



Analysis of Rehabilitation Services for Addicts and Victims of Drug Abuse Quality at the National Narcotics Agency of North Sumatra Province, Indonesia

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

The problem of drug abuse continues to escalate each year, necessitating concerted efforts from the relevant government agencies and all segments of society to address this issue. Rehabilitation has been identified as a crucial approach in combating drug abuse. However, the implementation of rehabilitