. The income is quite impressive for the AD family whose life is relatively simple but certain. Hopefully experiences like this will be an inspiration for others (residents) to welcome a better and useful future for many people.

Struggle and economic adaptation, AD started his economic journey as a parking attendant with a limited income, which is IDR 30,000 per day. This step reflects the basic principle of economic survival where individuals take advantage of all available opportunities to meet basic needs. Research shows that informal jobs like this are often an option for individuals with limited capital and access to formal work (Aliyah, 2022). Decision on entrepreneurship and innovation in business, The decision of AD and his wife to open a laundry business reflects the importance of diversifying sources of income. The business grew thanks to its "pick up the ball" strategy, which is a clothing delivery service that differentiates their business from competitors. This innovation is one of the key factors for the success of small businesses, as revealed in a study on the importance of creativity and innovation in running micro businesses (Lai & Widjaja, 2023). The Role of collaboration and social support, AD also empowers other former residents by inviting them to join the shuttle service. This shows that social capital and community support can strengthen an individual's success in business. Social support has been proven to increase self-confidence, expand networks, and create new economic opportunities for vulnerable groups (Mawar et al., 2022). Family synergy and role division, AD and his wife run the business with a clear division of

roles: the wife focuses on laundry operations, while AD continues to work as a parking attendant. Studies on family entrepreneurship show that synergy and division of roles within the family can improve the efficiency and sustainability of small businesses (Nuraeningsih et al., 2021).

Sustainability and welfare, with a combined income of IDR 150,000 per day, the AD family is able to live a simple but stable life. Income from micro businesses contributes to family welfare and provides long-term economic stability, which is key in improving the quality of life of low-income people (Semekto, 2021). AD's journey from an informal worker to an innovative laundry entrepreneur shows how a combination of creativity, hard work, and social support can drive small business success. This success also shows that collaboration within families and communities plays an important role in creating economic independence and long-term well-being.

Andi's success in managing a laundry business with his wife, as well as his involvement in creating jobs for former residents, shows how a combination of innovation, perseverance, and social support can change a person's socio-economic condition. Community-based empowerment and social entrepreneurship, in the theory of community empowerment based on community asset development (ABCD - Asset-Based Community Development) emphasizes the importance of utilizing local potential and social networks to create sustainable economic opportunities (Habib, 2021). Andi uses social capital in the form of family and community support to build a business that not only benefits him but also helps other former residents. The role of innovation in the success of micro businesses, that the shuttle service strategy implemented by Andi is a clear example of innovation in small businesses. This innovation contributes to business competitiveness in the midst of fierce competition. Studies on entrepreneurship development show that service innovation is an important factor in supporting the success of small and micro businesses (Adnan, 2023). Social support and social reintegration, Andi's success is also influenced by social support from the community and family, which plays a role in facilitating social reintegration. This support increases self-confidence and strengthens social engagement, which is an important element in the success of individuals seeking to recover from dependency and reintegration into society (Isman, 2022). Economic independence through empowerment, Andi's efforts show how community-based economic empowerment can create economic independence. This empowerment is in line with the theory of entrepreneurship development which emphasizes the importance of active involvement of individuals and communities in building economic independence (Pratama et al., 2021). Andi's story teaches us that the success of individuals in achieving economic independence depends heavily on innovation, social support, and community-based empowerment strategies. Empowerment and social entrepreneurship theories

provide a conceptual framework for understanding how individuals can harness local potential and social networks to achieve sustainable success.

Case II

Name : AO
Age : 31 years old
Education : High School
Leaving the orphanage : Year 2018
Status : Marry
Address : Sleman Regency.
Stay : With Parents (Mother)

Name : MA (name redacted)
Age : 31 years old
Education : High School
Leaving the orphanage : Year 2018
Status : Marry
Address : Sleman Regency.
Stay : With Parents (Mother)

1. Parents' Conditions

The parents of this former resident are a widow named SU, 59 years old, has three children who are now all adults and working. Before her husband died (in 2013), she helped earn a living by selling souvenirs at the Prambanan recreation area. But it seems that the work pursued does not get the expected results, because the buyers are quiet, there are many competitors and there is not enough sales. In such a condition, Mrs. SU finally decided not to work anymore, her daily life asked her grandchildren to stay at home while cleaning the house and taking care of her pets, namely chickens. Mrs. SU is one of the lucky ones, her three children are already working so that every month she receives assistance from her children to meet daily living needs of IDR 600,000 to IDR 700,000 per month. They occupy a simple permanent house with rustic walls and a zinc roof. The condition of furniture and household appliances looks simple.

The role of family support in the well-being of the elderly, research shows that family support, both in financial and emotional forms, significantly improves the well-being of the elderly. Elderly people who receive support from their children tend to have better psychological and physical well-being (Kurwiyah et al., 2023).

This support not only includes material needs but also creates a sense of appreciation and attention by the family. The concept of Intergenerational Support, the concept of intergenerational support, emphasizes the importance of the role of children in maintaining the balance of the welfare of parents who are entering old age. According to research, consistent financial and emotional support from children can help seniors adapt to life changes and improve their life satisfaction (Luthfa et al., 2021). The Importance of Social Involvement Even though she is no longer working, Mrs. SU's involvement in taking care of grandchildren and caring for the home environment shows that social activities are still important for the elderly. This activity provides a sense of meaning and contributes to the mental health of the elderly. Studies show that the elderly who remain socially active have a lower risk of depression and cognitive decline (Basri et al., 2021).

Implications for social policies and programs, social programs that support the elderly, including access to health services and social communities, need to be strengthened. Community involvement in supporting the welfare of the elderly is also key in ensuring that they not only depend on family support, but also have a wider social network (Habib, 2021). Family support plays a crucial role in maintaining the well-being of the elderly, both financially and socially. The involvement of children in providing financial support and meaningful social activities for seniors like Ibu SU creates a balance that supports mental and physical health. This support also needs to be strengthened with community-based social programs to ensure the sustainability of the welfare of the elderly in the future.

2. Former Resident's Condition

AO (31 years old), and MA (31 years old) are a married couple involved in drug abuse. Previously, they did not know each other and each lived in their parents' house. It was at this Indocharis rehabilitation home that they got acquainted and then fell in love, which continued to the marriage level after receiving social rehabilitation from the orphanage.

They entered the rehabilitation home in 2018 at the invitation of a friend who had received social rehabilitation from the orphanage. From the results of this marriage, 3 babies have been born. They lived with their children occupying their mother's house, so that the house consisted of the mother, the youngest child of the mother, AO, MA and her three children. They live in harmony with each other and in meeting their daily needs help each other.

AO has been involved in drug abuse for a long time, since they were teenagers or starting at the age of 17 by using a type of drug; *Rectora*, *dolit*, *trihek* and other medicines. Meanwhile, Marni was involved in drugs for the first time at the age of 27 at the invitation of a friend. The type of drug used is cow dung mushroom which is easy to get and the effect for the user is quite intoxicating and to the

point of *being drunk*.

Since they have children, they begin to realize and abandon their bad habits. They have started to think about their families and welcome a better future, by looking for jobs to meet their daily needs. AO as a husband works in an advanced *laundry* business, and every month he gets a salary even though the income is only enough to meet the needs of his family by living a simple life. His family life is quite harmonious. Their income is IDR 1,700,000 with working hours from 17.00 – 05.00. The information from the laundry resident works with the hotel, so that it looks clear and certain, and their work is always there without any idle time.

The wife's job as a housewife by taking care of her 3 young children and needs attention. Work as a housewife is no less important than other jobs. Even though the job of babysitting and caring for children does not make money. At least the fulfillment of affection, attention and educating children can be done properly. Only the general view of the public sees that the work of housewives is considered by most people not to be a job. Even though housework is actually heavy and boring for those who do it. But because this work is from, by and for the family, no matter how hard this work is, it is still done for the sake of the family. Finally, housework is not a boring and unproductive job. But a fun job and produces more material when the children succeed in becoming virtuous children, having polite behavior in their upbringing and guidance.

The role of family and social support, the success of AO and MA in building a harmonious family post-rehabilitation reflects the importance of social and family support. Studies show that family support plays an important role in improving the psychological well-being of individuals recovering from addiction (Herawati & Rizkillah, 2022). This support provides a sense of security and increases motivation to continue to live a better life. Job, dual role housewives, MA, as housewives who take care of three children, plays an important role in education and childcare. Although domestic work is often not recognized as formal work, its contribution to family well-being is significant. Research shows that the role of housewives in managing families and educating children has a major impact on children's welfare and family life balance (Parimita et al., 2022). Work-family balance, AOs who work in the informal sector with limited income are still able to meet the needs of their families. Studies on work-family conflicts show that social support from spouses and families can help reduce these conflicts and improve work-family balance (Suharto et al., 2022). Rehabilitation and social reintegration, the post-rehabilitation AO and MA marriage shows how successful social reintegration requires ongoing support from families and communities. Therapeutic community (TC) implemented in rehabilitation homes helps ex-addicts rebuild their social lives more positively

(Citra et al., 2021). The AO and MA stories highlight the importance of social and family support in the process of social recovery and reintegration. The role of the family in supporting work-life balance, as well as the importance of community support, is key in ensuring the well-being and stability of the family post-rehabilitation.

3. Independence in the Community

The community in the neighborhood where AO lives is somewhat different from other villagers. The community has more immigrants from various regions, so the community is diverse social, economic, and cultural. Judging from the economic strata, it also shows that there is a gap between the indigenous population and the indigenous locals of this area.

As in the case of AO, after returning from social rehabilitation, the family can accept its presence happily as if there has never been a problem. The family can accept AO and his wife as they are, even they are told to live with their parents and grandchildren so that it seems that the house is quite crowded. They help each other in everything, including in fulfilling their daily needs, so that AO and his family are no longer awkward living in one family with their parents.

In contrast to some communities, especially close neighbors. The neighbor's indifference when AO greets, as if he does not fully believe that AO has recovered from his dependence even though he has been rehabilitated. But there are also other neighbors' attitudes that have not changed at all as usual before Adi received rehabilitation. MA, the wife of AO who often crosses paths with neighbors, always reprimands each other, although not all neighbors want to respond to MA's reprimands, are indifferent, have an unfriendly attitude, and some even "throw their faces", and throw out stigma. However, the Supreme Court still reprimanded the community. Not all people are indifferent to the Supreme Court's greeting, friendly and smiling when addressed, which is support for former drug abusers to continue to develop themselves because they feel accepted in society and feel appreciated. AO and MA feel confident in the attitude and behavior of the people who accept it and can immediately adjust to life in the midst of society.

AO and MA do not pay much attention to people who still give negative stigma because they want to immediately move forward by building conditions that were once slumped due to drug addiction. They want to prove to the community that they are still giving negative stigmas, that they are no longer addicts who are said to damage the morals of the nation's children. AO and MA only see the surrounding community supporting them, because the support of neighbors is a new spirit that makes them more eager to improve themselves and build a better life. AO and MA want to live in the midst of society in harmony, peace and

comfort, not disturbing each other. They are active in social activities organized by their environment. This is proven by the attitude of the AO who is always humble, so that they can be accepted to live in the midst of society.

Besides that, with the busyness of AO who has worked as an employee engaged in laundry services, they have no more time to return to drugs and think about neighbors who have a bad attitude towards them. In the minds of AO and MA, it is important to work and work to earn money to provide for the family and be able to help their parents to meet their daily needs. Marni focuses on taking good care of her three children, so that they become good, righteous and tawaaqqal children.

In the work environment, AO is also known for employees who are diligent and tenacious, so they are always used and never give up in getting a job. This can be proven by the working hours that are their responsibility, namely starting work at 17.00 and returning home at dawn or before five in the morning. This work has been pursued since they finished receiving rehabilitation at the Charis Rehabilitation Home.

An orphanage officer said that in the past, if you were to hold a service that happened to be in this village, the local community often interfered by throwing stones at the place where the service was held. As a result, people who are carrying out prayers feel disturbed, cannot be solemn, and are worried. Overcoming this problem, finally the orphanage leaders made a meeting place and at the same time could be used for worship activities, namely in locations around the orphanage.

In this case, it can be understood that the role of the institution towards the ex-resident, the role of the family and the role of the community simultaneously towards the ex-resident is very necessary. Considering that when ex-residents do not have the maximum strength to survive in a condition that is free from drugs, the stigma of society can cause a relapse for ex-residents, so they need rehabilitation again.

Family support and social reintegration, the family has a crucial role in supporting the recovery and reintegration of ex-drug abusers. AO and MA have the support of families who accept them as they are. Research shows that family support strengthens self-concept and improves the psychological well-being of individuals undergoing rehabilitation (Alifya & Michiko Mamesah, 2022). This support reduces the risk of relapse and increases confidence in the face of social stigma. The effect of social stigma on recovery, although AO and MA face stigma from their neighbors, they remain focused on recovery and self-development. Social stigma can have a negative impact on self-concept and subjective well-being of ex-residents, but strong social support is able to overcome this impact (Herawati &

Rizkillah, 2022). The role of communities in the rehabilitation and reintegration process, inclusive and supportive communities help accelerate the process of social reintegration. The participation of AO and MA in social activities shows the importance of involvement in the community to rebuild a positive life. Community support also reduces psychological burden and increases family resilience (Sholihah et al., 2023). Work-life balance, AO who works as a laundry employee shows how economic stability can be obtained through hard work and perseverance. A supportive work environment contributes to a balance between work and family life, reducing stress and work-family conflict (Muhamad Wildan Ardiansyah & Nawangsih, 2023) Family and community support is a key factor in the process of recovery and social reintegration of ex-drug abusers. Overcoming social stigma through support and active participation in the community helps rebuild a better life. The success of AO and MA demonstrates the importance of synergy between families, communities, and individuals in creating an environment that supports social recovery and well-being.

Case III

Name	: RT
Age	: 31 years old
Education	: High School
Leaving the orphanage	: Year 2018
Status	: Marry
Address	: Sleman Regency
Stay	: With Parents (Mother)
Name	: TR
Age	: 25 years old
Education	: High School
Status	: Marry
Address	: Sleman Regency
Stay	: With Parents (Mother)

1. Parents' Conditions

Mrs. SH is the parent of TR who is a widow, her husband passed away since his children were young and lived in Sleman Regency. His daily work as a construction worker or bricklayer in the Kalasan area of Sleman Regency. Every morning, they go to work and return in the afternoon. The income from the construction workers is only enough to meet daily needs, which is around IDR 750,000 per month. The house occupied is the husband's relic with permanent condition with unplastered walls and a roof made of tiles partly made of zinc.

The furniture owned is quite simple with careless furniture arrangement not well arranged. The income earned is used to meet the needs of children and grandchildren, with the help of RT children who still live in the same house as their mothers.

Economic challenges and family welfare, low income as experienced by Mrs. SH has a direct impact on family welfare. Studies show that per capita income has a positive correlation with subjective well-being. Low-income families tend to experience higher stress, but social support can help reduce these negative impacts (Herawati & Rizkillah, 2022). Social support as a determinant of welfare, support from children and other family members who live in the same house provides social and economic stability. Social support has been shown to increase a sense of security and psychological well-being in low-income families (Sholihah et al., 2023). The role of housing conditions, although simple, a physically viable house contributes to the well-being of the family. Research shows that safe and comfortable home conditions improve the psychological well-being of family members and strengthen social relationships in the surrounding environment (Tursilarini & Udiati, 2020). Survival and family resilience strategy, working families like Mrs. SH rely on survival strategies by maximizing existing resources, including the role of children in helping the family's economic needs. This strategy is in line with the pluriactivity approach that encourages the involvement of family members in various economic activities to strengthen family resilience (Alfian & Susanti, 2022). The welfare of a working family like Mrs. SH is highly dependent on a combination of income, social support, and housing conditions. Support from family members as well as effective survival strategies play an important role in maintaining the economic and social stability of the family. Social policies that support working families need to be focused on increasing income and access to decent housing.

2. Condition of former Resident

RT has been using drugs since he was 18 years old, at that time he was still in high school until he was 27 years old. At the time of starting rehabilitation in PRCh, he had been using drugs for 9 years. The first time RT abused drugs at the invitation of friends who often hung out on the side of the road. Drugs or drugs that they often use; alcohol, *dizziness*, *grage*, and other drugs. There is no day without drugs in his daily life. They entered the orphanage in 2016 and left the orphanage after receiving rehabilitation in 2018. Even though they have left the orphanage, sometimes when they meet the group, they go back to drink again. After marrying TT, gradually the bad habits that have been done have begun to be reduced, even now they no longer use them.

RT abandoned his bad habits, because he was ashamed of his wife and children and they already realized that the habits that had been carried out were bad actions and self-harming. Besides that, now that they have become fathers of their children, they must be responsible for providing for their children and wives and will arrange a better future. RT got a job offer helping to regulate highway traffic. A popular term *Mr. Ogah*.

Although the public generally considers that regulating highway traffic (Mr. Ogah) is not a job. However, for RT, what he has been working on to earn an income is a profitable job, because the money he gets is the result of his efforts as a "pak ogah". RT also has working hours according to the agreement with his friends, day and night they share tasks, some in the morning, afternoon and evening. The results obtained every day range from IDR 60,000 to IDR 100,000. According to RT, it is quite decent to meet daily needs. If we calculate the average in one month, the income ranges from IDR 1,800,000 to IDR 3,000,000,-. The income can at least be used to meet the daily needs of life with his family and mother.

The role of rehabilitation in rehabilitation, the social rehabilitation process undertaken by RTs in PRCh provides an important foundation for recovery and self-adjustment. Studies show that effective rehabilitation involves a holistic approach that includes social therapy and job skills to support the social reintegration of ex-drug users (Herawati & Rizkillah, 2022). Family Support and Psychological Well-being, the role of the family, especially after rehabilitation, is crucial in strengthening motivation and preventing relapse. Emotional and material support from the family improves psychological well-being and accelerates the recovery process (Sholihah et al., 2023). In the case of RT, family support provides a sense of security and encourages him to take responsibility as the head of the family. The role of informal work in social reintegration, the work of RTs as "uncles" even though they are underestimated, provides important economic stability for families. Informal work is often a bridge for ex-drug users to rebuild their economic and social lives. Studies on informal sector workers confirm that these jobs provide sufficient flexibility and income to meet basic needs (Pradana et al., 2023). Overcoming social stigma, although stigma remains a challenge, RTs and their families show resilience by focusing on family well-being and involvement in society. Research shows that active participation in social and economic activities helps reduce stigma and strengthen the social integration of ex-drug users (Alifya & Michiko Mamesah, 2022). Effective rehabilitation, family support, and involvement in informal work play a key role in the process of recovery and social reintegration of ex-drug users. RT's story shows how these elements can support sustainable recovery and create stable and productive lives amid social and economic challenges.

3. Independence in the Community

According to both RT, his wife and parents, the neighbors on the left and right knew that RT was often drunk, and abused drugs. But they are not negative. Everyday life, they also get along as they are. When RT was rehabilitated at the Charis Rehabilitation Home, his neighbors also knew and even they were grateful that hopefully by getting rehabilitation, RT's habits could change.

It turns out to be true, after a long time of RT getting social rehabilitation, according to the orphanage officer they are gradually improving, so that when they leave the rehabilitation home, the attitude of the neighbors on the left and right as usual does not show concern over the presence of RT in the middle of the community. Even the stigma that has been attached to former drug addicts, does not seem to be attached to RT. They participated in socializing in the midst of activities organized by the community, even during the interview, the researcher witnessed neighbors who passed in front of the RT house reprimanding like ordinary people perched.

Conditions like this were deliberately created by the orphanage officer when carrying out a visit to the RT's house as well as with the neighbors on the left and right in order to prepare for follow-up activities.

Until now, even though the RT has been rehabilitated. They have worked but the relationship with the orphanage is still going well. On the sidelines of their work, sometimes RT takes time to come to the orphanage to help with skills activities organized by the orphanage for children who have just entered the orphanage. The knowledge and skills that have been obtained from the orphanage can be developed to help and can be used for others so that they also have provisions when they leave the orphanage. RTs can socialize at work, in the neighborhood/community or help in the orphanage and even be able to provide for their families, meaning they can carry out social functions in the midst of the community.

RT's story underscores the importance of social support in the process of reintegration of ex-drug abusers. Support from family, the community, and rehabilitation homes helps RTs return to living a productive life without negative stigma. The role of social support in social reintegration, social support from the family and community plays an important role in accelerating social reintegration and preventing stigma. Studies show that social support can reduce stress and improve the subjective well-being of individuals undergoing rehabilitation. This helps create a more inclusive and supportive environment (Herawati & Rizkillah, 2022). Overcoming stigma and increasing confidence, RT's success in interacting with the community without facing negative stigma shows the importance of socialization and the approach of rehabilitation homes. Rehabilitation focuses not

only on medical recovery but also on holistic social reintegration (Citra et al., 2021). Active participation and contribution to the community, RT's participation in orphanage and community activities shows the importance of active involvement to strengthen social networks. Research shows that participation in social activities helps ex-drug abusers rebuild their confidence and improve their quality of life (Alifya & Michiko Mamesah, 2022). Improving skills as social capital, the involvement of RTs in training and activities in orphanages creates useful social capital in daily life. Skills training and community support play an important role in improving employment opportunities and reintegration success (Sholihah et al., 2023). Social support from families, communities, and rehabilitation homes plays a key role in the social reintegration process of ex-drug abusers. RT's story shows that a combination of social support, active engagement, and upskilling can help overcome stigma and build a better life in society.

5.3. Comprehensive and Holistic Analysis

1. The role of the family in recovery and well-being

The family is the main pillar in the process of social recovery and reintegration of ex-drug abusers. In the case of Andi, Mrs. SH, and SU, consistent family support plays an important role in creating a sense of security and speeding recovery. Research shows that family support improves psychological and subjective well-being, as well as reduces stress that can worsen the condition of former drug users (Herawati & Rizkillah, 2022). The family has a very significant role in the recovery process of ex-drug abusers, especially in creating a supportive and safe environment. Family support, both emotionally and financially, helps build the confidence of individuals who are in the process of rehabilitation. Research shows that strong family support can improve psychological and subjective well-being, as well as reduce stress levels that are often triggers relapses (Herawati & Rizkillah, 2022). Another study confirms that families who are actively involved in the rehabilitation process, including providing attention, moral encouragement, and avoiding internal stigma, can speed up the recovery process. Families who provide unconditional support are able to reduce the sense of isolation often felt by ex-drug abusers, thereby increasing the chances of successful social reintegration (Sholihah et al., 2023). Furthermore, the role of the family in providing basic needs and financial security also has an impact on individual stability. Studies that focus on the role of family in mental health contexts show that financial and emotional support from family can reduce anxiety and depression in individuals who are recovering, especially in high-stress conditions (Widyastuti & Mukti, 2022). In addition, the Family Systems Theory

emphasizes that the family is an interrelated system, where changes in one member will affect all other family members. In the context of recovery, harmonious and supportive families provide emotional stability for ex-drug abusers, helping them overcome challenges that arise during the social reintegration process (Rohman et al., 2022). Family support not only provides a sense of security and stability, but is also an important factor in improving psychological well-being and accelerating the recovery process of ex-drug abusers. Efforts to strengthen the role of the family in rehabilitation need to be focused on family education and the elimination of social stigma, so that they can be effective supporters in the recovery process.

2. The role of community and social support

Inclusive communities play an important role in reducing stigma and supporting social reintegration. Support from neighbors and the surrounding community helps accelerate the adaptation process and increase the confidence of ex-residents. Studies confirm that participation in the community provides a sense of belonging and increases the individual's ability to contribute socially and economically (Sholihah et al., 2023). Community support plays a crucial role in the social reintegration process of ex-drug abusers by creating an inclusive and supportive environment. Communities that accept without stigma provide space for individuals to rebuild their identity and confidence. Research shows that social support from neighbors and the surrounding community can accelerate the adaptation process of ex-residents to normal social life, helping them feel accepted and valued as part of the community (Sholihah et al., 2023). Social Support Theory emphasizes that emotional, instrumental, and information support provided by the community plays a major role in improving mental health and reducing the stress of marginalized individuals. An active community that provides emotional support, such as listening or showing empathy, is able to reduce feelings of isolation and help ex-drug abusers live more optimistic lives (Herawati & Rizkillah, 2022). In addition, active participation in community social activities, such as mutual cooperation or social events, provides a sense of belonging and increases the ability of ex-residents to contribute socially and economically. Research shows that this involvement not only improves psychological well-being but also strengthens social networks that can be an important capital in job search and other economic activities (Widyastuti & Mukti, 2022).

Furthermore, the existence of an inclusive community helps reduce the social stigma that is often attached to ex-drug abusers. Stigma can

hinder social reintegration by lowering self-confidence and reinforcing social isolation. However, supportive communities are able to change the perception of society and provide space for individuals to prove themselves as productive and responsible members of society (Alifya & Michiko Mamesah, 2022). In the context of community empowerment, the community-based approach emphasizes the importance of collaboration between social institutions and the community in supporting the reintegration of ex-residents. Empowerment programs involving skills training and active community participation help ex-residents develop new skills and strengthen their social resilience (Habib, 2021). Inclusive community support and active social participation are key factors in accelerating the social reintegration process of ex-drug abusers. A supportive community is able to reduce stigma, strengthen self-confidence, and create an environment that allows individuals to contribute socially and economically. A community-based approach and cross-sector collaboration are needed to ensure the success of sustainable reintegration.

3. Overcoming stigma and building resilience

Although social stigma is a major challenge, the success of individuals like RT in building a new life demonstrates the importance of resilience. Resilience is influenced by social support, optimism, and the ability to manage stress. Support from family and community helps individuals build psychological strength to face social and economic challenges (Widyastuti & Mukti, 2022).

Social stigma against former drug users is often the main obstacle in the reintegration process. However, the success of individuals like RT shows that resilience, or the ability to bounce back from adversity, plays a key role in overcoming these challenges. Resilience is the ability to positively adapt to significant stress, trauma, or life challenges. Research shows that resilience is influenced by a variety of factors, including social support, optimism, and the ability to manage stress (Widyastuti & Mukti, 2022). Social support, both from family and community, is one of the most important factors in building resilience. Families that provide emotional and financial support create a safe environment for individuals to recover and rebuild their lives. Support from an inclusive community also helps reduce the negative impact of social stigma and increase a sense of acceptance in the social environment (Herawati & Rizkillah, 2022). Optimism, or the belief that the future will improve, is an important element in building resilience. Optimistic individuals are better able to see opportunities in each challenge and are more motivated to achieve their

goals. In addition, the ability to manage stress through adaptive coping strategies, such as meditation or psychological support, helps individuals stay focused and stable in the face of difficult situations (Alifya & Michiko Mamesah, 2022). Social stigma can exacerbate isolation and slow down the recovery process. Therefore, interventions that focus on public education and anti-stigma campaigns are essential. Active participation in social activities also helps former drug users prove themselves as productive and responsible members of society, which can ultimately change negative public perceptions (Sholihah et al., 2023). A holistic approach that integrates psychological, social, and economic support is indispensable to building resilience. Rehabilitation programs that focus not only on physical recovery but also on life skills improvement and job training can strengthen individual resilience and encourage more successful reintegration (Habib, 2021). Resilience is key in overcoming stigma and rebuilding life after recovery from drug abuse. Social support, optimism, and the ability to manage stress are important factors in building resilience. Interventions that support resilience need to focus on community education, psychosocial support, and economic empowerment to ensure the successful social reintegration of former drug users.

4. Prevention and intervention strategies

To prevent similar conditions, a holistic approach involving families, communities, and rehabilitation institutions is urgently needed. Family education about the importance of emotional support, as well as social and economic empowerment programs, can help strengthen individual resilience and reduce the risk of relapse. Additionally, community-based programs that encourage active participation can create a more inclusive and resilient environment.

Effective prevention and intervention strategies require a holistic approach that involves various elements such as families, communities, and rehabilitation institutions. This approach ensures that individuals undergoing the recovery process focus not only on the medical aspects but also on the social, emotional, and economic aspects that support continued reintegration. Family education about the importance of emotional support and active involvement in the rehabilitation process is key to preventing relapse. Research shows that families who understand the emotional needs of former drug users are able to create a stable environment and support their recovery. This support includes providing attention, effective communication, and reducing the internal stigma that is often felt by individuals in recovery (Herawati & Rizkillah, 2022). Social and economic empowerment programs can help individuals build financial

independence and strengthen their resilience. Skills training, access to jobs, and entrepreneurial support provide opportunities for former drug users to rebuild their lives. Studies show that involvement in productive economic activities can reduce the risk of relapse by providing clear focus and goals (Habib, 2021). Community-based programs that encourage active participation create an inclusive and supportive environment. A supportive community can help reduce stigma and provide space for individuals to contribute socially. Research shows that participation in social activities increases a sense of belonging and strengthens social networks that support the recovery process (Sholihah et al., 2023). Rehabilitation institutions must adopt a holistic approach that focuses not only on treatment but also on social and psychological aspects. Programs such as group therapy, family counseling, and skills training should be an integral part of the rehabilitation process. The study confirms that this multi-faceted approach increases the effectiveness of rehabilitation and reduces the risk of relapse (Citra et al., 2021). Effective prevention and intervention strategies require collaboration between families, communities, and rehabilitation institutions. Family education, social and economic empowerment, and inclusive community-based programs are important steps in supporting recovery and preventing relapse.

This holistic approach ensures that individuals undergoing rehabilitation receive well-rounded support to build a better life and contribute positively to society. Families and communities play a key role in supporting the social recovery and reintegration of ex-drug abusers. Strong social support, community participation, and individual resilience are important factors to ensure successful recovery and social well-being. Community-based prevention programs and interventions need to be strengthened to prevent similar conditions in the future.

Reference

- Adi Wisesa, F., Rifqi, M. A., Fauziah, U., & Sulistyawati, K. (2022). PEMBERDAYAAN MASYARAKAT TERDAMPAK PANDEMI COVID 19 BERBASIS BUDIDAYA IKAN LELE BIOFLOK DI KELURAHAN GUNDIH. *Transformasi Dan Inovasi: Jurnal Pengabdian Masyarakat*, 1(2). <https://doi.org/10.26740/jpm.v1n2.p94-101>
- Adnan, H. (2023). Implementasi Pemberhentian Kepala Daerah Di Provinsi Jawa Barat Antara Tahun 2014-2021 Dalam Sistem Pemerintahan Daerah. *Al-Adl: Jurnal Hukum*, 15(1), 87. <https://doi.org/10.31602/al-adl.v15i1.9014>
- Alfian, N. W. M., & Susanti, A. (2022). PERUBAHAN SOSIAL EKONOMI DAN PLURIACTIVITY MASYARAKAT DESA MENTARAMAN. *Jurnal Analisa Sosiologi*, 11(3). <https://doi.org/10.20961/jas.v11i3.60958>
- Alifya, N., & Michiko Mamesah. (2022). Pengaruh Stigma Masyarakat Terhadap Pembentukan Konsep Diri Remaja Penyalahgunaan Narkoba di Yayasan Bersama Kita Pulih (BESAKIH). *INSIGHT: Jurnal Bimbingan Konseling*, 10(1). <https://doi.org/10.21009/insight.101.08>
- Aliyah, A. H. (2022). Peran Usaha Mikro Kecil dan Menengah (UMKM) untuk Meningkatkan Kesejahteraan Masyarakat. *WELFARE Jurnal Ilmu Ekonomi*, 3(1). <https://doi.org/10.37058/wlfr.v3i1.4719>
- Basri, A. I., Prasetyo, A., Astiti, Y. D., & Tisya, V. A. (2021). Peningkatan kesadaran dan kognitif remaja Dusun Sidorejo RT 06 Ngestiharjo Kasihan Bantul melalui edukasi kesehatan reproduksi remaja dan dampak pergaulan bebas berbasis pedagogis. *Transformasi: Jurnal Pengabdian Masyarakat*, 17(2). <https://doi.org/10.20414/transformasi.v17i2.3900>
- Citra, A., Triana, A., Sonia, G., & Humaedi, S. (2021). Peran Pekerja Sosial dalam Penerapan Therapeutic Community. *Focus: Jurnal Pekerjaan Sosial*, 3(2). <https://doi.org/10.24198/focus.v3i2.31851>
- Fatimatuzzahroh, F., Hadi, S. P., & Purnaweni, H. (2021). TINGKAT PARTISIPASI MASYARAKAT DAN ANALISIS AKTOR PADA REHABILITASI MANGROVE DI DESA KARANGSONG, KABUPATEN INDRAMAYU, JAWA BARAT. *Jurnal Sosial Ekonomi Kelautan Dan Perikanan*, 16(2). <https://doi.org/10.15578/jsekp.v16i2.9420>
- Fikriyyah, H. F., Nurwati, R. N., & Santoso, M. B. (2022). DAMPAK POLA ASUH OTORITER TERHADAP PERKEMBANGAN PSIKOSOSIAL ANAK USIA PRASEKOLAH. *Jurnal Penelitian Dan Pengabdian Kepada Masyarakat (JPPM)*, 3(1).

<https://doi.org/10.24198/jppm.v3i1.39660>

- Habib, M. A. F. (2021). KAJIAN TEORITIS PEMBERDAYAAN MASYARAKAT DAN EKONOMI KREATIF. *Journal of Islamic Tourism Halal Food Islamic Traveling and Creative Economy*, 1(2). <https://doi.org/10.21274/ar-rehla.v1i2.4778>
- Hasanah, B., Sururi, A., Prananda, D. P., & Noval, A. M. (2022). KEWIRAUSAHAAN SOSIAL: PARTISIPASI MASYARAKAT DAN EVALUASI DAMPAK SOSIAL-EKONOMI. *Jurnal Administrasi Negara*, 28(3). <https://doi.org/10.33509/jan.v28i3.1721>
- Haslan, M. M., & Ilyas, M. (2023). Upaya Mengatasi Marginalisasi Hak-Hak Masyarakat Lokal Dalam Pengelolaan Sumberdaya Hutan (Kajian Sistem Pengelolaan Sumberdaya Hutan di Pulau Lombok Nusa Tenggara Barat). *CIVICUS: Pendidikan-Penelitian-Pengabdian Pendidikan Pancasila Dan Kewarganegaraan*, 11(1). <https://doi.org/10.31764/civicus.v11i1.16502>
- Herawati, & Rizkillah, R. (2022). PENGARUH STRES DAN DUKUNGAN SOSIAL TERHADAP KESEJAHTERAAN SUBJEKTIF PADA KELUARGA AYAH TUNGGAL SELAMA PANDEMI COVID-19. *JKKP (Jurnal Kesejahteraan Keluarga Dan Pendidikan)*, 9(02). <https://doi.org/10.21009/jkkp.092.03>
- Hulukati, Y. R., Ismail, D. E., & Nggilu, N. (2020). Penyalahgunaan Narkotika Oleh Pegawai Negeri Sipil Dilihat Dari Perspektif Kajian Kriminologi. *JURNAL LEGALITAS*, 13(01). <https://doi.org/10.33756/jelta.v13i01.7303>
- Isman, A. F. (2022). Pemberdayaan Masyarakat Berbasis Komunitas Zakat Pada Masa Pandemi Di Desa Kahayya, Kabupaten Bulukumba. *Dimas: Jurnal Pemikiran Agama Untuk Pemberdayaan*, 21(2). <https://doi.org/10.21580/dms.2021.212.9319>
- Ismawati, Indryani, & Amir, S. (2022). HUBUNGAN DUKUNGAN KELUARGA TERHADAP KEPATUHAN IBU HAMIL DALAM MELAKUKAN KUNJUNGAN ANC DI WILAYAH UPT PUSKESMAS ULAWENG. *Jurnal Suara Kesehatan*, 8(2). <https://doi.org/10.56836/journaliskb.v8i2.62>
- Kurwiyah, N., Anwar, S., Herlinah, L., Suharsiwi, S., Annantusia, A., & Pangerstu, S. D. (2023). Dukungan Keluarga terhadap Pengendalian Hipertensi pada Lansia di Wilayah Rw 10 Kelurahan Utan Panjang Jakarta Pusat. *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 6(5). <https://doi.org/10.33024/jkpm.v6i5.9493>
- Lai, A., & Widjaja, O. H. (2023). Pengaruh Pengetahuan Kewirausahaan, Kreativitas, dan Inovasi terhadap Keberhasilan UMKM Kedai Kopi. *Jurnal Manajerial Dan*

Kewirausahaan, 5(3). <https://doi.org/10.24912/jmk.v5i3.25336>

- Lestari, S. P., Mendrofa Motuho, F. A., & Ardina, Y. (2021). Hubungan Pengetahuan Ibu Tentang Tumbuh Kembang Anak dan Keterlibatan Ibu dalam Mengasuh dengan Kemandirian Anak Usia Pra Sekolah. *Jurnal Smart Keperawatan*, 8(1). <https://doi.org/10.34310/jskp.v8i1.436>
- Luthfa, I., Susanto, H., & Hasna, M. Y. (2021). Terapi Reminiscence Sebagai Upaya Meningkatkan Kepuasan Hidup Lansia Di Rumah Pelayanan Sosial Pucang Gading Semarang. *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 4(3).
- Mashur, M., Hunaepi, H., & Subagio, S. (2022). Bimbingan Teknis Pengolahan Jerami Padi Menjadi Pakan Sapi Potong pada Musim Kemarau di Lahan Kering. *Lumbung Inovasi: Jurnal Pengabdian Kepada Masyarakat*, 7(2). <https://doi.org/10.36312/linov.v7i2.712>
- Mashur, M., Subagio, S., Hamid, G., & Oktaviana, D. (2021). Pemberdayaan Masyarakat Desa Taman Ayu Melalui Inovasi Teknologi Sistem Integrasi Jagung Dan Sapi (Sijasa). *Sasambo: Jurnal Abdimas (Journal of Community Service)*, 3(2). <https://doi.org/10.36312/sasambo.v3i2.422>
- Mawar, M., Rahman, A., Purbaningrum, D. G., & Ramadhan, G. (2022). Pemberdayaan Usaha Mikro Kecil Menengah yang Terkena Dampak Pandemi Covid-19 Berbasis Modal Sosial di Kelurahan Pondok Pucung Kota Tangerang Selatan. *Bubungan Tinggi: Jurnal Pengabdian Masyarakat*, 4(2). <https://doi.org/10.20527/btjpm.v4i2.5320>
- Muhamad Wildan Ardiansyah, & Nawangsih, E. (2023). Pengaruh Dukungan Sosial terhadap Work-Family Conflict pada Perawat Wanita di RSUD Kota Bandung. *Bandung Conference Series: Psychology Science*, 3(2). <https://doi.org/10.29313/bcsp.v3i2.7393>
- Nuraeningsih, N., Indaryani, M., & Rusiana, R. (2021). Faktor Keberhasilan Program Pengembangan Kewirausahaan Mahasiswa Universitas Muria Kudus. *Indonesian Journal of Community Services*, 3(2). <https://doi.org/10.30659/ijocs.3.2.126-134>
- Nurhidayati, S., Khaeruman, K., & Lukitasari, D. (2020). Pemberdayaan Kelompok Masyarakat Desa Ketapang Raya Melalui Usaha Produktif Terasi Rebon Pasca Gempa Lombok. *Lumbung Inovasi: Jurnal Pengabdian Kepada Masyarakat*, 5(1). <https://doi.org/10.36312/linov.v5i1.458>
- Parimita, W., Munawaroh, & Rizaldy, I. M. R. (2022). PERAN GANDA IBU RUMAH

TANGGA DALAM MENINGKATKAN KESEJAHTERAAN EKONOMI KELUARGA. *Sarwahita*, 18(02). <https://doi.org/10.21009/sarwahita.182.3>

Pradana, B., Tongko, M., & Dwicahya, B. (2023). Gambaran Penerapan Program Pos Upaya Kesehatan Kerja (UKK) Pada Pekerja Sektor Informal di Kabupaten Banggai. *Buletin Kesehatan MAHASISWA*, 1(3). <https://doi.org/10.51888/jpmeo.v1i3.172>

Pratama, A., Akhyadi, A. S., & Saripah, I. (2021). Model Pemberdayaan Kewirausahaan Mandiri Masyarakat di Masa Pandemi Covid-19: Sebuah Kajian Literatur. *Diklus: Jurnal Pendidikan Luar Sekolah*, 5(2). <https://doi.org/10.21831/diklus.v5i2.37141>

Rahman, S., & Tasalim, R. (2022). Pengaruh Pemberian Dukungan Kesehatan Jiwa Dan Psikososial Terhadap Penurunan Tingkat Stres Dan Kecemasan Pada Masyarakat Banjar Di Masa Pandemi Covid 19. *DINAMIKA KESEHATAN: JURNAL KEBIDANAN DAN KEPERAWATAN*, 13(1). <https://doi.org/10.33859/dksm.v13i1.788>

Rohman, M., . M., Sudjimat, D. A., & Sugandi, R. M. (2022). Dukungan Keluarga dan Kesiapan Kerja di Kalangan Siswa SMK di Indonesia: Efek Mediasi dari Wawasan Dunia Kerja. *Jurnal Pendidikan Teknik Mesin Undiksha*, 10(1). <https://doi.org/10.23887/jptm.v10i1.43409>

Rudiyanti, N., Putriana, Y., Indrasari, N., Mugiati, M., Asih, Y., & Octaviana, A. (2022). Pemberdayaan Masyarakat Di Masa Pandemi Menuju Desa Tangguh Covid-19. *JURNAL KREATIVITAS PENGABDIAN KEPADA MASYARAKAT (PKM)*, 5(8). <https://doi.org/10.33024/jkpm.v5i8.5077>

Semekto, A. (2021). Ketidakpastian Lingkungan dan Lingkup Sistem Informasi Akuntansi Manajemen Terhadap Kinerja Manajerial Pada Usaha Mikro, Kecil dan Menengah (UMKM) di Surabaya. *Jurnal Riset Akuntansi & Perpajakan (JRAP)*, 8(02). <https://doi.org/10.35838/jrap.2021.008.02.19>

Sholihah, F., Susanti, E., & Mas'udah, S. (2023). Pengaruh Status Sosial Ekonomi Keluarga dan Dukungan Sosial Terhadap Ketahanan Keluarga Penyintas Covid-19. *Jurnal Litbang: Media Informasi Penelitian, Pengembangan Dan IPTEK*, 19(1). <https://doi.org/10.33658/jl.v19i1.319>

Sholikhah, J., Irwanto, I., & Fardana N, N. A. (2021). KUALITAS INTERAKSI ORANG TUA DAN ANAK TERHADAP PERKEMBANGAN EMOSIONAL ANAK. *Indonesian Midwifery and Health Sciences Journal*, 3(3). <https://doi.org/10.20473/imhsj.v3i3.2019.243-248>

- Sumah, D. (2020). Dukungan Keluarga Berhubungan dengan Kemampuan Pasien Skizofrenia dalam Mengontrol Halusinasi di RSKD Provinsi Maluku Dene Fries Sumah. *Program Studi Keperawatan, Universitas Kristen Indonesia Maluku*, 10(3).
- Tursilarini, T. Y., & Udiati, T. (2020). Dampak Bantuan Rumah Tidak Layak Huni (RTLH) Bagi Kesejahteraan Sosial Keluarga Penerima Manfaat di kabupaten Bangka. *Media Informasi Penelitian Kesejahteraan Sosial*, 44(1).
- Widyastuti, E., & Mukti, P. (2022). Peran Human Capital dalam Peningkatan Resiliensi pada Masyarakat Miskin. *Intuisi: Jurnal Psikologi Ilmiah*, 13(2).
<https://doi.org/10.15294/intuisi.v13i2.30332>
- Wijaya, A. A. M., Lawelai, H., Sadat, A., Nastia, N., & Sa'ban, L. M. A. (2022). PENGUATAN KAPASITAS MASYARAKAT MELALUI PENDEKATAN PENGEMBANGAN PARIWISATA DESA BAHARI III KABUPATEN BUTON SELATAN. *SELAPARANG: Jurnal Pengabdian Masyarakat Berkemajuan*, 6(1).
<https://doi.org/10.31764/jpmb.v6i1.7330>

CHAPTER VI

COOPERATION WITH EXTERNAL PARTIES

Cooperation with external parties is an important strategy in handling drug abuse (Narcotics, Psychotropics, and other Addictive Substances). The problem of drug abuse not only touches on health, but also social, economic, and legal aspects, so it requires a collaborative approach involving various stakeholders such as community leaders, health institutions, law enforcement agencies, and community organizations. This collaboration aims to create a more holistic and sustainable handling ecosystem.

6.1. Theoretical Framework in Drug Handling Collaboration

The theoretical framework serves as a foundation to understand the dynamics of collaboration in handling drug abuse. This issue involves a wide range of stakeholders from the individual level to the wider community, so a theory-based approach is needed to ensure the success of the intervention. This sub-chapter explains several relevant main theories, namely Inter-Institutional Collaboration Theory, Social Ecosystem Theory, Adverse Impact Reduction Theory, and Community Leadership Theory. These four theories provide a comprehensive perspective in designing effective and sustainable collaboration-based management strategies.

6.1.1. Theory of Inter-Institutional Collaboration

This theory highlights the importance of synergy among actors in dealing with complex issues such as drug abuse. Collaboration requires open communication, shared goals, and clearly defined roles. In this context, the effectiveness of collaboration is increased through a balanced sharing of risks and responsibilities among institutions, both the government and civil society (Schrujijer, 2020). Inter-Institutional Collaboration Theory (Gash, 2017) is a conceptual framework that helps explain the importance of cross-organizational cooperation in dealing with complex problems, such as drug abuse. This theory offers guidance for creating effective synergies through communication, shared goals, and the division of responsibilities. Inter-

Institutional Collaboration Theory is a systematic approach to solving problems that require the involvement of various actors, both from the government, the community, and the private sector. Its essence lies in the ability of various parties to work together by sharing resources, risks, and responsibilities to achieve a more comprehensive solution (Schrujjer, 2020). This theory was developed by Barbara Gray in 1989 in the context of organizational management and conflict resolution. Gray realized that many problems, such as resource management or public health, cannot be solved by one party alone. This theory emerged in response to the growing need to build cross-sector partnerships amid the challenges of globalization and the increasing complexity of social problems (Crawford, 2020). The main concepts in this theory include open communication, shared goals, and a clear division of roles. Communication is the basis for building trust among actors. Shared goals ensure all parties are focused on the desired terminate result, while the division of roles and responsibilities helps avoid conflict and redundancy. In addition, collaboration involves a process of deliberation, i.e. in-depth discussions to reach consensus among the parties (Stanley & Kuo, 2022). This theory is based on the assumption that each actor has unique interests and abilities, but is not capable of solving complex problems individually. The theory also assumes that cooperation can result in more innovative and sustainable solutions than solitary efforts. In addition, the success of collaboration depends on the willingness of all parties to share power, risk, and terminate result (Kinder et al., 2021). The Inter-Agency Collaboration Theory provides a strong theoretical foundation for understanding and managing cross-sectoral partnerships, which are an urgent need in addressing multidimensional challenges such as drug abuse.

The Theory of Inter-Agency Collaboration (TIAC) proposes a model that includes three main phases: (1) Prenegotiation, in which the parties define key issues, set common goals, and build trust; (2) Interaction, where negotiations are conducted to reach a contract on a solution; and (3) Implementation, where the solution is implemented and the results are evaluated. Each phase involves elements such as communication, risk sharing, and conflict resolution mechanisms. These elements are interconnected to create a continuous collaborative process (Stanley & Kuo, 2022).

The main goal of this theory is to explain how actors from different sectors can work together to deal with complex issues involving multiple interests. In the context of drug treatment, this theory is relevant for designing rehabilitation programs involving government agencies, community organizations, and local communities. With a focus on synergy and sustainability, the theory helps to overcome structural barriers and integrate

community-based approaches (Hechanova et al., 2023). The advantage of this theory is its ability to deal with complex problems by involving a variety of perspectives and resources. The theory is also flexible and can be applied in a variety of contexts, such as public policy and public health programs. However, criticism of this theory includes the challenges of building trust among actors who have different interests and potential conflicts during negotiations. Also, collaboration requires significant time and resources, making it not always efficient for issues that require a quick response (Kinder et al., 2021). In practice, this theory is applied to design partnerships among government agencies and civil society in various programs. For illustration, in the context of the rehabilitation of drug users, this theory is used to create a coordination mechanism among health institutions, law enforcement, and community-based organizations. Research has also shown that a collaboration-based approach increases the success of rehabilitation programs by taking into account broader environmental and social factors (Chatfield & Reddick, 2020). With its comprehensive structure, objectives, and applications, the Inter-Agency Collaboration Theory provides effective guidance for addressing multidimensional challenges, such as drug abuse, through an inclusive and solution-based approach.

The Theory of inter-institutional collaboration has a close relationship with various other theories that highlight interactions among actors in social and organizational contexts. This theory complements the Social Ecosystem Theory Bronfenbrenner at 1979, which emphasizes the importance of understanding the relationship among individuals and their environment in micro, meso, and macro systems. Collaboration among institutions often requires an ecosystem-based approach, especially in integrating different levels of intervention to produce a holistic solution (Stanley & Kuo, 2022). In addition, this theory evolved from the Conflict Resolution Theory which provides a basis for understanding how differences of interest can be negotiated to achieve common goals. Gray combines the concept of conflict resolution with a collaborative approach, which not only seeks to solve problems but also builds long-term relationships among actors (Hechanova et al., 2023; Schrujjer, 2020). This theory is also aligned with transformational leadership theory, which underlines the role of leaders in building a shared vision and motivating collaboration. In many cases, collaboration among institutions requires leaders who are can mobilize resources, bridge differences, and create an environment that supports cooperation (Kinder et al., 2021). However, this theory has some differences with the Principal Agent Theory in management, which focuses more on the hierarchical relationship among the principal and the agent. The theory of inter-institutional

collaboration emphasizes equality and a fair division of roles, differing from the top-down approach in traditional management theory (Crawford, 2020). The Inter-Agency Collaboration Theory stands as a framework that complements a variety of other theories, expanding the focus from simply conflict resolution to the creation of sustainable collaborative solutions. This makes it relevant in addressing complex challenges such as drug handling, which requires the involvement of actors from different sectors and levels of intervention. To understand the application of Inter-Institutional Collaboration Theory in a real context, table 6.1. explain how this theory can be used in the rehabilitation situation of drug users. Table 6.1. includes collaboration among health agencies, local communities, and law enforcement agencies.

Table 6.1. Inter-Institutional Collaboration in Drug User Rehabilitation

Actor	Role in Collaboration	Benefits of Collaboration
Local Government (Hechanova et al, 2023)	Providing policies and funding for rehabilitation programs	Ensuring program sustainability and regulatory compliance
Community-Based Organizations	Providing social support and building community awareness	Reduce stigma and increase social support for users
Community Volunteer	Accompanying users throughout the rehabilitation process and providing motivation	Provide personalized support that increases user engagement in the program
Healthcare providers	Providing medical and psychological services to users	Ensure comprehensive, evidence-based medical interventions
Pemimpin Agama (Mahboub et al, 2021)	Providing a spiritually-based approach and supporting social reintegration	Helps users rebuild social and spiritual relationships damaged during a period of addiction
Primary Care Physician (Harris et al, 2021)	Prescribing buprenorphine as a replacement therapy and monitoring the patient's overall health	Ensuring direct access to pharmacological care and routine health monitoring
Care Manager	Providing psychological support, case management, and monitoring patient progress through regular counseling	Helps patients stay engaged in care and improve medication adherence
Psikiater Adiksi	Providing expert consultation on complex patient mental health conditions	Integrating mental health care and opioid use disorder for a holistic approach
Recovery Specialist	Accompanying patients in maintaining recovery and encouraging involvement in support groups	Motivates patients to stay in recovery and prevent relapses

Source: Author Search, 2024

Community-based rehabilitation programs in the Philippines demonstrate how collaborative approaches can address complex challenges, such as resource limitations and social stigma against drug users (Hechanova et al., 2023). Local governments act as the main facilitators, providing policy frameworks and resources. Community-based organizations play an important role in strengthening community trust in rehabilitation programs. The study also found that support from volunteers and religious leaders accelerated the rehabilitation process by building users' confidence and motivation. As a result, this program not only succeeded in reducing the relapse rate but also improved the quality of life of participants through better social reintegration (Mahboub et al., 2021). This collaborative care model aims to address the challenges faced by patients with opioid use disorders, such as social stigma, mental health comorbidities, and limited access to care services. The role of primary care physicians as a key access point increases the availability of evidence-based therapies such as buprenorphine. Care managers play a crucial role in supporting patients through counseling, which ensures long-term involvement in treatment (Harris et al., 2021).

Studies show that this model increases the rate of adherence to treatment, reduces the rate of recurrence, and improves the quality of life of patients. By supporting patients holistically, the program provides sustainable solutions in dealing with opioid use disorders and related comorbidities. This collaborative approach supports the relevance of Inter-Agency Collaboration Theory in addressing complex public health challenges. This collaborative approach underscores the importance of synergy among actors to address issues involving medical, social, and cultural dimensions. This supports the relevance of the Inter-Institutional Collaboration Theory in creating sustainable solutions to health challenges.

6.1.2. Social Ecosystem Theory

Social ecosystems describe the relationship among individuals and their environment, ranging from the family to the wider community. In the context of drug rehabilitation, this theory emphasizes the need for a holistic approach that includes interventions at all levels of the environment, such as family, community, and public policy (Stanley & Kuo, 2022). Studies show that the interaction among micro and macro systems can improve rehabilitation success. Social Ecosystem Theory, or better known as Ecological Systems Theory, was developed by Urie Bronfenbrenner. This theory emphasizes that individual development is influenced by the interactions among various interconnected environmental systems, ranging from immediate family to

broader public policy and cultural influences (Crawford, 2020). This theory defines development as the result of a progressive adaptation process among active individuals and their environment (Fulantelli et al., 2021). This theory was first introduced by Bronfenbrenner in 1979 to explain the dynamics of relationships among individuals and different levels of social environment that affect human development. This theory was born from the need to understand the complexity of human interaction in a broader social context, especially to support more inclusive education and social policies (Murphy, 2020). For illustration, this theory is the basis for programs such as Head Start in the United States that aim to support children from underprivileged families (Tudge et al., 2021). The theory consists of five main systems:

1. **Microsystem:** Nearby environments such as family, friends, and schools that have direct interaction with individuals.
2. **Mesosystems:** Relationships among microsystems, such as interactions among families and schools.
3. **Ecosystem:** An environment that is not directly involved but affects individuals, such as the workplace of parents.
4. **Macrosystems:** The cultural norms, public policies, and belief systems that shape the environment.
5. **Chronosystem:** A time dimension that includes changes and transitions throughout an individual's life (El Zaatari & Maalouf, 2022).

The theory also integrates process, people, context, and time (PPCT) to analyze human development as a whole (Acharya & Rajendran, 2023). Social Ecosystem Theory offers a holistic framework for understanding how interactions among environments affect individual development. This theory has been widely applied in the context of education, social policy, and rehabilitation to create comprehensive solutions to various social challenges. Social ecosystem theory is based on the assumption that individual development occurs through dynamic and mutually influencing interactions among individuals and the various layers of the surrounding environment. This includes direct relationships with the family to broader influences such as culture, policy, and history.

The basic assumption is that the environment is not static, but rather changes over time, and that individuals play an active role in shaping their environment through reciprocal relationships. These processes are referred to as proximal processes, which include daily interactions with nearby environmental elements, which are considered to be the main drivers of development (Crawford, 2020). In addition, this theory assumes that time factors (chronosystems) play an important role in influencing these

interactions throughout an individual's lifetime (El Zaatari & Maalouf, 2022). Social Ecosystem Theory uses a hierarchical system structure consisting of five layers (figure 6.1.):

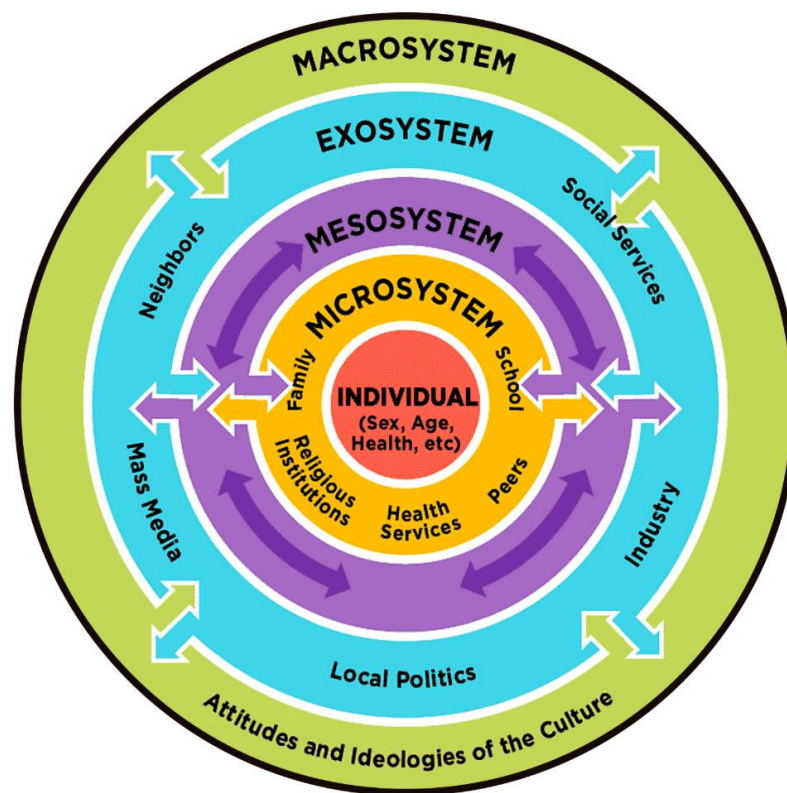
1. **Microsystem:** Contains nearby environments such as family, school, and friends, which have direct interaction with individuals.
2. **Mesosystem:** Connecting elements of the microsystem, such as the relationship among family and school.
3. **Ecosystem:** Includes systems that do not directly interact with individuals but affect their lives, such as parental work policies or mass media.
4. **Macrosystem:** It is a system that includes the cultural, legal, and ideological values that underlie society.
5. **Chronosystem:** Highlights the time dimension, such as changes in an individual's lifestyle or historical events that influenced their development.

This model describes how each layer is interrelated and works simultaneously to influence individual development (Murphy, 2020). Theoretical diagrams are often visualized in the form of concentric circles to show the relationships among these layers (Acharya & Rajendran, 2023). The main goal of this theory is to explain how environmental factors at various levels affect individual development, as well as how individuals adapt and influence the environment around them. The theory is designed to predict the complex dynamics of environmental interactions that contribute to human development, as well as to provide practical guidance in developing more effective social, educational, and health policies (Stanley & Kuo, 2022). Its relevance is particularly significant in various fields, such as education, where this theory helps identify the role of the school and family environment in supporting student learning. In addition, in social rehabilitation, this theory shows the importance of a cross-system approach to achieve optimal outcomes, such as rehabilitation-based community programs for drug users (Adu & Oudshoorn, 2020). With its holistic approach, this theory continues to be the basis for research aimed at improving comprehensive and sustainable social interventions.

Social Ecosystem Theory has several advantages in explaining the phenomenon of human development. One of its strengths is its holistic approach, which considers different levels of environmental influence, from individuals to broader social structures, as well as how all of those elements interact with each other. This makes this theory very flexible and can be applied in various contexts, such as education, health, and social policy (Crawford, 2020). In addition, the integration of the time dimension in the chronosystem allows this theory to explain the changes that occur throughout

a person's lifetime and the relevance of certain historical events ((El Zaatari & Maalouf, 2022). However, this theory has also faced criticism. One of its drawbacks is its difficulty in empirically applying it due to its very complex nature and includes many variables. Many studies tend to focus on only one or two systems, such as microsystems and mesosystems, making it difficult to fully understand the influence of cross-system interactions (Acharya & Rajendran, 2023). In addition, some critics say that this theory tends to be less specific in providing operational guidance for intervention design or practical policies (Murphy, 2020).

Figure 6.1. The Five Layers of Social Ecosystems



source: (Crawford, 2020; Stanley & Kuo, 2022)

This theory is widely applied in research, policy, and practice of daily life. In education, this theory is used to understand how interactions among students, families, schools, and educational policies affect learning outcomes. An illustration is the school-family-community partnership program which aims to improve educational outcomes by involving parents and the community as part of the student mesosystem (Stanley & Kuo, 2022). In the health field, this theory helps design community-based rehabilitation programs, as in the case of the deinstitutionalization of mental health services. The cross-systems approach allows for the integration of education, policy

advocacy, and community support to create an inclusive environment for individuals with mental health disorders (Adu & Oudshoorn, 2020). In everyday practice, this theory is relevant to understand how environmental factors such as parental work (ecosystem) and cultural values (macrosystems) affect children's behavior and well-being. The theory is also used to design public policies, such as family policies that consider cross-generational needs, as well as to address social challenges such as cyberbullying through newly developed digital ecological approaches (Patel & Quan-Haase, 2024). This broad application shows that Bronfenbrenner's Social Ecosystem Theory (SET) continues to be a relevant and effective framework for understanding and addressing complex challenges in modern society.

Social Ecosystem Theory has a complementary relationship with several other theories that focus on cross-system approaches and interactions among actors. In the context of social intervention, this theory complements the inter-agency collaboration theory, which emphasizes the importance of synergy and coordination among various institutions to address complex issues such as community resilience and drug rehabilitation. Social ecosystems provide a framework for understanding how various actors in the system, from individuals to national institutions, can work together in addressing challenges at the micro, meso, and macro levels (Stanley & Kuo, 2022). In conjunction with the harm reduction theory, the social ecosystem theory helps to broaden the focus of reducing the negative impacts of drug use by paying attention to environmental elements that affect individuals, such as social stigma (macrosystems) or family support (microsystems). Harm reduction approaches often focus on individuals, while ecosystem theory reinforces the understanding that cross-system support is essential for long-term success (Adu & Oudshoorn, 2020). This theory also has alignment with community leadership theory, which emphasizes the role of leadership in mobilizing resources and motivating communities to achieve common goals. In social ecosystems, community leaders play an important role in mesosystems and ecosystems, such as bridging relationships among families, local organizations, and governments to create environments that support the development of individuals and communities. For illustration, in community-based rehabilitation, local leaders can facilitate cross-sector collaboration to ensure the sustainability of the intervention (Crawford, 2020). In addition to complementing it, this theory also develops from the systems thinking approach in social science and ecological psychology. In this case, the Social Ecosystem Theory expands on previous concepts by integrating the time dimension (chronosystem) and incorporating cross-disciplinary influences from biology, psychology, and sociology, making it more comprehensive than

previous models (Murphy, 2020). Through these relationships, the Social Ecosystem Theory shows its flexibility to be applied in a variety of disciplines, both as an independent framework and as a complement to other theories in dealing with complex issues of a cross-sectoral nature.

To help understand the application of Social Ecosystem Theory in real situations, table 6.2. describe concretely in the context of the rehabilitation of drug users. Table 6.2. demonstrate how cross-system interactions can affect rehabilitation success.

Table 6.2. Application of Social Ecosystem Theory in the Rehabilitation of Drug Users

System	Forms of Intervention	Reference
Microsystem	Family support by providing a stable and conflict-free home environment.	(Stanley & Kuo, 2022)
Mesosystem	Collaboration among rehabilitation centers and local communities to support patients.	(Adu & Oudshoorn, 2020)
Eksosistem	Flexible work policies that allow drug users to undergo therapy programs.	(Murphy, 2020)
Macrosystem	A cultural campaign that reduces the stigma against drug users in the community.	(Patel & Quan-Haase, 2024)
Kronosistem	Adjustment of rehabilitation programs based on the patient's development over time.	(Acharya & Rajendran, 2023)

Source: Author Search, 2024

Table 6.2. showing how each level in the Social Ecosystem Theory can be applied to create a holistic rehabilitation approach. At the microsystem level, family support is a very important basis for building emotional stability for drug users. Furthermore, interactions in the mesosystem, such as collaboration with local communities, can improve access to the resources needed. Ecosystems and macrosystems focus on broader environmental influences, such as work policies and cultural change, that can strengthen or inhibit rehabilitation. The time dimension in the chronosystem provides the flexibility to tailor interventions according to individual development over time, ensuring the sustainability of rehabilitation outcomes. With this cross-system approach, Social Ecosystem Theory not only explains complex phenomena but also provides a practical framework for the development of effective and sustainable interventions.

6.1.3. Adverse Impact Reduction Theory

Harm reduction is a pragmatic approach that focuses on minimizing risks rather than stopping drug use entirely. This strategy has been shown to

be effective in reducing negative impacts on public health, such as the spread of HIV and hepatitis through syringes (Chatfield & Reddick, 2020). The theory of harm reduction is an approach that aims to minimize the negative consequences of high-risk behaviors without forcing individuals to completely stop the behavior. This approach is based on the principles of pragmatism, respect for human rights, and priority on achieving realistic short-term goals (Denis-Lalonde et al., 2019). The Harm Reduction Theory (HRM) was first developed in the late 20th century in response to the often ineffective "zero tolerance" approach in dealing with the use of narcotics and other psychoactive substances (NARCO). This approach began to be widely applied in Europe, especially in the Netherlands and the United Kingdom, in the 1980s, in an effort to combat the spread of HIV/AIDS among injecting drug users. The initial focus of this theory was the exchange of syringes and the distribution of condoms as a preventive measure for public health (Marlatt, 1996). Further developments suggest that this approach can be applied to a variety of other health risks, comprising alcohol addiction, smoking, and eating disorders (Hawk et al., 2017).

The five main concepts of adverse impact reduction theory include pragmatism: Focusing on practical and realistic solutions to reduce risk, rather than being idealistic-oriented such as a complete cessation of substance use (Lenton & Single, 1998). Humanism, respecting the right of individuals to make their own decisions, taking into account their personal needs and goals ((Denis-Lalonde et al., 2019). Inclusivity: Involving affected individuals in the design and implementation of the program, which allows them to be part of the solution (Hawk et al., 2017). Public health approach, prioritizing the health and safety of the community as a whole rather than just pursuing repressive actions against individuals (Ball, 2007). Non-judgmental value avoiding a judgmental attitude toward individuals who choose to continue using drugs, thus creating an environment that supports positive change (Erickson, 1995). Harm reduction as a theory and approach continues to evolve, reaching more contexts and populations, comprising countries with limited resources. Successful implementation requires adaptation to local culture and policies. Harm reduction is based on a few key assumptions:

1. Not all users can quit completely, it is accepted that not all individuals who engage in high-risk behaviors, such as drug use, can or will choose to quit completely. Therefore, this approach prioritizes negative impact reduction over total cessation (Hawk et al., 2017).
2. Pragmatism, Harm reduction aims to bid practical rather than idealistic solutions, focusing on achieving realistic and measurable goals in the short term (Marlatt, 1996).

3. Focusing on Welfare, this approach prioritizes the well-being of individuals and communities, without judging certain choices or behaviors (Hawk et al., 2017).

Harm Reduction Theory is not always embodied in a rigorous model, but is often presented through a principle-based structure. This model involves several key elements that are interconnected

1. Basic principle: Humanism with respect for the rights and dignity of individuals. Pragmatism focuses on practical solutions. Individualism that prioritizes the unique needs and conditions of individuals (Denis-Lalonde et al., 2019).
2. Interventions, approaches include syringe exchange, opioid substitution therapy, and naloxone distribution to prevent overdose.
3. Risk Environment, this structure considers the social, economic, and legal contexts that affect individual behavior and their level of risk (Rhodes, 2002).

The main goal of harm reduction is to minimize the adverse impact of risky behaviors on physical, mental, and social health, both on individuals and society. For illustration: Prevention of infectious diseases by reducing the spread of HIV and hepatitis through syringe exchange programs (Hawk et al., 2017). Improving Access to Healthcare by providing alternative pathways for users who are not ready to pursue full abstinence, thus staying connected to healthcare (Mancini & Linhorst, 2010). The relevance of this theory is significant in the field of public health, especially in the management of addiction, prevention of infectious diseases, and stigma reduction. This approach also serves as an ethical and practical foundation for health policy in communities facing the major challenges of substance abuse.

Harm reduction has several advantages that make it a relevant and effective approach in managing public health risks. This approach is humanistic, respects the right of individuals to make their own decisions, and focuses on improving well-being without judging their behavior. This helps create a positive relationship among patients and healthcare providers (Hawk et al., 2017). Strategies such as syringe exchange programs and naloxone distribution have been shown to lower HIV rates and overdoses, thus demonstrating their effectiveness in a public health context (Kerber et al., 2020). In addition, harm reduction is pragmatic because it does not force a complete cessation of drug use, but focuses on reducing negative impacts, making it more acceptable to the target population (Tatarsky & Kellogg, 2010). This approach also promotes social inclusivity by involving drug users as active

partners in their own risk management, thus empowering them to play a role in solutions (Mancini & Linhorst, 2010).

However, harm reduction is not spared from weaknesses. This approach often faces moral criticism that considers it to be the legitimacy of drug use, making it difficult to accept in conservative communities (Keane, 2003). Its implementation also relies on adequate infrastructure, such as syringe exchange clinics, which can be a challenge in areas with limited resources (Stimson, 1998). In addition, the lack of a uniform and consistent definition of harm reduction can confuse policymakers and practitioners (Kerber et al., 2020). The long-term impact is also not fully understood, especially in changing the behavior of individuals or communities as a whole (Keane, 2003). In practice, harm reduction is used extensively in a variety of contexts. In the study, harm reduction evaluated the impact of programs such as opioid substitution therapy, naloxone distribution, and supervised injection centers, providing empirical evidence of the effectiveness of these strategies in a variety of contexts (Kerber et al., 2020). Many countries, such as Canada and the Netherlands, have integrated harm reduction into public health policies, comprising syringe exchange programs and safe drug consumption centers (Stimson, 1998). In everyday life, harm reduction is realized through the distribution of sterile injection devices and training to prevent overdose, which is designed to minimize risks without demanding a total change in behavior (Hawk et al., 2017). This theory continues to evolve and is an important cornerstone in a more humane approach to health risk management.

Harm reduction is closely related to Social Ecosystem Theory, which views individual behavior in the context of a broader social and physical environment. Harm reduction principles, such as pragmatism and humanism, are aligned with an ecosystem approach that emphasizes the influence of the environment on individual choices. In ecosystem theory, elements such as poverty, stigma, and access to health services are considered to be factors influencing the success of harm reduction interventions (Triyanti & Chu, 2018). Harm reduction also involves collaboration among agencies, comprising government agencies, non-governmental organizations, and local communities. This reflects elements of the TIAC, which emphasizes the importance of cross-sector cooperation to address complex problems. A clear illustration is the implementation of syringe exchange programs, which require coordination among the health, legal, and civil society sectors (Hawk et al., 2017). Community leadership theory is relevant in harm reduction, as this approach often involves community leaders to support program implementation. Community leaders play a role in building trust, reducing stigma, and facilitating the acceptance of programs among drug user

communities. This approach helps create an environment that supports positive change (Pauly, 2008). Like ecosystem theory that highlights the importance of diversity for stability, harm reduction seeks to create social stability through an adaptive and inclusive approach. Stability in harm reduction is achieved by gradually reducing the impact of public health risks without forcing drastic changes, similar to the "buffering effect" mechanism in ecosystem stability theory (Loreau & de Mazancourt, 2013). Harm reduction is not only an independent theory but also complements various other theories such as social ecosystem theory, inter-agency collaboration, community leadership, and ecosystem stability. This relationship shows the position of harm reduction as a multidimensional approach rooted in a systemic understanding of human behavior and its social environment.

To understand the application of harm reduction theory in more depth, table 6.3. is a concrete form arranged in the form of a table. Table 6.3. illustrates how harm reduction is applied in a variety of contexts around the world, comprising policies, public health practices, and community-based approaches. The harm reduction approach proves its versatility in addressing a wide range of health and social challenges, from injecting drug users to adolescents with vaping addiction (table 6.3.). Canada, through the distribution of sterile injection kits, has managed to lower the risk of infectious diseases, while the decriminalization of drugs in Portugal has increased access to rehabilitation, demonstrating the effectiveness of this policy on a national scale. In the UK, harm reduction is even applied to new challenges such as vaping, which confirms the adaptability of this approach to evolving public health problems. In addition to health benefits, harm reduction also supports social integration by reducing stigma against at risk groups. The success of its implementation, as seen in the naloxone distribution program in the United States to reduce overdose mortality, depends on policy support, funding, and cross-sector collaboration. Education and distribution of condoms in Southeast Asia helped reduce the spread of HIV, while alternative transport services in Eastern Europe showed success in harm reduction beyond the context of drugs, namely in reducing the risk of alcohol-related accidents.

The distribution of drug test kits on campus is an illustration of proactive harm reduction in protecting vulnerable groups from the dangers of hazardous substances. In all contexts, harm reduction serves as a bridge among prevention and intervention approaches, providing measurable tangible results in both the short and long term, while proving its relevance as an inclusive and adaptive public health strategy.

Table 6.3. Implementation of Harm Reduction in Various Contexts

Real Situation	Intervensi Harm Reduction	Result
Injecting drug users in Canada (Kerber et al., 2020)	Syringe exchange and naloxone distribution program	Significant reduction in the prevalence of HIV and hepatitis C among syringe users
Criminalization of drug users in Portugal (Hawk et al., 2017)	Drug decriminalization and access to harm reduction-based rehabilitation services	Decline in overdose rates, HIV infections, and drug-related arrest rates
Homeless population in the United States (Pauly, 2008)	Supervised injection center and sterile injection device distribution	Increased user engagement in healthcare and reduction of fatal overdoses
Adolescents with vaping addiction in the UK (Tatarsky & Kellogg, 2010)	Harm reduction-based counseling and safer distribution of nicotine products	Decrease in the use of conventional cigarettes and increase in knowledge about the risks of vaping
The opioid crisis in the United States (Hawk et al., 2017)	Free naloxone distribution to prevent opioid overdose	Significant reduction in opioid overdose deaths
Alcohol consumption is at risk in Australia (Kerber et al., 2020)	Education and distribution programs of alcohol monitoring devices to reduce consumption	Increased awareness of alcohol risk and reduction of heavy alcohol consumption
Sex workers in Southeast Asia (Pauly, 2008)	Education on HIV prevention and condom distribution	Decline in HIV infection rates among sex workers
Drivers in Eastern Europe who are often drunk (Tatarsky & Kellogg, 2010)	Alternative transportation services for drunk drivers	Decrease in the number of alcohol-related traffic accidents
Students on American campuses (Hawk et al., 2017)	Distribution of drug test kits to detect harmful substances in medicines	Reduction in the incidence of poisoning due to the consumption of unknown substances

Source: Author Search, 2024

6.1.4. Community Leadership Theory

This theory highlights the importance of community leaders in driving social change through motivation, vision, and resources. In handling drugs, community leaders can build trust and mobilize community support, thereby strengthening collaboration with other institutions (Kinder et al., 2021).

A theory is a set of concepts, definitions, and propositions that are interrelated and systematically structured to explain or predict a particular phenomenon. Theory serves as a guide in understanding the relationship among variables and directs research and practice in a particular field (L. G. Sullivan, 2011). Community Leadership Theory (CTL) developed in response to the need for society to face social challenges through collective leadership. The concept is rooted in social change theory that emphasizes the importance of resource mobilization and collaboration among actors at the community

level. Community leadership began to be understood more deeply in the 1980s when practitioners began to identify the strategic role of community leaders in organizing social action for structural change (Tremblay et al., 2018). Community Leadership Theory focuses on several core concepts that are interrelated, comprising:

1. Vision and motivation: Community leaders must have a clear vision and be able to motivate community members to work toward a common goal (Baum & Locke, 2004).
2. Resource mobilization, community leadership involves the ability to identify and utilize local resources to achieve social goals (Etuk et al., 2013).
3. Collaboration and strategic alliances, building partnerships with various parties, comprising government and private organizations, are key in strengthening the impact of community leadership (Selsky & Smith, 1994).
4. Effective communication, community leaders must have effective communication skills to build trust and strengthen social cohesion (Rafiq & Khan, 2023).

Community Leadership Theory highlights how local leaders can be agents of change by mobilizing community participation, strengthening social networks, and creating an environment conducive to social change. Community Leadership Theory assumes that leaders not only hold formal power but also act as facilitators who connect diverse resources and interests within the community. Another assumption is that social change is effective if it involves the collaboration and active involvement of community members, rather than just top-down instruction (Archibald et al., 2016). This theory also assumes that community is a dynamic social system formed through interaction among small groups and large organizations (Bates & Bacon, 1972).

The Community Leadership Model is often described in the form of a structure that connects leaders, vision, resources, and community participation. This model shows that effective leadership emerges through the interaction among the values of individuals, groups, and society. For illustration, the Social Change Model of Leadership (SCM) uses a cyclical approach that emphasizes collaboration and value-based leadership to achieve social change (Peer & Webster, 2016). Elements such as self-awareness, commitment, and collaboration are at the core of this model. The main goal of this theory is to promote sustainable social change through inclusive participatory leadership. This theory aims to increase the capacity of communities to face social challenges by mobilizing local resources and building strategic alliances. The relevance of this theory lies in its application in the fields of community development, education, and public health, where

community involvement and collaborative leadership are essential to achieve positive change (Iachini et al., 2015). This theory is also relevant in supporting community-based initiatives aimed at improving social justice and collective well-being (Kezar, 2010). Community Leadership Theory promotes an adaptive and collaboration-based approach to addressing various social challenges by actively involving all elements of society.

Community Leadership Theory has the power to connect leaders with community members directly, creating more inclusive and participatory collaboration. This model supports community capacity building through value-based approaches and social interactions, which enable communities to effectively address local challenges (Brennan, 2014). In addition, the theory is flexible in a variety of social and cultural contexts, allowing adaptation in different situations (Edwards, 2011). However, the theory has faced criticism for its lack of clear operational definitions, making it difficult to apply consistently in public policy or research. In addition, an approach that overemphasizes the collaborative aspect sometimes ignores the role of individual leadership in crisis situations or decisions that require quick action (H. Sullivan, 2007). Another limitation is the challenge of measuring the concrete impact of community-based interventions, especially in the long term (Pigg, 1999). In practice, Community leadership theory is widely used in community development programs, such as community-based leadership training aimed at increasing local capacity and strengthening social networks. One illustration of an application is leadership education initiatives that combine collaborative learning with real action on the ground, such as a program organized by the Institute for Community Leadership (ICL) that successfully strengthens civic leadership skills through a participatory approach (Watt & Ziegler, 2008).

This theory is also applied in the context of public policy to encourage collaboration among the government and the community in addressing social issues, such as natural resource management in rural communities (Gray et al., 2005). Also, this concept is used to support communities in solving problems through the formation of communities of practice (CoP), where members share knowledge and solutions collectively (Smith et al., 2019). Community Leadership Theory offers an inclusive and value-based approach to managing social challenges by strengthening community capacity and participation. Community Leadership Theory has a close relationship with several other major theories in the context of social change and resource management, such as inter-agency collaboration theory, social ecosystem theory, and harm reduction theory. This theory complements the inter-agency collaboration theory by emphasizing the importance of cross-sector

cooperation and stakeholder networks to achieve common goals. Effective collaboration in the leadership ecosystem requires the integration of cross-organizational thinking as well as the important role of leaders as facilitators of collaborative networks. This approach creates opportunities to improve environmental governance through well-structured collective action (Bodin et al., 2017).

In relation to social ecosystem theory, community leadership theory also adopts adaptive and collaborative approaches to managing socio-ecological complexity. Community leadership facilitates sustainable resource management by involving local communities as key actors in the planning and decision-making process. This approach emphasizes the importance of social learning and adaptation as a mechanism to achieve sustainable outcomes (Armitage et al., 2009). Meanwhile, in harm reduction theory, community leadership theory offers a values-based approach that allows local leaders to mitigate the negative impacts of risky behaviors through community-based education and support. Community leadership advises direct community involvement in risk mitigation efforts, creating an environment that supports healthier behavior change (Bodin, 2017). This theory not only stands on its own but develops and strengthens other theories through a collaborative and adaptive approach that puts the community at the center of decision-making and action.

Community Leadership Theory can be better understood through concrete examples of its application in various fields. Table 6.4. shows several cases of the implementation of this theory. The application of Community Leadership Theory has proven to be effective in driving significant social change, especially through cross-sector collaboration and value-based leadership. The success of various projects depends on the ability of leaders to build trust, mobilize local resources, and encourage active community participation. This approach not only strengthens community engagement, but also advises innovation and sustainability, particularly in the education sector and local economic development.

The flexibility of this theory allows for its application in a wide variety of contexts, comprising natural resource management and public services. Active community engagement and cross-sectoral strategic partnerships have resulted in sustainable solutions that strengthen local capacity. In addition, the concepts of social learning and adaptive leadership play a key role in addressing complex challenges, especially in resource-constrained environments, by ensuring innovative and effective responses to community needs.

Table 6.4. Implementation of Community Leadership Theory

Case	Description	Key Concepts Implemented	Result
Development of the Culinary Institute at Niagara County Community College (Caton & Mistriner, 2016)	Economic area revitalization project through community-based culinary education.	Cross-sector collaboration, community-based leadership.	Improvement of the local economy and people's work skills.
Leadership in Community-Based Research in Hawaii and California (Southern et al., 2023)	A research project that bridges scientists and local communities for environmental conservation.	Cross-border leadership, trust building.	Increased social relevance of research and community engagement.
School and Community Collaboration in Ciudad Juárez, Mexico (DeMatthews, 2018)	School leadership in connecting families with social resources.	Social capital development, community collaboration.	Increased family involvement and access to resources.
Product Development in Japan's IT and Multimedia Business (Kodama, 2010)	The use of strategic communities for product innovation in the telemedicine sector.	Community-based strategic leadership.	Technological innovation and cross-sector collaboration.
Community-Based Forest Management in Brazil (Sattler et al., 2015)	Collaborative management of forest resources among local communities and state park authorities.	Co-management, social learning.	Increased community participation and ecosystem sustainability.
Leadership Education Program in Nepal Community Schools (Poudel, 2020)	The application of transformational leadership in community schools to improve the quality of education.	Transformational leadership, capacity building.	Improving the quality of education and community involvement.
Community-Based Health Initiatives in the UK (Kinder et al., 2021)	Collaboration among healthcare providers and communities to improve local health services.	Cross-sector collaboration, community empowerment.	Increasing access to health services and community satisfaction.
Clean Water Management in Rural African Communities (Bodin, 2017)	Collaborative projects to provide access to clean water by involving local communities in management and maintenance.	Community participation, adaptive leadership.	Sustainable access to clean water and improved public health.

Source: Author Search, 2024

6.2. The Importance of Working with Community Leaders

Cooperation with community leaders in handling drug abuse (Narcotics, Psychotropics, and other Addictive Substances) has a crucial role

that can influence the success of rehabilitation and social reintegration programs. Chapter 5 and Chapter 6 of the document demonstrate the importance of synergy among actors, comprising community leaders, who serve as catalysts in building a holistic approach to drug handling. Community leaders have a significant role in building trust and increasing community participation. According to the inter-agency collaboration theory discussed in Chapter 6, the involvement of community leaders can reduce the stigma against drug users and help create a social environment that supports individual recovery. Also, the theory emphasizes the importance of open communication, shared goals, and a clear division of responsibilities in cross-sector collaboration for the success of long-term interventions (Moutinho & Azevedo-Ramos, 2023). Chapter 5 notes that social and community support is essential in improving individual and collective resilience during the rehabilitation process. Community leaders can facilitate interactions among drug users' families and rehabilitation institutions to create ongoing support. This has proven effective in case studies of community-based rehabilitation that reduce relapse rates and increase social reintegration through active community participation (Rahman & Tasalim, 2022). A collaborative approach involving community leaders also accelerates the achievement of rehabilitation outcomes by integrating relevant spiritual, social, and cultural elements. For illustration, religious leaders play an important role in providing spiritual guidance that helps individuals rebuild social relationships and increase their motivation to recover (Mahboub et al., 2021).

Collaboration strategies with community leaders are an important pillar in building a sustainable social support ecosystem in drug rehabilitation. The strategy integrates a participation-based approach, strengthening social capital, and community-based innovation. Effective collaboration involves community leaders to reduce stigma against individuals undergoing drug rehabilitation. Research shows that community leaders are able to be communication bridges that accelerate community acceptance of recovery programs, create a sense of inclusion, and increase the sustainability of social support (Miftah Awalurrizqi et al., 2021). Strengthening social capital through collective support has been proven to accelerate social recovery and reintegration. In the context of drug rehabilitation, community leaders can leverage group-based approaches such as support groups to create a safe space for individuals undergoing recovery. This approach not only increases individual motivation to remain drug-free, but also strengthens the community's collective resilience to the risk of addictive substance abuse (Rahmat, 2023). Community-based innovation is also an integral part of this strategy. For illustration, the development of programs involving digital

technology or social media by the youth community has shown success in increasing community participation and expanding access to social support in drug rehabilitation (Miftah Awalurrizqi et al., 2021). By integrating these strategies, collaboration with community leaders can create a social ecosystem that not only supports individual recovery but also increases the collective awareness and capacity of society to prevent future drug abuse. This strategy builds a solid foundation for sustainable rehabilitation and successful social reintegration.

The four theories, namely Empowerment Theory, Social Exchange Theory, Resilience Theory, and Collaborative Governance Theory, have an important role in encouraging the conduciveness of rehabilitation and social reintegration described in the case in Chapter 5. Empowerment Theory emphasizes strengthening the capacity of individuals and communities to control resources and improve the ability to make decisions independently. In the context of drug rehabilitation, this theory is relevant to efforts to strengthen post-rehabilitation individuals to build economic independence, as illustrated in the case of Andi who started a laundry business after completing rehabilitation. Research shows that empowerment-based programs, such as skills training, are effective in increasing economic independence and reducing the risk of recurrence (Rahmat, 2023). Social Exchange Theory explains that mutually beneficial social relationships play an important role in creating sustainable social support. This can be seen in the case of Andi and his family, where the emotional and financial support of the family is a key element in the process of social reintegration. This support not only increases individual confidence but also reduces stigma that can hinder recovery (Kurwiyah et al., 2023). Resilience Theory focuses on the ability of individuals and communities to adapt to challenges, such as social pressures and post-rehabilitation stigma. In the case of AO and MA, this theory could explain how the couple overcame environmental stigma while remaining focused on improving their quality of life through work and involvement in social activities. Studies show that individuals who are equipped with good social resilience are better able to face stigma and rebuild their lives (Rahman & Tasalim, 2022). Collaborative Governance Theory plays a role in creating a framework that engages various stakeholders, comprising rehabilitation institutions, families, and communities, to achieve common goals. In this context, this theory advises effective coordination among various parties to ensure the sustainability of social support for former drug users. Research shows that cross-sector collaboration increases the effectiveness of rehabilitation programs and reduces relapse rates (Miftah Awalurrizqi et al., 2021). These four theories together create a comprehensive approach, integrating aspects of empowerment, social

support, resilience, and collaboration. This synergy ensures that individuals undergoing rehabilitation not only recover physically but also succeed in building a productive and harmonious life in society.

6.3. The Role of Related Institutions in Support and Monitoring

The role of relevant institutions in supporting and monitoring drug treatment is very important to ensure the effectiveness of rehabilitation and social reintegration for users. Based on various scientific studies, these institutions contribute through the implementation of rehabilitation services, supervision, and social stigma reduction. Social rehabilitation services carried out by institutions such as the Social Rehabilitation Center aim to restore the social functioning of drug users through a structured approach. Research shows that the success of social rehabilitation reaches 86.67%, although challenges such as community stigma and lack of family acceptance are still the main barriers. Therefore, these institutions are recommended to increase socialization to the community and monitor ex-residents on an ongoing basis through regular visits (Fikriyyah et al., 2022). The Therapeutic Community (TC) approach, which is applied by social workers in rehabilitation institutions, is also one of the important steps in social and psychosocial recovery. Social workers act as facilitators, companions, and supervisors to support the change of user behavior from negative to positive. The principle of self-help groups in TC allows users to support each other in the recovery process (Citra et al., 2021).

In addition, the development of a rehabilitation information system used by institutions to monitor drug users has shown a high level of satisfaction from users. This system simplifies data management and decision-making by management, thereby supporting the efficiency of rehabilitation services (Tri Utami et al., 2021). These institutions also play an important role in reducing social stigma against drug users. Community-based interventions involving rehabilitation institutions, families, and communities can create a more inclusive environment and support sustainable recovery. This strategy has been shown to increase rehabilitation success and prevent recurrence (Suratman & Shanty, 2021).

The role of Empowerment Theory, Social Exchange Theory, Resilience Theory, and Collaborative Governance Theory strengthens the strategic approach of related institutions to ensure effective rehabilitation and social reintegration for drug users. Here's how each of the theories from Chapter 6 supports important elements such as cross-sector collaboration, continuous monitoring, and stigma reduction. Empowerment Theory emphasizes the empowerment of individuals to take control of their lives and increase their

capacity to face challenges. In the context of drug rehabilitation, rehabilitation institutions can apply this theory through skills training or economic empowerment programs for drug users who have completed rehabilitation. This strategy not only helps them produce again but also strengthens their confidence in facing societal stigma. Research shows that individual empowerment significantly increases the success of social reintegration (Fikriyyah et al., 2022). Social Exchange Theory underlines the importance of mutually beneficial social relationships in building social support. Relevant institutions can facilitate positive relationships among drug users and their families, communities, and support groups, such as self-help groups or Therapeutic Communities. These relationships help create a mutually beneficial support system, so that individuals feel accepted and supported in their recovery journey (Citra et al., 2021). Resilience Theory focuses on the ability of individuals and communities to adapt to pressures and challenges. Rehabilitation institutions that use a resilience-based approach can help drug users develop effective coping strategies, such as stress management and self-awareness improvement. Rehabilitation programs oriented toward increasing individual resilience can also reduce relapse rates and promote sustainable social reintegration (Rahman & Tasalim, 2022). The Collaborative Governance Theory emphasizes the importance of cross-sector collaboration among governments, non-governmental institutions, communities, and families in creating holistic solutions for drug abuse. This collaboration includes the provision of rehabilitation services, continuous monitoring, and education to reduce stigma. Research shows that a collaborative approach involving various actors is more effective in ensuring the success of rehabilitation programs than a fragmented approach (Tri Utami et al., 2021). Theory is a scientific foundation that strengthens the role of related institutions in ensuring effective rehabilitation and social reintegration. Cross-sector collaboration, continuous monitoring, and stigma reduction can be realized through the synergistic implementation of these theories in every stage of the rehabilitation and social reintegration program for drug users.

Reference

- Acharya, V., & Rajendran, A. (2023). A holistic model of resources to enhance the doctoral student's well-being. *International Journal of Educational Management*, 37(6–7). <https://doi.org/10.1108/IJEM-11-2022-0457>
- Adu, J., & Oudshoorn, A. (2020). The Deinstitutionalization of Psychiatric Hospitals in Ghana: An Application of Bronfenbrenner's Social-Ecological Model. *Issues in Mental Health Nursing*, 41(4). <https://doi.org/10.1080/01612840.2019.1666327>
- Archibald, T., Sharrock, G., Buckley, J., & Cook, N. (2016). Assumptions, conjectures, and other miracles: The application of evaluative thinking to theory of change models in community development. *Evaluation and Program Planning*, 59. <https://doi.org/10.1016/j.evalprogplan.2016.05.015>
- Armitage, D. R., Plummer, R., Berkes, F., Arthur, R. I., Charles, A. T., Davidson-Hunt, I. J., Diduck, A. P., Doubleday, N. C., Johnson, D. S., Marschke, M., McConney, P., Pinkerton, E. W., & Wollenberg, E. K. (2009). Adaptive co-management for social-ecological complexity. In *Frontiers in Ecology and the Environment* (Vol. 7, Issue 2). <https://doi.org/10.1890/070089>
- Ball, A. L. (2007). HIV, injecting drug use and harm reduction: A public health response. In *Addiction* (Vol. 102, Issue 5). <https://doi.org/10.1111/j.1360-0443.2007.01761.x>
- Bates, F. L., & Bacon, L. L. (1972). The community as a social system. *Social Forces*, 50(3). <https://doi.org/10.1093/sf/50.3.371>
- Baum, J. R., & Locke, E. A. (2004). The relationship of entrepreneurial traits, skill, and motivation to subsequent venture growth. In *Journal of Applied Psychology* (Vol. 89, Issue 4). <https://doi.org/10.1037/0021-9010.89.4.587>
- Bodin, Ö. (2017). Collaborative environmental governance: Achieving collective action in social-ecological systems. In *Science* (Vol. 357, Issue 6352). <https://doi.org/10.1126/science.aan1114>
- Bodin, Ö., Sandström, A., & Crona, B. (2017). Collaborative Networks for Effective Ecosystem-Based Management: A Set of Working Hypotheses. *Policy Studies Journal*, 45(2). <https://doi.org/10.1111/psj.12146>
- Brennan, M. A. (2014). *Community Leadership Development*. Routledge. <https://doi.org/10.4324/9781315873114>

- Caton, J., & Mistriner, M. (2016). Leading Change: A Case Study of Leadership Practices from the Development of the Niagara County Community College Culinary Institute. *Community College Journal of Research and Practice*, 40(7). <https://doi.org/10.1080/10668926.2015.1125813>
- Chatfield, A. T., & Reddick, C. G. (2020). Collaborative Network Governance Framework for Aligning Open Justice and e-Justice Ecosystems for Greater Public Value. *Social Science Computer Review*, 38(3). <https://doi.org/10.1177/0894439318771968>
- Citra, A., Triana, A., Sonia, G., & Humaedi, S. (2021). Peran Pekerja Sosial dalam Penerapan Therapeutic Community. *Focus: Jurnal Pekerjaan Sosial*, 3(2). <https://doi.org/10.24198/focus.v3i2.31851>
- Crawford, M. (2020). Ecological Systems Theory: Exploring the Development of the Theoretical Framework as Conceived by Bronfenbrenner. *Journal of Public Health Issues and Practices*, 4(2). <https://doi.org/10.33790/jphip1100170>
- DeMatthews, D. (2018). School leadership, social capital, and community engagement: A case study of an elementary school in Ciudad Juárez, Mexico. *School Community Journal*, 28(1).
- Denis-Lalonde, D., Lind, C., & Estefan, A. (2019). Beyond the Buzzword: A Concept Analysis of Harm Reduction. In *Research and theory for nursing practice* (Vol. 33, Issue 4). <https://doi.org/10.1891/1541-6577.33.4.310>
- Edwards, G. (2011). Concepts of community: A framework for contextualizing distributed leadership. In *International Journal of Management Reviews* (Vol. 13, Issue 3). <https://doi.org/10.1111/j.1468-2370.2011.00309.x>
- El Zaatari, W., & Maalouf, I. (2022). How the Bronfenbrenner Bio-ecological System Theory Explains the Development of Students' Sense of Belonging to School? *SAGE Open*, 12(4). <https://doi.org/10.1177/21582440221134089>
- Erickson, P. G. (1995). Harm reduction: what it is and is not. *Drug and Alcohol Review*, 14(3). <https://doi.org/10.1080/09595239500185361>
- Etuk, L. E., Rahe, M. L., Crandall, M. S., Sektnan, M., & Bowman, S. (2013). Rural leadership development: pathways to community change. *Community Development*, 44(4). <https://doi.org/10.1080/15575330.2012.761639>
- Fikriyyah, H. F., Nurwati, R. N., & Santoso, M. B. (2022). DAMPAK POLA ASUH OTORITER TERHADAP PERKEMBANGAN PSIKOSOSIAL ANAK USIA PRASEKOLAH. *Jurnal Penelitian Dan Pengabdian Kepada Masyarakat (JPPM)*, 3(1).

<https://doi.org/10.24198/jppm.v3i1.39660>

Fulantelli, G., Taibi, D., & Scifo, L. (2021). The ecological systems theory of human development to explore the student-social media interaction. *ELearning and Software for Education Conference*. <https://doi.org/10.12753/2066-026X-21-019>

Gash, A. (2017). Cohering Collaborative Governance. *Journal of Public Administration Research and Theory*, 27(1). <https://doi.org/10.1093/jopart/muw047>

Gray, I., Williams, R., & Phillips, E. (2005). Rural community and leadership in the management of natural resources: Tensions between theory and policy. In *Journal of Environmental Policy and Planning* (Vol. 7, Issue 2). <https://doi.org/10.1080/15239080500338523>

Harris, R. A., Mandell, D. S., Kampman, K. M., Bao, Y., Campbell, K., Cidav, Z., Coviello, D. M., French, R., Livesey, C., Lowenstein, M., Lynch, K. G., McKay, J. R., Oslin, D. W., Wolk, C. B., & Bogner, H. R. (2021). Collaborative care in the treatment of opioid use disorder and mental health conditions in primary care: A clinical study protocol. *Contemporary Clinical Trials*, 103. <https://doi.org/10.1016/j.cct.2021.106325>

Hawk, M., Coulter, R. W. S., Egan, J. E., Fisk, S., Reuel Friedman, M., Tula, M., & Kinsky, S. (2017). Harm reduction principles for healthcare settings. *Harm Reduction Journal*, 14(1). <https://doi.org/10.1186/s12954-017-0196-4>

Hechanova, Ma. R. M., Teng-Calleja, M., Canoy, N. A., & de Guzman, J. M. (2023). Community-Based Drug Rehabilitation and Care in Philippine Local Governments. *International Perspectives in Psychology*, 12(1). <https://doi.org/10.1027/2157-3891/a000058>

Iachini, A. L., Cross, T. P., & Freedman, D. A. (2015). Leadership in Social Work Education and the Social Change Model of Leadership. *Social Work Education*, 34(6). <https://doi.org/10.1080/02615479.2015.1025738>

Keane, H. (2003). Critiques of harm reduction, morality and the promise of human rights. In *International Journal of Drug Policy* (Vol. 14, Issue 3). [https://doi.org/10.1016/S0955-3959\(02\)00151-2](https://doi.org/10.1016/S0955-3959(02)00151-2)

Kerber, A., Donnelly, T. T., & Cruz, A. dela. (2020). Harm Reduction: A Concept Analysis. *Journal of Mental Health and Addiction Nursing*, 4(1), e14–e25. <https://doi.org/10.22374/jmhan.v4i1.39>

Kezar, A. (2010). Leadership for a Better World: Understanding the Social Change

- Model of Leadership Development. *The Journal of Higher Education*, 81(5).
<https://doi.org/10.1080/00221546.2010.11779072>
- Kinder, T., Stenvall, J., Six, F., & Memon, A. (2021). Relational leadership in collaborative governance ecosystems. *Public Management Review*, 23(11).
<https://doi.org/10.1080/14719037.2021.1879913>
- Kodama, M. (2010). New Knowledge Creation Through Leadership-Based Strategic Community. In *Boundary Management*. https://doi.org/10.1007/978-3-642-03789-4_5
- Kurwiyah, N., Anwar, S., Herlinah, L., Suharsiwi, S., Annantusia, A., & Pangerstu, S. D. (2023). Dukungan Keluarga terhadap Pengendalian Hipertensi pada Lansia di Wilayah Rw 10 Kelurahan Utan Panjang Jakarta Pusat. *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 6(5).
<https://doi.org/10.33024/jkpm.v6i5.9493>
- Lenton, S., & Single, E. (1998). The definition of harm reduction. *Drug and Alcohol Review*, 17(2). <https://doi.org/10.1080/09595239800187011>
- Loreau, M., & de Mazancourt, C. (2013). Biodiversity and ecosystem stability: A synthesis of underlying mechanisms. *Ecology Letters*, 16(SUPPL.1).
<https://doi.org/10.1111/ele.12073>
- Mahboub, N., Honein-AbouHaidar, G., Rizk, R., & De Vries, N. (2021). People who use drugs in rehabilitation, from chaos to discipline: Advantages and pitfalls: A qualitative study. *PLoS ONE*, 16(2 February).
<https://doi.org/10.1371/journal.pone.0245346>
- Mancini, M. A., & Linhorst, D. M. (2010). Harm reduction in community mental health settings. *Journal of Social Work in Disability and Rehabilitation*, 9(2).
<https://doi.org/10.1080/1536710X.2010.493481>
- Marlatt, G. A. (1996). Harm reduction: Come as you are. *Addictive Behaviors*, 21(6).
[https://doi.org/10.1016/0306-4603\(96\)00042-1](https://doi.org/10.1016/0306-4603(96)00042-1)
- Miftah Awalurrizqi, Sumantiyasmi, A. R., & Azzahidah, A. (2021). Kolaborasi Komunitas Stucash dan Lakoni dalam Penanganan Dampak Sosial-Ekonomi Pandemi COVID-19. *Journal of Social Development Studies*, 2(1).
<https://doi.org/10.22146/jsds.1035>
- Moutinho, P., & Azevedo-Ramos, C. (2023). Author Correction: Untitled public forestlands threaten Amazon conservation (Nature Communications, (2023), 14, 1, (1152), 10.1038/s41467-023-36427-x). In *Nature Communications* (Vol.

14, Issue 1). <https://doi.org/10.1038/s41467-023-37218-0>

- Murphy, M. C. (2020). Bronfenbrenner's bio-ecological model: a theoretical framework to explore the forest school approach? *Journal of Outdoor and Environmental Education*, 23(2). <https://doi.org/10.1007/s42322-020-00056-5>
- Patel, M. G., & Quan-Haase, A. (2024). The social-ecological model of cyberbullying: Digital media as a predominant ecology in the everyday lives of youth. *New Media and Society*, 26(9). <https://doi.org/10.1177/14614448221136508>
- Pauly, B. (2008). Harm reduction through a social justice lens. In *International Journal of Drug Policy* (Vol. 19, Issue 1). <https://doi.org/10.1016/j.drugpo.2007.11.005>
- Peer, K. S., & Webster, M. C. (2016). Bystanders to Upstanders: Using the Social Change Model of Leadership to Embrace Educational Reform. *Athletic Training Education Journal*, 11(4). <https://doi.org/10.4085/1104170>
- Pigg, K. E. (1999). Community Leadership and Community Theory: A Practical Synthesis. *Community Development Society. Journal*, 30(2). <https://doi.org/10.1080/15575339909489721>
- Poudel, P. (2020). Transformational Leadership Approaches in a Community School: A Case Study. *Nepal Journal of Multidisciplinary Research*, 3(3). <https://doi.org/10.3126/njmr.v3i3.34890>
- Rafiq, S., & Khan, M. T. (2023). Charismatic Leadership and Job Performance: Mediation of Interpersonal Communication and Moderation of Leader Vision. *Pakistan Journal of Humanities and Social Sciences*, 11(2). <https://doi.org/10.52131/pjhss.2023.1102.0501>
- Rahman, S., & Tasalim, R. (2022). Pengaruh Pemberian Dukungan Kesehatan Jiwa Dan Psikososial Terhadap Penurunan Tingkat Stres Dan Kecemasan Pada Masyarakat Banjar Di Masa Pandemi Covid 19. *DINAMIKA KESEHATAN: JURNAL KEBIDANAN DAN KEPERAWATAN*, 13(1). <https://doi.org/10.33859/dksm.v13i1.788>
- Rahmat, A. S. (2023). UPAYA PENINGKATAN KUALITAS HIDUP PENDERITA DM MELALUI PEMBENTUKAN DAN PENDAMPINGAN SUPPORT GROUP DAN SELF-HELP GROUP. *SELAPARANG: Jurnal Pengabdian Masyarakat Berkemajuan*, 7(3). <https://doi.org/10.31764/jpmb.v7i3.19905>
- Rhodes, T. (2002). The "risk environment": A framework for understanding and reducing drug-related harm. *International Journal of Drug Policy*, 13(2).

[https://doi.org/10.1016/S0955-3959\(02\)00007-5](https://doi.org/10.1016/S0955-3959(02)00007-5)

- Sattler, C., Schröter, B., Jericó-Daminello, C., Sessin-Dilascio, K., Meyer, C., Matzdorf, B., Wortmann, L., de Almeida Sinisgalli, P. A., Meyer, A., & Giersch, G. (2015). Understanding governance structures in community management of ecosystems and natural resources: The Marujá case study in Brazil. *Ecosystem Services*, 16. <https://doi.org/10.1016/j.ecoser.2015.10.015>
- Schruijer, S. (2020). The dynamics of interorganizational collaborative relationships: Introduction. In *Administrative Sciences* (Vol. 10, Issue 3). <https://doi.org/10.3390/admsci10030053>
- Selsky, J. W., & Smith, A. E. (1994). Community entrepreneurship: A framework for social change leadership. *The Leadership Quarterly*, 5(3-4). [https://doi.org/10.1016/1048-9843\(94\)90018-3](https://doi.org/10.1016/1048-9843(94)90018-3)
- Smith, S., Kempster, S., & Wenger-Trayner, E. (2019). Developing a Program Community of Practice for Leadership Development. *Journal of Management Education*, 43(1). <https://doi.org/10.1177/1052562918812143>
- Southern, D. E., Posselt, J. R., Harris, L., Garza, C., & Parrish, J. K. (2023). Boundary spanning leadership in community-centered geoscience research. *Journal of Geoscience Education*, 71(4). <https://doi.org/10.1080/10899995.2022.2124065>
- Stanley, K., & Kuo, N.-C. (2022). "It Takes a Village": Approaching the Development of School-Family-Community Partnerships through Bronfenbrenner's Socio-Ecological Perspectives. *Journal of Human Sciences and Extension*. <https://doi.org/10.54718/cqbw6379>
- Stimson, G. V. (1998). Harm reduction in action: Putting theory into practice. *International Journal of Drug Policy*, 9(6). [https://doi.org/10.1016/S0955-3959\(98\)00056-5](https://doi.org/10.1016/S0955-3959(98)00056-5)
- Sullivan, H. (2007). Interpreting "community leadership" in English local government. *Policy and Politics*, 35(1). <https://doi.org/10.1332/030557307779657775>
- Sullivan, L. G. (2011). Book Review: Community College Leadership and Administration: Theory, Practice and Change. *Community College Review*, 39(3). <https://doi.org/10.1177/0091552111416228>
- Suratman, T., & Shanty, W. Y. (2021). Rehabilitasi sebagai Upaya Penanganan dan Pemulihan Penyalahguna dan Pecandu Narkotika. *Bhirawa Law Journal*, 2(2). <https://doi.org/10.26905/blj.v2i2.6823>

- Tatarsky, A., & Kellogg, S. (2010). Integrative harm reduction psychotherapy: A case of substance use, multiple trauma, and suicidality. *Journal of Clinical Psychology, 66*(2). <https://doi.org/10.1002/jclp.20666>
- Tremblay, M. C., Martin, D. H., McComber, A. M., McGregor, A., & Macaulay, A. C. (2018). Understanding community-based participatory research through a social movement framework: A case study of the Kahnawake Schools Diabetes Prevention Project. *BMC Public Health, 18*(1). <https://doi.org/10.1186/s12889-018-5412-y>
- Tri Utami, O. V., Wiguna, C., & Kusumawardani, D. M. (2021). Implementasi dan Pengukuran Pengalaman Pengguna Sistem Informasi Rehabilitasi Korban Penyalahgunaan Napza Menggunakan Heart Framework. *SISTEMASI, 10*(2). <https://doi.org/10.32520/stmsi.v10i2.1304>
- Triyanti, A., & Chu, E. (2018). A survey of governance approaches to ecosystem-based disaster risk reduction: Current gaps and future directions. In *International Journal of Disaster Risk Reduction* (Vol. 32). <https://doi.org/10.1016/j.ijdrr.2017.11.005>
- Tudge, J. R. H., Navarro, J. L., Merçon-Vargas, E. A., & Payir, A. (2021). The promise and the practice of early childhood educare in the writings of Urie Bronfenbrenner. *Early Child Development and Care, 191*(7–8). <https://doi.org/10.1080/03004430.2020.1844193>
- Watt, W. M., & Ziegler, A. H. (2008). Empowering Community Members for Civic Leadership: The Institute for Community Leadership. *Journal of Leadership Education, 7*(3). <https://doi.org/10.12806/v7/i3/ab2>

CHAPTER VII

LEGAL ASPECTS RELATED TO DRUG REHABILITATION

Drug rehabilitation involves a variety of complex and diverse legal aspects across the country. Each jurisdiction has specific regulations related to narcotics that include the types of narcotics, sanctions for violators, and rehabilitation measures imposed. Some countries implement mandatory medical treatment for individuals involved in drug abuse, which can be regulated by court order. However, the global trend is beginning to shift toward an approach that combines legal and health aspects, with an emphasis on reducing criminal penalties and strengthening rehabilitation programs. It is important to ensure that drug rehabilitation endeavors do not violate the human rights of the individuals involved, including the right to privacy and protection from inhumane treatment. In addition, collaboration among institutions such as governments, health institutions, and social institutions is essential in providing a holistic and effective rehabilitation approach. Continuous evaluation and monitoring of individual progress are also an important part of the rehabilitation process to prevent relapse of drug abuse and ensure successful reintegration into society.

7.1. Narcotics Law Context

The international narcotics legal framework reflects a diverse range of approaches influenced by social, economic, and public policy contexts. Many studies show that today's narcotics control systems are often rooted in 20th-century morality, making them less effective in reducing the adverse effects of narcotics. Alternatively, experts propose an approach that focuses on reducing negative impacts while still respecting individual autonomy and moving away from over-criminalization (Lloyd, 2021). Narcotics law reform also highlights the importance of a shift toward market-based regulation that considers the need to prevent abuse while ensuring access for legitimate medical purposes (Seddon, 2020). New challenges such as new psychoactive substances (NPS) also require adjustments to the legal framework. The slow pace of control systems in responding to the NPS threat has created a need for faster procedures for regulating these new substances to more effectively protect public health (Kirilenko & Molokovskii, 2022). In addition, the prohibition-centric approach has been criticized for not only failing to achieve the goal of a "drug-free world" but also creating negative consequences such as human rights

violations and discrimination against vulnerable communities (Buxton & Burger, 2020). In Europe, regulatory harmonization endeavors have been strengthened through early warning systems that allow for rapid responses to new threats such as NPS, reflecting the need for cross-border collaboration in addressing these issues (Varì et al., 2021). The international narcotics legal system needs to be reformed to be more adaptive to modern challenges. Evidence-based reforms, an emphasis on adverse impact reduction, and global harmonization are essential to reduce losses while effectively protecting human rights.

A legal framework that includes rehabilitation for drug abusers play an important role in protecting public health and encouraging individual recovery from dependence. In many countries, rehabilitation is positioned as an alternative to prison sentences, especially for offenders who are users or victims of drug abuse. Studies show that the provision of rehabilitation sanctions through judges' decisions is based on legal arrangements such as Articles 127 and 103 of Law Number 35 of 2009 concerning narcotics, which emphasizes the importance of medical and social approaches in the recovery of narcotics users (Susanto et al., 2023). However, the implementation of rehabilitation still faces challenges, including legal perceptions that often equate users with criminals, as well as a lack of coordination among agencies in providing rehabilitation facilities. Differences in interpretation among law enforcement often result in inconsistent decisions, where some users remain sentenced to prison despite meeting rehabilitation requirements (Bawono & Gunarto, 2022). In addition, the rehabilitation approach in the perspective of restorative justice underscores the importance of providing opportunities for victims of narcotics abuse to return to society. This is done through medical rehabilitation to overcome dependency and social rehabilitation to encourage social reintegration. Law enforcement that places perpetrators as victims of dependence rather than criminals is considered more by the principles of justice and human values (Prastiyo, 2022). Several comparative studies show that rehabilitation approaches in countries such as Portugal and Australia are more health-oriented, where users are directed to get rehabilitation rather than being punished with imprisonment. This is in contrast with some jurisdictions, including Indonesia, where the legal system often still focuses on a punitive approach, despite the rehabilitation mechanism being regulated in the law (Hartono et al., 2023). Rehabilitation as part of the narcotics legal framework offers a more humane and effective approach to dealing with narcotics abuse. Policy reforms that integrate rehabilitation based on justice values, improve coordination among agencies, and adapt the legal system to a health-based approach are important steps toward the success of handling the narcotics problem.

In the international context, narcotics regulatory mechanisms involve some institutions and agreements designed to coordinate endeavors among countries in combating narcotics trafficking and abuse. The global narcotics control system, governed by the 1961 Single Convention on narcotics, the 1971 Psychotropic Convention, and the 1988 United Nations Convention on the Illicit Trafficking in narcotics and Psychotropics, provides a robust framework for monitoring the production, trade, and use of narcotics for both legal and unlawful purposes. The main role of bodies such as the International Narcotics Control Board (INCB) is to ensure a balance among restricting unlawful use and access for therapeutic purposes (Vukonjanski & Kostić, 2020). However, the framework faces significant challenges, particularly in harmonizing cross-border surveillance. Studies show that collective mechanisms such as UNCTAD and OECD conferences can help strengthen collective action to tackle illicit trade, which requires the establishment of an operational governance framework at the international level (Zhang & An, 2020). Regional endeavors also play an important role, with organizations such as NATO, OSCE, and SCO contributing to the eradication of narcotics through regional cooperation mechanisms. This approach includes coordination among law enforcement agencies, cross-border data integration, and comprehensive prevention strategies (Hikmatullo Ogli, 2020). Furthermore, the application of a network-based approach in cracking down on narcotics trafficking shows the effectiveness of coordinated interventions, where surveillance of major trafficking routes such as cocaine and heroin can disrupt the flow of narcotics more efficiently than an uncoordinated approach (Giommoni et al., 2022). International mechanisms for narcotics regulation require closer coordination among countries, increased surveillance through modern technology, and strengthening cooperation at the regional and global levels to ensure effectiveness in dealing with the challenges of illicit trade and narcotics abuse. Here are some elements of the narcotics regulation mechanism in the international world:

1. The United Nations Office on Drugs and Crime (UNODC) has a primary mandate to lead global arrangements in narcotics control, including international policymaking, technical guidance, and coordination of cross-country endeavours. Its role includes developing a policy framework to prevent narcotics abuse, encouraging the rehabilitation of victims of abuse, and supporting law enforcement against illicit narcotics trafficking. In addition, UNODC provides training and technical tools to member countries to increase their capacity to combat narcotics crime more effectively (Vukonjanski & Kostić, 2020). UNODC was formed to respond to the global impact of narcotics abuse and illicit trafficking, which not only

damages public health but also worsens social and economic stability in various countries. The main goal is to create uniform international standards, so that member states can cooperate effectively in combating this problem (Zhang & An, 2020). However, UNODC faces some significant limitations. One is the gap in capacity and priorities among member states, where some countries have limited resources to implement the recommended policies. In addition, differences in legal approaches and domestic policies often make it difficult to implement uniform global standards. Limited funding is also another challenge in ensuring the sustainability of its programs (Giommoni et al., 2022). To harmonize policies among member states, UNODC has developed several mechanisms, including international workshops, technical training, and the introduction of an integrated monitoring system that allows for the exchange of information in real-time. Through this approach, UNODC seeks to encourage member states to adopt evidence-based policies and enhance cross-border cooperation. In addition, UNODC facilitates intergovernmental dialogue to align regional endeavours with international standards (Musaev, 2021). Overall, UNODC serves as a strategic liaison in international endeavours to combat narcotics abuse and trafficking. By improving policy harmonization and strengthening collaboration among countries, UNODC contributes to more effective narcotics control at the global level.

2. International narcotics Conventions such as the 1961 Single Convention on narcotics, the 1971 Convention on Psychotropic Substances, and the 1988 Convention on the Illicit Trafficking of Narcotics, are the main pillars in the regulation of narcotics control globally. These conventions aim to provide a uniform legal framework for countries in the fight against narcotics abuse, illicit trafficking, and psychotropic substance control. The 1961 Convention focused on restricting the use of narcotics for medical and scientific purposes, while the 1971 Convention expanded the scope to psychotropic substances that are increasingly abused frequently. The 1988 Convention added provisions to strengthen international cooperation in law enforcement, including extradition and freezing of assets related to narcotics crimes (Vukonjanski & Kostić, 2020). The convention was born out of the need to create a more integrated global control system, given the adverse impact of the illicit narcotics trade on public health and social stability. The framework is designed to facilitate international cooperation in law enforcement, cross-border investigations, and harmonization of domestic policies related to narcotics. States that are parties to this convention are obliged to harmonize their national laws with the stipulated provisions (Andreev V. I. & Kindyuk B. V., 2020). However, the implementation of these conventions is often faced with challenges such as differences in

national capacity, non-uniform interpretation of laws, and changes in domestic policies that are not aligned with international standards. For example, some countries are beginning to adopt decriminalization policies for certain substances such as marijuana, which may be contrary to the basic principles of the convention (Aaronson & Shaffer, 2020). The International Convention on narcotics has provided an essential framework in controlling the circulation of narcotics and psychotropic substances. However, continuous endeavors are needed to strengthen implementation, enhance cross-border cooperation, and adapt global policies to new challenges and emerging dynamics in narcotics control.

3. The UN Advisory Committee on Narcotic Problems (CND) was formed in response to the global need to address the increasingly complex narcotics problem. The CND aims to coordinate international policies related to narcotics control, ensure the implementation of international conventions, and provide guidance to member states. The Committee was born out of the early development of international legal frameworks on narcotics control, including the 1961 Single Convention on Narcotic Drugs, the 1971 Psychotropic Convention, and the 1988 United Nations Convention against illicit narcotics trade. Its main function is to monitor the implementation of these agreements and address new challenges, such as the abuse of synthetic drugs and the unlawful trade in narcotics. The CND also serves as a multilateral discussion forum to set strategies and adopt collective measures to reduce the negative impact of narcotics abuse at the global level. In addition, the agency advises the strengthening of international cooperation, including the provision of technical help to countries with limited capacity in dealing with narcotics challenges. Research related to the formation and role of the CND shows that this body has a great influence in determining international policy priorities. In recent years' studies, emphasis has been placed on the importance of updating strategies to address new threats such as digital and synthetic technology-based narcotics trafficking, as well as strengthening commitment to human rights in narcotics-related law enforcement (Athallah & Lewoleba, 2020). The establishment of the CND reflects a global collective effort to deal with the impact of narcotics through a comprehensive approach that includes legal arrangements, international cooperation, and the implementation of policies based on human rights principles.

The UN Advisory Committee on Narcotic Problems (CND), Handling the Fentanyl and Synthetic Opioid Crisis, the CND has taken concrete action in addressing the spread of synthetic opioids such as fentanyl, which has triggered an overdose crisis in many countries. At its annual meetings, the CND added several new synthetic substances to its list of internationally controlled substances, including fentanyl analogues. The move aims to

stop unlawful production and its trade, while also providing guidance to member states to adopt domestic control policies. Medical Cannabis Reclassification, in 2020, the CND made the landmark decision to remove cannabis from Category IV of the 1961 Single Convention on Narcotics, the most stringent category that includes substances without significant medical benefits. This decision was taken based on recommendations from the World Health Organization (WHO) that highlight the potential use of cannabis in treatment, such as the management of chronic pain and epilepsy. This move is considered a breakthrough in the recognition of the medical potential of cannabis and provides opportunities for further research. The Global Rehabilitation Project, to support a health-based approach to narcotics users, CND initiated a global rehabilitation program in collaboration with United Nations Office on Drugs and Crime (UNODC). The program helps member states improve rehabilitation facilities and integrate evidence-based approaches to addict recovery. Projects like this have been implemented in East Africa and Central Asia, focusing on training medical personnel and strengthening rehabilitation systems. Cooperation in Combating Illicit narcotics Trafficking, through CND surveillance, data on global narcotics trafficking routes have been shared with international institutions such as INTERPOL and Europol. One tangible outcome was a cross-border operation to uncover a cocaine trafficking lender group in Latin America involving sea routes to Europe. This operation was successful due to the coordination of information maintained by UNODC under the guidance of the CND. Education and Prevention, CND advises educational programs to prevent drug abuse at the global level. For example, the Listen First global campaign is focused on raising public awareness about the importance of positive parenting and early prevention among young people. The initiative was adopted in more than 30 countries as part of community-based prevention endeavours.

The UN Advisory Committee on narcotics has demonstrated a proven ability to address narcotics issues in a variety of aspects, from law enforcement, rehabilitation, to public education. Measures such as synthetic opioid control and medical marijuana reclassification demonstrate evidence-based and adaptive approaches to emerging trends. However, the effectiveness of CND actions often depends on implementation at the national level, which can be affected by differences in resources, priorities, and policy approaches among countries.

4. International cooperation in tackling narcotics problems through institutions such as INTERPOL and Europol were established to address increasingly complex global challenges, including cross-border narcotics

trafficking networks. Its history dates back to the need for countries to coordinate collective action against organized crime after World War II, which later became the basis for the formation of INTERPOL in 1923 and Europol in 1992. Both aim to enhance intelligence exchanges, law enforcement training, and joint cross-border operations to eradicate narcotics crime networks. In practice, this cooperation involves collecting intelligence data, analyzing global narcotics trafficking trends, and providing technical support to member countries. Major operations such as "Operation Lionfish," led by INTERPOL, have uncovered narcotics syndicates in the Caribbean and Central America by seizing hundreds of kilograms of narcotics. Europol also plays an important role in coordinating cross-border operations in Europe, such as in dismantling cocaine trafficking networks through major ports in Europe. The study further highlights the importance of a data-driven and technology-driven approach to this collaboration, including the use of predictive analytics and the integration of real-time information to track and disable criminal networks before their operations occur. The initiative also highlights challenges such as the lack of legal harmonization among member states and the limited resources in some countries to implement agreed strategies (Athallah & Lewoleba, 2020). International cooperation through INTERPOL and Europol is an important pillar in coordinating global endeavors against narcotics trafficking, although challenges remain in its implementation on the ground.

Results Obtained from International Cooperation in narcotics Handling through INTERPOL and Europol, Increased Arrests and Seizures, cross-border operations such as Operation Lionfish carried out by INTERPOL succeeded in seizing more than 30 tons of cocaine, heroin, and marijuana in the Caribbean and Latin American regions, as well as arresting hundreds of members of international narcotics syndicates. Europol also recorded the seizure of large quantities of narcotics through coordinated operations at major European ports such as Rotterdam and Antwerp. Disclosure of the Global Network through the exchange of intelligence data, this cooperation has succeeded in dismantling criminal networks operating in various countries. For example, Europol helped uncover the cocaine trade route from South America to Europe through West Africa. Law enforcement capacity building, technical training and technology sharing among member states have enhanced the ability of law enforcement agencies to deal with narcotics crimes. The training includes technology-based inquiry techniques, digital evidence collection, and predictive analytics. Harmonization of Policy and Law, this cooperation advises the harmonization of regulations among countries, such as standards for the

supervision of precursor substances (chemicals used in the manufacture of narcotics), as well as the establishment of joint protocols to facilitate the extradition of narcotics offenders. Modern Technology Integration, advanced analytics systems, such as Interpol's I-24/7, are used to integrate global data related to narcotics trafficking. This allows member states to access information in real-time and speed up enforcement actions. Global Awareness and Advocacy, an international education program and campaign initiated by this institute raises awareness about the dangers of narcotics at the global level, including advocacy for a health-based approach for narcotics users.

The results of this collaboration show a significant impact in reducing global narcotics trafficking, both through the arrest of criminal networks, narcotics confiscation, and law enforcement capacity building. However, gaps in resources and legal differences among countries are still obstacles to equitable implementation. Sustained endeavours are needed to ensure that this international cooperation remains relevant in the face of new trends in narcotics trafficking.

5. International forums such as the UN General Assembly and the UN Commission on Narcotic Drugs (CND) play an important role in the development of global policies related to narcotics issues. These forums were established in response to the growing need to address narcotics abuse and illicit trafficking through a multilateral approach. This process began in the early 20th century with the convening of the International Opium Conference in 1912, which later became the forerunner of international narcotics regulation. With the birth of the United Nations, forums such as the UN General Assembly and the CND began to become more organized, adopting major conventions such as the 1961 Single Convention on Narcotic Drugs, the 1971 Psychotropic Convention, and the 1988 Convention on the Illicit Trade in narcotics. In this forum, member countries discussed strategies to tackle narcotics trafficking and strengthen global regulation. In addition, the UN General Assembly often adopts resolutions to integrate health-based approaches in dealing with narcotics users, including emphasizing the importance of rehabilitation over criminal punishment. The UN Commission on Narcotics itself regularly meets to update the list of prohibited substances and provide strategic recommendations to member states. This forum is an important platform to harmonize global policies, such as strengthening cooperation in the surveillance of narcotics precursors and the development of technology for real-time detection of narcotics trafficking (Athallah & Lewoleba, 2020). The outcome of the discussions at the forum also included a global guide to integrating a scientific evidence-based approach in addiction treatment

and advocacy for an approach that respects human rights. The UN General Assembly and the CND have been an important pillar in the development of global policies related to narcotics by providing an inclusive discussion platform, generating collective strategies, and supporting the endeavours of member states to effectively address the narcotics challenge.

These mechanisms work together to promote international cooperation in addressing the challenges faced by the international community related to narcotics. In Association of Southeast Asian Nations (ASEAN), endeavors to regulate narcotics also involve cooperation among member states. Although ASEAN does not have an equivalent body to UNODC at the international level, the organization has adopted several initiatives to address the narcotics problem in its region. Here are some aspects of the narcotics control mechanism in ASEAN:

1. The ASEAN Declaration on the Prevention and Abuse of Narcotics in 1998 was established to strengthen cooperation among member states in addressing the widespread narcotics threat in Southeast Asia. This declaration was born out of shared concern over the destructive impact of narcotics on the social, economic and security stability of the region. In the late 1990s, ASEAN became one of the main transit routes for international narcotics trafficking, especially opium from the Golden Triangle region. Through this declaration, ASEAN reaffirmed its commitment to suppress illicit narcotics trafficking and enhance prevention endeavours through coordinated policies among its members. The main function of this declaration is to promote regional cooperation that includes the exchange of intelligence information, training of law enforcement personnel, and the development of community-based rehabilitation programs. Although it has similar goals to UN institutions such as the UN Commission on Narcotics (CND), ASEAN's approach is more regional and adapts to the local needs of Southeast Asian countries. Instead, the CND works on a global level with a broader scope, including the drafting of an international legal framework to combat narcotics abuse. In its implementation, this declaration has successfully encouraged ASEAN countries to strengthen their domestic regulations, such as harmonization of laws and increasing law enforcement capacity. However, challenges remain, including disparities in resources among member states, corruption problems, and a lack of effective coordination. Several studies support the relevance of this declaration in the context of handling narcotics in the region. For example, (Feris et al., 2023) examine legal challenges in narcotics cases in Indonesia, including the need to collaborate with regional institutions such as ASEAN to improve the effectiveness of law enforcement. (Afandi et al., 2020) show the importance of regional cooperation in endeavours to suppress

narcotics trafficking in a preventive and repressive manner. The research by (Fauzi et al., 2022; Hulukati et al., 2020) highlights the social and criminal factors that underlie narcotics abuse and the importance of a community-based rehabilitation approach as part of ASEAN policies. In addition, (Athallah & Lewoleba, 2020) discussed policy harmonization in ASEAN as an important effort in overcoming narcotics abuse in the region. (Fauzi et al., 2022) highlight the need for synergy among local and regional policies in narcotics prevention, supporting the importance of this declaration as a cooperative framework. Finally, (Rakhman & Dewi Heniarti, 2023) show that the issue of transparency in law enforcement is an important challenge in the implementation of regional narcotics policies. The ASEAN Declaration on the Prevention and Abuse of Narcotic Drugs provides an important collaborative framework in combating the narcotics problem in Southeast Asia, although more steps are needed to address implementation challenges.

2. The ASEAN Senior Officials on Drug Matters (ASOD) was formed in response to the growing threat of narcotics trafficking in Southeast Asia, especially the Golden Triangle region, which is known as one of the world's drug production centers. This forum is the main pillar of ASEAN in coordinating cross-border policies to create a drug-free zone. In carrying out its role, ASOD coordinates various endeavours, such as intelligence exchange, training of law enforcement officials, harmonization of regional policies, and promotion of health-based rehabilitation approaches to address the social impact of narcotics (Wulandari & Kirana, 2023). Despite sharing the same goals as global organizations such as the UN Commission on Narcotics (CND), ASOD focuses on the regional context of Southeast Asia, emphasizing pragmatic solutions to local challenges, such as cross-border drug trafficking involving Myanmar, Laos, and Thailand (Chen, 2023). However, the implementation of this policy cannot be separated from challenges such as resource gaps among member countries, legal disharmony, and corruption that hinder effective law enforcement (Prayuda et al., 2020). In recent developments, studies show that ASEAN cooperation, including through ASOD, has shown significant potential in addressing the narcotics problem. For example, ASEAN has successfully formulated a regional framework to deal with drug trafficking by involving multilateral mechanisms such as the ASEAN Plus Three Health Ministers Meeting and the ASEAN Emergency Operations Center Network (Jannah, 2022). However, the effectiveness of ASOD is also limited by the principle of the "ASEAN Way" which tends to prioritize consensus and non-interference. This often hinders decisive steps in overcoming the narcotics problem that requires collective and strategic action (Mok, 2020). Thus, increasing political commitment, resources, and a more harmonious legal

mechanism among ASEAN member states is an urgent need to support ASOD's endeavours in creating a drug-free zone. ASOD is an important pillar in ASEAN's mission to address the narcotics threat, but its success requires greater support from member states, both in the form of resources and regional policy synergies.

3. The ASEAN Ministerial Meeting on Drug Matters (AMMD) is a ministerial forum in ASEAN that was formed to discuss strategic issues related to narcotics control. This forum serves as a forum for ministers of ASEAN member countries to exchange information, experiences, and strengthen policy coordination in dealing with narcotics abuse in the region. AMMD aims to support regional endeavours in creating drug-free zones, in line with the ASEAN declaration on the narcotics-free zone program (Wulandari & Kirana, 2023). In its implementation, AMMD faces some key challenges. First, the difference in capacity and resources among member countries makes it difficult to harmonize policies. In addition, corruption and lack of cross-border coordination are often significant obstacles to law enforcement against narcotics trafficking in the Southeast Asian region (Chen, 2023). AMMD also plays an important role in supporting rehabilitation programs for narcotics users through a health-based approach, as well as facilitating cooperation with international organizations such as UNODC to improve the effectiveness of narcotics handling in the region. Studies show that regional endeavours such as those facilitated by AMMD can create opportunities for better collaboration among ASEAN member states, including policy harmonization with the principles of the "ASEAN Way" (Jannah, 2022). Nonetheless, the effectiveness of AMMD requires greater support in political commitment, financial resources, and cross-border legal coordination to strengthen regional synergies in the fight against narcotics crime. These endeavours are important to ensure that ASEAN can achieve its vision as a sustainable drug-free region.
4. ASEAN member countries have agreed on the Joint Work Program as a collaborative effort to tackle narcotics abuse and trafficking in the region. The program includes a wide range of activities, such as intelligence exchange, training for law enforcement officials, narcotics prevention campaigns, and rehabilitation initiatives. This effort is in line with ASEAN's vision to create a drug-free zone through cross-border cooperation and policy harmonization (Fajar Satrio, 2023). The program faces a range of challenges, including resource gaps among member states, corruption, and policy disharmony that complicates implementation. In addition, geographical challenges and high activity of cross-border narcotics trafficking networks have also increased the complexity of handling cases in the Southeast Asian region (Chen, 2023). Studies show that although

initiatives such as rehabilitation have shown partial success, the overall effectiveness of the Joint Work Program still needs improvement. For example, prevention training and campaigns have yielded significant results, but the impact has not been evenly distributed across regions (Wulandari & Kirana, 2023). ASEAN collaboration also involves various international organizations such as UNODC to strengthen regional capacity in tackling narcotics trafficking. However, non-intervention policies, which are the main principles of ASEAN (ASEAN Way), are often an obstacle in taking decisive steps to resolve cross-border problems (Mok, 2020). The ASEAN Joint Work Program is a crucial strategic step in combating narcotics abuse and trafficking. While challenges remain, with increased commitment, cross-border coordination, and capacity building, the program has great potential to support ASEAN's vision as a drug-free region.

5. ASEAN countries are actively engaged in the exchange of information and intelligence to tackle the increasingly complex cross-border narcotics trade. These endeavours are carried out through forums such as ASEANAPOL and bilateral cooperation among member states, which play an important role in detecting and preventing the movement of narcotics networks. This cooperation is also supported by the involvement of international organizations, such as UNODC, to strengthen monitoring and law enforcement mechanisms in the region (Wulandari & Kirana, 2023). The main challenges in information exchange in ASEAN include geographical barriers, differences in priorities among countries, and limited resources that slow down the implementation of cooperation mechanisms. Even so, strategic steps such as the development of a more effective cross-border coordination system continue to be pursued to face the threat of narcotics trafficking networks from the Golden Triangle region (Thanh-Luong, 2022). Intelligence cooperation also involves real-time data sharing mechanisms, which strengthen member states' ability to respond quickly to threats. However, the principles of the "ASEAN Way" that emphasize consensus and non-interference are often obstacles in taking decisive action on this cross-border issue (Mok, 2020). Other studies show that the success of intelligence cooperation depends on harmonization of regulations among countries and the strengthening of technological capacity to track narcotics trafficking activities. This is especially relevant in border areas such as Vietnam-Laos, where trade networks have a highly adaptive structure and are difficult to track ((Luong, 2020). Although challenges remain, the exchange of information and intelligence in ASEAN remains a critical opponent in the fight against cross-border narcotics trafficking. Increased coordination and collaboration can strengthen this step in creating safer areas.

Although cooperation among ASEAN member states in tackling narcotics problems continues, complex challenges still exist and require joint endeavors to address them effectively. In Indonesia, the handling of narcotics is regulated by various laws and regulations set by the government. Here are some aspects of the narcotics regulation mechanism in Indonesia:

- a. Narcotics Law: Law Number 35 of 2009 concerning narcotics is the main legal framework that regulates narcotics issues in Indonesia. This law establishes the types of narcotics, sanctions for violators, and prevention and rehabilitation endeavours.
- b. National narcotics Agency (BNN): BNN is a government agency responsible for policy formulation, implementation, and coordination in handling narcotics in Indonesia. BNN has an important role in prevention, law enforcement, rehabilitation, and socialization related to narcotics.
- c. Law Enforcement: The Indonesian National Police (POLRI) is responsible for law enforcement related to narcotics in Indonesia. The National Police conducts arrest operations against narcotics syndicates, investigations, and enforcement of narcotics-related law violators.
- d. Treatment and Rehabilitation: Indonesia has a variety of rehabilitation programs for individuals involved in narcotics abuse. These programs can be carried out in government-appointed rehabilitation institutions, specialized rehabilitation centers, or through community approaches.
- e. Prevention Campaign: The Indonesian government is also active in conducting narcotics abuse prevention campaigns through education, socialization, and advocacy. This includes drug education programs in schools and public awareness campaigns about the dangers of narcotics abuse.
- f. International Cooperation: Indonesia is also involved in international cooperation in endeavours to combat cross-border narcotics trafficking. This is done through the exchange of intelligence information, operational cooperation with neighboring countries, and participation in international forums related to narcotics.

Basically, Indonesia adopts a comprehensive approach in addressing the narcotics problem, which includes prevention, law enforcement, rehabilitation, and international cooperation. These endeavors aim to protect the community from the negative impact of narcotics abuse and create a drug-free environment.

7.2. Rehabilitation Contribution to Legal Compliance

The concept of rehabilitation is expressly given a limit on the meaning as stipulated in the provisions of Article 1 number 16 "Medical Rehabilitation,

and the provisions of Article 1 number 17 "social rehabilitation" of Law Number 35 of 2009 concerning narcotics (Statute Book of the Republic of Indonesia Number 143 of 2009–Supplement to Statute Book of the Republic of Indonesia Number 5062). The full formula is as follows":

Article 1 number 16: "Medical Rehabilitation is a process of integrated treatment activities to free addicts from dependence on narcotics".

Article 16 number 17: "Social rehabilitation is a process of integrated recovery activities, both physical, mental and social, so that former Narcotics Addicts can return to carrying out social functions, in the life of the community".

Law Number 35 of 2009 concerning narcotics defines rehabilitation in two main forms, namely medical rehabilitation (Article 1 number 16) and social rehabilitation (Article 1 number 17). Medical rehabilitation aims to restore physical and psychological dependence on narcotics, while social rehabilitation aims to restore the social functioning of narcotics users in society. This definition emphasizes that narcotics users who are addicts or victims of abuse should be considered patients who need treatment, not criminals. According to the latest research, the implementation of rehabilitation in Indonesia faces various challenges. One of the main challenges is inconsistent enforcement, where drug users often still receive prison sentences despite meeting rehabilitation criteria. This is due to the lack of understanding of law enforcement officers about the restorative purpose of rehabilitation (Mamangkey et al., 2022). In addition, high rehabilitation costs are also a barrier to the implementation of legal decisions that require rehabilitation (Susanto et al., 2023). The rehabilitation system in Indonesia also needs to consider the restorative justice paradigm. This approach focuses on individual recovery and reintegration into society, not just on the provision of legal sanctions. Studies show that the implementation of rehabilitation based on restorative justice can reduce the rate of narcotics crime and prison overcapacity (Purnamasari & Gunadi, 2023). The study also compared rehabilitation policies in Indonesia with other countries, such as Vietnam, Australia, and Portugal. In Portugal, the health approach is more dominant than the criminal approach, with more systematic and inclusive rehabilitation mechanisms. Meanwhile, Indonesia is still struggling with the implementation of policies that are often biased toward punitive approaches (Hartono et al., 2023). Although the legal framework for rehabilitation in Indonesia already exists, implementation on the ground still needs to be improved. Harmonization among legal understanding and policy implementation is the key to realizing the main goal of the narcotics Law to provide protection and recovery for victims of narcotics abuse.

The mechanism and procedure for implementing Rehabilitation are

formulated in detail in Chapter IX, Part Two, Articles 54 to 59 as follows:

Article 54: "Narcotics Addicts and victims of narcotics abuse are obliged to undergo medical rehabilitation and social rehabilitation".

Article 55 Paragraph (1): "Parents or guardians of Narcotics Addicts who are not yet of age are vital to report to public health centers, hospitals, and/or medical rehabilitation and social rehabilitation institutions appointed by the Government to obtain treatment and/or treatment through medical rehabilitation and social rehabilitation.

Article 55 Paragraph (2): "Narcotics Addicts who are of legal age are vital to report themselves or be reported by their families to public health centers, hospitals, and/or medical rehabilitation and social rehabilitation institutions appointed by the Government to obtain treatment and/or treatment through medical rehabilitation and social rehabilitation".

Article 55 Paragraph (3): "Provisions regarding the implementation of mandatory reporting as referred to in paragraphs (1) and (2) are regulated by Government Regulations".

Article 56 Paragraph (1): "Medical rehabilitation of Narcotics Addicts is carried out at a hospital appointed by the Minister".

Article 56 Paragraph (2): "Certain rehabilitation institutions organized by government agencies or the community may carry out medical rehabilitation of Narcotics Addicts after obtaining the approval of the Minister".

Article 57: "In addition to medical treatment and/or rehabilitation, the treatment of Narcotics Addicts can be organized by government agencies or the community through religious and traditional approaches".

Article 58: "Social rehabilitation of former Narcotics Addicts is organized both by government agencies and by the community".

Article 59 Paragraph (1): "The implementation of the provisions as referred to in Article 56 and Article 57 is regulated by Ministerial Regulation".

Article 59 Paragraph (2): "The implementation of the provisions as referred to in Article 58 is regulated by ministerial regulations that carry out government affairs in the social sector".

The explanation of Articles 54 to 59 is formulated as follows:

Article 54: "What is meant by "victim of narcotics abuse" is a person who accidentally uses narcotics because he is persuaded, deceived, deceived, coerced, and/or threatened to use narcotics".

Article 55 Paragraph (1): "This provision emphasizes that to help the Government in overcoming the problems and dangers of narcotics abuse, especially for Narcotics Addicts, the participation of parents/guardians, the community, to increase the responsibility of supervision and guidance for their children. What is meant by "underage" in this provision is a person who has not

reached the age of 18 (eighteen) years."

Article 56 Paragraph (1): "This provision emphasizes that rehabilitation for Narcotics Addicts is carried out with the intention of recovering and/or developing the physical, mental, and social abilities of the sufferer concerned.

Article 56 Paragraph (2): "What is meant by "government agencies" is for example narcotics Correctional Institutions and Regional Governments. This provision emphasizes that for medical rehabilitation for Narcotics Addicts, syringe users can be given a series of therapies to prevent transmission, including HIV/AIDS transmission through syringes with strict supervision by the Ministry of Health"

Article 58: "Social rehabilitation in this provision includes through religious, traditional, and other alternative approaches. In this provision, what is meant by "former Narcotics Addict" is a person who has recovered from dependence on narcotics physically and psychologically. In this provision, what is meant by "social rehabilitation institution" is a social rehabilitation institution organized by both the government and the community.

The articles regulated in Law Number 35 of 2009 concerning narcotics show the government's systematic endeavors in dealing with victims of narcotics abuse and addicts through a medical and social rehabilitation approach. Article 54 identifies "victims of narcotics abuse" as individuals who are inadvertently involved as a result of persuasion, threats, or coercion. This provision is important to distinguish victims of abuse from criminals, which is in line with the principle of restorative justice in viewing addicts as individuals who need medical and social help, not criminal punishment (Susanto et al., 2023). Article 55 Paragraph (1) emphasizes the responsibility of parents, guardians, and the community in supervising addicts who are underage. This context has become very relevant to involve the community in early prevention and rehabilitation for adolescents, as individuals under the age of to be more vulnerable to becoming victims of narcotics abuse. However, the implementation of this provision is still constrained by the lack of public awareness and capacity to support community-based rehabilitation programs (Mamangkey et al., 2022). Article 56 Paragraph (1) and Paragraph (2) emphasizes the importance of rehabilitation as a means of physical, mental, and social recovery of Narcotics Addicts. In the case of syringe addicts, rehabilitation includes therapy to prevent the transmission of diseases such as HIV/AIDS. Studies say that the success of medical rehabilitation programs depends on adequate facilities and strict supervision by health authorities. However, several obstacles arise from limited funds and resource distribution at the regional level (Purnamasari & Gunadi, 2023). Article 58 expands the scope of social rehabilitation through religious, traditional, and other alternative

approaches. This approach provides room for cultural diversity in Indonesia, but its effectiveness requires a standardized framework that ensures consistent rehabilitation outcomes. For example, studies show that the integration of addicts who have recovered into society often experiences obstacles due to social stigma that is still strong (Hartono et al., 2023). In general, although this law has provided a strong legal foundation for rehabilitation, its implementation still faces various challenges. The inconsistency among regulations and implementation in the field, the limitations of rehabilitation facilities, and the stigma of society against addicts are the main obstacles. Policy reforms, including better allocation of resources and public education, are needed to support the success of rehabilitation as a strategy to combat narcotics in Indonesia.

7.3. Morality Approach in Legal Compliance

Rehabilitation for Narcotics Addicts, as regulated in Law Number 35 of 2009, not only aims to restore physical and mental conditions, but also to build moral awareness and increase compliance with the law. In this context, the concept of deviant behavior is relevant to explain that narcotics abuse is an act that violates legal norms and ethical values of society. This perspective emphasizes that rehabilitation should be an instrument of behavior transformation, where individuals are not only cured but also cognizant of the violation of the law and committed not to repeat it (Mamangkey et al., 2022). According to Lawrence Kohlberg's theory of moral development, rehabilitation ideally helps the individual move from pre-conventional morality to the conventional stage and finally to the post-conventional, where decisions are based on universal values. In practice, the rehabilitation system in Indonesia is often limited to medical and social aspects without touching on the formation of deep moral consciousness. Studies show that an emphasis on moral values in rehabilitation can reduce the likelihood of recidivism and strengthen social reintegration (Susanto et al., 2023). Nevertheless, the implementation of rehabilitation in Indonesia faces various challenges. Research reveals that legal approaches are often repressive and do not always support restorative rehabilitation. Inconsistency in the application of Article 103 of the Narcotics Law by judges is a significant obstacle, where many narcotics users are still sentenced to prison even though they meet the rehabilitation requirements (Hartono et al., 2023). An integrative approach among medical, social, and moral rehabilitation is needed to achieve more optimal outcomes. Studies show that the strengthening of family values and intergenerational responsibilities can increase the motivation of addicts to participate in rehabilitation and maintain their abstinence. This approach can

be applied through community-based rehabilitation programs that combine local cultural norms with moral education (Hong et al., 2021). In the Indonesian context, regulatory reconstruction that emphasizes the values of justice and humanity is needed to ensure that rehabilitation is not only part of the legal process, but also a tool of social transformation. This policy reform should include increasing the rehabilitation capacity and training of law enforcement officers to understand the importance of a moral approach in narcotics rehabilitation (Bawono & Gunarto, 2022). Rehabilitation based on moral and ethical awareness, supported by a strong legal framework and consistent implementation, can be an effective solution to deal with the narcotics problem holistically in Indonesia. When there is a conflict of loyalty as mentioned above, what is the basis for us to choose and make decisions? The simple answer is, we must refer to a higher principle or law. That is an impartial law that does not only apply to one group, but a law that has a wider validity. A law that has a universal dimension. This is the orientation of morality at the fourth level. At this level, one has managed to break through the narrow wall of the group, to look and hold on to the wider one. Which one to choose, corruption or not? The problem is not choosing which one guarantees identity and securities (such as the third level), but what the law is. The keyword in this fourth level is obligation. We do or don't do something not just so that we are accepted by others, but because we are aware that it is our obligation according to the prevailing law. By fulfilling this obligation, we may be eliminated from our group. But that is no longer the main obstacle. Our problem is no longer a question of whether we will be liked or disliked by others, but whether we obey the applicable law or not.

The post-conventional stage of morality in Kohlberg's theory of moral development offers the view that law is the result of human consensus, which can be changed when it is no longer relevant or does not meet the purpose of justice. In this context, law is not considered sacred and absolute, but rather as a tool that must be critically evaluated to ensure that it reflects universal values such as justice and the common good. This approach supports the principle that law should be responsive to social changes and the needs of society, not simply comply with formal legality (Belgasem-Hussain & Hussain, 2023). In the implementation of the law, especially related to moral issues such as narcotics rehabilitation, the post-conventional stage advises a critical attitude toward existing regulations. For example, narcotics rehabilitation in Indonesia is often hampered by a legalistic approach that emphasizes punishment rather than recovery. Studies show that universal values-based approaches, such as restorative justice, are more effective in building moral awareness in perpetrators and reducing recidivism rates (Hartono et al., 2023).

This stage also recognizes that law is a dynamic tool that can be modified, as needed, especially when existing laws do not reflect justice. For example, the approach in reforming the law on the rehabilitation of children of drug addicts in Indonesia emphasizes the need to adjust regulations with the principle of justice for children as victims, not perpetrators, by universal values of morality (Bawono & Gunarto, 2022). In the context of moral education, Kohlberg's approach has been used to strengthen students' critical awareness of universal values and encourage them to develop ethical thinking that transcends legalistic boundaries. Studies show that education based on Kohlberg's moral theory, as in nursing and medicine, improves an individual's ability to make more thoughtful and contextual ethical decisions (Soltani et al., 2022). The post-conventional stage in Kohlberg's theory provides an important framework for legal reform and moral education that is more critical and focuses on universal values. It emphasizes that the law must be continuously evaluated to ensure its relevance to the principles of justice and the common good, creating a more humane and adaptive system to social dynamics.

Sixth level. According to Kohlberg, it is at this stage that the development of a person's moral thought reaches its peak, namely morality that does not betray the voice of conscience and beliefs about right and good. People are not afraid to go against the current. Be brave in solitude. Willing to accept demise rather than self-deception. All of this is not for personal satisfaction and self-interest. His vision and mission are clear, namely for the sake of upholding the dignity and dignity of all mankind. Universal vision and mission. For all this, people like Mahatma Gandhi perform actions that are often not digested by the common sense of ordinary people. Their morality, not irrational, is beyond reason. Trans-rational morality. The Kohlberg framework can be used to conduct a study of the legal behavior (and possibly legal culture) of various social groups (whether society or the apparatus), using the level of morality proposed by Kohlberg. That way we have the opportunity to map the pattern of legal behavior from the perspective of morality. Analogous to that, we can also take advantage of other analytical frameworks that are useful for the development of the study of law as a human and social phenomenon.

Socrates emphasized the importance of the behavioral and cultural dimensions of law as a central element in the study of law, not just an addition or subsystem of law. This approach underscores that law is an instrument of social management that must reflect the dynamic interaction among legal norms, human behavior, and cultural values. In this context, legal culture includes not only legal awareness, but also the way individuals and society

practice the law in their daily lives (Shumkin, 2021). Legal culture, according to recent studies, acts as an important legitimacy factor in creating a stable social order. Legality is not only a matter of compliance with formal laws, but also the acceptance of the law as a morally and culturally valid norm. This is reflected in the close relationship among legal culture and normative values that shape rational and socially oriented legal behavior (Voitenko, 2022). However, in practical reality, the cultural dimension of law is often overlooked in policymaking and law enforcement. Studies show that the imbalance among legal norms and people's cultural values can lead to non-compliance with the law or deviant behavior. Therefore, a culture- and behavior-based approach to law should be a key focus in legal system reform (Novia et al., 2023). In addition, this approach also has major implications for legal education. Studies show that building a strong legal culture in society requires a legal education that emphasizes the development of legal awareness and ethical behavior, especially among the younger generation. This education must integrate cultural values and legal norms to build critical awareness of social justice (Boltivets et al., 2021). The study of law includes not only formal rules, but also the cultural and behavioral dimensions that make up the essence of law in society. The integration of this approach in legal practice and legal education can strengthen legal legitimacy and create a legal system that is more responsive to social needs.

7.4. Multi-Institutional Cooperation and Strategy

Cooperation among government agencies, social institutions, and the community has a strategic role in creating a holistic approach to narcotics abuse. This approach not only aims at the physical and mental recovery of users, but also effective social reintegration.

Holistic rehabilitation in the context of narcotics abuse requires structured coordination among the government, social institutions, and communities. Legally, formally, these endeavors must be based on regulations that support multi-agency collaboration with clear oversight mechanisms. For example, Therapeutic Community programs based on cross-agency cooperation have been shown to lower rates of drug abuse and improve participants' mental health through peer support and strong social integration (Shaver et al., 2023). However, the success of this program is often hampered by limited resources, both financial and human, as well as a lack of effective communication among implementing organizations (Nur Lestari et al., 2022). Legally, there needs to be policies that not only support medical rehabilitation but also facilitate social and economic recovery. A human rights-based approach, such as the one recommended by the UNODC, emphasizes the

importance of viewing drug users not only as lawbreakers but as individuals who require comprehensive treatment. Cross-sectoral collaboration, including the involvement of legal institutions, health institutions, and civil society organizations, has proven effective in community-based rehabilitation models in various countries (Hirchak et al., 2023). From an operational perspective, it is important to overcome barriers such as the uneven distribution of authority among government agencies and social institutions. Studies in Beijing show that although collaboration among organizations increases the capacity of rehabilitation services, power imbalances and commitments among health and social welfare agencies can be an obstacle (Li & Ma, 2021). A strong legal framework is also needed to ensure the accountability of implementing institutions and encourage the strengthening of institutional capacity. In Indonesia, the implementation of the Prevention and Eradication of narcotics Abuse and Illicit Trafficking (P4GN) policy shows the need to improve the standard operational aspects of procedures and communication among organizations, so that the roles of the government, social institutions, and communities can be effectively integrated (Nur Lestari et al., 2022). In the international context, the success of holistic rehabilitation is also influenced by the adaptation of approaches to local cultures and applicable legal systems. For example, the integration of traditional methods with modern rehabilitation practices in Native American communities has yielded positive results in reducing stigma and improving compliance of program participants (Hirchak et al., 2023).

Education and advocacy strategies have an important foundation in the prevention of narcotics abuse, which is legally and formally in line with the country's commitment to protecting the younger generation. Public education through family institutions, schools, and health institutions can strengthen awareness of the dangers of narcotics, as well as provide life skills for adolescents to be able to avoid the risk of abuse. Research shows that school-based programs that focus on empowering life skills are effective in creating resilience to social pressure and negative influences (Chifamba & Chifamba, 2023; link). An integrated approach with cultural values has also proven significant. In Native American communities, traditional culture-based strategies, such as the integration of indigenous rituals into prevention programs, have increased community participation as well as reduced stigma against individuals involved in narcotics abuse (Hirchak et al., 2023). A similar strategy can be applied in Indonesia, given the cultural diversity that allows for a local approach based on traditional wisdom. From a formal legal perspective, prevention through education and advocacy must also be supported by clear regulations and adequate budgets. The government must

ensure the implementation of evidence-based policies, such as the implementation of the Drug-Free School Initiative program or the integration of narcotics education into the curriculum of primary and secondary schools. In addition, the involvement of health institutions in providing education about the medical dangers of narcotics abuse can strengthen this approach (Chifamba & Chifamba, 2023). However, the implementation of these policies is often hampered by a lack of trained human resources, weak supervision, and poor coordination among stakeholders. At the international level, various programs demonstrate the need for a multi-sectoral approach to effectively reduce narcotics abuse. For example, research shows that continuing education that involves families and communities produces a more sustainable impact than approaches that focus solely on the individual (Yatsco et al., 2020). In addition, advocacy involving mass media and social media has great potential in reaching a wider audience. The dissemination of data-driven information about the dangers of narcotics, as well as testimonials from former users, can be used to inspire behavior change. However, the government needs to strictly regulate this content to ensure that the information conveyed is accurate and does not cause negative effects, such as normalizing the use of narcotics. Education and advocacy strategies in the prevention of narcotics abuse must be designed with a holistic approach that involves families, schools, and communities, and is supported by strong regulations and adequate funding. The involvement of local cultural elements and modern technology can strengthen the effectiveness of this program, while still paying attention to the integrity of laws and social norms.

The reintegration of former narcotics users into society is a critical element of the ongoing rehabilitation process. Successful reintegration requires a multidimensional approach that includes physical, psychosocial, and economic needs. Legally, formally, this effort must be by national policies that prioritize rehabilitation and social empowerment as the top priority in handling narcotics abuse. Case-based management programs, such as the Community Recovery Program, have proven effective in improving the financial stability and family relationships of former users. This approach helps individuals strengthen social support networks and improve the sustainability of their recovery (Borowski et al., 2020). Interprofessional cooperation is the key to the success of reintegration, involving health institutions, law enforcement, social organizations, and communities. Research shows that these collaborations are able to improve access to mental health services, job training, and legal support, thereby accelerating the transition of former users back into society (Larsen & Hean, 2021). In addition, community-based approaches that prioritize local culture, such as the integration of traditional

rituals in rehabilitation, can reduce stigma and improve social acceptance of former users (Hirchak et al., 2023). However, the implementation of this program often faces obstacles, such as a lack of trained human resources, imbalances in coordination among agencies, and regulations that have not fully supported community-based reintegration. For example, in some regions, rehabilitation approaches are still too focused on the medical model without taking into account the social and economic needs of former users. Studies in China show that cooperation among organizations can strengthen community support systems, but the dominance of health authorities over social institutions often hinders the development of holistic services (Li & Ma, 2021). In addition, the legal framework in Indonesia should support the implementation of programs that allow former users access to job training, decent housing, and mental health services. Regulations that encourage private sector involvement, such as corporate social responsibility (CSR) programs, can be a solution in providing jobs for former users. Studies show that corporate involvement in social rehabilitation can result in effective collaboration and reduce the risk of social exclusion (Basyar & Puspaningtyas, 2022). Successful reintegration of former narcotics users requires comprehensive formal legal policy support, including strengthening cross-sectoral collaboration and reducing social stigma. The implementation of case-based programs on management, job training, and culture-based rehabilitation can help former users achieve independence and be accepted back by society. This requires adaptive regulatory support, adequate resource allocation, and ongoing evaluation of program effectiveness.

Holistic rehabilitation requires a formal legal framework that is able to ensure the effectiveness of cross-sector collaboration and equitable distribution of resources. In this context, regulations must integrate health, social, and economic-based approaches to ensure the comprehensive recovery of former drug users. A supportive legal system needs to include several important elements in the form of strengthening collaboration among institutions, regulations must establish a clear role for each stakeholder, including the government, social institutions, the health sector, and the community. Each party needs to have a mandate to work synergistically. For example, collaborative programs in different countries have proven that coordination among health institutions and social institutions can improve access to rehabilitation services and accelerate reintegration into society (Li & Ma, 2021). Equitable distribution of resources, regulations must ensure the allocation of financial, human, and facility resources proportionally across the region. Resource inequality can hinder the accessibility of rehabilitation

programs, especially in remote areas. Studies show that adequate funding and equitable allocation of experts are the main factors for the success of community-based rehabilitation (Borowski et al., 2020). Respect for local cultural values, a culture-based approach is essential in holistic rehabilitation. Regulations should accommodate policies that allow the use of local cultural practices, such as traditional rituals and community support, to reduce stigma and increase community engagement (Hirchak et al., 2023). Adaptive evaluation mechanisms, regulations need to include continuous evaluation mechanisms to measure the effectiveness of rehabilitation programs. This evaluation must be flexible and able to adapt the approach based on local needs and developments in the situation on the ground. This is important to ensure the sustainability of the program and provide room for innovation in rehabilitation methods (Shaver et al., 2023). A formal legal framework that supports holistic rehabilitation should be designed to strengthen coordination among institutions, distribute resources equitably, and respect local cultural values. In addition, regulations need to adopt adaptive evaluation mechanisms that allow for continuous improvement to address operational and social challenges on the ground.

Reference

- Aaronson, E., & Shaffer, G. (2020). INTRODUCTION TO THE SYMPOSIUM ON DRUG DECRIMINALIZATION, LEGALIZATION, AND INTERNATIONAL LAW. *AJIL Unbound*, 114. <https://doi.org/10.1017/aju.2020.54>
- Afandi, A., Thalib, H., & Agis, A. (2020). Efektivitas Penanggulangan Peredaran & Penyalahgunaan Narkotika Oleh Badan Nasional Narkotika Sulawesi Selatan. *Journal of Lex Philosophy (JLP)*, 1(1). <https://doi.org/10.52103/jlp.v1i1.29>
- Andreev V. I., & Kindyuk B. V. (2020). The main provisions of the international treaty — the Single Convention on Narcotic Drugs of 1961 year. *Legal Ukraine*, 4, 24–30. [https://doi.org/10.37749/2308-9636-2020-4\(208\)-3](https://doi.org/10.37749/2308-9636-2020-4(208)-3)
- Athallah, A. A., & Lewoleba, K. K. (2020). PEMIDANAAN TERHADAP PECANDU NARKOTIKA DI INDONESIA DITINJAU DARI ASPEK TUJUAN PENEGAKAN HUKUM. *Lex Librum: Jurnal Ilmu Hukum*. <https://doi.org/10.46839/lljih.v0i0.195>
- Basyar, M. R., & Puspaningtyas, A. (2022). Collaborative governance in CSR management program for slum area rehabilitation. *Publisia: Jurnal Ilmu Administrasi Publik*, 7(1). <https://doi.org/10.26905/pjiap.v7i1.7480>
- Bawono, B. T., & Gunarto, G. (2022). THE LAW ENFORCEMENT AGAINST NARCOTICS CRIMINAL ACTIONS WHO SHOULD BE ON REHABILITATION. *Jurnal Pembaharuan Hukum*, 9(1). <https://doi.org/10.26532/jph.v9i1.20536>
- Belgasem-Hussain, A. A., & Hussaien, Y. I. (2023). Earnings management as an ethical issue in view of Kohlberg's theory of moral reasoning. In *Journal of Financial Crime* (Vol. 30, Issue 2). <https://doi.org/10.1108/JFC-11-2019-0138>
- Boltivets, S., Halushko, O., & Zhulyaev, V. (2021). SOCIAL SELF-EXPRESSION OF YOUTH IN LEGAL CULTURE. *Social Work and Social Education*, 2(7). [https://doi.org/10.31499/2618-0715.2\(7\).2021.244644](https://doi.org/10.31499/2618-0715.2(7).2021.244644)
- Borowski, S., Wenzel, S., Smith, L., & Turner, S. (2020). An Evaluation of the Community Recovery Program: A Case Management Approach to Assisting Individuals Recover from Substance Use and Incarceration. *Journal of Psychosocial Rehabilitation and Mental Health*, 7(2). <https://doi.org/10.1007/s40737-020-00167-8>
- Buxton, J., & Burger, L. L. (2020). International Drug Policy in Context. In *The Impact of Global Drug Policy on Women: Shifting the Needle*. <https://doi.org/10.1108/978-1-83982-882-920200003>

- Chen, Y. (2023). Analysis of the Cross-Border Drug Governance in Southeast Asia with ASEAN Participation. *Lecture Notes in Education Psychology and Public Media*, 25(1). <https://doi.org/10.54254/2753-7048/25/20230786>
- Chifamba, C., & Chifamba, B. (2023). Educators Perceptions on Drug Abuse Prevention: A Post-pandemic Approach. *Asian Journal of Education and Social Studies*, 49(1). <https://doi.org/10.9734/ajess/2023/v49i111103>
- Fajar Satrio, A. (2023). Study of The Effectiveness of The Rehabilitation Program as a Sector of the Asean Work Plan in Treating Children Abused Narcotics. *HUMANIORUM*, 1(01). <https://doi.org/10.37010/hmr.v1i01.7>
- Fauzi, R. A., Cikusin, Y., & Hayat, H. (2022). IMPLEMENTASI PERATURAN DAERAH NOMOR 1 TAHUN 2017 TENTANG PENCEGAHAN DAN PEMBERANTASAN PENYALAHGUNAAN DAN PEREDARAN GELAP NARKOTIKA (P4GN) TERHADAP PENYALAHGUNAAN NARKOTIKA. *Journal Publicuho*, 5(2). <https://doi.org/10.35817/jpu.v5i2.25692>
- Feris, F., Mas, M., & Hasan, Y. A. (2023). PENEGAKAN HUKUM TERHADAP PENYALAHGUNAAN NARKOTIKA OLEH ANAK DI WILAYAH KEPOLISIAN RESORT SIDENRENG RAPPANG. *Indonesian Journal of Legality of Law*, 5(2). <https://doi.org/10.35965/ijlf.v5i2.2598>
- Giommoni, L., Berlusconi, G., & Aziani, A. (2022). Interdicting International Drug Trafficking: a Network Approach for Coordinated and Targeted Interventions. *European Journal on Criminal Policy and Research*, 28(4). <https://doi.org/10.1007/s10610-020-09473-0>
- Hartono, T., Hanami, V., & Prameswari, F. D. (2023). Drug abuse rehabilitation policies in Indonesia: a comparison with Vietnam, Australia and Portugal. *Wacana Hukum*, 29(2). <https://doi.org/10.33061/wh.v29i2.9576>
- Hikmatullo Ogli, S. I. (2020). Regional Mechanisms Against Illegal Drug Trafficking. *The American Journal of Political Science Law and Criminology*, 02(10), 90–95. <https://doi.org/10.37547/tajpslc/Volume02Issue10-15>
- Hirschak, K. A., Nadeau, M., Vasquez, A., Hernandez-Vallant, A., Smith, K., Pham, C., Oliver, K. A., Baukol, P., Lizzy, K., Shaffer, R., Herron, J., Campbell, A. N. C., & Venner, K. L. (2023). Centering culture in the treatment of opioid use disorder with American Indian and Alaska Native Communities: Contributions from a National Collaborative Board. *American Journal of Community Psychology*, 71(1–2). <https://doi.org/10.1002/ajcp.12620>
- Hulukati, Y. R., Ismail, D. E., & Nggilu, N. (2020). Penyalahgunaan Narkotika Oleh

- Pegawai Negeri Sipil Dilihat Dari Perspektif Kajian Kriminologi. *JURNAL LEGALITAS*, 13(01). <https://doi.org/10.33756/jelta.v13i01.7303>
- Jannah, U. (2022). Kerjasama Malaysia dan ASEAN dalam Menghadapi Pandemi COVID-19 di Kawasan Asia Tenggara Tahun 2020. *Jurnal Ilmiah Universitas Batanghari Jambi*, 22(1). <https://doi.org/10.33087/jiubj.v22i1.1867>
- Kirilenko, V. P., & Molokovskii, D. S. (2022). International Legal Aspects of Control of Trafficking in New Psychoactive Substances. *EURASIAN INTEGRATION: Economics, Law, Politics*, 16(1). <https://doi.org/10.22394/2073-2929-2022-01-77-85>
- Larsen, B. K., & Hean, S. (2021). The significance of interprofessional and interagency collaboration in reintegration after prison. *Journal of Comparative Social Work*, 16(1). <https://doi.org/10.31265/jcsw.v16i1.366>
- Li, Y., & Ma, H. (2021). Interorganisational cooperation and its effects on community rehabilitation for people with severe mental disorders in Beijing, China: A case study. *Health and Social Care in the Community*, 29(1). <https://doi.org/10.1111/hsc.13078>
- Lloyd, C. (2021). *The Role of International Law in the War on Illicit Drugs*. <https://doi.org/10.33774/coe-2021-9d4v2>
- Luong, H. T. (2020). The organisational structure of transnational narcotics trafficking groups in Southeast Asia: a case study of Vietnam's border with Laos. *Trends in Organized Crime*, 23(4). <https://doi.org/10.1007/s12117-020-09384-w>
- Mamangkey, J. Y. S., Prasetyo, T., & Yudianto, O. (2022). Rehabilitation arrangements for narcotics adults based on justice in significance. *Technium Social Sciences Journal*, 38. <https://doi.org/10.47577/tssj.v38i1.7849>
- Mok, S. Y. (2020). ASEAN and Transnational Crime: Gains and Challenges in Tackling Drug Trafficking. *WIMAYA*, 1(01). <https://doi.org/10.33005/wimaya.v1i01.13>
- Novia, R. T., Purnomo, V. D., Kadir, S. A., & Handoyo, B. H. C. (2023). Law as a Social Controlling Agent in Society from a Sociological View of Law. *Jurnal Sosial, Politik Dan Budaya (SOSPOLBUD)*, 2(1). <https://doi.org/10.55927/sospolbud.v2i1.2695>
- Nur Lestari, D., Supriadi, O., & Waseh, H. (2022). Implementation of Policy for Prevention and Eradication of Abuse and Illegal Circulation of Drugs and Precursors (P4GN) at The National Narcotics Agency of Tangerang City Rehabilitation Section. *International Journal of Social Sciences Review*, 3(2).

<https://doi.org/10.57266/ijssr.v3i2.92>

- Prastiyo, W. E. (2022). The reconstruction of rehabilitation for addictives and drug abuses in human rights perspective. *International Journal of Research in Business and Social Science* (2147- 4478), 11(1). <https://doi.org/10.20525/ijrbs.v11i1.1683>
- Prayuda, R., Warsito, T., & Surwandono. (2020). Problems faced by ASEAN in dealing with transnational drug smuggling in Southeast Asia region. *Foresight*, 23(3). <https://doi.org/10.1108/FS-12-2019-0106>
- Purnamasari, D., & Gunadi, A. (2023). Implementation of Repressive Social Control Against Narcotics Abusers or Addicts to Reduce Prison Overcapacity. *International Journal of Social Health*, 2(12). <https://doi.org/10.58860/ijsh.v2i12.130>
- Rakhman, F., & Dewi Heniarti, D. (2023). Penegakan Hukum Tindak Pidana Pengelapan Barang Sitaan Narkotika oleh Oknum Polisi Dihubungkan dengan Undang-Undang No. 35 Tahun 2009 Tentang Narkotika. *Bandung Conference Series: Law Studies*, 3(1). <https://doi.org/10.29313/bcsls.v3i1.4972>
- Seddon, T. (2020). Markets, Regulation and Drug Law Reform: Towards a Constitutive Approach. *Social and Legal Studies*, 29(3). <https://doi.org/10.1177/0964663919868756>
- Shaver, S. R., Forsyth, O., & Meritus, D. (2023). Effectiveness of Therapeutic Community Rehabilitation Program for Drug Abuse in Social Institutions. *Law and Economics*, 17(3). <https://doi.org/10.35335/laweco.v17i3.45>
- Shumkin, E. M. (2021). LEGAL CULTURE AS A FACTOR OF LEGITIMACY OF THE SOCIAL AND LEGAL ORDER. *Вестник Пермского Университета. Философия. Психология. Социология*, 3, 466–477. <https://doi.org/10.17072/2078-7898/2021-3-466-477>
- Soltani, M., Etemadifar, S., & Kheiri, S. (2022). The effect of a Kohlberg's theory of moral development-based intervention on ethical reasoning in nurse interns at Shahrekord University of Medical Sciences. *Journal of Multidisciplinary Care*, 11(2). <https://doi.org/10.34172/jmdc.2022.1377>
- Susanto, G., Rifai, E., Maroni, M., Siswanto, H., & Tisnanta, H. S. (2023). Judge's Ruling in Providing Rehabilitation against Narcotics Abusers for Themselves. *Scholars International Journal of Law, Crime and Justice*, 6(11). <https://doi.org/10.36348/sijlcj.2023.v06i11.001>

- Thanh-Luong, H. (2022). Transnational drug trafficking in Southeast Asia: identifying national limitations to look for regional changes. *Revista Criminalidad*, 64(1). <https://doi.org/10.47741/17943108.338>
- Vari, M. R., Zaami, S., Pacifici, R., Pichini, S., Berretta, P., Sciotti, M., Tittarelli, R., La Maida, N., Tini, A., Marinelli, E., Buscaglia, E., Brambilla, E., Scaravaggi, G., Locatelli, C. A., Busardò, F. P., Cavallo, M., & Graziano, S. (2021). The National Early Warning System, a web-based platform to prevent the spread of New Psychoactive Substances. *Biochimica Clinica*, 45(3). https://doi.org/10.19186/BC_2021.028
- Voitenko, D. (2022). AXIOLOGICAL FOUNDATIONS OF THE METHODOLOGY OF LAW-CULTURAL DISCOURSE. *International Scientific Journal "Internauka". Series: "Juridical Sciences,"* 11(57). <https://doi.org/10.25313/2520-2308-2022-11-8396>
- Vukonjanski, I., & Kostić, V. (2020). TRAFFICKING OF SYNTHETIC OPIOIDS AND NEW PSYCHOACTIVE SUBSTANCES AS A GENERAL SECURITY RISK AND THE INTERNATIONAL DRUG CONTROL SYSTEM. *Facta Universitatis, Series: Law and Politics*. <https://doi.org/10.22190/fulp2001001v>
- Wulandari, S. A., & Kirana, P. (2023). ASEAN States Cooperation in the Control and Prevention of Illicit Drugs Trafficking. *Yuridika*, 38(3). <https://doi.org/10.20473/ydk.v38i3.44872>
- Yatsco, A. J., Champagne-Langabeer, T., Holder, T. F., Stotts, A. L., & Langabeer, J. R. (2020). Developing interagency collaboration to address the opioid epidemic: A scoping review of joint criminal justice and healthcare initiatives. *International Journal of Drug Policy*, 83. <https://doi.org/10.1016/j.drugpo.2020.102849>
- Zhang, L., & An, J. (2020). Revisiting the regimes of public international law and the wto law on countering narcotic drug trafficking. *China and WTO Review*, 6(1). <https://doi.org/10.14330/cwr.2020.6.1.07>

CHAPTER VIII

REGIONAL ASPECTS AND COMMUNITY SUPPORT

This section will review the community's response to drug rehabilitation efforts, including community attitudes toward rehabilitation participants and programs offered by Charis Rehabilitation Center. An analysis will be carried out on the factors that affect the acceptance and support of the community for drug rehabilitation efforts. Community Programs and Cooperation with Local Governments: In this section, various community programs that involve active participation from the community in supporting drug rehabilitation efforts will be discussed. This includes working with local governments to provide resources and infrastructure to support rehabilitation programs at the local level.

8.1. Community Attitudes and Acceptance of Drug Rehabilitation

Community acceptance of drug rehabilitation is influenced by various factors, including social stigma and public understanding of the benefits of rehabilitation. Studies show that stigma against drug users is often a major obstacle to the rehabilitation process, but community-based interventions can increase social acceptance through education and active community involvement (Hechanova et al., 2023). The role of social support, such as emotional and material support, has also been shown to influence the success of rehabilitation participants in overcoming their psychological and social challenges (Grijalvo et al., 2023). The main goal of increasing community acceptance of drug rehabilitation is to create a supportive environment for rehabilitation participants to overcome their dependence. By strengthening social acceptance, individuals undergoing rehabilitation can more easily reintegrate into society without experiencing harmful discrimination or stigma. Research confirms that community support plays an important role in psychological and social recovery, including helping participants regain confidence and rebuild healthy social relationships (Hechanova et al., 2023).

The main challenge faced in efforts to increase community acceptance of drug rehabilitation is the strong stigma against drug users. This stigma often affects people's views of rehabilitation participants, hinders their social

reintegration, and makes it difficult to implement rehabilitation programs. In addition, obstacles such as low levels of public awareness about the benefits of rehabilitation, limited resources at the local level, as well as cultural factors and poverty are also significant obstacles (Xu et al., 2021). The benefits of community acceptance of drug rehabilitation are wide-ranging, including improving the mental and physical health of rehabilitation participants, reducing the risk of relapse, and improving their quality of life. Strong social support from the community can also speed up the recovery process and help participants rebuild productive lives. Studies show that community involvement in rehabilitation programs, such as through the provision of emotional support and education, can significantly increase the success of rehabilitation programs (Grijalvo et al., 2023).

Various models have been implemented to increase community acceptance of drug rehabilitation. One effective model is the Therapeutic Community (TC), in which participants undergo rehabilitation in a supportive community environment, aiming to build their social skills and sense of responsibility. Studies show that this model can reduce drug use rates and improve participants' psychological and social outcomes (Shaver et al., 2023). In addition, the use of technology, such as community-based electronic rehabilitation systems (CAREs), has also begun to be used to improve the effectiveness of rehabilitation through digital-based tracking and support (Xu et al., 2021). Collaboration-based programs among communities and local governments have also proven effective. For example, an approach in the Philippines involving community training and locally-based health programs can reduce stigma and increase community involvement in supporting rehabilitation participants (Li & Ma, 2021).

A multidimensional approach involving government, community, and modern technology has great potential to strengthen social acceptance of drug rehabilitation. This approach not only includes therapeutic interventions but also creates a supportive social environment for sustainable recovery. Collaboration-based programs among communities and local governments are an integrated approach that combines community power with government support to create effective solutions in drug rehabilitation. This concept focuses on the division of responsibilities, where the government provides policies, resources, and infrastructure, while the community acts as an implementer and direct supporter to rehabilitation participants. This collaboration allows for the development of programs that are more tailored to local needs, increases community engagement, and reduces social stigma against rehabilitation participants. This model involves several key elements, including training for communities to become recovery agents, the provision

of community-based services such as counseling, and educational programs to raise awareness of the importance of drug rehabilitation. Research in the Philippines shows that collaborative programs among local governments and local communities have succeeded in reducing stigma, improving participants' mental health, and strengthening their access to health services (Hechanova et al., 2023).

In Indonesia, programs such as Community-Based Intervention (CBI) implemented by the National Narcotics Agency (BNN) work with local recovery agencies to support community-based rehabilitation. This program uses local facilities and advises active community participation to create an environment that supports the recovery process (Yanto et al., 2023). This collaboration is also seen in Beijing, China, where the government and social organizations jointly provide psychosocial services, increase the availability of rehabilitation services, and encourage innovation at the local level (Li & Ma, 2021). A similar approach in Vietnam shows that with better training and resource allocation, local governments can support complex rehabilitation needs at the community level (Nguyen Thi et al., 2023). By integrating government policies and community participation, these collaborative programs create a more inclusive, sustainable, and adaptive system to local needs, as well as maximize the effectiveness of drug rehabilitation.

The implementation stages of the program based on collaboration among the community and local governments in drug rehabilitation involve a series of systematic steps. This stage aims to ensure effective and sustainable collaboration, which can answer local needs and produce a positive impact for rehabilitation participants. Here are the common steps:

1. Identification and Analysis of Local Problems, the first stage is to identify drug problems in the local community, including prevalence rates, rehabilitation needs, and social barriers such as stigma. This analysis was carried out through surveys, interviews with local stakeholders, and the study of epidemiological data. Studies in the Philippines confirm that a deep understanding of local contexts, including the effects of poverty and stigma, is an important basis for designing relevant programs (Hechanova et al., 2023).
2. Establishment of Partnerships among Communities and Governments, the next step is to build partnerships among local governments and local communities. This includes the establishment of a working team involving local recovery agents, community leaders, and government officials. The government is responsible for providing policy support and resources, while communities help in implementation on the ground. For example, in Indonesia, IBM's program involves local recovery agents as the spearhead of community-based rehabilitation (Yanto et al., 2023).

3. Collaborative Program Planning, in this stage, all stakeholders collaborate to design a rehabilitation program. Important elements that need to be designed include:
 - training of recovery agents or local workforce;
 - provision of counseling, therapy, and public health education services;
 - preparation of protocols and mechanisms for evaluating success.Studies in Beijing show that a planned cross-sectoral approach allows for better provision of psychosocial services at the local level (Li & Ma, 2021).
4. The implementation of the Program began to be implemented according to the plan that had been prepared. Local facilities such as village halls, clinics, or community centers are used as locations for rehabilitation services. Recovery agents and local personnel carry out activities such as counseling, skills training, and monitoring of rehabilitation participants. In the Indonesian context, spiritual-based programs such as those in Blitar use local facilities to provide faith-based therapy (Sulistiani, 2023).
5. Monitoring and Evaluation, this stage involves regular monitoring of the program to assess effectiveness and identify barriers. Data on the level of participant compliance, the level of recidivism, and public perception of the program were collected for further evaluation. The study in Banda Aceh highlights the importance of evaluating recidivism levels to assess the success of community-based detoxification and rehabilitation programs (Jubir et al., 2020).
6. Refinement and Replication, based on the results of the evaluation, the program can be adjusted to correct shortcomings and increase effectiveness. Successful models can be replicated in other communities with adjustments to their local needs.

The implementation of collaboration-based programs require a comprehensive and adaptive approach. By following these stages, the program can have a sustainable impact, improve the quality of life of rehabilitation participants, and strengthen social networks in the community. A multidimensional approach to strengthening social acceptance of drug rehabilitation has been implemented in various countries and regions. This approach includes collaboration among governments, local communities, and the use of modern technology to provide more effective interventions. Some evidence of the implementation of this approach in various contexts, arranged in tables to make it easier to understand. Community-based approaches in drug rehabilitation have been implemented in several ASEAN countries and evidence of the implementation of community-based approaches in drug rehabilitation in Indonesia, which has shown success in various regions.

Table 8.1. Implementation of a Multidimensional Approach in Drug Rehabilitation

Country/ Region	Pendekatan	Result
Philippines	Implementation of community-based programs through community training and local involvement	Reducing stigma against drug users, improving participants' mental health, and strengthening their social relationships (Hechanova et al, 2023).
Chinese	Use of community-based electronic rehabilitation systems (CAREs)	Reduce drug use rates and increase the effectiveness of community-based rehabilitation with digital education and real-time participant monitoring (Xu et al, 2021).
Beijing, China	Cooperation among government and social organizations for community-based mental rehabilitation	Increasing the availability of psychosocial services through cross-sectoral cooperation and the involvement of social organizations for drug rehabilitation (Li & Ma, 2021).
Philippines	Community-based programs in local government	Reducing social stigma, improving participant welfare, and improving access to local public health services (Hechanova et al, 2022).
Vietnam	Community-based rehabilitation at a local health center in Nghe An	Improve data management and rehabilitation health services, although limited to a lack of specialized staff for rehabilitation programs (Nguyen Thi et al, 2023).
Malaysia	Community-Based Rehabilitation (CBR) Program for children with disabilities on the East Coast	High levels of satisfaction from parents and caregivers with community-based rehabilitation services (Hasan et al, 2021).
Thailand	TC for the rehabilitation of drug users	Community-based approaches have succeeded in reducing drug dependence with therapeutic communication approaches and structured group activities (Abubakar et al, 2021).
Indonesia	Collaboration among local governments and social institutions through the TC program	Lowering addiction rates and increasing social reintegration of rehabilitation participants in various rehabilitation centers in Indonesia (Shaver et al, 2023).
Indonesia	Community-Based Intervention Program (IBM) in West Sumatra	Involving local recovery agents, utilizing community facilities, and successfully improving the recovery of drug rehabilitation patients (Yanto et al, 2023).
Indonesia	Spiritual-Based Rehabilitation, Blitar	This spiritual-based holistic approach can replace the habits of drug users with religious activities and improve their mental health (Sulistiani, 2023).
Indonesia	TC Rehabilitation Program, Bandar Lampung	The program successfully achieved a substance-free condition for all rehabilitation participants, with zero recidivism rates (Anggalana* & Oktarina, 2023).

Country/ Region	Pendekatan	Result
Indonesia	Detoxification-Rehabilitation Program, Banda Aceh	The recidivism rate after rehabilitation is only 24.5%, lower than the national average, indicating the success of the community approach (Jubir et al., 2020).
Indonesia	Faith-Based Rehabilitation, Berbasis Islam	This approach can replace negative behavior with religious habits, providing positive long-term rehabilitation results ((Apsari et al., 2024).

Source: Author's Search, 2024.

From table 8.1, it can be seen that a multidimensional approach involving the government, community, and technology can provide significant results in increasing social acceptance of drug rehabilitation. Local community involvement, as done in the Philippines, helps reduce social stigma that is a major barrier for rehabilitation participants. The use of technologies such as CAREs in China shows the potential to improve the effectiveness of rehabilitation through real-time monitoring and digital-based education. In addition, collaboration-based approaches among the government and social organizations, such as in Beijing, China, allow for a holistic improvement of rehabilitation services by integrating cross-sectoral support. The TC model implemented in Indonesia also provides positive results in lowering addiction rates and helping participants rebuild their social relationships. Community-based approaches in ASEAN countries have shown success in reducing stigma, improving the well-being of participants, and facilitating access to rehabilitation services. The Philippines has successfully used a community-based approach to increase local government involvement in rehabilitation programs. In Indonesia, the involvement of local recovery agents helps tailor programs to the needs of local communities. Vietnam and Malaysia have shown that community-based programs can be implemented despite human resource constraints. The community-based approach in Indonesia emphasizes local community involvement, spiritual approaches, and therapeutic rehabilitation methods. IBM's program in West Sumatra, for example, uses local recovery agents to support patients in their community settings. Meanwhile, spiritually-based approaches such as those carried out in Blitar and East Java provide an attractive and effective alternative for drug users to replace addictive behavior with religious habits. The TC program in Bandar Lampung has proven its effectiveness in achieving drug-free conditions with zero recidivism levels. In Banda Aceh, community-based detoxification approaches show significant success rates with lower-than-average recidivism rates.

A multidimensional approach, involving communities, local governments, and program innovation, is key to successful implementation in the region. This kind of program can be a model for expanding CBR in other regions. This approach shows that a combination of community-based interventions, government support, and technological innovation is a strategic step to ensure sustainable and community-accepted rehabilitation. This evidence suggests that a community-based approach tailored to local contexts, including cultural and religious values, can be an effective solution in drug rehabilitation in Indonesia.

From this discussion, several key lessons can be taken to improve the effectiveness of community-based drug rehabilitation programs and local governments:

1. Collaboration is the Key to Success, good collaboration among communities and local governments is a fundamental element to create relevant, inclusive and sustainable rehabilitation programs. The government provides policies, resources, and infrastructure, while the community provides direct implementation and support. This approach ensures programs can be tailored to local needs, reduce stigma, and improve rehabilitation success.
2. The Importance of Understanding the Local Context, a successful program must commence with a deep understanding of the local social, cultural, and economic context. For example, in the Philippines and Indonesia, social stigma against drug users is a major challenge that is overcome through an education-based approach and local community involvement (Hechanova et al., 2023; Yanto et al., 2023).
3. Flexibility in rehabilitation methods, rehabilitation approaches must be flexible and adaptive, including community-based therapy, spiritual, technology, and other therapeutic methods. Spiritually-based programs such as those in Blitar, Indonesia, show how local and religious values can be powerful tools in supporting rehabilitation (Sulistiani, 2023).
4. Continuous evaluation and adjustment, periodic evaluation and adjustment of the program based on field results are important steps to ensure the sustainability of the program. The study in Banda Aceh emphasizes the importance of evaluating recidivism levels to improve shortcomings in rehabilitation programs (Jubir et al., 2020).
5. Social Support and Stigma Reduction, social support from communities, families, and local leaders is essential to the success of rehabilitation programs. Reducing stigma against drug users through education and active community involvement can accelerate the process of social reintegration and sustainable recovery.
6. Potential Replication and Scaling Success, successful programs can be used as models to be implemented in other regions, with adjustments to

local needs and conditions. This strengthens the chances of success on a larger scale.

The best lesson from this discussion is that a multidimensional, collaborative, and community-centered approach is key to creating an inclusive, effective, and sustainable drug rehabilitation program. The combination of government support, community involvement, understanding of the local context, and flexibility of methods can be an ideal model to be adopted in different regions.

8.2. Factors Influencing Community Response

Cultural factors, local context, and poverty levels greatly influence community responses to rehabilitation. Research shows that limited resources and high poverty rates can make it difficult to implement effective rehabilitation programs, although community-based approaches can improve rehabilitation outcomes through active participation and collaboration with local stakeholders (Xu et al., 2021). Additionally, therapeutic communication with rehabilitation participants, including motivation, has been shown to be important in reducing anxiety levels and increasing their engagement in the program (Prasetyo et al., 2022).

CBR aims to improve the quality of life of individuals through an approach that considers local culture, social context, and active participation of the community. The main goal of the program is to help individuals to reintegrate into society, improve their social functioning, and reduce the risk of relapse through inclusive support. This approach also prioritizes collaboration with local stakeholders to ensure that the program runs according to the needs of the local community. However, the implementation of CBR faces various challenges. One of the biggest obstacles is resource limitations, especially in areas with high poverty rates. Limited funds and facilities often hinder the effective implementation of programs. In addition, cultural stigma against rehabilitation participants is also a significant obstacle, which can reduce public participation and support for the program (Xu et al., 2021). The lack of education and training for rehabilitation personnel and participants is also another inhibiting factor that can reduce the effectiveness of the program (Haerianti, 2023). Nonetheless, CBR has a variety of significant benefits. This approach can strengthen community solidarity through collective action in support of participants. This program also contributes to improving social welfare by helping participants become more productive and integrated in society (Haerianti, 2023). In addition, the therapeutic education and communication applied in this program can reduce the stigma and anxiety of

participants, so that they are more motivated to follow the rehabilitation process (Prasetyo et al., 2022).

Various models have been implemented to improve the success of CBR. One of them is the education and training of participants, which aims to improve their skills so that they are able to be productive again in the community (Haerianti, 2023). The group therapy approach is also often used to build a sense of community and psychological support among participants, thus creating a solid group dynamic (Hidayati, 2020). In addition, cooperation among the government, local organizations, and the community is also an important factor in ensuring the sustainability and effectiveness of the program (Xu et al., 2021).

1. Participant education and training provides relevant skills training to support reintegration into society. This model involves community education to build awareness of the importance of rehabilitation (Haerianti, 2023). The education and training of participants in rehabilitation programs aims to equip individuals with relevant skills, so that they can reintegrate into society productively. The program not only focuses on improving technical capabilities but also on community empowerment to create awareness about the importance of rehabilitation and support the active participation of individuals in their social environment (Haerianti, 2023). However, the program faces some challenges. One of the main obstacles is the limited resources, both in experts and financial support, which is often an obstacle to the implementation of quality training. In addition, differences in participants' educational backgrounds and cultures can affect the effectiveness of training, especially in adaptation and application of the skills taught (Sumiaty et al., 2022). Even so, the benefits produced are very significant. The training program not only improves participants' technical skills but also empowers them to become more independent and productive in various sectors, including the creative economy and digital-based entrepreneurship (Arista et al., 2023). Additionally, this approach helps to create a supportive environment for participants to rebuild their social relationships, thus facilitating reintegration into the community. Various training models have been implemented, including information technology-based training to support the development of digital skills, which has been proven to increase participants' understanding and abilities by more than 40% (Suhada et al., 2023). Community-based programs also have a wide impact, such as training on the production of creative goods from waste that are able to create new economic opportunities for participants and the surrounding community (Mahmuda et al., 2022). Education and training in CBR are a strategic investment that can overcome socio-economic barriers and have a significant positive

impact on individuals and communities. Continuous support from various parties is needed to ensure the sustainability and effectiveness of this program.

2. The group therapy approach uses group dynamics to build a sense of community and support participants psychologically. This interaction strengthens the sense of shared responsibility (Hidayati, 2020). The group therapy approach aims to improve the psychological well-being of participants by creating a sense of community through group dynamics. This therapy uses group interaction to reinforce a sense of shared responsibility, help individuals cope with psychological problems, and improve their social skills in a supportive environment (Hidayati, 2020). However, this approach faces challenges, such as differences in dynamics among groups, which can affect cohesion and effectiveness of therapy. In addition, the availability of skilled facilitators and an adequate understanding of group dynamics are often obstacles to its implementation. Cultural factors and social stigma against participants can also reduce their participation in this program (Saputro et al., 2022). The benefits of group therapy include a reduction in anxiety levels and an increase in participants' ability to deal with problems collectively. By building group cohesion, participants can gain greater social support, which contributes to their psychological recovery. This interaction also provides space to share experiences and build a sense of empathy among group members (Aldita Cindy Arfidiandra et al., 2020). Various models have been applied, including group activity therapy that focuses on sensory stimulation to help individuals with disorders such as schizophrenia manage hallucinations. Research shows that after the application of this model, there is a significant improvement in patients' ability to control their symptoms (PH et al., 2020). Another model involves the use of local elements such as the value of "Betulungan" in the community to strengthen social resilience through help-help, which proved effective during the COVID-19 pandemic (Aldita Cindy Arfidiandra et al., 2020). The group therapy approach is a very effective tool in supporting the psychological and social recovery of individuals, although its success depends heavily on group cohesion, facilitator skills, and social support received.
3. Cooperation with local governments and agencies, rehabilitation programs involving local governments, non-profit organizations, and local communities to ensure sustainability and relevance to local needs ((Xu et al., 2021). Cooperation with the government and local institutions in rehabilitation programs aims to ensure the sustainability and relevance of the program to the needs of the local community. This approach involves various parties, including local governments, non-profit organizations, and local communities, to create effective synergies in the implementation of

the program. This collaboration aims to maximize resource efficiency, ensure service affordability, and support the social integration of rehabilitation program participants (Xu et al., 2021). However, this cooperation faces challenges such as complicated bureaucracy, lack of coordination among institutions, and budget constraints. In addition, differences in priorities and interests among stakeholders often hinder the achievement of common goals. Limitations in training and human resource management are also an obstacle, especially in ensuring the consistency and quality of programs in various regions (Rahmin et al., 2021). The benefits of this cooperation are very significant. Collaboration with local governments and institutions can improve the accessibility of rehabilitation services for communities in need, accelerate the resolution of social problems, and ensure the sustainability of programs through more efficient allocation of resources. This approach also allows for program adjustments based on local needs so that they are more relevant and have a positive impact on the community (Fatimatuzzahroh et al., 2021). Models that have been applied in this context include the implementation of community-based programs, such as mangrove rehabilitation in Karangsong Village, which involves local farmer groups as the main actors in planning and implementing the program. Another model is government help in programs such as the "Healthy Indonesia Program with a Family Approach" (PIS-PK), which aims to improve community welfare through intensive cooperation among health centers, local governments, and local communities (Mutmaina et al., 2023). Cooperation with the government and local institutions is a key opponent of the success of rehabilitation programs. Despite the various challenges, this approach can provide great benefits through increased relevance, efficiency, and sustainability of the program.

Taking into account the benefits and challenges, CBR is a relevant strategic approach to improve participants' social integration and quality of life. Support from various parties and the use of local resources are the keys to the successful implementation of this program. Based on the available evidence, here are some of the cooperation among the government and local institutions in rehabilitation programs that have been successfully implemented in developed countries, cooperation among governments and local institutions in rehabilitation programs has also been implemented in various ASEAN countries. Table 8.2. summarizing the proof of the implementation and success of the program.

Table 8.2. Implementation of Cooperation among the Government and Local Institutions in Rehabilitation Programs

Program Countries	Cooperation	Results/Success
Kanada: Drug Treatment Courts (DTCs)	Courts, health institutions, and local organizations (Xu et al., 2021)	Reducing the recurrence rate for narcotics users through CBR interventions.
Australia: Youth Justice Conferencing	Local governments, non-profit organizations (Rahmin et al., 2021)	Significant reduction in repeat offending by young offenders through mediation and community engagement approaches.
Inggris: Community Alcohol Partnerships (CAPs)	Police, local governments, and community organizations (Astuti, 2022)	Reducing alcohol consumption in adolescents by combining education and law enforcement.
United States: Housing First Program	Federal government, local government, and charitable institutions (Fatimatuzzahroh et al., 2021)	The provision of direct housing for the homeless with a focus on social rehabilitation, resulted in a significant reduction in the rate of chronic homelessness.
Swedia: Integrated Employment and Rehabilitation Programs	Government agencies, social service providers, and the private sector (Pratiwi et al., 2023)	Increase work participation for individuals who previously experienced social isolation, especially those with special needs.
Indonesia: Occupational Health Efforts Post (UKK)	Local and central governments, health centers, local health institutions (Pradana et al., 2023)	Improving access to health for informal sector workers, with the result of 60% of active UKK posts by health standards.
Malaysia: Social Rehabilitation Program for Drug Addicts	Government, non-profit institutions, and rehabilitation center (Sugiarto, 2020)	The rehabilitation success rate reached 70%, with increased social reintegration for program participants.
Vietnam: Integrated Rehabilitation for Persons with Disabilities	Local governments, international organizations (such as WHO), and the community (Astuti, 2022)	Improving access to health and education services for persons with disabilities through multi-sectoral cooperation.
Thailand: Community-Based HIV/AIDS Treatment Program	Governments, local organizations, and international donor agencies (Rahmin et al., 2021)	Reducing HIV transmission rates by 25% through integrated community health services.

Source: Author Search, 2024

The above programs demonstrate the effectiveness of cooperation among the government and local institutions in addressing social problems through rehabilitation. This collaboration allows for the combination of resources, local insights, and operational capabilities to create solutions that

are relevant to the needs of the community. Examples such as the Drug Treatment Courts in Canada and the Housing First Program in the United States show how a collaboration-based approach can produce positive impacts such as reduced relapses and increased social integration. Ongoing support from the government and adaptation of programs based on local contexts are important factors in the success of this initiative. Cooperation involving governments, local institutions, and international organizations plays an important role in the success of rehabilitation programs in the ASEAN region. For example, in Indonesia, the Occupational Health Efforts Post (UKK) program has provided better access to health for informal sector workers. In Thailand, a community-based approach to HIV/AIDS care has shown significant results in reducing transmission. This success demonstrates the importance of synergy among various stakeholders to address local specific needs while ensuring the sustainability of the program. However, challenges such as inter-agency coordination, budget constraints, and cultural barriers remain important issues. Community participation-oriented approaches and multi-sectoral support have proven to be effective solutions in several countries.

From all the discussions on cooperation among governments and local institutions in rehabilitation programs in various regions, including developed countries and ASEAN, there are several key lessons that can be learned:

1. Multi-sectoral collaboration is key, rehabilitation programs involving various stakeholders, such as governments, non-profits, local communities, and the international sector, are proving to be more effective. This synergy allows for resource optimization, balanced distribution of responsibilities, and adaptation of programs relevant to local needs.
2. Focusing on a contextual approach, the success of a program often depends on the ability to adapt the approach to the local context, including the culture, social, and economics of the local community. For example, the success of programs in ASEAN is largely influenced by the use of local values and community participation.
3. The important role of education and training, providing education and training to participants and program organizers is a crucial aspect for the success of rehabilitation. Training increases the capacity of individuals to adapt and contribute to post-rehabilitation societies.
4. The importance of infrastructure and sustainable support, the long-term success of rehabilitation programs require continuous support, both in the form of funding, infrastructure, and policies. Without this support, programs are likely to fail to sustain their results.
5. Addressing systemic challenges, challenges such as inter-agency coordination, budget constraints, and cultural stigma must be addressed

through inclusive policies and cross-sectoral support. Strategies such as community empowerment and effective communication can help overcome these barriers.

A multi-sectoral, community-based, and contextual approach to rehabilitation is the best strategy for creating sustainable and relevant programs. Integrating inclusive policies, adequate financial support, and community empowerment are key to ensuring the long-term success of rehabilitation programs. By learning from best practices in different regions, governments and relevant agencies can design programs that not only address local challenges but also have a significant social impact on the wider community.

8.3. Community Programs to Support Rehabilitation

Community-based programs play a key role in supporting drug rehabilitation. In various regions, programs such as "TC" and technology-based platforms such as CAREs have been used to provide education, monitoring, and social support to drug users. Studies show that this approach can reduce drug use rates and improve participants' psychosocial outcomes (Shaver et al., 2023). CBR programs aim to support the recovery of drug users with a holistic approach that includes improving quality of life, reducing relapse, social integration, and restoring psychosocial functioning. This program provides significant benefits, such as reducing relapse rates, improving mental health, and improving participants' social relationships and productivity. Models such as Therapeutic Communities (TCs) prioritize peer support and social skills coaching, while technology-based systems such as CAREs provide education and interactive monitoring. In addition, the Assertive Community Treatment (ACT) model emphasizes comprehensive services, including household support and integrated mental health services (Xu et al., 2021); (Shaver et al., 2023); (Clausen et al., 2020).

However, the implementation of this program faces major challenges, such as social stigma that makes participants reluctant to seek help, limited resources such as funding and staff, and obstacles in the adoption of technology that require special training for the workforce. This obstacle is often exacerbated by a lack of policy support and comprehensive evaluation of program effectiveness (Hechanova et al., 2022); (Khanjani et al., 2023). CBR programs face various significant challenges and obstacles, one of which is social stigma. Drug users are often the target of discrimination in the community, which can make them reluctant to seek help or participate in rehabilitation programs. This stigma does not only come from the general

public, but also from families or local communities, thus exacerbating the social isolation experienced by drug users (Hechanova et al., 2022). In addition, limited resources are the main obstacle in the implementation of this program. Lack of funding to run programs, lack of trained workforce, and inadequate infrastructure often hamper the effectiveness of rehabilitation services. This is also exacerbated by weak policy planning and suboptimal resource management, making rehabilitation services difficult to access for those who need them (Khanjani et al., 2023).

On the other hand, the adoption of modern technology such as the CAREs system brings its own challenges. While this technology offers a great opportunity to improve the effectiveness of rehabilitation, its implementation requires intensive training for the workforce as well as adaptation to cultural and local contexts. Without adequate training support, their use can be counterproductive, especially in communities that are unfamiliar with digital technologies (Xu et al., 2021). Thus, to overcome these obstacles, a holistic approach is needed that includes public education to reduce stigma, increased investment in human resources and infrastructure, and the provision of appropriate training to ensure the success of technology in CBR.

Various CBR models have been implemented to support the recovery of drug users, one of which is the TC. This model emphasizes the important role of the community of fellow users as agents of change, where participants are encouraged to support each other and learn through shared experiences. TC helps participants rebuild healthy living habits, increase a sense of responsibility, and develop the social skills necessary for reintegration into society. Studies show that the TC approach significantly reduces relapse rates and improves participants' mental health and social behavior (Shaver et al., 2023). Another model is electronic-based systems such as CAREs, which utilize technology to improve rehabilitation efficiency. CAREs provide an interactive platform that enables monitoring of user behavior, education on drug risk and prevention, as well as SOS support for emergencies. The system also helps social workers access user data in real-time to support fast, data-driven decision-making. Studies in Shanghai showed that the use of CAREs increased the effectiveness of rehabilitation by reducing recurrence rates and providing a more structured rehabilitation experience for participants (Xu et al., 2021). In addition, the Assertive Community Treatment (ACT) model offers a comprehensive approach by providing integrated services that include household support, access to mental health services, and guidance for daily living. This model is particularly effective for participants with complex needs, including those with concomitant mental disorders and addictions. Studies in Norway show that ACT programs improve participants' quality of housing,

social functioning, and mental well-being after two years. This program shows that coordinated and intensive services can provide more sustainable rehabilitation outcomes (Clausen et al., 2020). These three models demonstrate success in supporting drug user recovery with different but complementary approaches, all of which emphasize the importance of ongoing support and approaches tailored to the needs of participants.

CBR programs bid various significant benefits for participants, one of which is the reduction in the relapse rate of drug use. The program provides a holistic approach that not only focuses on physical control of addiction, but also provides social support, education, and intensive monitoring. For example, the implementation of the CAREs system has shown effectiveness in reducing the rate of recurrence through the provision of educational features, direct monitoring, and technology-based support. The study showed that the group using this system had a lower percentage of drug-positive urine samples compared to the control group, which was 3.3% compared to 7.5% during the six months of the program (Xu et al., 2021). Another benefit is the improvement of participants' mental health and psychosocial functioning. Through community support, participants feel heard and valued, which contributes to improved emotional well-being and strengthened their motivation to heal. TC-based programs have been shown to help participants cope with mental disorders that often accompany addictions, such as depression and anxiety. Additionally, participants reported an increased ability to live a more structured life, which was very helpful in their recovery process (Shaver et al., 2023). The third benefit is better social integration. CBR programs encourage participants to repair interpersonal relationships that were previously damaged by addiction. Through support from the community, they learn to rebuild trust and healthy communication with their families and communities. Programs such as Assertive Community Treatment (ACT) in Norway have shown success in helping participants obtain stable housing, improve social functioning, and reduce symptoms of anxiety and depression after two years of the program. This model shows that community support can help participants return to productive functioning in daily life (Clausen et al., 2020). CBR programs provide comprehensive benefits that include reduced relapse, improved mental health, and better social integration, making them an effective approach in supporting drug users' recovery.

CBR has been implemented in various developed countries with various approaches tailored to the needs of local communities. Evidence of the success of this program can be seen through the implementation of models such as TC, electronic-based systems such as CAREs, and Assertive Community Treatment (ACT). CBR has also been implemented in the ASEAN region with

an approach that is relevant to local needs. Countries such as the Philippines, Indonesia, and Malaysia have adapted this model to address the drug problem through a holistic approach that involves the community. Table 8.3. summarizes the implementation of this program in several developed countries and the ASEAN region.

Table 8.3. Implementation of CBR Models in Developed Countries

Type	Country	Proof of Implementation
TC	United States, United Kingdom (Shaver et al, 2023).	Successfully reducing the recurrence rate through community support and social coaching. Participants reported significant improvements in mental and social health.
	Filipina (Dumaguing et al, 2021).	Community-based programs are implemented to improve the mental and social health of participants. Community support is proven to help with long-term recovery.
Electronic Systems (CAREs)	Tiongkok (Xu et al, 2021).	This technology-based system improves behavioral monitoring and participant education. Studies show lower recurrence rates in the group that uses this system.
	Singapura (Xu et al, 2021).	Technology-based systems support CBR through monitoring, education, and integration of social worker services with technology.
Assertive Community Treatment (ACT)	Norwegia (Clausen et al, 2020).	This model improves the quality of housing, social functioning, and mental well-being after two years of implementation for participants with complex needs.
	Indonesia (Kiblasan et al, 2020).	Community-based programs are implemented through an educational and family support approach to improve participants' social functioning and mental well-being.

Source: Author Search, 2024

Table 8.3. shows that the CBR model has been successfully implemented in developed countries with positive results. Therapeutic Communities have been used extensively in the United States and the United Kingdom to build strong community support, which has proven effective in aiding participants' recovery. In China, CAREs technology offers innovative solutions to support rehabilitation through education and interactive monitoring. Meanwhile, in Norway, the comprehensive ACT model provides much-needed support for participants with complex rehabilitation needs. This success shows that community-based approaches can be applied well in a variety of contexts, as long as they are tailored to local needs and cultures.

In the ASEAN region, Therapeutic Communities were implemented in the Philippines to help participants recover their psychosocial functioning

through the support of fellow users. This program has proven to be successful in improving the mental and social well-being of participants. In Singapore, system-based technologies such as CAREs have helped integrate community services and social workers with digital support to monitor and help participants in real-time. Meanwhile, in Indonesia, CBR is carried out by involving families and local communities, which has succeeded in improving the social functioning of participants and strengthening interpersonal relationships. The successful implementation of the program in ASEAN shows the importance of adapting to the cultural context and local needs to achieve optimal rehabilitation outcomes.

From the discuss of the implementation of CBR programs, there are some best lessons that can be taken to optimize this approach in various contexts:

1. The importance of community support, community support is at the core of the success of CBR programs. Models such as TC show that positive relationships and support from fellow participants can help increase motivation, strengthen commitment to recovery, and reduce relapse rates. This lesson is relevant to strengthen the social element of rehabilitation programs, both through group support and the wider community (Shaver et al., 2023).
2. The integration of technology for efficiency, the use of technology such as the CAREs system in China shows that technology can improve the monitoring, education, and efficiency of rehabilitation services. However, important lessons are the need for adequate training for technology users, as well as adaptation to local contexts to ensure that the technology is effective and inclusive (Xu et al., 2021).
3. Sustainable holistic approaches, models such as Assertive Community Treatment (ACT) in Norway emphasize the importance of integrated services that include mental, social, and physical health support. This approach teaches that sustainable rehabilitation requires synergies among various sectors, including health services, social workforce, and community support (Clausen et al., 2020).
4. Cultural adaptation and locality, the success of programs in ASEAN shows that programs must be designed according to local needs and the culture of the community. For example, CBR in Indonesia involves families and local communities, which strengthens social support and participant engagement (Kiblasan et al., 2020).
5. Reducing stigma for wider access, one of the biggest challenges is social stigma against drug users. An important lesson is the need for educational campaigns to increase public awareness and reduce discrimination, so that participants feel more accepted and supported to undergo the rehabilitation process (Hechanova et al., 2022).

Overall, CBR programs have shown great potential in supporting drug users' recovery. By addressing the existing challenges, this program can be a sustainable solution to improve the psychosocial well-being and social integration of participants. This community-based approach not only focuses on the individual but also has a positive impact on society as a whole. The best lesson to be learned is the importance of a comprehensive approach that includes community support, technology integration, integrated services, cultural adaptation, and stigma reduction efforts. By applying these lessons, CBR programs can be more effective in supporting participants' recovery and creating a sustainable positive impact on society.

8.4. Cooperation with Local Governments

Cooperation among the community and the local government is very important for the success of drug rehabilitation. Governments often provide supporting infrastructure and policies, while communities act as key implementers on the ground. Research shows that collaboration-based programs among social organizations and local governments can improve the effectiveness of rehabilitation, especially in areas with limited resources (Li & Ma, 2020).

Cooperation among communities and local governments plays an important role in the success of drug rehabilitation, especially in the context of limited resource availability. The government provides infrastructure and policies, while the community plays the role of implementer in the field. An effective collaboration model requires close synergy among the two to ensure that the program runs according to the needs of the community. The main goal of this cooperation is to increase the effectiveness of drug rehabilitation by utilizing the strengths of each party. Local governments can provide policy and infrastructure support, while communities bring a more personalized and local needs-based approach (Li & Ma, 2020). However, some of the challenges that arise in this cooperation include:

1. **Stigma and Socio-Culture:** Stigma against drug addicts can hinder community participation (Hechanova et al., 2022).
2. **Lack of Coordination Among Organizations:** Differences in authority and commitment among agencies often hinder effective cooperation (Li & Ma, 2020).
3. **Resource Constraints:** Areas with limited resources require innovative strategies to optimize rehabilitation outcomes (Xu et al., 2021).

The benefits of this collaboration include improved patient health and well-being, better access to services, and social protection for those undergoing rehabilitation (Hechanova et al., 2022). In addition, the support from various parties also strengthens the social structure and reduces the recurrence rate (Shaver et al., 2023). The rehabilitation and reintegration process at the Charis Rehabilitation Home shows a strong conformity with the community and local government collaboration model, especially in the TC approach. This model emphasizes the importance of social and emotional support as the key to recovery, which is in line with the principle that active participation of families and communities can accelerate the rehabilitation process and reduce the risk of recurrence (Citra et al., 2021). Chapter 5 underlines that family support plays an important role in building the psychological resilience of former drug users. Family involvement, such as providing attention and motivation, helps strengthen self-confidence and reduce the likelihood of returning to old habits (Herawati & Rizkillah, 2022). In addition to family support, community participation is also an important element in this collaborative model. Former users are encouraged to engage in social activities, which helps them feel accepted and valued by their surroundings. This active engagement not only strengthens their social networks but also advises sustainable recovery through a greater sense of belonging and social responsibility (Sholihah et al., 2023). The social entrepreneurship program adopted by the Charis Rehabilitation Home is also aligned with the community-based economic empowerment model, where former users are given the skills to develop small businesses, so as to be able to support their economic independence. This approach has proven effective in creating sustainable economic opportunities and improving the social welfare of former drug users (Hasanah et al., 2022).

However, this process is not separated from challenges. Social stigma is still a significant obstacle that affects the reintegration process. Many former users experience discrimination from society, even though they have successfully undergone rehabilitation. In addition, limited resources are also an obstacle in supporting sustainable rehabilitation and reintegration programs. Therefore, closer collaboration among communities, families, and local governments is needed to overcome these barriers. Overall, a holistic approach that combines social support, community involvement, and economic empowerment has proven to be able to strengthen the recovery and reintegration process of former drug users. The model also highlights the importance of cross-sector synergies in creating an inclusive environment and supporting sustainable recovery.

The best lesson that can be learned from the discussion in Chapter 5 is the importance of a holistic and collaborative approach in supporting the rehabilitation and reintegration process of former drug users. Family and community support proved to be a key foundation for a successful recovery. Families that provide emotional attention and moral support are able to increase the motivation of former users to stay on the path to recovery, while active community involvement creates an inclusive and stigma-free environment, which accelerates the process of social reintegration (Herawati & Rizkillah, 2022). In addition, strengthening the economy through entrepreneurship programs provides opportunities for former users to achieve financial independence, which is an important element in preventing recurrence and ensuring the sustainability of recovery (Hasanah et al., 2022). The chapter also emphasizes that the success of rehabilitation is not only determined by medical aspects, but also by sustainable social and economic support. Social stigma is one of the biggest challenges that need to be overcome through public education and an inclusive community-based approach. Interventions that involve families, communities, and rehabilitation institutions synergistically can create an ecosystem that supports holistic recovery. Thus, the key lesson from this discussion is that sustainable recovery requires cross-sector collaboration and individual empowerment through integrated social, economic, and psychological support.

Reference

- Abubakar, F. A. S. M., Suryawinata, B. A., & Djimantoro, M. I. (2021). Therapeutic Community (TC) as Drug Rehabilitation Center Design Principles. *IOP Conference Series: Earth and Environmental Science*, 794(1). <https://doi.org/10.1088/1755-1315/794/1/012196>
- Aldita Cindy Arfidiandra, Rahmaningrum, R., & Luthfi, W. (2020). Ketahanan Sosial Berbasis Kelompok Peduli Lingkungan dalam Menghadapi Pandemi COVID-19: Studi pada Gerakan Bersih Kecamatan Anggana. *Journal of Social Development Studies*, 1(2). <https://doi.org/10.22146/jsds.522>
- Anggalana*, A., & Oktarina, A. (2023). Implementation of Peraturan Bersama Nomor Perber/01/III/2014/BNN Using Therapeutic Community Method Towards Convicted of Drugs Offenders (Study in Narcotics Penitentiary Class Ila Bandar Lampung). *JIM: Jurnal Ilmiah Mahasiswa Pendidikan Sejarah*, 8(2). <https://doi.org/10.24815/jimps.v8i2.24656>
- Apsari, N. C., Taftazani, B. M., & Santoso, M. B. (2024). Faith-based rehabilitation for drug abuse in Indonesia: A spiritual approach of social work. *International Social Work*, 67(2). <https://doi.org/10.1177/00208728231165637>
- Arista, A., Purabaya, R. H., & Isnainiyah, I. N. (2023). PENDAMPINGAN PENDIDIKAN DAN PELATIHAN PEMASARAN DIGITAL BERBASIS MEDIA SOSIAL INSTAGRAM. *JMM (Jurnal Masyarakat Mandiri)*, 7(3). <https://doi.org/10.31764/jmm.v7i3.14861>
- Astuti, C. S. (2022). Analisis KERJASAMA BUILD OPERATE TRANSFER (BOT) PEMERINTAH DENGAN BADAN USAHA DALAM PEMBANGUNAN INFRASTRUKTUR DI INDONESIA. *Kertha Semaya: Journal Ilmu Hukum*, 10(8). <https://doi.org/10.24843/ks.2022.v10.i08.p09>
- Fatimatuzzahroh, F., Hadi, S. P., & Purnaweni, H. (2021). TINGKAT PARTISIPASI MASYARAKAT DAN ANALISIS AKTOR PADA REHABILITASI MANGROVE DI DESA KARANGSONG, KABUPATEN INDRAMAYU, JAWA BARAT. *Jurnal Sosial Ekonomi Kelautan Dan Perikanan*, 16(2). <https://doi.org/10.15578/jsekp.v16i2.9420>
- Grijalvo, M. O., Kalalo, T., Heng, P. H., Dewi, F. I. R., Angus, A., & Pesik, T. (2023). Social Support, Self-Acceptance, and Adversity Quotient Among Residents of Selected Drug Treatment and Rehabilitation Center. *International Journal of Application on Social Science and Humanities*, 1(1). <https://doi.org/10.24912/ijassh.v1i1.25797>

- Haerianti, H. (2023). Pengembangan Komunitas Petani Padi Pada Program Water Resources Irrigation Sector Management Project (WISMP) di Kabupaten Luwu. *Jurnal Ilmiah Ecosystem*, 23(1). <https://doi.org/10.35965/eco.v23i1.2500>
- Hasan, H., Abdul Aziz, A. F., & Aljunid, S. M. (2021). Parents' and caregivers' satisfaction with community-based rehabilitation (CBR) services for children with disability in east coast states in Peninsular Malaysia. *Health and Social Care in the Community*, 29(1). <https://doi.org/10.1111/hsc.13084>
- Hechanova, Ma. R. M., Teng-Calleja, M., Canoy, N. A., & de Guzman, J. M. (2023). Community-Based Drug Rehabilitation and Care in Philippine Local Governments. *International Perspectives in Psychology*, 12(1). <https://doi.org/10.1027/2157-3891/a000058>
- Hidayati, E. (2020). Dinamika Kelompok dalam Resiliensi Komunitas Nelayan Menghadapi Kerusakan Ekosistem Laut. *Jurnal Sains Komunikasi Dan Pengembangan Masyarakat [JSKPM]*, 4(6). <https://doi.org/10.29244/jskpm.v4i6.748>
- Jubir, Sofyan, H., Fauziah, & Marthoenis. (2020). *Relapse Rate and Associated Factors Among Participants of Drug Detoxification-Rehabilitation Program in Indonesia: A Retrospective Study*. <https://doi.org/10.2991/assehr.k.200515.002>
- Li, Y., & Ma, H. (2021). Interorganisational cooperation and its effects on community rehabilitation for people with severe mental disorders in Beijing, China: A case study. *Health and Social Care in the Community*, 29(1). <https://doi.org/10.1111/hsc.13078>
- Mahmuda, D., Apriani, W., Zurmansyah, E., & Santoso, P. P. A. (2022). Pelatihan Pemanfaatan Limbah Tenun dengan Teknik Patchwork bagi Komunitas Pengrajin Tenun. *JPKMI (Jurnal Pengabdian Kepada Masyarakat Indonesia)*, 3(4). <https://doi.org/10.36596/jpkmi.v3i4.490>
- Mutmaina, N., Suhadi, S., & Karimuna, S. R. (2023). IMPLEMENTASI PROGRAM INDONESIA SEHAT DENGAN PENDEKATAN KELUARGA (PIS-PK) DI PUSKESMAS KANDAI TAHUN 2022. *Jurnal Administrasi Kebijakan Kesehatan Universitas Halu Oleo*, 3(4). <https://doi.org/10.37887/jakk.v3i4.32124>
- Nguyen Thi, H., Nguyen Thi Hien, L., Phan Nguyen Hoang, M., Le Thi Thanh, N., Trinh Cong, S., Nguyen Mai, A., Ho Thi, H., & Bui Linh, C. (2023). The current situation of community-based rehabilitation in commune health station of a district in Nghe An province. *Tạp Chí Y Tế Công Cộng*, 62.

<https://doi.org/10.53522/ytcc.vi62.03>

- PH, L., Ruhima, I. I. A., Sujarwo, Suerni, T., Kandar, & Nugroho, A. (2020). Peningkatan Kemampuan Pasien dalam Mengontrol Halusinasi Melalui Terapi Aktivitas Kelompok Stimulasi Persepsi. *Jurnal Ners Widya Husada*, 5(1).
- Pradana, B., Tongko, M., & Dwicahya, B. (2023). Gambaran Penerapan Program Pos Upaya Kesehatan Kerja (UKK) Pada Pekerja Sektor Informal di Kabupaten Banggai. *Buletin Kesehatan MAHASISWA*, 1(3). <https://doi.org/10.51888/jpmeo.v1i3.172>
- Prasetyo, I. J., Weni, I. M., & Supriyadi. (2022). Therapeutic Communication for Drug Addicts (Study of Therapeutic Communication Phenomenology for Drug Addicts) at the Doulos Recovery Cottage, Batu City of East Java). *International Journal of Research in Social Science and Humanities*, 03(08). <https://doi.org/10.47505/ijrss.2022.v3.8.12>
- Pratiwi, A. A. P. K., I Ketut Winayaa, & Ni Wayan Supriliyani. (2023). Kinerja Pemerintah Desa dalam Pembangunan Desa Inklusif di Desa Pempatan, Kecamatan Rendang, Kabupaten Karangasem (Studi Kasus Masyarakat Disabilitas). *Ethics and Law Journal: Business and Notary*, 1(3). <https://doi.org/10.61292/eljbn.v1i3.59>
- Rahmin, R., Subhan, S., & Moulana, R. (2021). Tingkat Partisipasi Pendamping KPH dalam Mendukung Keberhasilan Kegiatan Rehabilitasi Hutan dan Lahan (RHL) di Kecamatan Blangjerango Kabupaten Gayo Lues. *Jurnal Ilmiah Mahasiswa Pertanian*, 6(4). <https://doi.org/10.17969/jjimfp.v6i4.18382>
- Saputro, Y. A., Juntara, P. E., & Wibowo, A. T. (2022). Pengaruh program terapi rehabilitasi cedera terhadap keberhasilan pemulihan cedera ankle kronis. *MEDIKORA*, 21(2). <https://doi.org/10.21831/medikora.v21i2.53440>
- Shaver, S. R., Forsyth, O., & Meritus, D. (2023). Effectiveness of Therapeutic Community Rehabilitation Program for Drug Abuse in Social Institutions. *Law and Economics*, 17(3). <https://doi.org/10.35335/laweco.v17i3.45>
- Sugiarto, A. H. (2020). Arti Penting Program Legislasi Daerah Bagi Pencapaian Tujuan Otonomi Daerah. *Justice Pro: Jurnal Ilmu Hukum*, 4(1).
- Suhada, S., Amali, L. N., Katili, Muh. R., Mongilong, M. F., Anwar, R. A., Hamlina, R. Y., Wibowo, S. F., & Sudirman, R. (2023). Pelatihan E-Learning Menggunakan LMS Google Classroom Bagi Guru SMAN 1 Bolangitang. *Empiris Jurnal Pengabdian Pada Masyarakat*, 1(1). <https://doi.org/10.59713/ejppm.v1i1.661>

- Sulistiani, N.-. (2023). Rehabilitation Of Drugs Residents With MeRaBa Therapy At Padepokan Purbo Kayun Bendosewu Talun Blitar. *Inovasi-Jurnal Diklat Keagamaan*, 17(2). <https://doi.org/10.52048/inovasi.v17i2.434>
- Sumiaty, S., Usman, H., & Kuswanti, F. (2022). PENGEMBANGAN PARIWISATA KESEHATAN BERBASIS TANAMAN OBAT. *JMM (Jurnal Masyarakat Mandiri)*, 6(1). <https://doi.org/10.31764/jmm.v6i1.5594>
- Xu, X., Chen, S., Chen, J., Chen, Z., Fu, L., Song, D., Zhao, M., & Jiang, H. (2021). Feasibility and preliminary efficacy of a community-based addiction rehabilitation electronic system in substance use disorder: Pilot randomized controlled trial. *JMIR MHealth and UHealth*, 9(4). <https://doi.org/10.2196/21087>
- Yanto, A., Chatra, E., & Arif, E. (2023). Komunikasi Badan Narkotika Nasional Sumatera Barat dalam Implementasi Program Intervensi Berbasis Masyarakat (IBM). *MUKADIMAH: Jurnal Pendidikan, Sejarah, Dan Ilmu-Ilmu Sosial*, 7(2). <https://doi.org/10.30743/mkd.v7i2.7154>

CHAPTER IX

ECONOMIC IMPACT OF JOB REINTEGRATION, POSITIVE CONTRIBUTION OF FORMER DRUG USERS

In this section, the positive impact of job reintegration on the economy, both at the individual level and society as a whole, will be discussed. This includes analysis of productivity improvements, reduction in unemployment rates, and contributions to local economic growth. The role of former drug users as productive members: This chapter will discuss the role of former drug users in creating economic added value after successfully reintegrating into the job market. The discussion will include strategies to increase their involvement in economic activities, as well as the importance of providing fair and equal opportunities in the world of work.

9.1. Increased Productivity Through Job Reintegration

This sub-chapter discusses how the reintegration of ex-drug users into the workforce increases individual and organizational productivity. The focus will be on upskilling through training, rehabilitation support, and empowerment, as well as their contribution in the formal and informal sectors. Case studies or relevant data on the contribution of former drug users to economic productivity will be presented. The reintegration of former drug users into the world of work is a strategic effort that aims to restore their social role and productivity in society. This approach is based on the concept of community empowerment theory, which focuses on increasing the capacity of individuals to be able to manage resources independently to improve the quality of life. This theory also emphasizes the importance of creating an environment that supports active participation in economic activities (Habib, 2021). Community-based empowerment, as shown by various studies, has proven effective in encouraging social and economic participation, while reducing the stigma that is often a major obstacle to reintegration (Fernando Yudistira et al., 2023). The goal of reintegration is to create conditions where former drug users can function productively in society. These efforts involve improving job skills through training programs, rehabilitation support, and providing access to equal economic opportunities. In addition, this program aims to break the cycle of poverty and dependence, which is often the main risk

factor for drug abuse (Salviana, 2020). The reintegration of former drug users into the world of work has three main goals, namely improving skills, reducing unemployment, and strengthening economic stability. Upskilling through relevant job training aims to provide ex-users with the necessary skills to participate productively in the job market. This training program includes the development of technical, entrepreneurial competencies, and soft skills such as time management and communication, which help improve individual competitiveness in the world of work. A study published by (Nuraeni, 2020) highlights the importance of local needs-based training to create a significant impact on individual and organizational productivity, especially in the informal sector.

The second goal, reducing unemployment, is achieved by providing wider access to former drug users to formal and informal work. This reduces their dependence on social help and increases economic contributions. Research by (Sunarto & Ansori, 2020) shows that skills training and job placement can significantly reduce the unemployment rate, especially when supported by inclusive policies in the workplace that reduce stigma against former drug users, strengthening economic stability is a long-term impact of successful reintegration. By creating added value in local economic activities, ex-users contribute to community productivity and sustainable economic development. For example, community-based empowerment programs implemented during the COVID-19 pandemic show how ex-users can play a key role in strengthening the local economy through involvement in micro and small businesses (Adi Wisesa et al., 2022). In addition to training and incentives to hire ex-users, it advises collaboration among the public and private sectors to create an inclusive and sustainable work environment. These three goals complement each other to create an effective reintegration system. Programs designed with a holistic approach not only change the lives of individual ex-users, but also make a significant contribution to economic growth and community well-being. References that support this approach underscore the need for policies that focus on social and economic empowerment for vulnerable groups. However, the main challenges faced in this process include social stigma that hinders acceptance in the workplace. Lack of access to skills training relevant to the job market. Financial dependence and risk of relapse due to the lack of stable economic support (Fernando Yudistira et al., 2023; Salviana, 2020).

Well-designed skills-based training programs are also able to have a multiplier effect on the community economy, by creating jobs and encouraging local consumption (Adi Wisesa et al., 2022). Some of the models that have been implemented include:

1. Job skills and entrepreneurship training programs, such as local production training and small business development (Sunarto & Ansori, 2020). Job training programs that include technical and entrepreneurial skills training have proven effective in improving the skills of ex-drug users. Models such as Competency-based Economies through Formation of Entrepreneurs (CEFE) training have helped to increase entrepreneurial insights and create a spirit of independence through simulations of the real business world. This training also strengthens individuals' ability to develop sustainable small businesses (Sukmana et al., 2022). Community-based training involving local resources, such as regional culinary production, also has a significant impact on the local economy. For example, training in making processed fish products in Ulak Banding Village provides economic added value for the participating communities (Adnan et al., 2023).
2. Community-based approaches, such as the development of social-based MSMEs during the pandemic (Adi Wisesa et al., 2022). Community-based empowerment models, such as the development of micro, small and medium enterprises (MSMEs), play an important role in the reintegration of ex-drug users. The program not only creates jobs but also helps to rebuild strong social relationships within the community. For example, support for MSMEs during the COVID-19 pandemic helped vulnerable individuals, including former drug users, to adapt to local economic challenges (Adi Wisesa et al., 2022).
3. Integrated rehabilitation, which includes skills training, psychosocial support, and community stigma reduction (Grandisa et al., 2022). An integrated rehabilitation approach integrates skills training, psychosocial support, and social therapy. This model is designed to overcome the psychological barriers that former drug users often face in the reintegration process. The combination of therapy and work-oriented training has been shown to increase motivation to return to the workforce and reduce the risk of relapse. Research shows that psychosocial needs-based training, when combined with economic empowerment, results in a higher success rate in social reintegration (Irwansyah et al., 2021).

Further research and implementation are needed to ensure that this reintegration model can be applied widely and sustainably, taking into account the local context and the specific needs of the reintegrated individuals. Community-based programs have proven to be an effective approach to addressing socio-economic challenges while creating a sustainable impact at the community level. The application of these models shows the importance of a holistic and inclusive approach in the reintegration of ex-drug users. Job training programs, integrated rehabilitation approaches, and community-based support are key pillars to ensure success in improving the well-being of

individuals and their contribution to the local economy. This reference shows that collaboration among governments, social institutions, and the private sector is the key to the sustainability of the reintegration model.

The benefits of reintegration are wide-ranging, including reduced social burdens, improved individual well-being, and contribution to the local economy through increased productivity. The benefits of reintegrating former drug users into the workforce include reduced social burden and crime, positive local economic effects, and improved individual welfare. The reduction in social burden and criminality occurs because reintegration provides opportunities for ex-users to participate in legal economic activities, thereby reducing the risk of involvement in unlawful activities. This also reduces the burden of law enforcement. According to recent research, community-based empowerment programs involving ex-drug users significantly reduce crime incidents in local communities participating in the program (Munaa & Firdaus, 2023). The positive local economic effects of reintegration can be seen in the contribution of ex-users to local economic activities, both as workers and entrepreneurs. Their success has created a multiplier effect in the local economy, such as increased household consumption and the establishment of small businesses. Programs such as community-based micro-business development have been proven to create economic stability for previously vulnerable communities (Adi Wisesa et al., 2022). Another benefit is the improvement of individual well-being, where participation in the world of work provides ex-users with a sense of confidence, financial independence, and psychological well-being. A study (Munaa & Firdaus, 2023) shows that involvement in a supportive work environment can reduce feelings of dependence and improve the emotional stability of former users.

Effective reintegration requires support from a wide range of stakeholders, including governments, community organizations, and the private sector, emphasizing a holistic approach that integrates rehabilitation, job training, and social stigma reduction. This emphasizes the importance of collaboration in creating an inclusive and sustainable society. Table 9.1. Summarizes the reintegration model of former drug users that has been implemented in several developed countries. These models of reintegration in developed countries emphasize a holistic approach, such as providing job training, psychosocial support, and employment opportunities in the formal or community-based sector. Significant results include a reduction in the risk of relapse, an increase in economic stability, and a reduction in social stigma. Models such as Peer support in Canada highlight the importance of ex-user collaboration to drive positive change, while the UK with its Supported Employment program proves the effectiveness of long-term support. This success underscores the need for similar policy adaptations in developing

countries to ensure the success of reintegration.

Table 9.1. Reintegration Model of Ex-Drug Users in Several Countries

Country	Reintegration Model	Description	Key Results
Canada (Munaa & Firdaus, 2023)	<i>Program Peer Support</i>	Former drug users are trained to be mentors for others who have just undergone rehabilitation, supporting social and work integration.	Decreased risk of relapse, increased communication skills and confidence.
Australia (Adi Wisesa et al., 2022)	<i>Social Enterprise Model</i>	A community-based business that provides direct job opportunities for former users, focusing on the service sector such as catering and handicrafts.	Former users return to work and contribute to the local economy.
United States (Irwansyah et al., 2021)	<i>Holistic Rehabilitation with Career Support</i>	Rehabilitation programs include job training, psychosocial therapy, and career counseling to prepare ex-users for formal employment.	An increase in the job placement rate of ex-users by 60% compared to conventional rehabilitation programs.
United Kingdom (Sunarto & Ansori, 2020)	<i>Program Supported Employment</i>	Former users are given access to work in the formal sector with the support of initial training and periodic counseling.	Job stability has increased, the unemployment rate of former users has decreased drastically.
Indonesia (Nengsih et al., 2020)	<i>Community-Based MSMEs</i>	Micro, small, and medium business development programs that focus on empowering former drug users in the informal sector such as culinary and handicrafts.	Increasing local economic stability and social participation.
Thailand (Pahmi et al., 2023)	<i>Therapeutic Community Model</i>	Community-based rehabilitation with a focus on psychosocial therapy and ongoing work skills training.	Significantly decreased relapse rates and higher work engagement.
Malaysia (Serumena et al., 2023)	<i>Skill Development and Placement Programs</i>	Job training and placement programs geared toward formal sectors such as manufacturing and services.	Improvement of ex-users' technical skills and success in job placement.
Filipina (Miha et al., 2023)	<i>Religion and Education-Based Reintegration</i>	Programs that combine religious values with skills education to help ex-users build confidence and social integrity.	Increase public trust in reintegration and reduction of social stigma.

Source: Author Search, 2024

Table 9.1. underlining community-based approaches, job training, and rehabilitation support that are at the heart of reintegration in the region. In ASEAN, various approaches have been implemented to support the reintegration of ex-drug users. In Indonesia, MSME-based programs help

improve the local economy while empowering former drug users through the informal sector. In Thailand, the therapeutic community model showed significant results in lowering relapse rates and increasing work engagement. In Malaysia, a skills development and formal job placement-based approach has shown positive results in upskilling and lowering unemployment. The Philippines adopts a religious- and education-based approach to address social stigma and support holistic rehabilitation. These approaches prove that successful reintegration requires strategies that are adaptive to local cultural, social, and economic contexts. This approach provides important lessons for other countries that want to adopt similar strategies.

The best lesson to be learned from all of these discussions is that the reintegration of former drug users into the workforce is not only beneficial to individuals, but also has significant social and economic impacts on society at large. Some important lessons to learn include:

1. A holistic approach is key to success, and successful models emphasize the importance of a holistic approach that integrates skills training, psychosocial therapy, community support, and social stigma reduction. This shows that reintegration is not just about providing jobs, but also building the emotional, social, and economic capacity of individuals.
2. The importance of community-based support, community-based programs, such as MSMEs or social programs in ASEAN, provides opportunities for ex-users to contribute to the local economy, improve community welfare, and reduce the risk of relapse. This approach also strengthens social relationships, which are an essential element for long-term recovery.
3. Inclusive policies open up opportunities, developed countries and ASEAN show that inclusive policies, such as incentives for companies to hire ex-users, as well as opening access to both formal and informal sectors, can transform the lives of many individuals. This policy requires courage and commitment to fight social stigma.
4. The important role of skills training, job training by market needs is the foundation for the success of reintegration. When individuals have relevant skills, their chances of getting a job and increasing productivity increase significantly.
5. Multi-stakeholder collaboration, the success of reintegration depends on collaboration among governments, non-governmental agencies, the private sector, and local communities. This synergy helps create an ecosystem that supports reintegration and addresses barriers, such as social stigma and lack of access to resources.

The reintegration of former drug users into the world of work is a social

investment that provides broad benefits. With the right approach, individuals can return to being productive, stigma can be reduced, and society can reap significant economic benefits. Lessons from developed countries and ASEAN underscore the importance of adaptive and collaborative strategies to achieve long-term sustainability.

9.2. Reduction of Unemployment and Social Burden

Social reintegration for former drug users is an important effort to reduce the marginalization and stigma they face, especially in accessing jobs. Ex-drug users often experience social and economic discrimination, which exacerbates their reliance on social welfare programs and lowers their chances of contributing productively. Effective reintegration includes providing job access, skills education, and psychosocial support, which can help them recover holistically. Research highlights that lack of access to job training, stigma from society, and lack of supportive government policies are often the main obstacles to the social reintegration of this group (Triguswinri & Afrizal, 2021). To overcome this, cooperation among the government, social institutions, and communities is needed to create an inclusive environment that supports the rehabilitation and economic empowerment of former drug users. Additionally, community-based training models, such as job skills training tailored to market needs, show success in preparing individuals for work and reducing the risk of unemployment. These programs often require a holistic approach that includes technical training, psychological support, and incentives to companies willing to hire individuals from marginalized groups (Kurniasari et al., 2020). The benefits of this reintegration are not only felt by individuals, but also by the wider community through increased productivity, reduced social burden, and better social cohesion. Successful programs require ongoing support from the government and active participation from the community to ensure their sustainability. This effort and process is expected to have a goal

1. Reduce the unemployment rate by increasing access to jobs for former drug users. Reducing the unemployment rate and increasing access to jobs for former drug users has various strategic objectives. One of them is to overcome social stigma and discrimination that hinders their participation in the job market. Research shows that social discrimination against these groups leads to the exclusion of significant economic opportunities, so reintegration programs that connect them to the job market can be an effective step in improving the well-being of individuals and the economy of society as a whole (Triguswinri & Afrizal, 2021).
2. Reducing the country's economic burden through reducing dependence on social help programs. Reducing dependence on social welfare programs is another key goal. This dependence often weighs on state budgets, while

social reintegration can reduce the need for subsidies by encouraging financial independence. Research on inclusion policies shows that empowerment based on inclusion policies can significantly reduce economic burdens and improve the efficiency of state resources (Mujahid Shaleh, 2021).

3. Supporting social recovery and inclusion, improving the overall welfare of former drug users. Reintegration also aims to support holistic recovery, including social inclusion that improves the psychosocial well-being of former drug users. Their involvement in the work community not only removes stigma but also builds confidence and life purpose. Studies on educational and social inclusion highlight the importance of training programs and community support for effective recovery (Istiqomah, 2020).

Social reintegration is a critical step in creating a more inclusive society, harnessing the potential of previously marginalized individuals, and reducing the economic burden in a sustainable manner. Former drug users face various challenges that hinder their reintegration into society. Here are some of the main obstacles:

1. Stigma and discrimination, former drug users often face negative stereotypes, both in society and in the workplace. This exacerbates their marginalization and reduces their chances of getting a job. Studies show that stigma has a significant influence on the formation of self-concept, which has an impact on their ability to adapt socially and economically (Alifya & Michiko Mamesah, 2022).
2. Lack of reintegration programs, many regions do not have integrated policies or programs that specifically support the reintegration of former drug users into society and the world of work. Existing policies are often fragmentary, so they do not provide comprehensive solutions. Research shows that the development of community-based policies can increase the effectiveness of this kind of social program (Triguswinri & Afrizal, 2021).
3. Limited access to training, ex-drug users often do not have access to skills training or more education that can improve their competitiveness in the job market. This obstacle is caused by the lack of allocation of funds and facilities to support training programs for this vulnerable group (Mujahid Shaleh, 2021).
4. Mental health problems, many former drug users experience untreated mental health problems, such as anxiety, depression, or post-traumatic stress disorder (PTSD). This condition reduces their ability to work effectively and build a stable life. Community-based mental health support is essential to overcome this barrier (Darmawan & Sudiro, 2020).

The challenges of social reintegration for former drug users are complex and involve social, policy, educational, and health factors. A holistic approach involving community-based policies, skills training, and psychosocial support can help overcome these barriers and increase their chances of successful reintegration.

Various models have been implemented to help ex-drug users in the process of social reintegration, with the main goal of improving their independence, skills, and social inclusion. Here are some effective approaches:

1. Skills training and mentoring programs, job skills training is one of the main models in social reintegration. Cooperation with technical training institutions and local communities allows ex-drug users to develop skills relevant to the needs of the job market. For example, graphic design training and other technical skills conducted by the Community Work Training Center (BLKK) of Islamic Boarding Schools during the COVID-19 pandemic, have succeeded in improving the quality of life of affected communities through improving their skills (Azhari et al., 2020).
2. In collaboration with the private sector, the government can provide tax incentives or awards for companies that are willing to hire former drug users. Job skills certification is an important support in guaranteeing their competence and increasing competitiveness in the job market. These programs often require policy interventions that encourage the inclusion of vulnerable workers (Agus Putra et al., 2023).
3. Rehabilitation support communities, community-based approaches bid psychosocial support, including counseling and the formation of support groups for ex-drug users. This approach aims to overcome social stigma, strengthen social networks, and create an environment that supports their recovery process (Fernando Yudistira et al., 2023).
4. Local economic empowerment, small and medium enterprises (SMEs) managed by former drug users with microfunding support from the government and non-governmental organizations are also successful models. This empowerment not only increases financial independence but also builds their confidence and social contribution in the community (Wijaya et al., 2022).

A successful approach to social reintegration for ex-drug users requires a combination of skills training, collaboration with the private sector, community support, and local economic empowerment. Integrated and policy-supported interventions can improve the effectiveness and sustainability of the program.

Table 9.2. Demonstrating the implementation of various social reintegration models for ex-drug users in several countries, these models

include approaches focused on skills training, economic empowerment, as well as community-based psychosocial support, various initiatives such as skills training, community support, and economic empowerment.

Table 9.2. Social Reintegration Model of Former Drug Users

Country	Type	Description
United States (Lutfi et al., 2021)	Skills Training Program	Providing technology-based job training to former drug users in collaboration among government agencies and technology companies.
Kanada (Azhari et al., 2020)	Local Economic Empowerment	Involving former drug users in SMEs with micro-debt schemes, increasing their financial independence.
English (Fernando Yudistira et al., 2023)	Rehabilitation-Based Community Support	A community-based approach that involves group counseling and psychological help to help the social reintegration of ex-drug users.
Australia (Agus Putra et al., 2023)	Cooperation with the Private Sector	Providing tax incentives to companies that recruit former drug users, accompanied by a job certification program.
Germany (Relawati, 2022)	Digital Technology-Based Training	The training uses digital media and applications to help ex-drug users obtain modern skills that are relevant in the digital era.
Indonesia (Lubis et al., 2023)	Technical Skills Training	Community-based skills training programs for former drug users, involving regional job training institutions and social organizations.
Malaysia (Ekasari et al., 2023)	Integrated Rehabilitation with Empowerment	An integrated rehabilitation program that involves psychological counseling, skills training, and help to start a small business.
Thailand (Wijaya et al., 2022)	Social Rehabilitation Community Support	A community-based approach that involves the provision of counseling services, job training, and social reintegration for ex-drug users.
Filipina (Munandar et al., 2022)	Cooperation among the Government and NGOs	Cooperation among governments and non-governmental organizations in providing skills training and incentives to start small businesses.
Vietnam (Purnomo et al., 2022)	Empowerment through Local Businesses	The program focuses on the integration of former drug users through community-based small business empowerment with financial support from the local government.

Source: Author Search, 2024

Models that have been applied in various developed countries show a diversity of approaches that are tailored to local needs. The United States and Germany are focusing on technology-based skills training to improve individual competitiveness in the job market. Canada and the United Kingdom place more emphasis on economic empowerment and psychosocial support through a community approach. Meanwhile, Australia is showing success through cooperation with the private sector by providing tax incentives to employers.

The model of social reintegration in the ASEAN region shows a diverse and contextual approach. In Indonesia, community-based training is the focus, while Malaysia integrates rehabilitation with economic empowerment. Thailand stands out for its community-based approach that emphasizes social support and job training. The Philippines and Vietnam are more oriented toward small business development as a means to reduce social dependence and increase self-reliance. These approaches prove that a combination of training, community support, and policy incentives can help ex-drug users to return to contributing positively to society. The importance of cooperation among the government, non-governmental organizations, and local communities to ensure the success of social reintegration for former drug users.

The social reintegration of ex-drug users offers important lessons about the complexities and challenges of recovering individuals from dependence, while bringing them back into productive parts of society. The main lesson that can be learned is that social reintegration is not only an individual responsibility but also requires holistic support from different levels of society, including governments, the private sector, social institutions, and local communities. Skills training programs are an important element in social reintegration. Former drug users often face stigma and discrimination that limits their access to the job market. Therefore, training specifically designed to improve technical skills and employability is an important foundation in restoring their confidence. Community-based training models, such as those implemented in Indonesia, emphasize the importance of local community involvement in providing moral and technical support to ex-drug users. Programs like this not only provide new abilities but also help remove stigma through recognition of their potential to change and contribute.

In addition to skills training, economic empowerment is one of the main approaches in social reintegration. In many countries, including the ASEAN region, SMEs are used as a means to help former drug users earn an independent income. For example, in the Philippines and Vietnam, the government provides financial support through microloans to encourage them to start their own businesses. This measure not only improves the standard of living of individuals but also reduces dependence on social welfare programs, which in turn eases the country's economic burden. Psychosocial support is also a valuable lesson in the reintegration process. Many ex-drug users face significant mental challenges such as anxiety, depression, or PTSD. In Thailand, community-based programs that provide psychological counseling and support groups have proven effective in helping individuals overcome these barriers. This approach shows that social reintegration is not only a matter of economics but also of creating spaces that support emotional and mental

recovery. Cross-sector cooperation is at the core of successful social reintegration. The government has an important role to play in creating inclusive policies, such as tax incentives for companies that employ former drug users or funding for training programs. The private sector can also contribute through collaboration with social institutions to create a welcoming and supportive work environment. On the other hand, the general public needs to be educated to understand that former drug users can change and make a positive contribution if given the opportunity.

Models from developed countries and the ASEAN region show that no single approach is perfect. Instead, an approach that is tailored to the local needs and culture of the community is the key to success. In developed countries, such as the United States and the United Kingdom, the focus on technology-based training has yielded significant results in improving job skills. In ASEAN, community-based approaches and local economic empowerment are more prominent, as they are relevant to the local social and cultural context. The best lesson to be learned is the importance of seeing social reintegration as a long-term investment in human development. An inclusive society is one that can provide opportunities for individuals to rise from their failures. Social reintegration not only impacts individuals but also provides collective benefits to society by reducing social burdens, increasing productivity, and strengthening social cohesion. Therefore, all parties must continue to support initiatives aimed at creating a more just, inclusive, and humane society.

9.3. Contribution to Local Economic Growth

The reintegration of former drug users into society plays an important role in local economic development. This process supports previously marginalized individuals to return to being an active part of their community. By reducing social stigma and providing job opportunities, rehabilitated former drug users can improve their own quality of life and contribute to the economy through a multiplier effect. These include increasing local purchasing power, support for the MSMEs sector, and creating investment in their own communities. Studies show that community-based approaches are particularly relevant in overcoming barriers to reintegration, such as stigma and community mistrust. For example, a community-based economic empowerment approach can help build social relationships and support economic sustainability by creating job opportunities that are friendly to the needs of recovering individuals. This approach also strengthens a sense of social inclusion in society, which in turn reduces the risk of drug relapse.

Successful implementation models involve job market-based skills

training, financial inclusion programs, and long-term psychosocial mentoring. Studies on the role of MSMEs show that this sector can absorb labor from vulnerable groups, including former drug users, thereby supporting local social and economic stability (Makalew et al., 2019). In addition, research on cooperative-based approaches or local economic zones proves its significant impact in improving the welfare and income of local communities. In the economic context, the success of reintegration reduces the burden of government social costs, such as health costs due to drug relapse and legal handling, as well as opening up opportunities for regional development based on social inclusion. This underscores the importance of collaboration among governments, the private sector, and community organizations in creating evidence-based policies and interventions that amplify the positive impact of reintegration.

The reintegration of ex-drug users aim to create an inclusive community by harnessing the potential of each rehabilitated individual. Through this empowerment, former drug users can become an active part of society, both as workers and entrepreneurs. This has a significant multiplier effect on the local economy, such as increasing public consumption, creating new jobs, and developing the MSMEs sector. This effect makes a great contribution to sustainable economic growth. A community-based approach is crucial in reintegration efforts, as it creates a supportive environment and reduces social stigma. Research shows that stigma is a major obstacle to the reintegration of ex-drug users, preventing them from getting a job or being accepted into society (Alifya & Michiko Mamesah, 2022). With community involvement, opportunities for reintegration increase through psychosocial support and skills training relevant to the needs of the local labor market.

In addition, the MSME-based economic empowerment model has been proven to be successful in increasing the involvement of former drug users in economic activities. In this context, collaboration among the government, non-governmental organizations, and the private sector is key to providing access to job training, business financing, and ongoing mentoring (Hasnawati et al., 2022). The implementation of economic inclusion-based programs also has long-term benefits, such as reducing crime rates, reducing law enforcement costs, and improving the quality of life of families of former drug users. This supports the development of a more socially and economically stable society. Models such as the development of special economic zones that prioritize social inclusion have been implemented in several regions to encourage local economic growth (Mujahid Shaleh, 2021). The main goal of this reintegration includes not only the recovery of individuals but also the transformation of society toward an inclusive and sustainable economic system. Successful

reintegration requires synergies among community-based approaches, policy support, and the provision of adequate resources to ensure an all-round positive impact.

The challenges and obstacles in the reintegration of former drug users into society reflect the complexity of social, economic, and psychological problems. Here is a detailed explanation of these aspects, based on the findings of various relevant studies.

1. Social stigma is the main obstacle faced by former drug users in the reintegration process. Society often views them as untrustworthy individuals, reducing their chances of being accepted in the workplace as well as in social settings. Research shows that this stigma not only affects social relationships but also contributes to the low self-concept of ex-drug users, which in turn worsens their chances of reintegration (Alifya & Michiko Mamesah, 2022). A community-based approach that involves the community in rehabilitation programs can help reduce this stigma by showing positive outcomes from behavioral changes of ex-drug users.
2. Limited training, most rehabilitation programs are currently still minimal in providing skills training relevant to the needs of the labor market. Research shows that the lack of access to job skills-based training and advanced education makes it difficult for many ex-drug users to find employment after rehabilitation (Munaa & Firdaus, 2023). Therefore, it is necessary to develop a more structured training program, including technical skills and soft skills.
3. Funding, lack of financial support for community economic empowerment programs are also a big challenge. Programs aimed at supporting ex-drug users often do not have enough funding to provide training, create jobs, or provide long-term psychosocial support. The research proposes collaboration among the public and private sectors to fund these programs, by involving microfinance institutions or cooperatives as strategic partners (Purnomo et al., 2022).
4. The cycle of relapse, the high-risk of relapse (recurrence) is another major obstacle, especially when psychological and social support is not adequately available. Research shows that craving or the desire to return to drug use is often triggered by stress, lack of social support, or an unsupportive environment (Munaa & Firdaus, 2023). Community-based interventions that provide group support and access to mental health services can help reduce this risk.

Challenges in the reintegration of ex-drug users include social stigma, limited training, lack of funding, and risk of relapse. To overcome these obstacles, a holistic approach involving the community, government agencies, and the private sector is needed in supporting the rehabilitation and economic

empowerment of ex-drug users. Effective strategies should include community education, job training, and ongoing psychological support. This approach can improve the quality of life of individuals while contributing to local social and economic stability.

Preventive efforts are described with reintegration models of former drug users that have been implemented to create an inclusive community and support local economic growth. These approaches include skills-based training, community support programs, financial inclusion programs, and ongoing support models.

1. Skills-based training approach, this model focuses on providing job training to former drug users according to market needs. This training includes technical skills such as urban agriculture, manufacturing, or information technology. Research shows that skills-based training can increase the chances of ex-drug users to obtain stable jobs and contribute to the local economy (Munaa & Firdaus, 2023) For example, technology-based or manufacturing-based training programs have shown significant results in increasing participants' income and skills, ultimately reducing the risk of relapse.
2. Community support programs, reintegration through cooperatives or MSMEs provide opportunities for former drug users to work and develop interpersonal skills. Cooperatives allow them to work in teams, strengthen a sense of community, and reduce the social stigma that often prevents them from returning to society. Research shows that these community-based programs also support local economic growth through the creation of new jobs and increased local consumption (Purnomo et al., 2022).
3. Financial inclusion program, this program aims to provide access to microcredit and other financial services for ex-drug users, allowing them to start small or medium-sized businesses. This approach has been implemented in various countries with promising results. For example, microfinance initiatives integrated with entrepreneurship training have increased the success of the reintegration of ex-drug users in the formal economic market (Mujahid Shaleh, 2021). The program helps reduce their dependence on social systems and increase financial independence.
4. A model of continuous support, collaboration among the government, the private sector, and non-governmental organizations (NGOs) creates a sustainable support system for former drug users. This model includes inclusive policy development, funding for training programs, and long-term psychosocial mentoring. Research shows that this cross-sector collaboration can accelerate the reintegration process and create a wider positive impact on society (Hasnawati et al., 2022).

These reintegration models have a significant impact on improving the welfare of former drug users while supporting local economic growth. With an integrated approach, reintegration can address social stigma, increase financial independence, and encourage social inclusion. Collaborative efforts involving various parties are the key to success in implementing this model in various communities. More references and related studies can be used to deepen the analysis and expand the scope of application of this reintegration model. An evidence-based approach ensures that the programs implemented have a positive long-term impact on society. Several developed countries and in the ASEAN region have successfully implemented the reintegration model of ex-drug users through various innovative approaches targeting job training, community support, financial access, and cross-sector collaboration. Table 9.3, which summarizes these programs along with evidence of their implementation. The approaches adopted by developed countries have shown success in integrating ex-drug users into society by overcoming social stigma and strengthening their economic capacity. Programs such as Job Corps in the US provide technical training relevant to market needs, while in the UK, social cooperatives bid community-based employment opportunities that strengthen social inclusion. Initiatives such as MicroStart in Germany show how access to microcredit can be an economic empowerment tool. Meanwhile, cross-sectoral collaboration in Canada with programs such as Pathways to Employment strengthens coordination among the government, the private sector, and civil society, ensuring the sustainability of programs and expanding their systemic impact. These models demonstrate the successful implementation of community-based and economic reintegration approaches in ASEAN countries. In Indonesia, community-based skills training has helped ex-drug users get jobs that meet market needs. In Malaysia, social cooperatives provide employment opportunities to support social and economic reintegration. Thailand has implemented financial inclusion through the provision of microcredit, allowing former drug users to start sustainable small businesses. Singapore, through cross-sectoral collaboration, supports occupational rehabilitation that is integrated with the formal economic system, ensuring long-term sustainability. This approach emphasizes the importance of strengthening local capacity and collaboration to address the challenges of socio-economic reintegration in the ASEAN region. This model provides a good example for other countries to develop similar programs. These models emphasize the importance of a holistic and collaborative approach in achieving successful reintegration. These successes can be an important lesson for developing countries in adopting similar strategies to address complex social and economic challenges.

Table 9.3. Reintegration model of ex-drug users and evidence of their implementation

Type	Program/Proof of Implementation
Skills-Based Training Approach (Munaa & Firdaus, 2023)	The "Job Corps" program provides technical job training to vulnerable groups, including former drug users, with a focus on the technology and manufacturing sectors.
Community Support Program (Purnomo et al., 2022)	Reintegration through social cooperatives, such as the "Recovery Cooperative," provides job opportunities for former drug users in the MSME sector.
Financial Inclusion Program (Mujahid Shaleh, 2021)	Microcredit provided through the "MicroStart" program supports ex-drug users to start small businesses and become financially independent.
Continuous Support Model (Hasnawati et al., 2022)	Cross-sector collaborations, such as "Pathways to Employment," involve governments, NGOs, and the private sector to support the reintegration of ex-drug users.
Skills-Based Training Approach (Romiyansah et al., 2020)	Community-based technical training programs for ex-drug users, including in the local manufacturing and technology sectors.

Source: Author Search, 2024

The reintegration of ex-drug users into society is not just a process of physical rehabilitation, but includes a complex journey toward comprehensive economic, social, and psychological recovery. From all the discussions related to challenges, models, and approaches applied in various countries, there are several important lessons that can be used as a reference to improve the effectiveness of reintegration programs.

1. The importance of a holistic approach, the first lesson that can be learned is that successful reintegration requires a holistic approach that includes social, economic, and psychological aspects. A rehabilitation program that focuses solely on physical recovery is not enough to ensure long-term reintegration success. Community-based approaches such as cooperatives or MSMEs show that engaging local communities can reduce stigma and strengthen social inclusion. In addition, programs that provide emotional support, such as counseling and psychosocial counseling, help reduce the risk of relapse, which is often a major barrier to the reintegration process.
2. The importance of skills training and economic empowerment, one of the key lessons from this discussion is the importance of market-based skills training for former drug users. This training should be designed according to the needs of the local market so that participants have the relevant skills to work or start their own business. Examples in the ASEAN region, such as in Indonesia and Thailand, show that technology- or manufacturing-based training can improve participants' technical skills, while microcredit programs help them start sustainable small businesses. This economic empowerment not only increases individual independence but also creates

- a multiplier effect for the local economy through increasing purchasing power and developing MSMEs.
3. Cross-sector collaboration, another lesson is that collaboration among the government, the private sector, NGOs, and local communities is essential to ensure the sustainability of reintegration programs. Governments can play a role in creating policies that support social inclusion, while the private sector can provide employment and investment opportunities. On the other hand, NGOs can be a bridge among the government and the community by providing direct help to former drug users. Collaborations such as those undertaken in Singapore prove that a cross-sectoral approach can have a significant impact on the success of reintegration.
 4. Overcoming social stigma barriers, social stigma remains one of the biggest challenges in the reintegration of former drug users. An important lesson from this discussion is that stigma can only be reduced through public education and concrete proof that ex-drug users can contribute positively to the community. Community-based programs that involve communities in the rehabilitation process, such as social cooperatives in Malaysia, show that direct community involvement can reduce prejudice and build trust.
 5. Focusing on financial inclusion, financial inclusion plays an important role in helping ex-drug users build an economically stable life. Lessons from Thailand and Germany show that microcredit not only provides start-up capital but also helps create financial independence. Programs like this need to be strengthened with entrepreneurship training so that beneficiaries are able to manage their businesses effectively. This proves that financial access must be complemented by economic education to achieve optimal results.

From various discussions, it can be concluded that the reintegration of former drug users is a complex and multidimensional process. The success of reintegration depends not only on the rehabilitated individuals, but also on the supporting ecosystem involving the government, the community, and the private sector. The best lesson to be learned is that the success of these programs lies in a collaborative, innovative, and inclusive approach. By adopting these lessons, the global community can create a more effective system to help previously marginalized individuals become productive and valued members of the community. These approaches are not only relevant for ex-drug users but can also be applied in a variety of other contexts to support vulnerable groups in society. Through consistent implementation, reintegration can be an important instrument in creating a more inclusive and equitable society.

9.4. Strategies to Increase the Involvement of Former Drug Users in Economic Activities

The participation of former drug users in the economy plays an important role in supporting their reintegration into society. This involvement not only aims to improve the sustainability of recovery, but also becomes an effective way to prevent them from falling back into drug abuse. Productive economic activities provide opportunities to earn income, build self-esteem, and strengthen healthy social relationships. However, social stigma and other challenges often hinder this reintegration process, requiring an inclusive and sustainable strategic approach. One of the main benefits of economic participation for former drug users is its ability to increase individual economic stability. Through stable employment, they can meet their living needs without having to rely on family or social help. Research shows that economic dependence can increase the risk of psychological distress, potentially pushing individuals back to old behavioral patterns, including drug use. In addition, involvement in the world of work provides opportunities for former drug users to achieve social recognition and acceptance. Those who manage to get a job often report increased self-confidence, a sense of purpose in life, and better relationships with family and community (Rohman et al., 2022).

However, social stigma remains a major obstacle that must be faced. The public's negative perception of former drug users often causes discrimination, both in social and professional life. Companies often feel hesitant to hire them because they are worried about reputation or trust issues. Research by (Utomo et al., 2022) confirms that this stigma can exacerbate social isolation and increase the risk of relapse in individuals who have recently recovered. In addition, a lack of technical skills and job readiness is often an obstacle in finding a suitable job. Many former drug users do not have access to adequate training or education, making it difficult to compete in the modern job market. Increasing economic participation also requires comprehensive support through various strategies. First, skills training based on market needs can be an effective solution to address skills challenges. Training programs should be designed based on the specific needs of the local industry so as to create relevant job opportunities for participants. Second, internship and work placement programs can be a significant first step. Working with local companies to provide internship programs not only helps participants build work experience, but also builds trust among companies and ex-drug users.

Incentives to companies are also a supporting factor that should not be ignored. The government or related institutions can provide tax breaks or financial incentives to companies that actively recruit and support former drug users. This move could encourage more companies to get involved in social

empowerment initiatives. In addition, anti-stigma campaigns carried out massively in the community can help change public perception. Education on the importance of giving a second chance to former drug users can increase social acceptance of this group (Latupapua & Siahaya, 2023). Psychosocial support is also an important element in ensuring the success of reintegration. Group counseling and support from the local community can help individuals overcome psychological barriers, such as shyness or lack of self-confidence.

The benefits of the economic involvement of former drug users are not only felt by the individual himself, but also by the society as a whole. Their participation in the workforce helps reduce unemployment and increase the productivity of the local workforce. In addition, their successful reintegration can be a positive example for other individuals facing similar challenges, thus creating a cycle of sustainability in social rehabilitation. The participation of former drug users in economic activities is a strategic step that must be supported by various parties. Despite facing major challenges, such as social stigma and skills limitations, inclusive and sustainable strategies can help overcome these barriers. By creating an inclusive work environment, providing skills training, and supporting them psychosocially, ex-drug users have a great opportunity to become productive individuals who contribute to society. Along with changes in public perception and adequate support, their social reintegration will become more successful and sustainable.

Increasing the participation of former drug users in economic activities have some main interrelated goals. This is not only aimed at helping these individuals build a better life after the rehabilitation process, but also to create a far-reaching social impact, including reducing stigma, improving people's welfare, and strengthening social stability. Here is a detailed explanation of the main objectives of this initiative:

1. Social rehabilitation, one of the main goals is to support the social rehabilitation process through economic opportunities that can help rebuild positive social relationships. When ex-drug users engage in productive activities such as work or entrepreneurship, they get the opportunity to interact with other individuals in a healthy and supportive environment. These positive social relationships are important to rebuild confidence and create a sense of belonging in society. Research shows that social isolation is often one of the factors that cause the relapse of drug use. By getting involved in the workforce, ex-drug users can find new communities that support their journey to recovery. In addition, the opportunity to work can also provide structure in daily life, which is very important in the social rehabilitation process.
2. Improving well-being, another goal that is no less important is to improve the welfare of individuals and families. Involvement in economic activities

provide ex-drug users with a stable income, which directly reduces their dependence on economic support from family or other social institutions. By having their own income, these individuals are able to meet their basic needs and contribute financially to their families. This improvement in well-being is also related to the psychological aspect, as financial independence often increases self-esteem and reduces the shame or moral burden felt by former drug users toward their families. According to a study by (Rohman et al., 2022), financial independence can help reduce the psychological stress individuals experience during the reintegration process, thereby increasing their chances of success in long-term recovery.

3. Reducing crime, participation of former drug users in the world of work or economic activities also play an important role in reducing the level of crime. Most individuals who have used drugs are involved in unlawful acts such as theft or drug trafficking to meet their needs. By providing access to decent work, the risk of re-involvement in criminal activity can be minimized. Stable jobs not only provide income, but also distract them from high-risk environments, such as drug-related social networks.
4. Reducing social stigma, one of the biggest challenges faced by ex-drug users is the social stigma attached to their status. Society often views them as unproductive or untrustworthy individuals. This is a big obstacle for them to return to society and live a normal life. By getting involved in the world of work and proving their ability to contribute productively, former drug users can show society that they are capable of change and make a positive impact. Their success in the world of work can also be an inspiring example for other individuals who are undergoing the rehabilitation process. Research by (Latupapua & Siahaya, 2023) confirms that campaigns to reduce stigma must be accompanied by tangible evidence that individuals recovering from addiction can be a valuable asset to society. Reducing stigma also requires a comprehensive approach, including educational campaigns to raise public awareness of the importance of giving these individuals a second chance. Campaigns like this can involve the media, educational institutions, and local communities to create a new narrative that is more inclusive and supportive.

Increasing the participation of former drug users in economic activities is not only beneficial for the individual, but also has a positive impact on society as a whole. By supporting social rehabilitation, improving well-being, reducing crime, and removing stigma, these initiatives have the potential to create a more inclusive and productive society. To achieve this goal, close collaboration among the government, the private sector, and civil society is needed.

Although the participation of former drug users in economic activities have many benefits for individuals and society, these efforts face various

challenges and obstacles. These challenges stem not only from external factors such as social stigma and lack of company support, but also from internal factors such as skills limitations and psychological barriers. Understanding and overcoming these obstacles is critical to ensuring the success of the social and economic reintegration of ex-drug users. Here's an in-depth explanation of the challenges and obstacles that are often faced:

1. **Social stigma**, social stigma is one of the biggest obstacles for former drug users to return to society. Society often views them as untrustworthy, incompetent, or high-risk individuals who are re-involved in drug use. This negative perception creates discrimination, both in social and professional life. This stigma not only limits job opportunities but also hinders the process of social reintegration. Many former drug users feel excluded and do not have moral support from the community. Research by (Utomo et al., 2022) shows that social stigma can exacerbate isolation and increase psychological distress, ultimately increasing the risk of relapse. In addition, stigma often appears in the form of corporate policies that are reluctant to recruit former drug users because they are worried about their reputation in the eyes of customers or business partners.
2. **Lack of relevant job skills**, many former drug users face limitations of relevant job skills for the modern labor market. Most of them may not complete formal education or miss out on the opportunity to develop technical skills during periods of drug use. This makes it difficult for them to compete in an increasingly competitive job market. This lack of skills is also often accompanied by a lack of access to training or education programs that can help them increase their employability. In many cases, rehabilitation institutions focus on mental and physical health aspects without providing training in skills relevant to post-rehabilitation life. According to a study by (Rohman et al., 2022), the mismatch among the needs of the job market and the skills possessed by individuals is one of the main obstacles in creating economic independence for former drug users.
3. **Psychological barriers**, psychological barriers are also a significant challenge for former drug users in their efforts to participate in economic activities. Issues such as lack of confidence, embarrassment, and past trauma often hinder their motivation to find a job or start a business. Individuals who have experienced social isolation for a long time often feel unworthy or afraid of rejection, both from the corporation and society. Trauma associated with bad experiences during drug use can also affect their ability to work effectively or interact with coworkers.
4. **Lacking support from companies**, companies are often hesitant to hire former drug users for a variety of reasons, including concerns about reputation and the risks that may be involved. Some companies consider that hiring individuals with this kind of background can create problems in

the work environment, such as low productivity or potential conflicts with other employees. In addition, many companies do not have policies or inclusion programs designed to support ex-drug users. In many cases, the corporation's hiring policy does not take into account the needs of individuals undergoing the process of social reintegration. A study by (Latupapua & Siahaya, 2023) shows that the lack of incentives or encouragement from the government for companies that hire former drug users is one of the main inhibiting factors.

Overcoming the challenges and obstacles faced by former drug users in the world of work requires a holistic and coordinated approach. By removing social stigma, improving access to skills training, providing psychological support, and encouraging companies to take an active role, we can create a more inclusive environment and support their social reintegration.

The involvement of former drug users in economic activities brings various significant benefits, not only for the individual, but also for the wider community. From strengthening local economies to reducing social burdens, their contributions can be an important element in creating inclusive and empowered societies. Here is a detailed discussion of the benefits of their involvement in the world of work or other economic activities:

1. Strengthening the local economy, one of the main benefits of the participation of former drug users in economic activities is their contribution to strengthening the local economy. When they get a job or start a small business, labor productivity increases, and economic activity in the region becomes more dynamic. It also opens up new opportunities to create added value, especially if they are involved in economic sectors that use unique or local skills. Research shows that increasing the participation of marginalized groups, including former drug users, in the world of work can have a direct impact on local economic growth. A study by (Latupapua & Siahaya, 2023) revealed that involving this group in productive activities contributes to economic diversification and increased workforce capacity in strategic sectors. With more individuals working and contributing, people's purchasing power increases, which in turn strengthens the local economy.
2. Improving the welfare of individuals and families, another benefit that is no less important is the improvement of the individual welfare of former drug users and their families. By having a stable job or source of income, they can meet basic needs, such as food, shelter, and education for their children. This reduces financial pressure that was previously often a burden on the family. In addition to the financial impact, involvement in the world of work also provides significant psychological benefits. Individuals who have jobs tend to feel more confident and have a stronger sense of purpose in life. Research by (Rohman et al., 2022) shows that success in getting a job not only

improves an individual's quality of life, but also strengthens relationships with family members. With a stable income, these individuals can also start saving or investing for the future, creating long-term stability for them and their families.

3. Reduction of social burden, the participation of former drug users in economic activities also has an impact on reducing social burdens. Many of those who previously relied on rehabilitation or social help programs are now financially independent, reducing the pressure on social systems and public budgets. With this reduction in dependence, resources previously used to support rehabilitation can be allocated to other purposes, such as drug use prevention or community development.
4. Creating an inclusive environment, the participation of former drug users in the world of work also contributes to the creation of a more inclusive environment in society. By proving that they are capable of contributing productively, they are helping to change people's perception of this group. Their success in working or entrepreneurship is a clear example that change is possible, which ultimately helps remove the stigma that is often attached to former drug users. An inclusive environment also advises society to be more accepting of diversity and support individuals undergoing recovery. Research by (Utomo et al., 2022) shows that the successful social reintegration of ex-drug users can create a domino effect, where communities become more supportive of individuals facing similar challenges. Campaigns that promote inclusivity in the workplace can also encourage companies to be more open to hiring former drug users, which in turn expands employment opportunities for this group.

The involvement of former drug users in economic activities bring far-reaching benefits, ranging from strengthening the local economy to creating a more inclusive environment. By improving the well-being of individuals and families, reducing social burdens, and changing public perceptions, their participation is a strategic step toward creating a more prosperous and inclusive society. Support from various parties, including governments, companies, and the community, is crucial to ensure the success of this initiative.

Increasing the participation of former drug users in the world of work requires a comprehensive strategic approach. This strategy should include the provision of skills, psychosocial support, incentives to companies, and the reduction of stigma in society. Here's an in-depth explanation of the strategies that can be applied:

1. Skills training, training based on the needs of the job market is a very important first step. This training can include technical skills such as welding, information technology, or entrepreneurship tailored to local needs. Additionally, training can also include the development of soft skills such as

time management, communication, and the ability to work in a team. Research by (Rohman et al., 2022) highlights the importance of training programs that are specifically designed to help ex-drug users compete in the job market. With relevant skills, they have a greater chance of getting a decent job, thus supporting the sustainability of their recovery.

2. Internship and job placement programs, internship programs are strategic steps to introduce former drug users to the world of work. Through cooperation with local companies, this program can provide a rewarding work experience while helping companies understand their potential. Internships also help build trust among employers and workers. Studies show that internship programs can minimize barriers to integration because companies have the opportunity to evaluate workers' performance before offering permanent jobs (Latupapua & Siahaya, 2023).
3. Incentives for companies, providing incentives to companies that hire former drug users is one way to increase the involvement of the business world. These incentives can be in the form of tax breaks, awards, or financial support for contractor training. A study by (Hasnawati et al., 2022) shows that incentive policies for companies that support vulnerable groups can accelerate their acceptance in the world of work. These incentives can also be used to offset risks that the corporation may feel.
4. Psychosocial support, is essential to help individuals overcome psychological barriers such as shyness, lack of confidence, or past trauma. Counseling services and support groups can be part of this strategy. These programs can include counseling sessions, group therapy, or mindfulness training to help them manage stress.
5. Anti-stigma campaigns, social stigma are often the main obstacle for former drug users to be readmitted into society. The anti-stigma campaign aims to change public perception of former drug users through education and positive narratives. These campaigns can involve the media, community leaders, and NGOs. According to (Utomo et al., 2022), effective campaigns not only educate the public but also raise awareness about the importance of giving a second chance to individuals who have recovered.
6. Community-based programs, community-based programs can be an effective approach to support the reintegration of former drug users. Through local community involvement, the program can provide direct support such as skills training, capital help, or job opportunities in the local sector.

A supportive community also helps to create a stable environment for individuals to continue to grow. The implementation of this strategy requires coordination among the government, companies, and communities. By integrating skills training, internship programs, corporate incentives,

psychosocial support, anti-stigma campaigns, and community-based programs, the participation of former drug users in economic activities can be significantly increased. This strategy not only supports the rehabilitation of individuals but also provides broad social and economic benefits to society.

Reference

- Adi Wisesa, F., Rifqi, M. A., Fauziah, U., & Sulistyawati, K. (2022). PEMBERDAYAAN MASYARAKAT TERDAMPAK PANDEMI COVID 19 BERBASIS BUDIDAYA IKAN LELE BIOFLOK DI KELURAHAN GUNDIH. *Transformasi Dan Inovasi: Jurnal Pengabdian Masyarakat*, 1(2). <https://doi.org/10.26740/jpm.v1n2.p94-101>
- Adnan, N., Andaiyani, S., Hidayat, A., & Igamo, A. M. (2023). PENERAPAN KONSEP KEWIRAUSAHAAN MELALUI PELATIHAN MEMBUAT PRODUK OLAHAN IKAN DI DESA ULAK BANDING, KECAMATAN INDRALAYA, KABUPATEN OGAN ILIR. *LOGISTA - Jurnal Ilmiah Pengabdian Kepada Masyarakat*, 7(1). <https://doi.org/10.25077/logista.7.1.121-127.2023>
- Agus Putra, A. B. R. P., Neyman, S. N., & Rahmawan, H. (2023). Pengembangan Sistem Manajemen Pelatihan Kerja di Kota Surakarta. *Jurnal Teknologi Informasi Dan Ilmu Komputer*, 10(4). <https://doi.org/10.25126/jtiik.20241047167>
- Alifya, N., & Michiko Mamesah. (2022). Pengaruh Stigma Masyarakat Terhadap Pembentukan Konsep Diri Remaja Penyalahgunaan Narkoba di Yayasan Bersama Kita Pulih (BESAKIH). *INSIGHT: Jurnal Bimbingan Konseling*, 10(1). <https://doi.org/10.21009/insight.101.08>
- Azhari, W., Yanuar, F. A., Pudail, M., Studi Ekonomi Syariah, P., & Al Husain, S. (2020). PEMBERDAYAAN MASYARAKAT MELALUI PELATIHAN DESAIN GRAFIS DI BALAI LATIHAN KERJA KOMUNITAS PESANTREN PADA MASA PANDEMI COVID-19. *LOGISTA - Jurnal Ilmiah Pengabdian Kepada Masyarakat*, 4(2).
- Darmawan, R. E., & Sudiro, S. (2020). Pengalaman Keluarga dalam Perawatan Pasien Skizofrenia Berdasarkan Kebijakan Kesehatan Mental Berbasis Komunitas. *Caring: Jurnal Keperawatan*, 9(1).
- Ekasari, M. F., Nurhasanah, A., Suryati, E. S., & Batubara, R. (2023). PEMBERDAYAAN KADER DALAM MENINGKATKAN KAPASITAS FUNGSIONAL DAN INTERAKSI SOSIAL LANSIA MELALUI PENERAPAN MODEL PERAWATAN RESTORATIF BERBASIS KELOMPOK. *JMM (Jurnal Masyarakat Mandiri)*, 7(2). <https://doi.org/10.31764/jmm.v7i2.13960>
- Fernando Yudistira, F., Adli Fidlan, Awis Karni, & Andri Ashadi. (2023). PEMANGKU ADAT KOTO MAJIDIN BERPERAN DALAM PEMBERDAYAAN MASYARAKAT MUSLIM. *Dakwatul Islam*, 8(1). <https://doi.org/10.46781/dakwatulislam.v8i1.853>
- Grandisa, N. A. M., Gunawan, A. R., & Hasanah, S. M. (2022). The role of Rumah Zakat

- in community economic empowerment and mustahiq's saving behavior during the Covid-19 pandemic in an Indonesian village. In *Social and Political Issues on Sustainable Development in the Post Covid-19 Crisis*. <https://doi.org/10.1201/9781003263586-5>
- Habib, M. A. F. (2021). KAJIAN TEORITIS PEMBERDAYAAN MASYARAKAT DAN EKONOMI KREATIF. *Journal of Islamic Tourism Halal Food Islamic Traveling and Creative Economy*, 1(2). <https://doi.org/10.21274/ar-rehla.v1i2.4778>
- Hasnawati, H., Manaf, M., & Syafri, S. (2022). Analisis Faktor Berpengaruh dan Strategi Peningkatan Produktivitas Kawasan Ekonomi Khusus (KEK) Belang-Belang Kabupaten Mamuju Provinsi Sulawesi Barat. *Urban and Regional Studies Journal*, 4(2). <https://doi.org/10.35965/ursj.v4i2.1462>
- Irwansyah, I., Asbar, A., & Mubarak, A. Z. (2021). Penguatan kompetensi perancangan mesin melalui pelatihan computer-aided design bagi mahasiswa dan alumni teknik mesin (Strengthening of machine design skills through the computer-aided design training for mechanical engineering students and alumni). *Buletin Pengabdian Bulletin of Community Services*, 1(2). <https://doi.org/10.24815/bulpengmas.v1i1.20277>
- Istiqomah, H. (2020). Survei Tentang Penerapan Mata Kuliah Pendidikan Inklusi Pada Semua Program Studi di FKIP Universitas Lambung Mangkurat. *JPI (Jurnal Pendidikan Inklusi)*, 4(1). <https://doi.org/10.26740/inklusi.v4n1.p22-36>
- Kurniasari, L., Purnomo, E. P., & Salsabila, L. (2020). Kolaborasi Antara Pt Gas Negara Dengan Pemerintah Kota Yogyakarta Dalam Mewujudkan Smart City. *Jurnal Noken: Ilmu-Ilmu Sosial*, 5(1). <https://doi.org/10.33506/jn.v5i1.775>
- Latupapua, Y. T., & Siahaya, T. (2023). STRATEGI PENGEMBANGAN OBJEK WISATA HUTAN MANGROVE GURAPING DI KECAMATAN OBA UTARA, KOTA TIDORE KEPULAUAN, PROVINSI MALUKU UTARA. *JURNAL HUTAN LESTARI*, 11(2). <https://doi.org/10.26418/jhl.v11i2.65064>
- Lubis, E., Napitupulu, E., & Rahayu, U. (2023). PENGARUH MODEL PEMBELAJARAN INKUIRI TERBIMBING TERHADAP KETERAMPILAN PROSES SAINS DAN KEMAMPUAN KOGNITIF SISWA PADA PELAJARAN IPA KELAS V SD. *Jurnal Teknologi Pendidikan (JTP)*, 16(1). <https://doi.org/10.24114/jtp.v16i1.44819>
- Lutfi, L., Khodijah, N., & Hawi, A. (2021). THE EFFECT OF HEADMASTERS' LEADERSHIP STYLE, SUPERVISION ABILITY AND WORK CLIMATE ON THE PERFORMANCE OF ISLAMIC RELIGIOUS EDUCATION TEACHERS IN PRABUMULIH CITY. *Conciencia*, 21(2). <https://doi.org/10.19109/conciencia.v21i2.11427>

- Makalew, V. N., Masinambow, V. A. J., & Walewangko, E. N. (2019). ANALISIS KONTRIBUSI KAWASAN EKONOMI KHUSUS (KEK) TERHADAP STRUKTUR PEREKONOMIAN SULAWESI UTARA. *JURNAL PEMBANGUNAN EKONOMI DAN KEUANGAN DAERAH*, 19(2). <https://doi.org/10.35794/jpekd.15784.19.2.2017>
- Miha, K. E. W., Wuisang, J., & Korengkeng, N. (2023). PENGGUNAAN MODEL PEMBELAJARAN PROBLEM BASED LEARNING DALAM MENINGKATKAN HASIL BELAJAR SISWA KELAS VIII A PADA MATA PELAJARAN IPS DI UPTD SMP NEGERI 3 KALABAHI. *Literacy: Jurnal Pendidikan Ekonomi*, 4(1s). <https://doi.org/10.53682/jpeunima.v4i1s.8135>
- Mujahid Shaleh, M. (2021). Pembangunan Ekonomi Inklusif Nasional, Provinsi Dan Kabupaten/Kota Se-Sulawesi Selatan. *Equilibrium*, 10(1).
- Munaa, T., & Firdaus, I. (2023). PENGARUH KELEKATAN TEMAN SEBAYA TERHADAP CRAVING MANTAN PENGGUNA NARKOBA DI YAYASAN MUTIARA MAHARANI JAKARTA. *EMPATI: Jurnal Ilmu Kesejahteraan Sosial*, 12(1). <https://doi.org/10.15408/empati.v12i1.31520>
- Munandar, A., Haryanti, I., Ilham, I., Yusuf, M., Alwi, A., & Muhajirin, M. (2022). Pemberdayaan Masyarakat Melalui Pelatihan Pengolahan Ubi Kayu Menjadi Tepung Singkong. *Lumbung Inovasi: Jurnal Pengabdian Kepada Masyarakat*, 7(1). <https://doi.org/10.36312/linov.v7i1.538>
- Nengsih, Y. K., Rantina, M., Suganda M, V. A., & Nurrizalia, M. (2020). Prototype model taman bacaan masyarakat berbasis ekonomi kreatif creative economic-based community reading park prototype model. *JPPM (Jurnal Pendidikan Dan Pemberdayaan Masyarakat)*, 7(2). <https://doi.org/10.21831/jppm.v7i2.28652>
- Nuraeni, Y. (2020). Kinerja Seksi Usaha Ekonomi Masyarakat Dalam Pemberdayaan Pengelola Badan Usaha Milik Desa (BUMDES) Di Kabupaten Subang. *The World of Business Administration Journal*. <https://doi.org/10.37950/wbaj.vi.748>
- Pahmi, S., Hudaya, C., & Jaya, A. (2023). PENGARUH MODEL PEMBELAJARAN TEFA (TEACHING FACTORY) DALAM PEMBELAJARAN FISIKA UNTUK MENINGKATKAN HASIL BELAJAR SISWA SMK. *ORBITA: Jurnal Pendidikan Dan Ilmu Fisika*, 9(1). <https://doi.org/10.31764/orbita.v9i1.11718>
- Purnomo, C., Heynoek, F. P., & Kurniawan, R. (2022). Pengembangan perangkat pembelajaran berbasis keterampilan sosial menggunakan teaching personal and social responsibility pada materi kebugaran jasmani. *Jurnal Pendidikan*

Jasmani Indonesia, 18(2). <https://doi.org/10.21831/jpji.v18i2.48447>

Relawati, R. (2022). PENGEMBANGAN VIDEO PEMBELAJARAN BERBASIS POWTOON MATERI ARITMATIKA SOSIAL DI KELAS VII SMP NEGERI 9 MUARO JAMBI. *Jurnal Math-UMB.EDU*, 9(1). <https://doi.org/10.36085/math-umb.edu.v9i1.2257>

Rohman, M., . M., Sudjimat, D. A., & Sugandi, R. M. (2022). Dukungan Keluarga dan Kesiapan Kerja di Kalangan Siswa SMK di Indonesia: Efek Mediasi dari Wawasan Dunia Kerja. *Jurnal Pendidikan Teknik Mesin Undiksha*, 10(1). <https://doi.org/10.23887/jptm.v10i1.43409>

Romiyansah, R., Karim, K., & Mawaddah, S. (2020). ANALISIS KEMAMPUAN KONEKSI MATEMATIS SISWA PADA PEMBELAJARAN MATEMATIKA DENGAN MENGGUNAKAN MODEL PEMBELAJARAN INKUIRI TERBIMBING. *EDU-MAT: Jurnal Pendidikan Matematika*, 8(1). <https://doi.org/10.20527/edumat.v8i1.8342>

Salviana, F. M. (2020). URGENSI PEMBERIAN HAK ATAS TANAH KEPADA PENANAM MODAL DALAM PERSPEKTIF TEORI HUKUM ALAM. *Perspektif*, 25(3). <https://doi.org/10.30742/perspektif.v25i3.763>

Serumena, E., Wuisang, J., & Kandori, I. (2023). PENERAPAN MODEL PROJECT BASED LEARNING UNTUK MENINGKATKAN MOTIVASI DAN HASIL BELAJAR IPS (EKONOMI) MATERI PENGUATAN AGRIKULTUR DI INDONESIA BAGI PESERTA DIDIK KELAS VIII SMP KRISTEN LAFA KECAMATAN TELUTIH KABUPATEN MALUKU TENGAH. *Literacy: Jurnal Pendidikan Ekonomi*, 4(2s). <https://doi.org/10.53682/jpeunima.v4i2s.8109>

Sukmana, C., Hatimah, I., Wahyudin, U., & Akhyadi, A. S. (2022). MODEL KONSEPTUAL PELATIHAN CEFU UNTUK MENINGKATKAN KEMANDIRIAN UMKM DI KOTA CIMAHI PROVINSI JAWA BARAT. *Jurnal Visi Ilmu Pendidikan*, 14(1). <https://doi.org/10.26418/jvip.v14i1.50838>

Sunarto, S., & Ansori, T. (2020). PELATIHAN KETRAMPILAN SEBAGAI UPAYA MEMBERDAYAKAN MASYARAKAT (Studi Kegiatan Pelatihan Ketrampilan Pembuatan Kue dan Keripik di Jama'ah Muslimat NU Desa Serangan Kecamatan Sukorejo Tahun 2019). *Journal of Community Development and Disaster Management*, 2(1). <https://doi.org/10.37680/jcd.v2i1.988>

Triguswinri, K., & Afrizal, T. (2021). Eksklusi Sosial dalam Kapital Digital dan Kebijakan Virtual (Studi Filantropi Platform KitaBisa.com). *Ideas: Jurnal Pendidikan, Sosial, Dan Budaya*, 7(3). <https://doi.org/10.32884/ideas.v7i3.394>

- Utomo, P., Sukmawati, A. M., & Masagala, A. A. (2022). SOSIALISASI PENINGKATAN AKSES AIR BERSIH UNTUK MENDUKUNG PROGRAM SANITASI SEKOLAH DI SD NEGERI LANTENG BARU. *SELAPARANG: Jurnal Pengabdian Masyarakat Berkemajuan*, 6(3). <https://doi.org/10.31764/jpmb.v6i3.10515>
- Wijaya, A. A. M., Lawelai, H., Sadat, A., Nastia, N., & Sa'ban, L. M. A. (2022). PENGUATAN KAPASITAS MASYARAKAT MELALUI PENDEKATAN PENGEMBANGAN PARIWISATA DESA BAHARI III KABUPATEN BUTON SELATAN. *SELAPARANG: Jurnal Pengabdian Masyarakat Berkemajuan*, 6(1). <https://doi.org/10.31764/jpmb.v6i1.7330>

CHAPTER X

PUBLIC HEALTH AND EDUCATION ASPECTS

Prevention of the Spread of Drug-Related Diseases, this section will review efforts to prevent the Spread of Drug-Related Diseases, including HIV/AIDS and hepatitis, through education, testing, and treatment programs. An analysis will be carried out on the effectiveness of the prevention strategies that have been implemented. Preventive Education Programs in Schools and Communities: In this chapter, the important role of prevention education in dealing with drug abuse problems at the school and community levels will be discussed. This includes counseling programs, public campaigns, and other activities aimed at raising awareness and knowledge about the dangers of drugs.

10.1. Prevention of the Spread of Drug-Related Diseases

The spread of diseases such as HIV/AIDS and hepatitis through the use of injectable drugs is a significant public health challenge. This high risk of transmission is related to syringe sharing behavior and unsafe practices. Therefore, various prevention programs have been developed to reduce the impact of the disease, including harm reduction-based approaches, education, integrated health services, and community involvement. These strategies aim to minimize risk, raise awareness, and expand access to health services for high-risk groups.

Harm reduction programs such as sterile syringe exchanges and opiate substitution therapy have been shown to be effective in reducing the risk of HIV transmission as well as risky injection behaviors. The combination of opiate substitution therapy (OST) with a syringe program may even reduce the risk of hepatitis transmission by up to 74%, although its effectiveness against hepatitis C still requires further evidence (Platt et al., 2017). The Sterile Needle Exchange Program (NEP) is an effective intervention in reducing the transmission of infectious diseases, such as HIV and hepatitis C, among people who inject drugs (PWID). NEP is a public health service program that provides sterile syringes for injecting drug users (PWID) as a harm reduction effort. The main goal of NEP is to prevent the transmission of infectious diseases such as HIV, hepatitis B, and hepatitis C that can occur through the use of

contaminated syringes. These programs often also include more services such as the distribution of sterile syringes, health education, infectious disease testing, and referrals to rehabilitation or other health care programs.

In various regions, the implementation of NEP has produced a variety of impacts, both positive and negative. Table 10.1. Summarize some regional cases related to sterile syringe exchange programs.

Table 10.1. Sterile Syringe Exchange Case

Region	Key Cases.	Results and Impact.
United States (Packham, 2022)	NEP implementation in some areas saw a 18.2% decrease in HIV rates but increased opioid-related deaths in areas with high fentanyl.	Effective for HIV but not for opioids; important in rural areas.
Europe (Sweden) (Karlsson et al., 2021)	The NEP program showed a significant decrease in injection risk behavior in Stockholm, especially in females.	Female participation is higher, but remains vulnerable to HIV/HCV risk.
Bangladesh (Hemel et al., 2021)	Despite the presence of NEP, 44.6% of PWIDs still share needles due to constraints such as homelessness and high injection frequency.	The NEP approach alone is not enough, it needs more social support.
Cina (Tian et al., 2022)	NEP programs in 11 provinces showed a decrease in HIV rates by up to 98.3% from 2011 to 2021.	Effective in reducing HIV transmission, although participation is declining.
Portugal (Borges et al., 2020)	Community pharmacies participated in the NEP, reducing HIV infection by 6.5% and hepatitis C by 6.8%.	High efficiency, resulting in €2 million savings in healthcare costs.
Ohio, AS (Rossi et al., 2020)	After the NEP was implemented in Scioto County, the increase in maternal hepatitis C infections decreased from 137% to 12%.	A significant decrease after the implementation of NEP.
United Kingdom (Smiles et al., 2023)	The NEP does not fully support the needs of males who have sex with males (MSM) who are involved in chemsex.	A best practice model is needed for harm reduction interventions.
New Zealand (Harris, 2021)	The DIVO organization pioneered the national NEP which is recognized as a model for PWID rights advocacy.	Increasing awareness and advocacy for the rights of drug users.

Source: Author Search, 2024

NEP emerged in response to the widespread HIV/AIDS and hepatitis epidemic among PWIDs, especially in the late 20th century. The use of shared syringes is one of the main causes of the spread of these diseases. NEP is designed to prevent Infectious Diseases: Provides access to sterile needles to reduce the risk of transmission through blood; improve Public Health: Reduce the burden of public health due to infectious diseases and other complications; connecting PWIDs with Health Services: Providing access to information, care, and support, such as HIV and hepatitis testing, as well as addiction treatment

programs; Improve Public Safety: Reduce the number of used syringes that are littered in the community. NEP was first implemented in 1984 in Amsterdam, Netherlands. The program is a pioneer in harm reduction, driven by the urgent need to address the spread of HIV/AIDS among PWIDs. Since then, the NEP has been adopted globally, including in Australia, the United Kingdom, Canada, and the United States, although in some countries its acceptance and implementation face legal, political, or social barriers. NEP is an approach that has proven effective in reducing the negative impact of injecting drug use on individuals and society. This program is one of the important strategies in public health to reduce the spread of infectious diseases and provide access to health services for vulnerable populations.

NEP has generally been shown to reduce the spread of HIV and hepatitis C in various regions. Its success is highly dependent on the local context, such as the accessibility of the program, the socio-economic conditions of PWID, and the support of local laws and policies. For example, in Sweden and China, NEP has managed to significantly reduce disease transmission rates, while in the United States, the impact varies depending on the availability of synthetic opioids such as fentanyl. Obstacles such as stigma, homelessness, and community resistance to NEP are also major challenges that must be overcome to improve the effectiveness of the program. The NEP has shown a wide range of successes, from reducing the transmission of infectious diseases to saving on health costs. However, the effectiveness of NEPs often depends on adaptation to local needs. For example, pharmacy participation in Portugal increases service coverage with cost savings, while in the United Kingdom, program limitations in addressing the needs of specific communities such as MSM are still a constraint. The Swedish case shows that NEP can be used as a successful hepatitis C management platform. In addition, New Zealand's experience in advocating for PWID rights through a community-based approach is an exemplary model.

The sterile syringe exchange program is an important opponent in harm reduction for PWIDs. However, its successful implementation requires a holistic approach that considers local needs, integration with other health services, and strong policy support. The success of NEPs depends on the ability to tailor services to the needs of target populations and strengthen cross-sector collaboration to support implementation.

Meanwhile, OST is one of the interventions that is recognized as effective in reducing the risk of transmission of infectious diseases such as HIV among injecting drug users (PWID). In addition, OST has also been shown to improve patients' quality of life through reduced unlawful drug use and increased adherence to the treatment of other diseases. The following is a

table summarizing some of the relevant cases on a regional scale related to OST implementation and their impacts.

Table 10.2. OST Implementation Cases and Their Impact

Region	Key Cases.
United States (Packham, 2022)	NEP implementation in some areas saw a 18.2% decrease in HIV rates but increased opioid-related deaths in areas with high fentanyl.
Eropa (Sweden) (Karlsson et al., 2021)	The NEP program showed a significant decrease in injection risk behavior in Stockholm, especially in females.
Bangladesh (Hemel et al., 2021)	Despite the presence of NEP, 44.6% of PWIDs still share needles due to constraints such as homelessness and high injection frequency.
Cina (Tian et al., 2022)	NEP programs in 11 provinces showed a decrease in HIV rates by up to 98.3% from 2011 to 2021.
Portugal (Borges et al., 2020)	Community pharmacies participated in the NEP, reducing HIV infection by 6.5% and hepatitis C by 6.8%.
Ohio, AS (Rossi et al., 2020)	After the NEP was implemented in Scioto County, the increase in maternal hepatitis C infections decreased from 137% to 12%.
United Kingdom (Smiles et al., 2023)	The NEP does not fully support the needs of MSM who are involved in chemsex.
New Zealand (Harris, 2021)	The DIVO organization pioneered the national NEP which is recognized as a model for PWID rights advocacy.
North India (Dar et al., 2020)	OST using buprenorphine was effective in reducing HIV transmission and hepatitis C. Levels of risky behaviors such as syringe sharing were still found in 29.82% of clients.
Minsk, Belarus (Shylava & Abramovich, 2021)	46.15% of HIV-positive OST users have joined for 3 years, with social factors such as unemployment and stigma as the main barriers.
Ukraine (Fomenko et al., 2021)	OST increases the success of tuberculosis treatment, especially in drug-resistant TB patients (43% in OST participants versus 26% in non-participants).
South Taiwan (Wang et al., 2020)	The prevalence of hepatitis C is very high among OST users (93.1% in IDU), although OST is aimed at reducing the risk of infection.
Ukraina (Fomenko et al., 2021)	Tuberculosis patients who received OST showed a higher rate of treatment success, especially in cases of drug-resistant tuberculosis.
Lithuania (Thanki et al., 2021)	Despite high demand, OST coverage is only 9.9%-25.5%, much lower than the EU average, resulting in service disparities.
India (Kolkata) (Pal et al., 2023)	The level of stigma against OST users is high, being a major obstacle to the success of treatment and access to services.
Taiwan Selatan (Wang et al., 2020)	The prevalence of HCV among OST users is very high (93.1%), suggesting the need for more comprehensive treatment beyond syringe control.
Malaysia (Solomon et al., 2020)	OST is used in drug rehabilitation programs with 90% coverage in some areas. The prevalence of HIV among PWIDs is still quite high.
Vietnam (Byrne et al., 2020)	Community-based OST programs show improved patient adherence to HIV treatment and reduced risk of injecting behavior.

Indonesia (Didiyya et al., 2021)	In city-based OST programs, accessibility remains a major constraint, with the need for broader interventions to reduce stigma.
Thailand (Mohamed et al., 2022)	The implementation of OST in health facilities shows success in improving early detection of HIV and HCV through service integration.
Filipina (Foschi et al., 2021)	Access to OST is very limited, but community interventions are beginning to be implemented to increase PWID's involvement in health programs.

Source: Author Search, 2024

Research in different regions shows variations in OST implementation and impacts based on local conditions. Studies in Ukraine show the success of OST in improving the treatment of tuberculosis, especially in cases with drug resistance, emphasizing the importance of OST integration in broader health programs. In Lithuania, despite the high prevalence of injectable drug use, OST coverage is far from adequate, indicating the need for improved services to meet the needs of the population. Meanwhile, social stigma remains a significant barrier to the success of OST, as reported in Kolkata and Belarus. PWIDs often face discrimination that reduces access to health services, so stigma-reduction programs are urgently needed. In Southern Taiwan, the high prevalence of HCV among OST users reveals the need for a harm reduction approach that is not only limited to the provide sterile needles, but also comprehensive treatment for diseases that often accompany the use of injectable drugs.

In a global context, OST proves to be an important tool in reducing the negative impact of drugs, but its effectiveness is highly dependent on the integration of services, coverage, and social acceptance. The main challenge is to ensure that OST programs are not only available but also equally accessible to populations in need, while addressing social barriers and stigmas that exacerbate health service inequalities. The implementation of OST in the ASEAN region has shown significant success in several aspects, especially in reducing risky injecting behaviors and improving access to HIV/HCV-related health services. In Malaysia, OST coverage has reached a fairly good level, but HIV prevalence among PWIDs remains a challenge, highlighting the need for more comprehensive harm reduction. In Vietnam, community-based models have proven effective in improving adherence to treatment, especially for PWIDs living in remote areas.

Indonesia faces accessibility barriers and stigma that is still strong, so it needs a more inclusive approach, such as community involvement in OST promotion. In Thailand, the successful integration of OST with other health services demonstrate the importance of an integrated service model to

improve early detection of HIV and HCV. In the Philippines, although access to OSTs is still limited, the community-based approach is starting to show positive impact, especially in reaching hard-to-reach PWIDs. OST programs in ASEAN have shown significant effectiveness, but face obstacles that require policy adjustments and strengthening social support. Cross-sector cooperation and strengthening stigma-reduction programs are important steps to ensure sustainability and wider coverage in the future.

In addition, education and counseling about safe injection practices and condom use are important elements in raising awareness and reducing risky behaviors of drug users (MacArthur et al., 2014). Raising awareness and reducing risky behaviors in drug users through education about safe injections and condom use is an important step in preventing the spread of HIV, hepatitis, and other infectious diseases. Targeted counseling can significantly increase knowledge and change attitudes toward safer health practices (Astuti & Anggraini, 2021). The distribution of medical devices such as sterile syringes and condoms has also been shown to be effective as part of harm reduction strategies to prevent HIV transmission in at-risk communities (Mahariski et al., 2023). This education is important because the transmission of diseases such as HIV and hepatitis B often occurs due to unsafe behavior, including the shared use of syringes and unprotected sexual intercourse (Noor Aida Ariyani et al., 2020). In addition, low public awareness of this risk can exacerbate the spread of the disease among drug users and their sexual partners (Astuti & Anggraini, 2021). Ongoing programs can also help create permanent, healthy living habits in the community. Program sustainability can be achieved through integration with national health policies, long-term funding, and strengthening the role of communities as the main implementers of counseling. For example, involving former drug users as peer educators and ensuring regular monitoring and evaluation of the program will have a more significant impact (Fitrya et al., 2021). With a holistic approach, the goal of creating safer behaviors can be achieved effectively and sustainably.

Integrated services that include hepatitis vaccination, infectious disease treatment, and addiction therapy can improve access, efficiency, and effectiveness of prevention programs. This service also helps reduce the impact of disease on injecting drug users more comprehensively (Centers for Disease Control, 2012). Furthermore, community-based approaches such as field counseling and needle exchange programs have proven effective in reaching drug users who are not connected to formal health services (Heimer et al., 2002). Integrated services that include hepatitis vaccination, infectious disease treatment, and addiction therapy are holistic approaches that can improve access, efficiency, and effectiveness of prevention programs for

injecting drug users. Studies show that this service model allows for the simultaneous provide treatment and vaccination, which is significant in improving patient engagement and treatment success. For example, integrated services in the injecting drug user community in Norway have shown increased effectiveness in the treatment of hepatitis C and cost savings in the long term (Lim et al., 2023). In addition, mobile clinics in Baltimore that provide buprenorphine treatment and other health services have successfully increased access to vaccination and treatment of infectious diseases such as hepatitis C and HIV (Rosecrans et al., 2022).

Community-based services, such as needle exchange and counseling programs, also play an important role in reaching drug users who are not connected to formal health services. This approach has been shown to be effective in reducing the risk of spreading infectious diseases through direct intervention and education about safe injection practices (Nolan et al., 2023). Other research suggests that community-based services integrated with addiction treatment and hepatitis vaccination can improve treatment completion rates by up to 92% in patients with hepatitis C, highlighting the importance of this collaborative approach (Hipkens et al., 2023). However, the sustainability of these services requires attention to several important factors. First, the need for integration with national health systems to ensure long-term funding and adequate resource provision. Second, the involvement of the community, including recovered drug users, in the design and implementation of the program can increase the effectiveness and acceptance of services. Third, periodic monitoring and evaluation are essential to assess the success of the program and identify areas for improvement. Sustainability can also be supported through training of medical personnel in harm reduction approaches and the provide evidence-based services that focus on the specific needs of the target population (Huang & Kao, 2021). Integrated services that include hepatitis vaccination, infectious disease treatment, and addiction therapy can be an effective strategy to reduce the impact of the disease on injecting drug users. This approach not only provides immediate health benefits but also contributes to the reduction of the burden of disease in society as a whole.

Culturally and gender-specific interventions are also important to reach minority groups and high-risk females. This approach increases the effectiveness of the program in responding to the special needs of the group (Estrada, 2002). Culturally and gender-specific interventions have an important role to play in reaching minority groups and females at high risk of a variety of health problems, including addiction, sexually transmitted diseases, and mental health disorders. Research shows that this approach can

improve program effectiveness by meeting the unique needs of these groups. For example, studies on culture-based interventions for sexual minority females show that programs designed to address minority pressure can significantly reduce symptoms of depression and anxiety (Pachankis et al., 2020).

In addition, the development of culturally and gender-sensitive technology-based interventions, such as app-based programs to promote reproductive health among Black and Latina females, shows increased contraceptive use and a reduction in risky sexual behaviors (Chandler et al., 2022). These interventions not only support behavioral change but also encourage higher engagement through culturally relevant approaches. On the other hand, females drug users involved in the justice system also benefit from gender-based interventions. Studies show that education about PrEP (pre-exposure prophylaxis) for HIV prevention among these females can increase awareness and motivation to start HIV prevention treatment (Przybyla et al., 2020). To ensure effectiveness and sustainability, interventions need to be designed by engaging the target community from the outset. Studies on community-based approaches and technology in Hawai'i demonstrate the importance of collaboration, empowerment, and advocacy in ensuring that culture-based programs are acceptable and positively impactful (Pham et al., 2022). This is in line with the finding that personalized cultural norm-based interventions are able to increase alcohol risk awareness and encourage behavior change among sexual minority females (Boyle et al., 2021). Cultural and gender-specific interventions not only help address health disparities but also empower communities by providing support relevant to their unique needs. This strategy requires ongoing support through training, funding, and evaluation to ensure that interventions continue to be relevant and effective in the future.

Prevention of HIV/AIDS transmission and hepatitis requires a multidimensional approach that combines harm reduction, education, integrated services, and community engagement. The synergistic implementation of these strategies can significantly reduce the spread of disease while improving the quality of life of high-risk groups. A multidimensional approach to preventing HIV/AIDS transmission and hepatitis has been proven to have a significant impact in reducing the spread of this disease, especially in high-risk groups such as injecting drug users. The implementation of strategies that combine harm reduction, education, integrated services, and community engagement has been identified as the most effective solution to address this health challenge.

1. Harm reduction, harm reduction strategies include the provide sterile syringes, access to treatment, and education on safe injection practices. Studies in Nairobi show that community-based interventions with the involvement of peer educators are able to improve access to health services, reduce stigma, and provide education on HIV and hepatitis C prevention (Ludwig-Barron et al., 2021). The program successfully identifies barriers and facilitates treatment with an individual's needs-centered approach.
2. Education, raising awareness through education has been shown to increase public knowledge about the risk of HIV/AIDS and hepatitis. A community-based program in the United States has successfully improved understanding of ethnic minority groups through education that focuses on sexual negotiation skills and risk perception (Lardier et al., 2021). This approach is relevant to reduce the incidence of disease in vulnerable communities.
3. Integrated services, healthcare integration is an important step to improve efficiency and health outcomes. Studies in India show that the integration of hepatitis C services with HIV prevention programs in community service centers increase hepatitis testing rates by up to four times compared to conventional services (Solomon et al., 2020). In addition, integrated services also reduce fragmentation in treatment, help access, and increase patient engagement.
4. Community involvement in HIV/AIDS and hepatitis prevention is the key to the success of health programs. Peer educators, who have personal experience with addiction and recovery, play an important role as a liaison among health care and drug user communities. Studies in Kenya show that peer educators can reduce stigma, provide moral support, and provide better access to health services (Masese et al., 2022).

A multidimensional approach that combines harm reduction, education, integrated services, and community involvement has been shown to reduce the spread of HIV/AIDS and hepatitis. This strategy not only improves the health of individuals but also improves the quality of life of high-risk communities. Program sustainability can be achieved through cross-sector collaboration, long-term funding, and periodic evaluations to tailor interventions to the needs of target populations.

10.2. Prevention Education Program in Schools

Prevention education in schools is a key opponent in efforts to reduce drug abuse among adolescents. This program aims to provide knowledge, life skills, and attitude reinforcement that supports healthy decisions. Through formal curricula, teacher training, and extracurricular activities, schools can

become conducive environments for substance abuse prevention.

1. Anti-Drug curriculum in formal education, a curriculum that is integrated with formal education is effective in instilling anti-drug values and knowledge. Research shows that social skills-based programs, such as Life Skills Training and Project ALERT, have been shown to improve students' competence in resisting drugs through interactive methods (Ringwalt et al., 2009). This approach teaches decision-making skills, rejection of peer pressure, and management of emotions relevant to everyday situations (Gottfredson & Wilson, 2003). An integrated anti-drug curriculum in formal education aims to provide knowledge, life skills, and attitudes that support drug abuse prevention among students. The program focuses on improving social skills, decision-making, as well as the ability to resist peer pressure related to substance abuse. Various studies support the effectiveness of this approach in reducing risky behaviors in schools.

One effective approach is a life skill-based program or Life Skills Training (LST). Research shows that programs such as LST and Project ALERT are able to improve student competence through interactive learning methods. In this program, students are not only provided with information about the dangers of drugs, but also trained to manage emotions, make informed decisions, and resist negative invitations from the surrounding environment (Ringwalt et al., 2009). The integrated anti-drug curriculum also includes teacher training as facilitators. Teachers are trained to use an interactive approach and deliver material with methods that actively engage students. Research shows that trained teachers are more effective in running prevention programs with high levels of adherence to the curriculum (Rohrbach et al., 2007). In addition, extracurricular activities that support life skills also have a positive impact on preventing drug abuse. Activities such as sports, art, and drama provide space for students to develop social and emotional skills that can help them cope with social pressures. Experiential approaches, such as drama, have been shown to have a deeper emotional impact and reinforce preventive messages (Stephenson & Iannone, 2006).

Program adjustments based on local conditions are also important. The curriculum must be flexible so that it can be adapted to the needs of students and school resources. Curriculum adaptations that take into account students' cultural context and social conditions have proven to be more effective in achieving prevention goals. Therefore, the involvement of the community and parents in supporting the implementation of the program is also very necessary. An integrated anti-drug curriculum in formal education provides not only knowledge, but also essential life skills for students. A holistic approach that involves teachers, students, and the

community can create a conducive environment to prevent drug abuse among adolescents.

2. Teacher training as extension facilitators, teachers play an important role in delivering prevention materials effectively. Specific training for teachers improves their skills in using interactive methods that are more effective than traditional lecture methods (Rohrbach et al., 2007). Teachers who have been trained tend to be more able to run programs with high suitability and create a learning environment that supports positive behavior change in students (Miller-Day et al., 2013). Teachers have a strategic role in education, including as effective extension facilitators. To maximize this role, structured training is needed to improve their competence and skills in using an interactive approach. Research shows that this kind of training is more effective than traditional methods, such as lectures (Rohrbach et al., 2007). Well-trained teachers can run programs with a high level of suitability and create a learning environment that is conducive to positive behavior change in students (Miller-Day et al., 2013).
3. Extracurricular activities for life skills development, extracurricular activities that involve experiential learning, such as drama and art, are effective in reinforcing the message of prevention. Drama-based programs, for example, provide a profound emotional impact, helping students understand the consequences of drug abuse in a more personal way (Stephenson & Iannone, 2006). In addition, social skills-based activities, such as sports and debate clubs, build confidence and communication skills that are protective against risky behaviors (BYALIK, 2020). Prevention education programs in schools that incorporate an integrated curriculum, teacher training, and extracurricular activities can significantly reduce the risk of drug abuse among adolescents. A holistic and interactive approach has proven to be more effective than traditional methods that focus solely on conveying information.

Teacher training not only improves technical skills, but also provides confidence in leading intervention-based programs. For example, research by (Sontag-Padilla et al., 2023) shows that online simulation-based training for facilitators successfully increases program loyalty and learning quality, even compared to face-to-face training. In addition, this training strengthens teachers' ability to create a safe and inclusive environment. Teachers also need to understand facilitation methods that allow for the development of collaboration and group reflection. In a study by (Alves et al., 2021), facilitators play a key role in helping teachers reflect on their pedagogical practices, which advises innovation and continuous professional development. A well-designed teacher training program is the key to success in improving the quality of education. Approaches involving interactive engagement, the use of

information technology, and the development of social competencies have proven effective in strengthening teachers' pedagogical skills and creating relevant learning. In this section, we will discuss the three main elements of a successful teacher training program implementation based on recent research. Simulation- and project-based training provides significant results in improving participant learning. (Warner et al., 2022) emphasized that community-based professional development programs involving collaborative simulations not only strengthen pedagogical skills, but also build confidence in classroom management. In addition, game-based simulations, such as those used in SimInClass, allow prospective teachers to practice in real-life situations without the risks of involving students directly (Kelleci & Aksoy, 2021). Simulation-based training also allows participants to receive hands-on feedback and the opportunity to improve their skills through iterations. According to the research of (Shernoff et al., 2020), systems such as Interactive Virtual Training for Teachers (IVT-T) provide a realistic learning experience through interactions with virtual students designed with high detail. This system allows teachers to practice managing complex classroom behavior while remaining faithful to real situations.

Information technology has become an important tool in teacher training. (Alves et al., 2021) noted that technology allows the development of flexible and accessible training platforms, such as online training programs that support self-paced learning. An example is the use of Minecraft Education for simulation-based training. (Bourdeau et al., 2021) showed that this platform not only makes learning more engaging, but also provides relevant challenges for participants to hone their project management skills. In addition, (Ke et al., 2020) found that virtual reality (VR)-based training is effective in training teachers to deal with complex learning scenarios. VR provides a hands-on experience that allows teachers to practice skills in a safe environment, improving their decision-making abilities in critical situations.

Social competencies such as effective communication and collaboration are important elements that teachers need to master. (Riabets, 2022) highlights the importance of a facilitation approach in training to build productive communication among teachers and students. Simulation-based training, such as those conducted by (Lindberg & Jönsson, 2023), also helps aspiring teachers understand social dynamics in the classroom. In this simulation, participants not only learn about classroom management but also develop skills to create harmonious relationships with students through guided interactions. The implementation of an effective teacher training program should include key elements such as interactive engagement, the use of information technology, and the development of social competencies. The

combination of these approaches not only improves teachers' technical skills but also builds their confidence in managing the classroom. By integrating modern technology and research-based methodologies, training programs can produce competent and innovative teachers.

Teacher training as facilitators plays an important role in strengthening the quality of education. The main benefits resulting from a well-designed training program include increased pedagogical competence, support for positive student behavior change, and strengthening collaboration among teachers and students. This article outlines these elements based on recent research evidence.

1. Pedagogical Competency Improvement, Teacher training that focuses on an interactive approach has been proven to strengthen pedagogical skills. According to (Reisoğlu, 2022), digital competency-based training allows teachers to design teaching materials that are relevant to student needs, integrate technology, and increase their professional involvement in learning. Teachers have not only become more skilled in using digital resources but are also able to create innovative and responsive evaluation methods to student needs. (Shernoff et al., 2020) showed that simulation-based training provides a safe environment for teachers to practice classroom management skills. This allows them to understand the various classroom dynamics and try new approaches without the risks inherent in hands-on teaching. In addition, (Ugalde et al., 2023) found that teachers' participation in interactive groups helped them create collaborative and focused learning conditions on academic assignments. Teachers become more competent in using effective discussion-based learning strategies to create immersive learning experiences.
2. Support for positive behavior change, teacher training not only improves teaching skills but also helps create an environment that supports positive behavior change in students. (Adinda et al., 2023) highlighted the importance of training that prepares teachers to become facilitators who are able to support the holistic development of students. An inclusive and safe environment allows students to thrive emotionally and academically. (Zubiri-Esnaola et al., 2020) found that the use of the interactive group method increased student participation and created an inclusive learning atmosphere. This approach also suppresses disruptive behaviors and advises solidarity among students, which in turn creates a positive learning culture. (Hilli, 2020) emphasized the importance of cross-classroom collaboration through virtual learning platforms to expand student learning opportunities. These collaborations not only support academic development but also help students build constructive social relationships with their peers.

3. Strengthening collaboration, collaboration is the core of the success of the teacher training program. According to (Muckenthaler et al., 2020), teachers who engage in collaborative training experience benefits in the form of reduced professional isolation, improved support relationships among peers, and a deeper understanding of pedagogical strategies. (Weddle et al., 2020) showed that collaboration among teachers drives significant changes in classroom practices and improves student achievement. Training programs that integrate teamwork and collective discussion strengthen teachers' understanding of subject matter and effective teaching methods.

Teacher training programs as facilitators have a significant positive impact on pedagogical competence, student behavior support, and strengthening collaboration. By integrating technology-based approaches and interactive methods, teachers can create learning experiences that are inclusive and responsive to student needs. Investing in this kind of training is essential to improve the overall quality of education.

10.3. Public Awareness Campaign

Public awareness campaigns are one of the important strategies in increasing public knowledge about the dangers of drugs. Through an integrated approach that includes campaign media, community-based methods, and impact evaluation, the campaign aims to change public perceptions and behaviors regarding drug abuse. Campaign media plays an important role in conveying public awareness messages about the dangers of drug abuse. With technological advancements, various platforms such as social media, television, radio, and VR technology have been used to create effective approaches. Each type of media has a unique advantage in reaching different segments of society, ensuring that this message of awareness is widely accepted and relevant.

1. Campaign Media, Campaign media plays an important role in conveying public awareness messages about the dangers of drug abuse. With technological advancements, various platforms such as social media, television, radio, and VR technology have been used to create effective approaches. Each type of media has a unique advantage in reaching different segments of society, ensuring that this message of awareness is widely accepted and relevant.

Social media has become a key tool in reaching a younger and more diverse population. With the number of users constantly increasing, social media allows for the distribution of information in a fast, interactive, and cost-effective manner. A study by (Hsu et al., 2021) shows that the use of

VR technology in anti-drug campaigns creates immersive and more engaging experiences. For example, campaign participants can experience simulations about the consequences of drug use through VR. This campaign not only raises awareness but also strengthens the community's commitment to reject drug use.

Social media allows for direct engagement with the audience through comments, discussions, and information sharing. A study by Rath et al. (2021) showed that the "The Truth About Opioids" campaign, which used social media, was successful in raising awareness of the dangers of opioids among adolescents and young adults. Additionally, platforms like Instagram and TikTok make it easier to spread messages through engaging visual content. The speed of information distribution through social media makes it a very effective tool to raise awareness globally. (Jamri et al., 2022) highlight that a well-designed social media strategy, such as the use of simple language and relevant messages, can significantly increase audience participation rates.

Despite social media becoming a trend, traditional media such as television and radio remain relevant, especially in reaching older audiences and people in remote areas. This media has the power to provide a more official and reliable message. Campaigns such as "The Real Cost" by the FDA use television to reach teens with strong messages about the consequences of smoking and drug abuse (Delahanty et al., 2020). With its compelling visuals and emotional narrative, the campaign was able to leave a deep impact on its audience. Radios are often used in regions that have limited access to the internet or television. In a study by (Pinto et al., 2022), the use of radio in health campaigns showed high effectiveness in raising awareness in rural communities, especially through broadcasts tailored to local languages. However, one of the challenges of traditional media is the limited interactivity. Therefore, a combination with digital media is needed to increase effectiveness and create a wider reach.

The use of a combination of traditional and digital media is an effective strategy in conveying campaign messages. (Jamri et al., 2022) emphasized the importance of using various media to reach different demographic groups with different needs and preferences. Campaigns that combine social media, television, and radio can ensure that the message conveyed reaches all levels of society. This strategy leverages the strengths of each media to create a holistic approach. For example, a combination of media is used in anti-drug campaigns in Taiwan. (Hsu et al., 2021) showed that an approach that combines VR and television advertising significantly increases public awareness of the dangers of drugs.

Well-designed campaign media plays a key role in spreading public awareness about the dangers of drugs. The use of social media, interactive technology, television, and radio, as well as mixed media strategies, ensure effective and impactful messaging. By leveraging the advantages of each media, the campaign can reach various demographic groups and increase public participation in efforts to prevent drug abuse.

2. A community-based, community-based approach in anti-drug campaigns aims to reach vulnerable populations, such as adolescents and families in high-risk areas. This strategy leverages local engagement to create relevant messages and more effective delivery methods, ensuring that the message is well received by the target community.

Collaboration with local communities is at the heart of this approach, where the active role of local communities and organizations is indispensable. (Wijaya & Mahendra P., 2023) recorded the success of the Shining Village Program (Clean Drugs) in Sleman, Indonesia. This program involves community leaders, families, and youth in various educational activities, such as counseling, counseling sessions, and group discussions. As a result, there has been an increase in public awareness and demand for services related to drug prevention. In Hong Kong, a community-based network was launched to train teenagers to become anti-drug ambassadors. (Ho et al., 2022) found that this approach improves adolescents' knowledge, attitudes, and practices in preventing drug abuse. The program successfully reached thousands of individuals through community-based activities, demonstrating the potential for sustainability of this strategy in various locations.

According to (Lefebvre et al., 2020), community involvement in evidence-based campaigns can increase demand for interventions such as medications for substance abuse disorders. This involvement ensures that the intervention is not only implemented but also accepted by the community. Inclusive community-based campaigns involve a wide range of stakeholders to ensure all groups in society are represented. The campaign in South Africa conducted by (Machethe et al., 2022) involves collaboration among police, youth, and communities to create a drug-free environment. Although it has successfully rehabilitated some addicts, this study shows the need to strengthen cooperation among communities and government agencies for more effective results. (Zubiri-Esnaola et al., 2020) highlight the importance of building solidarity through group interaction in low-income communities. By supporting collective learning and empathy, inclusive campaigns can create a sense of shared responsibility in drug prevention.

A study by (El-Bassel et al., 2021) suggests that the use of a data-driven approach in community campaigns can help identify local needs and tailor interventions. This approach provides more relevant and contextual results for reducing drug abuse. Sustainability is a key challenge in community-based campaigns. Continuous evaluation helps ensure that the methods used remain relevant. Community-based programs in Taiwan use VR technology to raise anti-drug awareness (Hsu et al., 2021). The evaluation showed that interactive technology can improve people's level of understanding and their involvement in campaigns.

(Latumahina et al., 2023) emphasized the importance of ongoing training for community volunteers in drug prevention efforts. This training not only improves their skills but also strengthens the community's capacity to deal with drug problems independently. A community-based approach is an effective strategy in anti-drug campaigns, especially to reach vulnerable populations. Local collaboration, inclusive campaigns, and ongoing evaluation play a critical role in the success of this strategy. By leveraging local resources and data-driven approaches, these campaigns can generate sustainable and relevant impacts across communities.

3. Campaign impact evaluation, impact evaluation is an important element in assessing the success of public awareness campaigns. Using various methods such as surveys, interviews, and online data analysis, the evaluation can identify the effectiveness of campaign messages in changing people's perceptions and behaviours. The right approach ensures that the campaign not only attracts attention, but also has a real positive impact.

Early and post-campaign assessments are a common method of evaluating changes in awareness levels, attitudes, and behaviors after a campaign has been run. A study by (Chowdhury & Zahan, 2023) in a hospital in Bangladesh showed a significant increase in public awareness of the psychiatric aspects of drug abuse. Before the campaign, only 25% of participants understood the link among drugs and mental health problems, while after the campaign, this figure increased to 68%. In addition, participation in treatment increased from 32% to 75%. Longitudinal evaluations like this are important for tracking changes in attitudes and behaviors on an ongoing basis. Studies show that long-term monitoring helps identify areas that need improvement and strengthen future campaign strategies.

Information technology plays a crucial role in evaluating public awareness campaigns, especially through digital data analysis. (Pinto et al., 2022) underline that data from websites, social media, and search engines can

provide deep insights into people's engagement with campaigns. For example, the number of website visits and comments on social media can reflect how well the campaign manages to attract attention. The "Syphilis No!" campaign in Brazil showed that syphilis-related searches on search engines increased significantly during the first week of the campaign (de Moraes Pinto et al., 2021). However, these effects are short-term and require an ongoing strategy to maintain their impact. A study by (Havelka et al., 2020) in Latin America used Google Trends to evaluate the increasing public interest in health information during global health campaigns. This approach allows for fast and efficient data-driven assessments.

The main impact of public awareness campaigns is a change in public perception of a particular issue, which is often the first step toward behavior change. The FDA's campaign in the United States, "The Real Cost," has succeeded in raising awareness about the dangers of smoking among adolescents. A study by (Delahanty et al., 2020) showed that 58.5% of high school students were knows the campaign three years after its launch. This awareness also advises active discussion about the risks of smoking among adolescents. Research shows that effective campaigns can encourage people to act. (Newman et al., 2024) study on the "Stop It Now!" campaign in the UK showed that 66% of participants reported behavioral changes after being exposed to the campaign. These changes include increased legal awareness and the personal consequences of negative behavior.

Although public awareness campaigns are often successful, some challenges such as short-term effects and limited coverage remain. A sustainable approach, a combination of longitudinal evaluation and repeated interventions can ensure long-term impact. Local customization adapts the campaign message to the local cultural and demographic context, increasing public relevance and acceptance. The use of technology integrating technologies such as digital data analytics can increase the effectiveness of evaluation. Evaluating the impact of public awareness campaigns is a crucial step to ensure the success and efficiency of the program. By integrating survey methods, digital analytics, and longitudinal approaches, campaigns can generate sustainable positive changes in people's perceptions and behaviors.

Effective public awareness campaigns use a combination of media, community approaches, and comprehensive evaluations to raise public awareness of the dangers of drugs. Well-designed strategies not only increase knowledge but also change people's behavior, creating an environment that supports drug abuse prevention.

10.4. Socialization Activities in the Community

Community socialization activities are a strategic approach to empower local communities in preventing drug abuse. This activity involves group counseling, community discussions, and local cadre training. In the context of empowerment, collaboration among communities, government agencies, and NGOs is the key to success. Community-based socialization is an important strategy to prevent drug abuse that involves direct education, active community participation, and collaboration among stakeholders. Group counseling, community discussions, and local cadre training are part of this effort. Collaboration among government agencies, NGOs, and local communities ensures that this approach is effective, with a focus on raising awareness, access to information, and community-based preventive measures (Anis et al., 2021).

1. Empowering local communities, empowering local communities is a key step to ensure that people can play an active role in preventing drug abuse. These efforts include, strengthening the capacity of community cadres, training of youth cadres to increase knowledge about the dangers of drugs has proven effective. Research shows a significant increase in adolescents' knowledge after they participate in peer training and seminars (Anis et al., 2021). Community involvement in programs such as Zakat Community Development also gives positive results, for example through health education based on local cadres (Isman, 2022); Community-based education, education that is carried out directly in the community, such as counseling on the risks of drug abuse and HIV, helps significantly increase public awareness and understanding (Darmawati & Lindayani, 2020); Technology-based programs, such as mobile apps, support community empowerment with an accessible and affordable approach. Increasing access to information through local means, better access to information is an important part of drug abuse prevention. Posyandu, youth organizations, and local media can be used as the main communication channels, the use of digital media, the use of digital applications and social media for health counseling and education have shown positive results in increasing public understanding (Darmawati & Lindayani, 2020). Simple technology combined with a community approach allows for more equitable access to information; Local Education Centers: Posyandu and Karang Taruna can become educational centers with activities such as training, group discussions, and community-based seminars (Isman, 2022). This activity helps ensure that information about the dangers of drugs is easily accessible to all levels of society. Collaboration among parties, collaboration among the government, NGOs, and local communities is a key element in the success of drug prevention

programs: Collaborative Programs: Governments can help community-based education programs by supporting the training of local cadres and the provide educational aids. For example, the "One Family, One Scholar" program in Pariaman City integrates a collaborative approach to increase public awareness (Syarif et al., 2021); partnerships with NGOs: NGOs can support these initiatives by providing training and resources to ensure broader community engagement. Cross-sector cooperation has proven to be effective in encouraging the empowerment of local communities (Darmawati & Lindayani, 2020).

Socialization activities in the community involving community empowerment, increased access to information, and collaboration among parties have a positive impact on the prevention of drug abuse. Community-based approaches with the direct involvement of local communities, as conducted in various studies, have shown effectiveness in raising awareness and preventive measures. By involving all parties, the goal of creating a drug-free society can be achieved.

2. Increasing access to information through local facilities, increasing access to information through local facilities such as posyandu, youth organizations, and digital media is a strategy that can help people understand and prevent drug abuse. By utilizing modern technology and optimizing the role of local organizations, information can be conveyed evenly and effectively. This strategy involves two main approaches, the use of digital technologies and collaboration with local organizations.

The use of digital technology for the dissemination of information, digital technology has become an important tool in health counseling, including the prevention of drug abuse. Here are some of the important aspects: The Effectiveness of Digital Media in Education, Mobile applications and other digital platforms have shown success in increasing public understanding of health issues. For example, the use of mobile applications for HIV/AIDS counseling in South Tangerang not only provides accurate health information, but also involves the community in community-based preventive programs. The results of the study showed a significant increase in public understanding after participating in this program (Darmawati & Lindayani, 2020). The superiority of technology in information dissemination, digital technology offers speed and wide reach in information dissemination. Social media, apps, and websites allow governments and NGOs to reach communities that are difficult to reach by traditional approaches. According to recent research, the use of smartphone-based applications in developing countries has increased efficiency in conveying drug prevention messages, especially among adolescents (Kim & Chen,

2023). The integration of technology and health education, in addition to information dissemination, technology can also be used to monitor people's risk behavior. For example, an application equipped with an anonymous reporting feature allows people to report drug abuse cases in their environment easily and safely (Isman, 2022).

In addition to technology, the role of local organizations such as posyandu and youth organizations is very important in disseminating information about the dangers of drugs. Here are some aspects of this collaboration, community-based information centers, posyandu and youth organizations have a wide network in the community and are often a gathering place for residents. By providing training to local cadres, information on drug abuse prevention can be conveyed more effectively. Research shows that the training of adolescent health cadres in Surabaya has succeeded in increasing knowledge about the dangers of drugs and HIV among adolescents (Anis et al., 2021). Community-Based Economic Empowerment, an economic-based empowerment approach is also relevant. For example, community-based programs that involve the development of small and medium-sized enterprises not only raise public awareness about health, but also strengthen social cohesion. This can be applied through youth organizations as entrepreneurship and public health training centers (Isman, 2022).

Collaborative programs among the government and NGOs, Cooperation among the government and NGOs in providing educational materials and mentoring is very important. Programs such as "One Family, One Scholar" in Pariaman show that cross-sector collaboration can expand the reach of health education programs to the level of small communities (Syarif et al., 2021).

The benefits of local facility-based strategies, increased access to information through digital technology and local organizations provide the following benefits, increasing public understanding, Information can be received faster and better understood through relevant media; Increase community participation Involving posyandu and youth organizations to strengthen community relations with prevention programs. Efficiency of Information Dissemination Technology allows information to be widely conveyed at a low cost.

Increasing access to information through digital technology and collaboration with local organizations such as posyandu and youth organizations is an effective step in preventing drug abuse. This strategy not only allows information to be widely disseminated, but also empowers local communities to be actively involved in prevention efforts. With an

integrated approach, the goal of creating a drug-free society can be achieved.

3. Collaboration among parties, collaboration among the government, non-governmental organizations (NGOs), and communities is a very important strategic approach in the socialization program to prevent drug abuse. Each party has a specific and complementary role to create a greater impact. Governments can provide regulation and funding, NGOs contribute expertise and implementation programs, while local communities serve as key implementers close to the target.

Help Program by the government, Community Help by the government aims to increase the active participation of citizens in dialogue and decision-making related to drug prevention. Some of the main steps include: Implementation of Participatory Programs, the "One Family One Scholar" program in Pariaman City is an example of a program that uses a participatory approach. Local governments involve the community through direct dialogue, interviews, and social media to educate residents about the importance of education as a strategy to alleviate poverty and prevent negative behaviors, including drug abuse (Syarif et al., 2021). The government's Role in Supporting Infrastructure and Funds, the government can provide physical and technological infrastructure to support socialization. For example, a government-based app for reporting drug cases allows the public to participate in community surveillance. This model has been implemented in several countries with positive results (Kim & Chen, 2023). Cross-Sectoral Cooperation, the government can also coordinate cooperation with the private sector and academics to expand the scope of the program. This approach increases the sustainability of mentoring programs and strengthens logistical support at the local and national levels (Isman, 2022).

Ongoing training by NGOs, NGOs play an important role in facilitating ongoing training to create competent local cadres. Here are some approaches that have proven effective: Capacity Strengthening of Local Cadres, Adolescent health cadres training programs such as those conducted in Surabaya show a significant increase in the knowledge and skills of cadres after participating in training. This training includes drug prevention materials, effective communication, and community education (Anis et al., 2021). Community-Based Education Program, NGOs can design educational programs that are by local needs, for example training involving digital technology. Studies show that technology-based training can improve the efficiency of program implementation by reducing operational costs and implementation time (Darmawati & Lindayani, 2020).

Monitoring and Evaluation of Programs, NGOs are responsible for ensuring the sustainability of programs through monitoring and evaluation. This includes collecting data before and after the program to measure effectiveness as well as provide feedback that can improve the quality of later training (Isman, 2022).

The Role of the Community in Collaboration, Local communities play an important role as the main implementers of the socialization program. Without community involvement, the effectiveness of the program can be significantly reduced. Here are some community contributions: Participation in the Education Program, the community can be actively involved in community-based counseling programs. Posyandu and youth organizations are often strategic places to engage the community through group discussions and workshops. Use of local cadres, cadres who come from the community have advantages in the form of good local understanding and direct access to the community. This allows for more effective and personalized delivery of information. Support for Community Monitoring, Communities can help identify at-risk individuals and provide early support through group-based programs such as discussion groups or peer consultations.

Collaboration among parties provides significant benefits in drug abuse prevention: Efficiency and wider reach, by combining resources and expertise from various parties, the scope of the program can be expanded. Program sustainability, ongoing training by NGOs and government funding ensure that the program can run in the long term. Increased community participation, Collaboration involving the community increases the sense of belonging to the program, thereby increasing active participation.

Cooperation among the government, NGOs, and the community is very important in preventing drug abuse. Governments can play a role in providing infrastructure and funding, NGOs in training and program evaluation, and communities in local implementation. With planned collaboration, the goal of creating a drug-free society can be achieved more effectively and sustainably. Community-based socialization is key to preventing drug abuse at the local level. By empowering communities, improving access to information through local means, and collaborating with various parties, communities can be at the forefront of prevention. This success requires a systematic approach that involves ongoing training, education, and empowerment.

10.5. Analysis of the Effectiveness of Prevention Strategies

1. Decrease in the Infection Rate of Drug-Related Diseases

The strategy implemented by the Charis Rehabilitation Center aims to reduce the spread of diseases related to drug use, such as HIV/AIDS and hepatitis. Effective rehabilitation programs often include medical supervision, information about the use of sterile syringes, and opioid replacement therapy (OST). Research shows that community-based programs that integrate health education and medical services can significantly reduce the infection rate of drug-related diseases (Yuanda & Lanin, 2020). In addition, sujok therapy-based rehabilitation programs, such as at the Sabilul Hikmah Islamic Boarding School, have succeeded in reducing the anxiety of drug addicts, which are often a factor causing high-risk behaviors (Wulandari et al., 2021). This strategy also contributes to disease prevention through behavioral pattern changes. Drug abuse not only carries serious psychological and social impacts but also increases the risk of infectious diseases such as HIV/AIDS and hepatitis, especially through the use of non-sterile syringes. Charis Rehabilitation Center has developed a comprehensive prevention strategy aimed at reducing the prevalence of drug-related diseases among its users. This strategy involves a combination of medical, educational, and community-based interventions to create behavior change and improve public health.

Medical Surveillance and Education Strategy, one of the main elements in reducing infection rates is structured medical surveillance. The program includes routine health checkups, sterile syringe distribution, and the provide Opioid Substitution Therapy (OST). A study by (Yuanda & Lanin, 2020) showed that community-based programs that integrate health education with medical services significantly reduce the rate of drug-related disease infections. By educating about the risks of sharing syringes, participants are encouraged to adopt safer behaviors and be actively involved in rehabilitation programs. The Role of Sujok Therapy in Preventing Risky Behaviors, as a complement to the medical approach, Charis Rehabilitation Center also adopts alternative therapies such as sujok therapy. This program, which is implemented at the Sabilul Hikmah Islamic Boarding School, has been proven effective in reducing anxiety and depression in drug users who are undergoing rehabilitation (Wulandari et al., 2021). This positive effect is important because anxiety often triggers risky behaviors, including the use of non-sterile syringes. With reduced anxiety, program participants are better able to avoid actions that can increase the risk of infection.

Effectiveness of community-based approaches, community-based

prevention also plays an important role. Through collaboration with community leaders and local health care providers, Charis Rehabilitation Center has successfully built a support network that allows easy access to health education and medical services. This approach not only raises awareness of the dangers of drug-related diseases but also advises public acceptance of users who have undergone rehabilitation. This is in line with the findings of (Nugraha, 2023) which shows that community involvement in rehabilitation accelerates the recovery process and reduces the rate of recurrence. Global Studies and Practices, Globally, prevention models that combine medical and educational approaches have been recognized as effective strategies. For example, research by (Platt et al., 2017) in the journal *The Lancet Psychiatry* shows that a combination of pharmacological therapy and community-based interventions can reduce the spread of HIV by up to 50% in groups of injecting drug users. A similar model is also being implemented by national programs in Canada and Australia that provide sterile syringe services along with OST access. Although this strategy has shown promising results, there are still some challenges in its implementation. Lack of financial resources and trained health workers are often the main obstacles. Therefore, Charis Rehabilitation Center needs to strengthen collaboration with the government and international organizations to ensure the sustainability of the program. In addition, the expand digital-based education programs can increase the reach of information, especially in remote areas. The implementation of prevention strategies by the Charis Rehabilitation Center has made a significant contribution to reducing the infection rate of drug-related diseases. By integrating medical surveillance, education, and community approaches, the program can create a real positive impact on public health. To maximize effectiveness, it is necessary to strengthen the aspects of funding and stakeholder involvement across sectors.

2. Changes in People's Behavior and Mindset About Drugs

Educational programs involving local communities have shown success in changing people's mindsets toward drugs. The "Anti-Drug" campaign that utilizes a community-based education approach can raise awareness of the dangers of drugs and reduce stigma against users undergoing rehabilitation (Azzahra & Khasanah, 2023). An intensive and integrative educational approach is also implemented through rehabilitation programs designed with special training, such as the use of a sports-based fitness training manual for victims of drug abuse. This program is effective in increasing the physical and mental recovery of patients and reducing the risk of recurrence (Nugraha, 2023).

Drug use is a serious problem that has social, economic, and health impacts. One of the major challenges in dealing with it is to change people's mindset toward drug users and create an environment that supports their recovery. The community-based approach has been recognized as an effective method of overcoming stigma and raising public awareness of the dangers of drugs. Programs such as education campaigns and local community involvement have proven to have a significant impact.

The strategy of the Community-Based Education Program, the "Anti-Drug" campaign carried out by various local communities has shown effectiveness in increasing public awareness. Research by (Azzahra & Khasanah, 2023) highlights that community-based approaches can create direct interactions with the community, provide relevant information, and encourage active participation in drug prevention. In this context, community involvement through discussion groups, lectures, and training is the key to success.

Implementation of Educational Strategies, Effective community-based education methods involve various approaches: Lectures and Directed Discussions: Programs conducted in various villages show that lectures and small group discussions are effective in changing people's views on the dangers of drugs (Rustandi, 2020). Use of Digital Media: Research shows that educational videos can significantly increase people's knowledge. This helps reach a wider audience and overcome the limitations of physical access (Sulistiyanto & Ediyono, 2022). Local Wisdom-Based Approach: Learning that integrates local values has been proven to strengthen people's understanding of the dangers of drugs and their impact on the community (Widodo & Nurholis, 2021). Changes in Behavior and Mindset, the program implemented has succeeded in changing people's behavior in several aspects: Reducing Stigma against Drug Users: Community campaigns and discussions increase empathy for drug users undergoing rehabilitation, reduce social stigma, and encourage social reintegration (Tahir et al., 2020). Increasing Awareness of Drug Hazards: Direct education in various communities has been shown to increase awareness of drug risks, including their health and social impacts (Zis et al., 2021). The implementation of this strategy faces challenges such as limited resources and low initial community participation. However, effective solutions include: Multi-Sector Collaboration: Involving various parties, including governments, NGOs, and local communities, to support the sustainability of the program. Training for Volunteers: Provide intensive training to community volunteers so that they can effectively convey their message. Community-based education programs have proven to be an effective tool

in changing people's behavior and mindset about drugs. With a combination of direct education approaches, digital media, and community involvement, the program can raise awareness, reduce stigma, and create an environment that supports drug prevention and recovery.

3. Success Indicators

The success of prevention strategies is measured through: Program Participation: The level of participation in rehabilitation programs indicate the effectiveness of the program in reaching targets. Research shows that community-based training increases participant engagement and retention, which has a positive impact on rehabilitation outcomes (Yuanda & Lanin, 2020). Participant Feedback: Participants gave a positive assessment of the education-based approach and therapy used. Satisfaction surveys show that programs that involve participants actively in planning and implementation have a greater impact on long-term success (Saputro et al., 2022).

The success of a drug prevention strategy depends not only on the implementation of the program, but also on the ability to monitor indicators of success. This indicator reflects the effectiveness of the program in achieving rehabilitation goals, such as reducing the prevalence of drug use and social reintegration of participants. The two main indicators that can be used as a measure are the level of program participation and participant feedback. Both play a central role in assessing the extent to which the program has met the expectations and needs of participants and the wider community.

Program participation reflects the extent to which the community is involved in the rehabilitation program. The high participation shows that the program can reach the target group well. A study by (Yuanda & Lanin, 2020) revealed that community-based programs designed with structured training increase participant engagement and retention, which in turn accelerates the recovery and success of the program. Some of the important factors that support program participation include: Availability of Resources: The availability of rehabilitation facilities, experts, and logistical support play a huge role in attracting participants. Effective Communication: Transparent, community-focused information campaigns expand the reach of the program. Collaboration with Local Stakeholders: The involvement of local communities in designing and managing programs increases a sense of belonging and responsibility for the success of rehabilitation (Fatimatuzzahroh et al., 2021).

Feedback from participants provides insight into the quality and effectiveness of the program from the perspective of the service user.

Research by (Saputro et al., 2022) shows that programs that actively involve participants in the planning and implementation stages increase satisfaction levels and improve long-term outcomes. Methods for gathering participant feedback include: Surveys and Questionnaires: Routine surveys designed to evaluate participants' experiences during rehabilitation. In-Depth Interviews: Qualitative interviews with participants to understand the obstacles and opportunities they face during the program. Data-Driven Assessment: Indicator-based data collection such as program completion rate, behavioral progress, and social reintegration. Positive outcomes from this feedback include: Increased Program Effectiveness: Participant input helps organizers tailor the program to better suit individual needs. Motivation for New Participants: Positive experiences from existing participants can be an effective promotional tool to attract new participants. In comparison, similar programs in Canada and Australia that combine regular feedback from participants as well as high levels of participation have successfully created a model of sustainable rehabilitation. This model integrates regular reflection sessions with counselors to improve rehabilitation outcomes.

Some of the challenges in measuring the success of program participation and participant feedback are: Infrastructure Limitations: In some areas, lack of access to rehabilitation facilities can decrease participation. Social Stigma: The stigma against drug users often prevent them from seeking help. Difficulties in Collecting Data: Some participants may be reluctant to provide honest feedback due to afraid stigma or punishment. Increased Collaboration: Engage NGOs, local communities, and governments to support programs. Community Education: Public campaigns to reduce stigma and encourage wider participation. Technology-Based Monitoring: Using digital tools to make it easier to collect data and analyze success indicators. Program participation indicators and participant feedback are important tools for measuring the success of drug prevention and rehabilitation strategies. The high participation rate and positive feedback reflect the effectiveness of the program as well as the relevance of the interventions implemented. With a data-driven approach and community collaboration, rehabilitation programs can be more adaptive and have a long-term impact.

The success of Charis Rehabilitation Center in implementing drug prevention strategies has shown a significant impact on various aspects of handling drug impacts. Through a community-based education approach, comprehensive integration of medical services, and intensive local

empowerment, these efforts have succeeded in reducing the rate of drug use-related disease infections, creating positive changes in people's mindsets, and increasing participation in rehabilitation programs. Community-based education approaches have proven effective in raising public awareness about the dangers of drugs and the importance of supporting users who are undergoing rehabilitation. Studies show that community participation in locally-based programs increases rehabilitation success through mindset change and increased community empathy for users (Azzahra & Khasanah, 2023). In addition, the integration of comprehensive medical services, such as the provide opioid replacement therapy (OST) and administer sterile syringes, has been successful in suppressing the spread of infectious diseases such as HIV/AIDS and hepatitis (Yuanda & Lanin, 2020). Local empowerment is the main factor in ensuring the sustainability of the program. By involving community leaders and local organizations, Charis Rehabilitation Center creates a sense of ownership toward the program, which strengthens community support in the user's rehabilitation and social reintegration process (Saputro et al., 2022). The combination of such approaches not only supports individual recovery but also strengthens awareness and overall community health. Charis Rehabilitation Center is an important model for the development of sustainable community-based prevention and rehabilitation programs, with the potential to be replicated in various other regions.

Reference

- Adinda, A., Mehdifika, A., Rangkuti, M., & Zalilla, Z. (2023). The Role of Teachers in Guidance and Counselling at School. *BICC Proceedings*, 1. <https://doi.org/10.30983/bicc.v1i1.50>
- Alves, A., Rodríguez Conde, M. J., & Hernández Ramos, J. P. (2021). Development of a training program for higher education counselor teachers. *ACM International Conference Proceeding Series*. <https://doi.org/10.1145/3486011.3486537>
- Anis, W., Dwilda Ferdinandus, E., & Fitriana, F. (2021). Upaya Preventif Masalah Penyalahgunaan Nafza Pada Remaja Melalui Pemberdayaan Kader Kesehatan Remaja. *Jurnal Pengabdian Pada Masyarakat*, 5(4).
- Astuti, A., & Anggraini, D. D. (2021). Pengaruh“VISIP - HB” Terhadap Perubahan Pengetahuan dan Sikap Pencegahan Hepatitis B Wanita Pra Konsepsi. *Jurnal SMART Kebidanan*, 8(1). <https://doi.org/10.34310/sjkb.v8i1.439>
- Azzahra, S., & Khasanah, A. N. (2023). Pengukuran Implicit Association terhadap Istilah yang Berkaitan dengan Narkoba pada Remaja SMA. *Bandung Conference Series: Psychology Science*, 3(2). <https://doi.org/10.29313/bcps.v3i2.7658>
- Borges, M., Gouveia, M., Fiorentino, F., Jesus, G., Cary, M., Guerreiro, J. P., Costa, S., & Carneiro, A. V. (2020). Costs and consequences of the Portuguese needle-exchange program in community pharmacies. *Canadian Pharmacists Journal*, 153(3). <https://doi.org/10.1177/1715163520915744>
- Bourdeau, S., Coulon, T., & Petit, M. C. (2021). Simulation-Based Training via a “Readymade” Virtual World Platform: Teaching and Learning with Minecraft Education. *IT Professional*, 23(2). <https://doi.org/10.1109/MITP.2021.3062935>
- Boyle, A. A., Hardwick, S., Warne, B., Nwuba, C. K., Brown, N., & Shaw, A. (2021). Evaluating the Sensitivity and Specificity of Siemens Clinitest Lateral Flow Test and the Simple AMplification-Based Assay (SAMBA)-2 PCR Test for SARS-CoV-2 Infection. *Cureus*. <https://doi.org/10.7759/cureus.18319>
- BYALIK, O. (2020). EXTRACURRICULAR ACTIVITIES AS AN EFFECTIVE MEANS SEXUAL EDUCATION OF STUDENT YOUTH IN FOREIGN COUNTRIES. *Pedagogical Sciences*, 75–76. <https://doi.org/10.33989/2524-2474.2020.75-76.226362>
- Byrne, C., Radley, A., Inglis, S. K., Beer, L. J. Z., Palmer, N., Pham, M. D., Healy, B., Doyle, J. S., Donnan, P., & Dillon, J. F. (2020). Reaching mEthadone users Attending Community pHarmacies with HCV: An international cluster randomised controlled trial protocol (REACH HCV). *BMJ Open*, 10(8).

<https://doi.org/10.1136/bmjopen-2019-036501>

- Centers for Disease Control. (2012). Integrated prevention services for HIV infection, viral hepatitis, sexually transmitted diseases, and tuberculosis for persons who use drugs illicitly: summary guidance from CDC and the U.S. Department of Health and Human Services. *MMWR. Recommendations and Reports: Morbidity and Mortality Weekly Report. Recommendations and Reports / Centers for Disease Control*, 61(RR-5).
- Chandler, R., Guillaume, D., Parker, A., Wells, J., & Hernandez, N. D. (2022). Developing Culturally Tailored mHealth Tools to Address Sexual and Reproductive Health Outcomes Among Black and Latina Women: A Systematic Review. *Health Promotion Practice*, 23(4). <https://doi.org/10.1177/15248399211002831>
- Chowdhury, Md. R., & Zahan, R. (2023). Evaluating the Efficacy of Awareness Campaigns in Addressing Psychiatric Aspects of Drug Addiction: A Tertiary Level Hospital in Bangladesh. *Saudi Journal of Medicine*, 8(09). <https://doi.org/10.36348/sjm.2023.v08i09.010>
- Dar, S. A., Bhat, B. A., Khanam, A., & Kousar, S. (2020). A clinical study on risk behaviors and seroprevalence of HIV, hepatitis B, and hepatitis C among injection drug users on opioid substitution therapy: An observational study. *Indian Journal of Social Psychiatry*, 36(2). https://doi.org/10.4103/ijsp.ijsp_70_19
- Darmawati, I., & Lindayani, L. (2020). Pemanfaatan mobile phone app dalam pencegahan dan penanggulangan HIV pada Remaja : A Community-Based HIV Prevention program. *International Journal of Community Service Learning*, 4(3). <https://doi.org/10.23887/ijcsl.v4i3.28848>
- de Morais Pinto, R., de Medeiros Valentim, R. A., Fernandes da Silva, L., Góis Farias de Moura Santos Lima, T., Kumar, V., Pereira de Oliveira, C. A., Martins Gomes de Gusmão, C., de Paiva, J. C., & de Andrade, I. (2021). Analyzing the reach of public health campaigns based on multidimensional aspects: the case of the syphilis epidemic in Brazil. *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-021-11588-w>
- Delahanty, J., Ganz, O., Bernat, J. K., Trigger, S., Smith, A., Lavinghouze, R., & Rao, P. (2020). Awareness of “The Real Cost” Campaign Among US Middle and High School Students: National Youth Tobacco Survey, 2017. *Public Health Reports*, 135(1). <https://doi.org/10.1177/0033354919889992>
- Didiya, R., Gyenwali, D., Pokhrel, T. N., Devkota, S., Rai, A. B., Shedain, P. R., Sharma, M., Shrestha, M. K., Imran, M., Kadirov, Z., Dahal, B. P., Prawchan, K. C., Ojha, S., &

- Pokhrel, K. N. (2021). Community led testing among people who inject drugs: A community centered model to find new cases of HIV and Hepatitis C in Nepal. *PLoS ONE*, 16(5 May 2021). <https://doi.org/10.1371/journal.pone.0252490>
- El-Bassel, N., Gilbert, L., Hunt, T., Wu, E., Oga, E. A., Mukherjee, T. I., Campbell, A. N. C., Sabounchi, N., Gutnick, D., Kerner, R., Venner, K. L., Lounsbury, D., Huang, T. T. K., & Rapkin, B. (2021). Using community engagement to implement evidence-based practices for opioid use disorder: A data-driven paradigm & systems science approach. *Drug and Alcohol Dependence*, 222. <https://doi.org/10.1016/j.drugalcdep.2021.108675>
- Estrada, A. L. (2002). Epidemiology of HIV/AIDS, hepatitis B, hepatitis C, and tuberculosis among minority injection drug users. In *Public Health Reports* (Vol. 117, Issue SUPPL 1).
- Fatimatuzzahroh, F., Hadi, S. P., & Purnaweni, H. (2021). TINGKAT PARTISIPASI MASYARAKAT DAN ANALISIS AKTOR PADA REHABILITASI MANGROVE DI DESA KARANGSONG, KABUPATEN INDRAMAYU, JAWA BARAT. *Jurnal Sosial Ekonomi Kelautan Dan Perikanan*, 16(2). <https://doi.org/10.15578/jsekp.v16i2.9420>
- Fitrya, F., Muharni, M., & Khakim, M. Y. N. (2021). Edukasi Pencegahan Penyakit Menular (Hepatitis) Dan Sosialisasi Pengobatan Hepatitis Menggunakan Herbal Medicine Di Desa Indralaya Mulya. *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 4(3).
- Fomenko, T., Meteliuk, A., Korinchuk, L., Denisiuk, O., Aslanyan, G., Islam, Z., & Zachariah, R. (2021). People Who Inject Drugs and have tuberculosis: Opioid Substitution Therapy improves treatment outcomes in Ukraine. *Journal of Infection in Developing Countries*, 15(91). <https://doi.org/10.3855/jidc.13759>
- Foschi, F. G., Borghi, A., Grassi, A., Lanzi, A., Speranza, E., Vignoli, T., Napoli, L., Olivoni, D., Sanza, M., Polidori, E., Greco, G., Bassi, P., Cristini, F., Ballardini, G., Altini, M., & Conti, F. (2021). Model of care for microelimination of hepatitis c virus infection among people who inject drugs. *Journal of Clinical Medicine*, 10(17). <https://doi.org/10.3390/jcm10174001>
- Gottfredson, D. C., & Wilson, D. B. (2003). Characteristics of effective school-based substance abuse prevention. *Prevention Science*, 4(1). <https://doi.org/10.1023/A:1021782710278>
- Harris, M. (2021). Creativity, care and 'messy' drug use: A collective history of the early days of peer-led needle exchange in Dunedin, New Zealand. *International*

Journal of Drug Policy, 98. <https://doi.org/10.1016/j.drugpo.2021.103386>

- Havelka, E. M., Mallen, C. D., & Shepherd, T. A. (2020). Using Google Trends to assess the impact of global public health days on online health information seeking behaviour in Central and south America. *Journal of Global Health*, 10(1). <https://doi.org/10.7189/jogh.10.010403>
- Heimer, R., Clair, S., Grau, L. E., Bluthenthal, R. N., Marshall, P. A., & Singer, M. (2002). Hepatitis-associated knowledge is low and risks are high among HIV-aware injection drug users in three US cities. *Addiction*, 97(10). <https://doi.org/10.1046/j.1360-0443.2002.t01-1-00211.x>
- Hemel, M. M. M., Reza, M. M., Shafiq, T. K. I., Kabir, M. I., Rana, A. K. M. M., & Khan, S. I. (2021). Correlates of sharing of needles and syringes among people who inject drugs in Dhaka city, Bangladesh. *Journal of Infection in Developing Countries*, 15(10). <https://doi.org/10.3855/jidc.13629>
- Hilli, C. (2020). Extending classrooms through teacher collaboration in Virtual Learning Environments. *Educational Action Research*, 28(4). <https://doi.org/10.1080/09650792.2019.1654901>
- Hipkens, S., Caron, E., Craig, W., & Thakarar, K. (2023). Under One Roof – An Integrated Clinic for Substance Use Disorder and Viral Hepatitis/HIV Treatment. *Journal of Maine Medical Center*, 5(2). <https://doi.org/10.46804/2641-2225.1140>
- Ho, K. Y., Lam, K. W. K., Tong, E. T. F., Ho, S., Wu, C. S. T., Tong, M. N., Tang, L. N., & Mak, Y. W. (2022). Development of a Community-Based Network to Promote Anti-Drug Messaging and Identify Hidden Drug Abusers in Hong Kong. *International Journal of Environmental Research and Public Health*, 19(18). <https://doi.org/10.3390/ijerph191811544>
- Hsu, Y. C., Shiue, Y. M., & Liu, C. G. (2021). Evaluation of the effects of a virtual reality game for anti-drug awareness and prevention in Taiwan. *ACM International Conference Proceeding Series*. <https://doi.org/10.1145/3472813.3473191>
- Huang, S. C., & Kao, J. H. (2021). Management of Hepatitis B in Persons Who Inject Drugs (PWID). *Current Hepatology Reports*, 20(4). <https://doi.org/10.1007/s11901-021-00574-w>
- Isman, A. F. (2022). Pemberdayaan Masyarakat Berbasis Komunitas Zakat Pada Masa Pandemi Di Desa Kahayya, Kabupaten Bulukumba. *Dimas: Jurnal Pemikiran Agama Untuk Pemberdayaan*, 21(2). <https://doi.org/10.21580/dms.2021.212.9319>

- Jamri, M. H., Ismail, N., Ridzuan, A. R., Hassan, M. S., Ibrahim, N. A. N., Abdul Rani, N. S., & Sah Allam, S. N. (2022). Drug Awareness Campaign: A Preliminary Study on The Effectiveness of Electronic Media Strategy among Youth in Penang. *International Journal of Academic Research in Business and Social Sciences*, 12(8). <https://doi.org/10.6007/ijarbss/v12-i8/14313>
- Karlsson, N., Kåberg, M., Berglund, T., Hammarberg, A., Widman, L., & Ekström, A. M. (2021). A prospective cohort study of risk behaviours, retention and loss to follow-up over 5 years among women and men in a needle exchange program in Stockholm, Sweden. *International Journal of Drug Policy*, 90. <https://doi.org/10.1016/j.drugpo.2020.103059>
- Ke, F., Pachman, M., & Dai, Z. (2020). Investigating educational affordances of virtual reality for simulation-based teaching training with graduate teaching assistants. *Journal of Computing in Higher Education*, 32(3). <https://doi.org/10.1007/s12528-020-09249-9>
- Kelleci, Ö., & Aksoy, N. C. (2021). Using Game-Based Virtual Classroom Simulation in Teacher Training: User Experience Research. *Simulation and Gaming*, 52(2). <https://doi.org/10.1177/1046878120962152>
- Kim, Y., & Chen, H. T. (2023). Smartphone use and knowledge gap hypothesis: the relationship between mobile news consumption, discussion network heterogeneity, and political knowledge. *Information Technology and People*, 36(7). <https://doi.org/10.1108/ITP-07-2021-0545>
- Lardier, D. T., Opara, I., Reid, R. J., Garcia-Reid, P., Herrera, A., & Cantu, I. (2021). Increasing HIV/AIDS knowledge among urban ethnic minority youth: Findings from a community-based prevention intervention program. *Journal of HIV/AIDS and Social Services*, 20(1). <https://doi.org/10.1080/15381501.2021.1910097>
- Latumahina, F. S., Betekeneng, A., Hakim, D. A., Wally, A., & Waelissa, A. F. (2023). Community-Based Narcotics Prevention: An Effective Approach Towards Youth Drug Abuse Mitigation. *Indonesian Journal of Cultural and Community Development*, 14(2). <https://doi.org/10.21070/ijccd2023898>
- Lefebvre, R. C., Chandler, R. K., Helme, D. W., Kerner, R., Mann, S., Stein, M. D., Reynolds, J., Slater, M. D., Anakaraonye, A. R., Beard, D., Burrus, O., Frkovich, J., Hedrick, H., Lewis, N., & Rodgers, E. (2020). Health communication campaigns to drive demand for evidence-based practices and reduce stigma in the HEALing communities study. *Drug and Alcohol Dependence*, 217. <https://doi.org/10.1016/j.drugalcdep.2020.108338>

- Lim, A. G., Aas, C. F., Çağlar, E. S., Vold, J. H., Fadnes, L. T., Vickerman, P., & Johansson, K. A. (2023). Cost-effectiveness of integrated treatment for hepatitis C virus (HCV) among people who inject drugs in Norway: An economic evaluation of the INTRO-HCV trial. *Addiction*, *118*(12). <https://doi.org/10.1111/add.16305>
- Lindberg, S., & Jönsson, A. (2023). Preservice Teachers Training with Avatars: A Systematic Literature Review of “Human-in-the-Loop” Simulations in Teacher Education and Special Education. In *Education Sciences* (Vol. 13, Issue 8). <https://doi.org/10.3390/educsci13080817>
- Ludwig-Barron, N. T., Guthrie, B. L., Mbogo, L., Bukusi, D., Sinkele, W., Gitau, E., Farquhar, C., & Monroe-Wise, A. (2021). Barriers and facilitators of HIV and hepatitis C care among people who inject drugs in Nairobi, Kenya: a qualitative study with peer educators. *Harm Reduction Journal*, *18*(1). <https://doi.org/10.1186/s12954-021-00580-7>
- MacArthur, G. J., van Velzen, E., Palmateer, N., Kimber, J., Pharris, A., Hope, V., Taylor, A., Roy, K., Aspinall, E., Goldberg, D., Rhodes, T., Hedrich, D., Salminen, M., Hickman, M., & Hutchinson, S. J. (2014). Interventions to prevent HIV and hepatitis C in people who inject drugs: A review of reviews to assess evidence of effectiveness. In *International Journal of Drug Policy* (Vol. 25, Issue 1). <https://doi.org/10.1016/j.drugpo.2013.07.001>
- Machethe, P., Obioha, E., & Mofokeng, J. (2022). Community-based initiatives in preventing and combatting drug abuse in a South African township. *International Journal of Research in Business and Social Science* (2147- 4478), *11*(1). <https://doi.org/10.20525/ijrbs.v11i1.1555>
- Mahariski, P. A., Puspawati, N. M. D., Indira, I. G. A. A. E., Praharsini, I. G. A. A., & Permana, A. (2023). Pre-exposure prophylaxis (PrEP) pada pencegahan human immunodeficiency virus (HIV) dan dampaknya terhadap infeksi menular seksual. *Intisari Sains Medis*, *14*(2). <https://doi.org/10.15562/ism.v14i2.1594>
- Masese, L. N., Ludwig-Barron, N. T., Mbogo, L., Guthrie, B. L., Musyoki, H., Bukusi, D., Sinkele, W., Gitau, E., Farquhar, C., & Monroe-Wise, A. (2022). Occupational roles and risks of community-embedded peer educators providing HIV, hepatitis C and harm reduction services to persons who inject drugs in Nairobi, Kenya. *PLoS ONE*, *17*(12 December). <https://doi.org/10.1371/journal.pone.0278210>
- Miller-Day, M., Pettigrew, J., Hecht, M. L., Shin, Y. J., Graham, J., & Krieger, J. (2013). How prevention curricula are taught under real-world conditions: Types of and reasons for teacher curriculum adaptations. *Health Education*, *113*(4). <https://doi.org/10.1108/09654281311329259>

- Mohamed, Z., Scott, N., Nayagam, S., Rwegasha, J., Mbwambo, J., Thursz, M. R., Brown, A. S., Hellard, M., & Lemoine, M. (2022). Cost effectiveness of simplified HCV screening-and-treatment interventions for people who inject drugs in Dar-es-Salaam, Tanzania. *International Journal of Drug Policy*, 99. <https://doi.org/10.1016/j.drugpo.2021.103458>
- Muckenthaler, M., Tillmann, T., Weiß, S., & Kiel, E. (2020). Teacher collaboration as a core objective of school development. *School Effectiveness and School Improvement*, 31(3). <https://doi.org/10.1080/09243453.2020.1747501>
- Newman, E. F., Efthymiadou, E., Quayle, E., Squire, T., Denis, D., Wortley, R., Beier, K. M., & Koukopoulos, N. (2024). The Impact of a Public Health Campaign to Deter Viewing of Child Sexual Abuse Images Online: A Case Study of the UK Stop It Now! Campaign. *Sexual Abuse*, 36(6). <https://doi.org/10.1177/10790632231205784>
- Nolan, N. S., Fracasso Francis, S. M., Marks, L. R., Beekmann, S. E., Polgreen, P. M., Liang, S. Y., & Durkin, M. J. (2023). Harm Reduction: A Missing Piece to the Holistic Care of Patients Who Inject Drugs. *Open Forum Infectious Diseases*, 10(8). <https://doi.org/10.1093/ofid/ofad402>
- Noor Aida Ariyani, M. Robyanoor Ahyadi Radam, Samuel L. Tobing, Renny Aditya, Ari Yunanto, & Pudji Andayani. (2020). Hubungan Penggunaan Antiretroviral (ARV) dengan Luaran Neonatal pada Ibu Terinfeksi Human Immunodeficiency Virus (HIV). *Indonesian Journal of Obstetrics & Gynecology Science*, 3(1).
- Nugraha, A. I. (2023). Tuntunan kebugaran khusus untuk pemulihan dari penyalahgunaan NAPZA. *Jurnal Pedagogi Olahraga Dan Kesehatan*, 4(2). <https://doi.org/10.21831/jpok.v4i2.20110>
- Pachankis, J. E., McConocha, E. M., Clark, K. A., Wang, K., Behari, K., Fetzner, B. K., Brisbin, C. D., Scheer, J. R., & Lehavot, K. (2020). A transdiagnostic minority stress intervention for gender diverse sexual minority women's depression, anxiety, and unhealthy alcohol use: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 88(7). <https://doi.org/10.1037/ccp0000508>
- Packham, A. (2022). Syringe exchange programs and harm reduction: New evidence in the wake of the opioid epidemic. *Journal of Public Economics*, 215. <https://doi.org/10.1016/j.jpubeco.2022.104733>
- Pal, M., Dobe, M., & Goswami, D. N. (2023). Perceived Stigma among Injecting Drug Users: New Evidence from an Observational Study in an Opioid Substitution

Therapy Centre of Kolkata, India. *JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH*. <https://doi.org/10.7860/jcdr/2023/66301.18435>

- Pham, T., Akamu, C., Do, A., Tomita, K. K., & Combs, S. (2022). Systems of Care Implications in Hawai'i: Sexual and Gender Minorities. *Hawaii Journal of Health and Social Welfare*, 81(12).
- Pinto, R., Silva, L., Valentim, R., Kumar, V., Gusmão, C., Oliveira, C. A., & Lacerda, J. (2022). Systematic Review on Information Technology Approaches to Evaluate the Impact of Public Health Campaigns: Real Cases and Possible Directions. In *Frontiers in Public Health* (Vol. 9). <https://doi.org/10.3389/fpubh.2021.715403>
- Platt, L., Minozzi, S., Reed, J., Vickerman, P., Hagan, H., French, C., Jordan, A., Degenhardt, L., Hope, V., Hutchinson, S., Maher, L., Palmateer, N., Taylor, A., Bruneau, J., & Hickman, M. (2017). Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. In *Cochrane Database of Systematic Reviews* (Vol. 2017, Issue 9). <https://doi.org/10.1002/14651858.CD012021.pub2>
- Przybyla, S. M., Cerulli, C., Bleasdale, J., Wilson, K., Hordes, M., El-Bassel, N., & Morse, D. S. (2020). "I think everybody should take it if they're doing drugs, doing heroin, or having sex for money": a qualitative study exploring perceptions of pre-exposure prophylaxis among female participants in an opioid intervention court program. *Substance Abuse: Treatment, Prevention, and Policy*, 15(1). <https://doi.org/10.1186/s13011-020-00331-0>
- Reisoğlu, İ. (2022). How Does Digital Competence Training Affect Teachers' Professional Development and Activities? *Technology, Knowledge and Learning*, 27(3). <https://doi.org/10.1007/s10758-021-09501-w>
- Riabets, D. (2022). FACILITATION IN THE CONTEXT OF TRAINING FUTURE PRIMARY TEACHERS. *Scientific Bulletin of Uzhhorod University. Series: «Pedagogy. Social Work»*, 1(50). <https://doi.org/10.24144/2524-0609.2022.50.249-251>
- Ringwalt, C., Vincus, A. A., Hanley, S., Ennett, S. T., Bowling, J. M., & Rohrbach, L. A. (2009). The prevalence of evidence-based drug use prevention curricula in U.S. middle schools in 2005. *Prevention Science*, 10(1). <https://doi.org/10.1007/s11121-008-0112-y>
- Rohrbach, L. A., Dent, C. W., Skara, S., Sun, P., & Sussman, S. (2007). Fidelity of implementation in project towards no drug abuse (TND): A comparison of classroom teachers and program specialists. *Prevention Science*, 8(2). <https://doi.org/10.1007/s11121-006-0056-z>

- Rosecrans, A., Harris, R., Saxton, R. E., Cotterell, M., Zoltick, M., Willman, C., Blackwell, I., Bell, J., Hayes, D., Weir, B., Sherman, S., Lucas, G. M., Greenbaum, A., & Page, K. R. (2022). Mobile low-threshold buprenorphine integrated with infectious disease services. *Journal of Substance Abuse Treatment*, 133. <https://doi.org/10.1016/j.jsat.2021.108553>
- Rossi, R. M., Rossi, R. M., Brady, M. J., Hall, E. S., Warshak, C. R., & Warshak, C. R. (2020). Effect of Needle Exchange Program on Maternal Hepatitis C Virus Prevalence. *American Journal of Perinatology*, 37(9). <https://doi.org/10.1055/s-0039-3402753>
- Rustandi, R. (2020). Dakwah Komunitas di Pedesaan dalam Perspektif Psikologi Komunikasi. *Irsyad: Jurnal Bimbingan, Penyuluhan, Konseling, Dan Psikoterapi Islam*, 8(3). <https://doi.org/10.15575/irsyad.v8i3.2009>
- Saputro, Y. A., Juntara, P. E., & Wibowo, A. T. (2022). Pengaruh program terapi rehabilitasi cedera terhadap keberhasilan pemulihan cedera ankle kronis. *MEDIKORA*, 21(2). <https://doi.org/10.21831/medikora.v21i2.53440>
- Shernoff, E. S., Von Schalscha, K., Gabbard, J. L., Delmarre, A., Frazier, S. L., Buche, C., & Lisetti, C. (2020). Evaluating the usability and instructional design quality of Interactive Virtual Training for Teachers (IVT-T). *Educational Technology Research and Development*, 68(6). <https://doi.org/10.1007/s11423-020-09819-9>
- Shylava, M. A., & Abramovich, A. V. (2021). EPIDEMIOLOGICAL CHARACTERISTICS OF HIV-INFECTED DRUG USERS AT THE STAGE OF BECOMING A MEMBER OF THE OPIOID SUBSTITUTION THERAPY PROGRAM IN THE CITY OF MINSK. *Vestnik of Vitebsk State Medical University*, 20(3), 63–70. <https://doi.org/10.22263/2312-4156.2021.3.63>
- Smiles, C., O'Donnell, A., & Jackson, K. (2023). Needle exchange practitioners accounts of delivering harm reduction advice for chemsex: implications for policy and practice. *Drugs: Education, Prevention and Policy*, 30(3). <https://doi.org/10.1080/09687637.2022.2027345>
- Solomon, S. S., Quinn, T. C., Solomon, S., McFall, A. M., Srikrishnan, A. K., Verma, V., Kumar, M. S., Laeyendecker, O., Celentano, D. D., Iqbal, S. H., Anand, S., Vasudevan, C. K., Saravanan, S., Thomas, D. L., Sachdeva, K. S., Lucas, G. M., & Mehta, S. H. (2020). Integrating HCV testing with HIV programs improves hepatitis C outcomes in people who inject drugs: A cluster-randomized trial. *Journal of Hepatology*, 72(1). <https://doi.org/10.1016/j.jhep.2019.09.022>

- Sontag-Padilla, L., Ye, F., Firpo-Triplett, R., Lucas, B., Meyer, A., Lanna, S., Ohana, E., & Chinman, M. (2023). Testing a Proof of Concept of an Online Simulator-Based Training for Facilitators of Evidence-Based Sexual Health Education Interventions: A Small Randomized Trial Involving Making Proud Choices. *Journal of Prevention and Health Promotion*, 4(3–4). <https://doi.org/10.1177/26320770231197350>
- Stephenson, S. D., & Iannone, R. (2006). A drug evaluation curriculum with drama as its base: The target project. *College Student Journal*, 40.
- Sulistiyo, H., & Ediyono, S. (2022). VIDEO EDUKASI DAPAT MENINGKATKAN PENGETAHUAN, SIKAP, DAN PERILAKU KELUARGA BERENCANA PASIEN PASCA SALIN. *Jurnal Kesehatan Kusuma Husada*. <https://doi.org/10.34035/jkv13i1.805>
- Syarif, N., Roem, E. R., & Arif, E. (2021). Strategi Komunikasi Pemerintah Kota Pariaman Pada Program Satu Keluarga Satu Sarjana. *Jurnal Komunikasi Global*, 10(1). <https://doi.org/10.24815/jkg.v10i1.20523>
- Tahir, A., Cangara, H., & Arianto, A. (2020). Komunikasi dakwah da'i dalam pembinaan komunitas muallaf di kawasan pegunungan Karomba kabupaten Pinrang. *Jurnal Ilmu Dakwah*, 40(2). <https://doi.org/10.21580/jid.v40.2.6105>
- Thanki, D., Mravčík, V., Běláčková, V., Mačiulytė, D., Záborský, T., Širvinskienė, A., Subata, E., & Lorenzo-Ortega, R. (2021). Prevalence of high-risk drug use and coverage of opioid substitution treatment and needle and syringe programs in Lithuania in 2015–2016: A multi-method estimation study. *Journal of Substance Abuse Treatment*, 122. <https://doi.org/10.1016/j.jsat.2020.108229>
- Tian, M. L., Xu, J., & Luo, W. (2022). Analysis of the current status of needle and syringe exchange programmes for injecting drug users in China. *Zhonghua Liu Xing Bing Xue Za Zhi = Zhonghua Liuxingbingxue Zazhi*, 43(12). <https://doi.org/10.3760/cma.j.cn112338-20220630-00579>
- Ugalde, L., García-Carrión, R., Intxausti-Intxausti, N., & Zubiri-Esnaola, H. (2023). Interactive Groups: Fostering Collaborative Interactions in an Additional Language in a Multilingual Context. *International Journal of Sociology of Education*, 12(3). <https://doi.org/10.17583/ris.13257>
- Wang, C. W., Chuang, H. Y., Chiang, H. C., Huang, P. C., Yu, M. L., & Dai, C. Y. (2020). Risk of hepatitis C virus infection in injecting and noninjecting drug users receiving opioid substitution therapy. *Journal of the Chinese Medical Association*, 83(5). <https://doi.org/10.1097/JCMA.0000000000000312>

- Warner, J. R., Plowman, D. L., Osman, D. J., & Schallert, D. L. (2022). The influence of collective and individual sensemaking on how facilitators and teachers implement a professional development program. *Teacher Development*, 26(5). <https://doi.org/10.1080/13664530.2022.2123849>
- Weddle, H., Lockton, M., & Datnow, A. (2020). Teacher Collaboration in School Improvement. In *Education*. <https://doi.org/10.1093/obo/9780199756810-0248>
- Widodo, B., & Nurholis, E. (2021). PEMBELAJARAN PENDIDIKAN KEWARGANEGARAAN BERBASIS KEARIFAN LOKAL MASYARAKAT KUTA DALAM MEMBENTUK KARAKTER WARGA NEGARA BERWAWASAN LINGKUNGAN. *Jurnal Artefak*, 8(1). <https://doi.org/10.25157/ja.v8i1.5127>
- Wijaya, Y. S., & Mahendra P., A. I. (2023). The Effectiveness Of The Prevention Program By The BNNK Sleman In The Context of an Anti-Drug Campaign. *Daengku: Journal of Humanities and Social Sciences Innovation*, 3(2). <https://doi.org/10.35877/454ri.daengku1486>
- Wulandari, M., Mahadini, C., Prihatono, A., & Japaries, W. (2021). Program Terapi Rehabilitasi Kecemasan Pecandu Narkoba dengan Metode Sujok Di Ponpes Salafiyah Sabilul Hikmah Malang. *Jurnal ABM Mengabdi*, 8(2). <https://doi.org/10.31966/jam.v8i2.948>
- Yuanda, M. F., & Lanin, D. (2020). EFEKTIVITAS PROGRAM KERJA INSTITUSI PENERIMA WAJIB LAPOR (IPWL) DALAM REHABILITASI PECANDU NARKOTIKA DI KABUPATEN AGAM. *Jurnal Manajemen Dan Ilmu Administrasi Publik (JMIAP)*. <https://doi.org/10.24036/jmiap.v2i4.222>
- Zis, S. F., Effendi, N., & Roem, E. R. (2021). Perubahan Perilaku Komunikasi Generasi Milenial dan Generasi Z di Era Digital. *Satwika: Kajian Ilmu Budaya Dan Perubahan Sosial*, 5(1). <https://doi.org/10.22219/satwika.v5i1.15550>
- Zubiri-Esnaola, H., Vidu, A., Rios-Gonzalez, O., & Morla-Folch, T. (2020). Inclusivity, participation and collaboration: Learning in interactive groups. *Educational Research*, 62(2). <https://doi.org/10.1080/00131881.2020.1755605>

CHAPTER XI

CONCLUSION AND RECOMMENDATIONS

The conclusion conveys a summary of the main findings revealed in this study. This includes redefining the research objectives, key findings, and implications of these findings on drug rehabilitation practices. The conclusion will also highlight the importance of this research in social, health, and economic contexts. For the Recommendations in this last chapter, concrete recommendations will be put forward to improve and increase the effectiveness of drug rehabilitation programs at Charis Rehabilitation Center and similar institutions in the future. These recommendations may include suggestions for program improvement, policy development, increased cooperation with external parties, as well as directions for further research in this area.

11.1. Conclusion

This study aims to understand various important aspects in drug rehabilitation with the main focus on Charis Rehabilitation Center. This study includes the identification of rehabilitation needs, demographic analysis of the user population, and evaluation of the effectiveness of the implemented program. The study also highlights how a comprehensive rehabilitation approach can support the social reintegration of former drug users. This approach involves social, psychological, and economic interventions to help former users achieve well-being while addressing challenges such as widespread social stigma and a high risk of relapse. The main focus of this study is to explore the effectiveness of the rehabilitation program implemented by the Indocharis Foundation in facilitating the social reintegration of former drug addicts. The main problems identified include low public awareness of the importance of rehabilitation, strong social stigma that makes the reintegration process difficult, and the limitation of adequate rehabilitation facilities. Other challenges are the lack of emotional support from families and communities, as well as the lack of post-rehabilitation social reintegration efforts that can increase the risk of recurrence. The study also

looked at the limitations of rehabilitation resources, including a lack of access to health services such as opioid substitution therapy and sterile needle exchange programs. Effective rehabilitation programs, as implemented at Charis Rehabilitation Center, have shown potential to improve the well-being of former drug users. Community-based interventions that emphasize social support, active family participation, and local community involvement have proven to be key factors in the success of rehabilitation. This support includes creating an environment that accepts former users and reducing stigma that can prevent them from returning to being productive members of society. However, the study also found that the lack of coordination between institutions is a significant obstacle in the management of rehabilitation. Weak coordination between governments, health institutions, and community organizations often leads to the disconnection of essential services needed by users during and after rehabilitation programs. In the context of drug rehabilitation, the reintegration of former users into the world of work is another challenge that must be overcome. The study shows that effective rehabilitation requires skills training and targeted economic support to help former users build independence. In addition, prevention programs involving education about drug risks and public health promotion need to be intensified to prevent drug abuse among the wider community. Community support is also an important component, where the involvement of community leaders and local service providers can strengthen the rehabilitation process. This study provides a number of recommendations to strengthen drug rehabilitation efforts in the future. First, it is necessary to strengthen cross-sector coordination to ensure that all relevant parties, from the government to local organizations, can work together effectively. Second, the government and rehabilitation institutions must increase public awareness of the importance of rehabilitation through educational campaigns that can reduce social stigma. Third, the provision of adequate rehabilitation facilities and skills training programs should be a priority to support the social reintegration of former users. The success of drug rehabilitation depends on a holistic and inclusive approach that involves health, social, and economic aspects. By integrating community-based services, psychosocial support, and skills training, former drug users have a greater chance of recovering sustainably and becoming independent members of society. The study also emphasizes the need for ongoing support, including post-rehabilitation supervision, to ensure former users can overcome the challenges of post-rehabilitation life without falling back into drug abuse. Through a deep understanding of the challenges and needs of rehabilitation, this study provides a foundation for designing more effective programs. With the strengthening of cross-sector

collaboration, policy reforms, and increased public awareness, drug rehabilitation in Indonesia can become more inclusive and effective in supporting the recovery of former drug users and encouraging the creation of a healthier and drug-free society.

The main problems in drug rehabilitation at Charis Rehabilitation Center revolve around three main aspects: limited resources, social stigma that hinders access, and lack of integration of support from various parties. Although community-based rehabilitation programs implemented have shown effectiveness in helping former drug users, structural and social challenges remain significant barriers that must be addressed. One of the main problems is the low public awareness of the importance of drug rehabilitation. Many victims of drug abuse are reluctant to seek help due to lack of information, fear of stigma, or lack of trust in the effectiveness of rehabilitation services. This is exacerbated by the social stigma attached to drug users. This stigma not only hinders former users' access to rehabilitation services, but also makes it difficult for them to get a job, community support, or even acceptance from their families after completing a rehabilitation program. Research shows that social stigma is the biggest barrier factor in the social reintegration process of former drug users, which often leads to relapse or social isolation. In addition, the limited facilities and human resources in rehabilitation institutions are also a significant problem. The rehabilitation capacity at the Charis Rehabilitation Center is still limited both in terms of the number of residents that can be accommodated and the variety of services available. Existing rehabilitation approaches, while comprehensive, have not been fully capable of addressing the complexity of psychological, social, and economic problems experienced by residents. The lack of intensive training for rehabilitation personnel is also an obstacle in providing holistic support, especially to overcome trauma, anxiety, and other behavioral disorders that are often experienced by residents.

The next obstacle is the lack of cross-sectoral coordination between the government, social institutions, and the private sector. Weak collaboration in the provision of resources and the development of skills training programs leads to less-than-optimal rehabilitation programs. In fact, successful social and economic reintegration requires support involving multiple parties to create inclusive employment opportunities and sustainable post-rehabilitation services. Without such support, many former drug users are trapped in a cycle of economic helplessness that increases the risk of returning to addictive behavior. Another problem that arises is the weak emotional support from family and community for residents and former residents. In some cases, resident families themselves face socio-economic challenges that

make it difficult for them to provide consistent support. Research shows that emotional support from families is essential for increasing resident motivation during rehabilitation, but many families feel they do not have adequate resources or knowledge to play this role effectively. Meanwhile, the community around the residents is often reluctant to provide support due to the stigma attached to former drug users. This hampers the process of social reintegration, which is an important part of long-term recovery.

The stigma against rehabilitation itself is also a big challenge. Some people still view rehabilitation institutions as a place of "punishment" instead of as a means of recovery and self-development. This perception reduces the trust of drug victims to seek help voluntarily, which becomes an obstacle in reaching those most in need of rehabilitation services. The problems faced by Charis Rehabilitation Center include social, structural, and operational dimensions. To address this, strategic measures are needed that involve increasing public awareness, reducing stigma through educational campaigns, and increasing the capacity of community-based rehabilitation. Better multisectoral collaboration between governments, social institutions, the private sector, and local communities should be encouraged to create an inclusive and supportive environment for residents and former residents. Without concerted efforts, these challenges will continue to hamper the effectiveness of rehabilitation programs and make it difficult for former drug users to reintegrate socially.

Drug abuse is a major challenge faced in various regions, including the Special Region of Yogyakarta (DIY). Data shows that DIY has a high prevalence of drug abuse, even increasing during the COVID-19 pandemic. This trend includes the productive age group and students, who are the generation with great potential to build the nation's future. However, the social stigma attached to former drug users is a significant obstacle to their social reintegration efforts. This stigma not only leads to social isolation but also increases the risk of relapse due to a lack of adequate emotional and social support. In terms of policy, Yogyakarta has issued regulations such as the Yogyakarta Governor's Regulation on the prevention and handling of drug abuse. However, the effectiveness of this regulation is still limited due to human resource constraints in the operational implementation of the policy. In addition, the limitations of rehabilitation facilities, such as the number of rehabilitation centers available and the lack of training for rehabilitation professionals, have also exacerbated the situation. In this context, an integrated strategy is needed to address the various challenges faced, including a community-based approach that emphasizes cross-sector collaboration. Chapter V of this study shows how case studies can provide in-

depth insights into the success of rehabilitation programs. An analysis of the Charis Rehabilitation Center, for example, reveals that family and community support play a key role in helping former drug users to return to contributing positively in their environment. However, the study also found that these programs are often hampered by a lack of inter-agency coordination and a lack of resources to support a holistic approach. This problem is exacerbated by the weak post-rehabilitation monitoring system that should ensure that former users can remain on the path to recovery without falling back into drug abuse. Chapter VI discusses the importance of collaboration with external parties, including communities, non-governmental organizations, and law enforcement agencies. This cross-sectoral collaboration is essential to integrate the health, social, and economic services needed in drug rehabilitation. However, collaborative implementations are often faced with communication barriers between institutions, differences in priorities, and a lack of mechanisms to efficiently share resources. Studies show that community-based programs involving families, religious leaders, and local volunteers can improve the effectiveness of rehabilitation by reducing social stigma and building trust in former drug users. Chapter VII highlights the legal aspects of drug rehabilitation, including the implementation of the Yogyakarta Governor's Regulation and the challenges of policy implementation at the operational level. Existing regulations still focus on punitive approaches, which often hinder effective rehabilitation. Some countries such as Portugal and Australia have shown success with a health-based approach that prioritizes rehabilitation over imprisonment for drug users. In contrast, in Indonesia, the stigma attached to drug users still causes users to often be treated as criminals rather than as individuals in need of help. In addition, the lack of harmonization between law enforcement and health agencies is another significant obstacle in the implementation of law-based rehabilitation in Indonesia.

Drug rehabilitation is a complex and multidimensional process, facing various challenges at the social, economic, and public health levels. Chapters VIII, IX, and X in this study discuss in detail the problems faced in each of these aspects. These challenges are interrelated and require a holistic approach to ensure the success of rehabilitation programs and the reintegration of former drug users into society. One of the fundamental problems outlined in Chapter VIII is the strong social stigma against drug users and rehabilitation participants. This stigma not only comes from the general public, but is also often found in the family and workplace environment. This negative perception is the main obstacle to the success of the rehabilitation program because it makes participants reluctant to seek help or participate in available

programs. In addition, stigma exacerbates the process of social reintegration because former drug users are difficult to re-accept in their communities. People often see them as a threat or a social burden, not as individuals who are trying to recover and become productive again. The limited understanding of the benefits of rehabilitation and the importance of social support also exacerbates this situation. The low level of health literacy related to drugs and the lack of effective educational programs add to the challenge in changing people's attitudes towards rehabilitation.

Chapter IX underlines problems in the economic field, especially related to the reintegration of former drug users into the world of work. One of the main challenges is the lack of access of former users to job skills training and inclusive employment opportunities. Many companies are reluctant to hire former drug users because they are worried about the negative impact on the company's image or potential problems in the workplace. In fact, economic reintegration is the key to breaking the cycle of dependency and improving the quality of life of former users. Without access to decent work, former drug users are at risk of reverting to old behaviors, especially if they do not have adequate financial support. The absence of a specific job training program that is in accordance with the needs of the job market is another obstacle in the reintegration process. In addition, unequal access to skills-based rehabilitation programs in various regions is also an issue that needs more serious attention. From a public health perspective, as described in Chapter X, the biggest challenge is the prevention of drug-related infectious diseases, such as HIV/AIDS and hepatitis. The use of non-sterile syringes is one of the main causes of transmission of this disease among injecting drug users. Adverse impact reduction programs, such as sterile needle exchange and opioid substitution therapy, while effective, still face various obstacles in their implementation. One of the main obstacles is the lack of consistent policy support and the stigma against users of these services. Programs such as needle exchange are often misunderstood as an effort to support drug use, even though they aim to protect public health. In addition, unequal access to integrated health services, including testing and treatment for HIV and hepatitis, poses a challenge in controlling the spread of the disease among drug users.

Another challenge discussed in Chapter X is the lack of prevention education in schools and communities. Existing educational programs are often ineffective because the approach used tends to be informative without touching the aspects of life skills needed to avoid the risk of drug abuse. In fact, education based on life skills and character strengthening has been proven to be more effective in shaping positive behavior among adolescents. In addition,

limited resources and lack of training for educators are obstacles in the implementation of quality education programs. The problems faced in drug rehabilitation involve various interrelated factors. Social stigma, lack of job opportunities, and challenges in health care are the main obstacles that must be overcome through an integrated and collaborative approach. To address social stigma, ongoing public education campaigns and community-based intervention programs involving community leaders and former users who have successfully recovered are needed. In the economic aspect, the government and the private sector need to work together to create an inclusive work environment, including providing incentives for companies that employ former drug users. Skills training relevant to the needs of the job market should also be expanded to increase the competitiveness of former users in the world of work.

This study identifies a number of recommendations to overcome existing problems. First, strengthening cross-sector coordination is urgently needed to create a holistic approach. Local governments should work closely with non-governmental organizations, local communities, and health institutions to ensure integrated rehabilitation services. Second, increasing the capacity of human resources in the field of rehabilitation, including professional training, is very important to improve the quality of rehabilitation services. Third, public education to reduce social stigma against former drug users must be a top priority, for example through public campaigns involving community leaders and the media. Chapter I explains the background of the importance of drug rehabilitation, including its impact on social and public health, as well as the urgency of a multidimensional approach. Meanwhile, Chapter II presents a demographic analysis of the rehabilitation population, including age, marital status, and employment data. This information is the basis for designing interventions that are more relevant to the needs of rehabilitation participants. These two chapters emphasize that rehabilitation programs require designs that take into account the social and economic characteristics of participants. Chapter III describes the medical, psychological, and spiritual approaches used in Indocharis' rehabilitation program, including skills training and preparation for social reintegration. This chapter highlights the importance of social support from the family and community in the success of rehabilitation. Chapter IV deepens the role of emotional support provided by family, friends, and community in helping residents cope with emotional challenges during recovery. Chapter V provides a case study of the successful social reintegration of former residents who have completed rehabilitation and analyzes the key factors that support such success.

Chapter VI explains the importance of external collaboration in drug

handling, while Chapter VII examines the legal aspects of drug rehabilitation and its relevance in the international context. Some of the key findings include the importance of family and community support as the foundation for a successful recovery. Emotional support from family as well as community involvement has been shown to increase motivation and success in rehabilitation. Community-based programs that involve the active participation of users and families also strengthen the process of social reintegration (Rahman & Tasalim, 2022). In addition, cross-agency collaboration involving communities, governments, and healthcare providers has been shown to improve access to rehabilitation services and program sustainability. Legal aspects that support rehabilitation as an alternative to imprisonment have been implemented in some countries such as Portugal and Australia with more effective results than retributive approaches. Economic strategies, such as support for small businesses run by former users, show success in increasing their economic and social independence. These findings highlight the importance of strengthening social support, cross-sectoral collaboration, and more inclusive legal policy reforms to support the success of rehabilitation and reintegration.(Hulukati et al., 2020)(Hechanova et al., 2023)(Prastiy, 2022)(Lai & Widjaja, 2023)

Chapter VIII discusses aspects of community support that are very important in strengthening social acceptance of drug rehabilitation. Social support, both emotionally and materially, has been shown to accelerate the psychological and social recovery process of rehabilitation participants. Community-based models such as Therapeutic Community (TC) have shown success in building social skills and a sense of responsibility in rehabilitation participants. Community support and collaboration with local governments also play a role in providing the necessary facilities and resources to support rehabilitation programs. Chapter IX highlights the importance of reintegrating former drug users into the workforce as a strategy to increase individual productivity and reduce unemployment. Job skills training and entrepreneurial support have proven effective in helping former users get a job or build their own business. This not only reduces their dependence on social assistance but also increases their contribution to local economic growth. This reintegration also helps former users break the cycle of poverty and dependency which is often a major risk factor for drug abuse. Chapter X discusses aspects of public health and prevention education, including strategies to prevent the spread of drug-related diseases such as HIV/AIDS and hepatitis. Adverse impact reduction programs, such as sterile needle exchange and opioid substitution therapy, have been shown to be effective in lowering the risk of disease transmission. In addition, prevention education in schools and communities

plays an important role in raising awareness of the dangers of drugs. This educational program includes public campaigns, counseling, and other activities designed to increase knowledge and positive attitudes towards drug prevention. Overall, this study emphasizes the importance of a multidimensional approach involving family support, community, cross-sector collaboration, and legal policy reform for successful rehabilitation.

The main findings of this study show that the community-based rehabilitation program at Charis Rehabilitation Center is effective in improving the social and economic abilities of former drug users. Most of the participants showed an improvement in their ability to meet basic needs, solve problems, and develop their potential. Social support from family, peers, and the community has proven to be a key factor in successful rehabilitation as well as relapse prevention. However, social stigma remains a major challenge that hinders former users' access to rehabilitation resources. The results of this study have important implications for drug rehabilitation practices. First, increasing the capacity of human resources through intensive training for rehabilitation personnel is needed to better handle the psychological and social aspects of participants. Second, community empowerment in supporting the rehabilitation process can help accelerate the social reintegration of former users. Third, educational campaigns to reduce social stigma must be intensified to create a more inclusive environment for former users. In addition, the government needs to ensure cross-sector collaboration to provide jobs that support former drug users so that they do not return to old patterns of behavior. Family support has an important role in increasing resident motivation to recover, reducing the risk of relapse, and accelerating social reintegration. Rehabilitation programs with holistic approaches, such as therapeutic communities and spiritual guidance, have been shown to be effective in improving the emotional and physical stability of residents. Community-based skills training also helps former residents find jobs and support their economic independence. In addition, positive social acceptance from the community has been shown to increase self-confidence and accelerate the adaptation of former residents into society. Based on these findings, it is recommended that rehabilitation programs involve families more in group therapy sessions and awareness campaigns to reduce social stigma. Rehabilitation facilities need to be improved with the addition of shelters and technology-based skills training. Local needs-based training programs, such as agricultural or entrepreneurial training, can help residents prepare for successful social reintegration. In addition, remote monitoring services and counseling support need to be strengthened to prevent relapse. (Kristian et al., 2022)(Citra et al., 2021)(Lai & Widjaja, 2023)(Ismawati et al., 2022)(Mashur et

al., 2022)

The implications of these findings include the need to expand programs that involve families and communities in supporting user recovery. Cross-sectoral collaboration is crucial to create a holistic approach to rehabilitation, including the integration of mental health services and the economy. In addition, legal policy reforms that prioritize rehabilitation over incarceration should be encouraged to improve access to rehabilitation services and strengthen social reintegration. Suggested concrete measures include increasing the capacity of community-based rehabilitation, reducing social stigma through the involvement of the media and community leaders, and increasing government investment in the provision of adequate rehabilitation facilities. Social support, inclusive policies, and multisectoral collaboration are essential for the success of rehabilitation. Support from family and community can help rehabilitation participants overcome social stigma and facilitate their reintegration into society. Policies that support social inclusion and employment opportunities for former drug users are needed to reduce discrimination and increase their economic participation. Collaboration between governments, social agencies, and the private sector also plays an important role in providing the resources and training needed to support the rehabilitation process.

11.2. Recommendations

Suggestions that can be given include the expansion of skills training programs such as mechanic, culinary, and entrepreneurship training to provide more career options for rehabilitation participants. Preventive education programs also need to be improved, especially in schools, to provide an early understanding of the dangers of drugs. Collaboration between the government, local communities, and the private sector is essential to create inclusive employment opportunities for former users. In addition, post-rehabilitation monitoring through continuous supervision involving families and communities needs to be carried out to ensure the sustainability of recovery. As a recommendation, it is necessary to carry out a public education campaign to reduce stigma against drug users and expand the community-based rehabilitation model. Improving access to health services and rehabilitation programs is also essential, including integration with public health services.

This research also provides a direction for future development. Further research is needed to explore technology-based intervention models to improve the efficiency and effectiveness of rehabilitation. In addition, the development of new policies that support community-based rehabilitation

will be an important step in addressing drug abuse holistically. A multidimensional approach involving social, psychological, and economic aspects is needed to ensure the success of drug rehabilitation and social reintegration of former users in the long term. A data-driven approach needs to be implemented to improve the effectiveness of rehabilitation. Multisectoral collaboration between the government, the private sector, and the community can provide better resource support. Education and public information campaigns are also needed to reduce stigma and increase community participation in rehabilitation programs. Successful rehabilitation requires the involvement of family, community, and resident skills. Social support, training innovation, and social acceptance are key factors in the success of Indocharis Foundation's ongoing rehabilitation and reintegration programs. It is important to conduct further research to evaluate effective rehabilitation models and develop digital technologies to monitor the rehabilitation process. Expansion of international cooperation is also urgently needed to adopt best practices from various countries in dealing with drug problems. This study emphasizes that successful rehabilitation requires an integrative approach involving health, social, economic, and legal aspects. With a holistic and collaborative strategy, former drug users have a greater chance of becoming productive and independent members of society. Further research is needed to develop rehabilitation support technologies and evaluate the effectiveness of various rehabilitation models in local contexts. A multidimensional approach that includes social support, economic reintegration, and prevention education is key to achieving an effective and sustainable recovery.

Reference

- Citra, A., Triana, A., Sonia, G., & Humaedi, S. (2021). Peran Pekerja Sosial dalam Penerapan Therapeutic Community. *Focus: Jurnal Pekerjaan Sosial*, 3(2). <https://doi.org/10.24198/focus.v3i2.31851>
- Hechanova, Ma. R. M., Teng-Calleja, M., Canoy, N. A., & de Guzman, J. M. (2023). Community-Based Drug Rehabilitation and Care in Philippine Local Governments. *International Perspectives in Psychology*, 12(1). <https://doi.org/10.1027/2157-3891/a000058>
- Hulukati, Y. R., Ismail, D. E., & Nggilu, N. (2020). Penyalahgunaan Narkotika Oleh Pegawai Negeri Sipil Dilihat Dari Perspektif Kajian Kriminologi. *JURNAL LEGALITAS*, 13(01). <https://doi.org/10.33756/jelta.v13i01.7303>
- Ismawati, Indryani, & Amir, S. (2022). HUBUNGAN DUKUNGAN KELUARGA TERHADAP KEPATUHAN IBU HAMIL DALAM MELAKUKAN KUNJUNGAN ANC DI WILAYAH UPT PUSKESMAS ULAWENG. *Jurnal Suara Kesehatan*, 8(2). <https://doi.org/10.56836/journaliskb.v8i2.62>
- Kristian, A., Chandra, T. Y., & Ismed, M. (2022). Penerapan Sanksi Rehabilitasi Terhadap Anak Penyalahguna Narkotika Dalam Sistem Peradilan Pidana Anak. *SALAM: Jurnal Sosial Dan Budaya Syar-i*, 9(5). <https://doi.org/10.15408/sjsbs.v9i5.27636>
- Lai, A., & Widjaja, O. H. (2023). Pengaruh Pengetahuan Kewirausahaan, Kreativitas, dan Inovasi terhadap Keberhasilan UMKM Kedai Kopi. *Jurnal Manajerial Dan Kewirausahaan*, 5(3). <https://doi.org/10.24912/jmk.v5i3.25336>
- Mashur, M., Hunaepi, H., & Subagio, S. (2022). Bimbingan Teknis Pengolahan Jerami Padi Menjadi Pakan Sapi Potong pada Musim Kemarau di Lahan Kering. *Lumbung Inovasi: Jurnal Pengabdian Kepada Masyarakat*, 7(2). <https://doi.org/10.36312/linov.v7i2.712>
- Prastiyo, W. E. (2022). The reconstruction of rehabilitation for addicts and drug abuses in human rights perspective. *International Journal of Research in Business and Social Science (2147- 4478)*, 11(1). <https://doi.org/10.20525/ijrbs.v11i1.1683>

INDEX

A

adequate, 4, 14, 57, 95, 138, 171, 176, 178, 179, 194, 198, 199, 202, 223, 228, 229, 245, 247, 281, 284, 286, 290

approach, 1, 5, 6, 7, 8, 9, 10, 11, 12, 15, 19, 27, 31, 37, 48, 56, 57, 58, 60, 61, 62, 63, 64, 65, 66, 68, 74, 76, 78, 80, 86, 87, 88, 89, 92, 94, 97, 98, 99, 100, 104, 113, 114, 115, 118, 119, 120, 126, 127, 128, 129, 130, 132, 134, 135, 136, 137, 138, 139, 141, 142, 143, 145, 147, 153, 156, 157, 158, 159, 160, 161, 162, 163, 164, 166, 168, 169, 171, 172, 173, 174, 175, 176, 177, 179, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 210, 211, 212, 213, 215, 216, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 230, 232, 233, 234, 242, 243, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 272, 281, 284, 285, 286, 287, 289, 290, 291

awareness, 1, 11, 12, 17, 18, 27, 57, 60, 62, 66, 68, 74, 83, 86, 92, 129, 140, 141, 146, 148, 161, 163, 168, 171, 172, 173, 174, 176, 186, 187, 193, 202, 230, 234, 241, 242, 246, 248, 249, 254, 255, 256, 257, 258, 259, 260, 261, 265, 266, 267, 269, 273, 281, 283, 284, 289

C

campaigns, 1, 18, 119, 166, 168, 202, 229, 230, 234, 235, 241, 254, 255, 256, 257, 258, 266, 267, 268, 271, 274, 282, 284, 287, 289, 291

challenges, 2, 13, 17, 18, 27, 32, 36, 43, 58, 65, 74, 76, 77, 79, 81, 83, 84, 86, 87, 88, 89, 92, 99, 100, 101, 102, 113, 114, 117, 118, 127, 128, 129, 130, 131, 134, 137, 139, 141, 142, 144, 146, 147, 148, 156, 157, 158, 159, 160, 161, 164, 165, 166, 167, 168, 169, 172, 179, 185, 192, 193, 194, 195, 197, 198, 199, 202, 203, 204, 205, 211, 212, 217, 218, 220, 223, 225, 226, 227, 228, 229, 230, 231, 232, 233, 243, 252, 255, 258, 265, 266, 268, 281, 283, 284, 285, 286, 287

Charis Rehabilitation Center, 9, 15, 16, 17, 18, 24, 48, 60, 98, 185, 264, 265, 268, 281, 283, 284, 285, 289

collaboration, 27, 55, 56, 68, 86, 100, 105, 106, 118, 120, 126, 128, 134, 135, 138, 139, 140, 141, 142, 143, 144, 145, 147, 148, 156, 157, 159, 161, 162, 163, 166, 167, 175, 178, 182, 184, 186, 187, 188, 190, 191, 192, 195, 196, 197, 203, 204, 205, 211, 213, 215, 218, 219, 221, 222, 223, 224, 225, 227, 230, 243, 248, 249, 251,

252, 253, 254, 256, 257, 259, 260, 261, 262, 263, 265, 268, 273, 276, 280, 283, 284, 287, 288, 289, 290, 291

community, 1, 3, 4, 6, 7, 8, 9, 10, 12, 15, 16, 17, 18, 20, 21, 22, 25, 26, 27, 28, 29, 30, 31, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 48, 51, 52, 53, 55, 57, 58, 59, 60, 61, 63, 64, 67, 68, 80, 81, 86, 87, 88, 91, 92, 93, 94, 96, 97, 98, 99, 100, 101, 103, 105, 106, 108, 109, 110, 111, 112, 115, 117, 118, 119, 120, 126, 127, 129, 130, 132, 133, 134, 135, 136, 139, 140, 141, 142, 143, 144, 145, 147, 149, 150, 151, 152, 154, 155, 161, 164, 168, 169, 170, 171, 173, 175, 176, 177, 178, 182, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 207, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 227, 228, 229, 231, 232, 233, 234, 237, 238, 241, 243, 245, 246, 247, 248, 249, 250, 252, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 270, 272, 274, 275, 282, 283, 284, 287, 288, 289, 290

D

drug, 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 24, 25, 26, 27, 28, 29, 30, 31, 36, 38, 39, 41, 42, 44, 45, 48, 53, 56, 57, 58, 59, 60, 61, 63, 64, 65, 66, 67, 68, 74, 76, 79, 81, 82, 83, 85, 86, 87, 88, 89, 91, 92, 93, 94, 95, 101, 103, 108, 110, 111, 114, 115, 116, 117, 118, 119, 120, 126, 127, 129, 130, 132, 134, 135, 136, 138, 139, 140, 145, 146, 147, 148, 149, 153, 156, 157, 161, 165, 166, 168, 169, 174, 175, 178, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 198, 199, 200, 201, 202, 203, 204, 205, 206, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 271, 272, 273, 275, 277, 279, 281, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292

drug abuse, 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 18, 19, 25, 26, 27, 28, 31, 42, 48, 49, 56, 57, 58, 59, 60, 63, 64, 65, 66, 67, 68, 79, 81, 86, 87, 88, 89, 90, 92, 93, 94, 108, 119, 126, 128, 145, 146, 148, 156, 157, 161, 175, 206, 211, 228, 241, 249, 250, 251, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 265, 275, 277, 282, 283, 284, 286, 288, 291

E

economic, 1, 9, 10, 12, 13, 15, 17, 18, 24, 36, 49, 64, 69, 98, 99, 100, 101, 102, 103, 105, 106, 110, 112, 113, 114, 117, 118, 119, 126, 137, 143, 146, 148, 156, 159, 164, 175, 177, 178, 191, 193, 197, 204, 205, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 235, 237, 238, 243, 261, 266, 275, 281, 283, 285, 286, 287, 288, 289, 290, 291

education, 1, 7, 10, 15, 17, 24, 27, 41, 52, 53, 54, 57, 60, 64, 66, 68, 88, 100, 104, 109, 117, 119, 131, 132, 133, 142, 143, 144, 148, 161, 163, 168, 172, 173, 174, 175, 176, 185, 186, 188, 189, 190, 191, 192, 193, 196, 197, 198, 199, 200, 201, 202, 205, 214, 215, 216, 217, 223, 224, 227, 228, 231, 232, 234, 241, 242, 246, 247, 248, 249, 250, 251, 253, 254, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 270, 282, 286, 287, 288, 290, 291

emotional, 5, 6, 12, 13, 15, 31, 36, 37, 38, 39, 41, 42, 58, 60, 62, 63, 65, 66, 74, 76, 78, 80, 81, 87, 96, 99, 102, 104, 107, 116, 117, 118, 119, 135, 146, 185, 186, 200, 204, 205, 213, 215, 220, 226, 250, 251, 255, 281, 283, 284, 287, 289

environment, 4, 5, 9, 11, 12, 13, 15, 28, 29, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 59, 61, 65, 66, 74, 77, 78, 81, 84, 88, 92, 94, 95, 101, 103, 108, 111, 112, 113, 115, 116, 117, 118, 119, 128, 130, 131, 132, 134, 135, 136, 138, 141, 143, 145, 147, 153, 168, 185, 186, 187, 193, 194, 204, 205, 210, 211, 213, 216, 218, 221, 222, 223, 229, 232, 233, 234, 250, 251, 252, 253, 256, 258, 261, 266, 267, 282, 284, 285, 287, 289

F

facilities, 5, 32, 52, 53, 57, 83, 84, 89, 100, 157, 161, 171, 187, 188, 189, 192, 217, 245, 260, 267, 268, 281, 283, 284, 288, 289, 290

families, 14, 16, 28, 29, 31, 34, 36, 38, 39, 59, 60, 61, 63, 64, 65, 66, 67, 76, 78, 79, 80, 81, 82, 83, 84, 85, 87, 88, 96, 102, 104, 106, 109, 111, 113, 114, 115, 116, 119, 131, 133, 134, 144, 145, 146, 147, 148, 170, 177, 191, 199, 200, 202, 204, 205, 222, 229, 232, 233, 256, 281, 283, 285, 288, 289, 290

financial, 52, 53, 55, 69, 80, 83, 85, 87, 93, 107, 108, 116, 118, 119, 146, 166, 175, 177, 178, 193, 198, 205, 213, 217, 218, 219, 220, 222, 223, 224, 225, 227, 228, 230, 232, 234, 265, 286

G

government, 3, 16, 26, 27, 41, 49, 57, 58, 67, 68, 126, 127, 138, 141, 142, 154, 168, 170, 171, 175, 176, 178, 186, 187, 189, 190, 191, 192, 193, 194, 195, 196, 203, 204, 216, 218, 219, 220, 222, 223, 224, 225, 227, 228, 230, 232, 234, 256, 259, 261, 262, 263, 265, 282, 283,

287, 289, 290, 291

H

health, 1, 3, 5, 9, 12, 14, 16, 18, 24, 31, 33, 39, 52, 53, 58, 59, 60, 61, 63, 64, 68, 74, 75, 76, 77, 78, 80, 81, 83, 85, 86, 87, 88, 89, 91, 94, 95, 96, 97, 99, 100, 108, 116, 117, 126, 127, 128, 129, 130, 132, 133, 136, 137, 138, 139, 140, 142, 144, 149, 151, 152, 156, 157, 159, 161, 163, 165, 166, 169, 170, 171, 175, 176, 177, 178, 186, 187, 188, 189, 195, 196, 197, 198, 199, 200, 201, 202, 204, 207, 217, 218, 222, 223, 231, 241, 242, 243, 245, 246, 247, 248, 249, 255, 257, 258, 259, 260, 261, 262, 264, 265, 266, 269, 271, 273, 281, 282, 285, 286, 287, 288, 290, 291

I

inclusive, 36, 41, 43, 94, 99, 100, 112, 115, 117, 118, 119, 120, 128, 131, 134, 139, 140, 141, 142, 147, 164, 169, 187, 191, 192, 198, 202, 204, 205, 211, 212, 213, 215, 216, 217, 221, 222, 224, 227, 228, 229, 230, 232, 233, 245, 251, 253, 254, 256, 257, 282, 283, 284, 286, 287, 288, 289, 290

Indocharis, 48, 49, 50, 51, 53, 54, 55, 56, 62, 103, 104, 108, 281, 287, 291

institutions, 3, 4, 5, 8, 16, 18, 24, 27, 31, 40, 51, 52, 53, 56, 67, 68, 81, 84, 88, 103, 104, 118, 119, 126, 128, 134, 140, 145, 146, 147, 156, 158, 161, 164, 168, 170, 175, 176, 177, 178, 189, 194, 195, 196, 197, 205, 213, 216, 218, 219, 220, 221, 223, 228, 230, 231, 281, 282, 283, 284, 285, 287

interventions, 6, 12, 13, 14, 30, 31, 36, 43, 57, 60, 80, 89, 100, 119, 120, 129, 130, 132, 135, 138, 142, 145, 147, 158, 185, 186, 188, 191, 196, 218, 222, 223, 242, 243, 245, 247, 248, 249, 256, 257, 258, 264, 265, 268, 276, 281, 287

L

leaders, 3, 10, 16, 30, 31, 94, 111, 126, 128, 130, 134, 139, 140, 141, 142, 143, 145, 187, 191, 234, 256, 265, 269, 282, 285, 287, 290

local organizations, 260, 282

M

management, 6, 9, 43, 51, 52, 53, 55, 56, 66, 68, 81, 88, 92, 94, 95, 99, 100, 105, 126, 127, 128, 129, 137, 138, 142, 143, 144, 147, 148, 149, 151, 154, 161, 174, 177, 180, 189, 195, 199, 211, 234, 243, 250, 252, 253, 282

O

organizations, 16, 53, 56, 89, 93, 94, 126, 127, 130, 134, 138, 141, 158, 165, 166, 167, 175, 177, 187, 189, 190, 193, 194, 196, 197, 203, 213, 218, 219, 220, 222, 224, 256, 259, 260, 261, 262, 263, 265, 269, 282, 285, 287

P

policy, 3, 8, 18, 27, 55, 58, 128, 130, 131, 132, 133, 137, 139, 142, 151, 156, 158, 160, 161, 165, 166, 168, 169, 173, 176, 178, 187, 198, 203, 214, 215, 218, 220, 223, 224, 232, 243, 246, 278, 281, 283, 284, 286, 288, 289, 290

post-rehabilitation, 61, 109, 146, 197, 231, 281, 283, 285, 290

prevention, 1, 2, 7, 13, 17, 26, 27, 68, 79, 86, 88, 119, 120, 137, 140, 158, 161, 164, 166, 168, 171, 176, 199, 233, 241, 246, 248, 249, 250, 251, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 271, 272, 273, 274, 275, 277, 282, 284, 286, 288, 289, 291

Programs, 15, 17, 18, 46, 82, 87, 100, 120, 185, 196, 198, 200, 211, 213, 214, 220, 223, 225, 227, 241, 260, 261, 262, 263, 266, 286

promotion, 86, 165, 245, 282

psychological, 5, 6, 14, 15, 32, 33, 36, 38, 48, 55, 60, 62, 65, 90, 102, 107, 109, 111, 113, 114, 116, 117, 118, 119, 120, 129, 169, 185, 186, 193, 194, 204, 205, 212, 213, 216, 219, 220, 223, 224, 226, 228, 229, 230, 231, 232, 234, 264, 281, 283, 287, 288, 289, 291

psychosocial, 31, 43, 60, 66, 100, 102, 104, 119, 147, 177, 187, 188, 189, 198, 200, 201, 203, 212, 213, 214, 215, 216, 217, 218, 219, 222, 223, 224, 226, 233, 235, 282

public, 1, 9, 11, 14, 18, 41, 42, 58, 59, 68, 89, 93, 94, 96, 103, 109, 114, 119, 127, 128, 130, 131, 134, 136, 137, 138, 139, 140, 142, 143, 144, 149, 152, 156, 157, 159, 161, 168, 170, 171, 184, 185, 186, 188, 189, 192, 199, 202, 205, 211, 214, 221, 222, 223, 227, 228, 229, 230, 233, 234, 241, 242, 246, 249, 254, 255, 256, 257, 258, 259, 260, 261, 262, 264, 265, 266, 269, 271, 273, 281, 283, 284, 285, 286, 287, 288, 290, 291

R

recommendations, 10, 16, 18, 98, 161, 163, 281, 282, 287

recovering, 6, 13, 43, 66, 75, 77, 79, 80, 82, 83, 84, 85, 86, 87, 88, 92, 93, 94, 109, 116, 171, 220, 221, 230, 282

reforms, 157, 172, 283, 288, 290

Regulation, 3, 4, 26, 27, 32, 48, 170, 183, 284

rehabilitation, 2, 3, 4, 5, 7, 8, 9, 11, 12, 13, 14, 15, 16,

17, 18, 19, 20, 24, 26, 27, 29, 30, 31, 32, 33, 34, 36, 37, 39, 40, 43, 48, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 74, 76, 78, 79, 81, 83, 85, 87, 88, 89, 93, 94, 95, 98, 100, 101, 103, 104, 105, 108, 109, 110, 111, 113, 114, 115, 116, 119, 120, 127, 129, 130, 131, 132, 133, 134, 135, 139, 140, 145, 146, 147, 152, 156, 157, 158, 161, 163, 164, 165, 166, 168, 169, 170, 171, 172, 173, 175, 177, 178, 180, 181, 182, 183, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 201, 202, 203, 204, 205, 206, 207, 209, 210, 212, 213, 214, 216, 219, 220, 223, 225, 226, 227, 229, 230, 231, 233, 235, 242, 244, 264, 265, 266, 267, 268, 269, 281, 283, 284, 285, 286, 287, 288, 289, 290, 292

reintegration, 4, 7, 10, 11, 12, 13, 14, 15, 16, 17, 24, 31, 38, 41, 48, 59, 61, 65, 79, 86, 87, 88, 93, 94, 98, 104, 106, 109, 111, 114, 115, 116, 117, 118, 119, 120, 129, 130, 145, 146, 147, 148, 156, 157, 169, 172, 175, 177, 178, 182, 186, 189, 191, 193, 196, 199, 204, 205, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 266, 267, 268, 269, 281, 283, 284, 285, 286, 287, 288, 289, 290, 291

resources, 4, 12, 13, 17, 26, 53, 68, 78, 82, 84, 98, 99, 100, 113, 127, 128, 130, 134, 135, 136, 138, 140, 141, 143, 144, 146, 149, 151, 154, 159, 161, 162, 163, 164, 165, 166, 167, 172, 175, 177, 178, 185, 186, 187, 191, 192, 193, 195, 196, 198, 199, 203, 204, 210, 212, 215, 217, 223, 233, 250, 253, 257, 260, 263, 265, 266, 282, 283, 285, 287, 288, 289, 290

S

skills, 6, 9, 15, 24, 30, 31, 32, 35, 36, 48, 55, 56, 60, 62, 63, 67, 74, 75, 77, 78, 86, 92, 99, 100, 114, 115, 116, 118, 119, 120, 141, 142, 144, 146, 148, 176, 186, 188, 193, 194, 198, 199, 204, 210, 211, 212, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 228, 229, 231, 232, 233, 234, 237, 249, 250, 251, 252, 253, 257, 262, 282, 283, 286, 287, 288, 289, 290, 291

social, 1, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 18, 19, 24, 26, 27, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 48, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 76, 79, 81, 83, 85, 86, 87, 88, 90, 91, 92, 93, 94, 98, 99, 100, 101, 102, 103, 105, 106, 108, 109, 110, 111, 113, 114, 115, 116, 117, 118, 119, 120, 126, 127, 128, 129, 130, 131, 132, 134, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 149, 150, 151, 153, 154, 155, 156, 157, 159, 164, 165, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 238, 242, 243, 244, 245, 246,

250, 251, 252, 253, 254, 255, 256, 257, 259, 261, 262,
264, 266, 267, 268, 269, 281, 283, 284, 285, 287, 288,
289, 290, 291

social stigma, 11, 38, 57, 65, 111, 114, 117, 118, 130,
134, 147, 172, 178, 185, 186, 189, 190, 191, 194, 198,
202, 211, 213, 214, 215, 216, 218, 221, 222, 223, 224,
225, 227, 228, 229, 230, 231, 232, 234, 245, 266, 281,
283, 284, 285, 287, 289, 290

society, 1, 2, 4, 5, 6, 7, 8, 10, 12, 13, 14, 15, 16, 17, 24,
29, 30, 34, 35, 37, 40, 41, 43, 44, 48, 59, 61, 64, 65,
74, 86, 88, 89, 90, 93, 98, 99, 104, 106, 110, 111, 114,
116, 118, 119, 120, 126, 128, 132, 134, 137, 139, 141,
146, 147, 156, 157, 169, 172, 173, 174, 176, 177, 178,
185, 192, 193, 199, 203, 204, 210, 213, 215, 216, 217,
220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230,
231, 233, 234, 235, 243, 247, 254, 255, 256, 259, 260,
262, 263, 282, 285, 289, 290, 291

strengthen, 12, 13, 37, 38, 53, 61, 68, 82, 101, 105,
113, 114, 116, 117, 118, 119, 120, 135, 141, 143, 146,
158, 159, 163, 164, 166, 167, 172, 174, 175, 176, 177,
179, 186, 188, 192, 194, 202, 204, 218, 224, 225, 226,
228, 243, 252, 253, 254, 256, 257, 261, 265, 266, 282,
288, 290

T

therapy, 1, 5, 6, 20, 49, 59, 60, 62, 63, 66, 78, 80, 81,
82, 84, 85, 87, 89, 92, 93, 96, 104, 114, 120, 129, 135,
137, 138, 171, 188, 191, 193, 194, 212, 214, 215, 234,
241, 246, 247, 264, 265, 267, 269, 271, 277, 279, 282,
286, 288, 289

training, 9, 15, 27, 30, 32, 36, 43, 46, 48, 52, 56, 60, 61,
62, 99, 100, 101, 116, 118, 119, 120, 138, 142, 146,
148, 158, 161, 162, 164, 165, 166, 173, 177, 186, 187,
188, 189, 192, 193, 195, 197, 198, 199, 202, 210, 211,
212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222,
223, 224, 225, 226, 227, 228, 229, 231, 232, 233, 234,
237, 247, 248, 249, 250, 251, 252, 253, 254, 257, 259,
260, 261, 262, 263, 265, 266, 267, 270, 274, 282, 283,
284, 286, 287, 288, 289, 290, 291

training programs, 15, 32, 37, 48, 61, 210, 211, 212,
217, 219, 220, 221, 224, 226, 234, 252, 253, 254, 262,
282, 283, 289, 290

Y

Yogyakarta, 7, 8, 24, 25, 26, 27, 48, 52, 58, 237, 284

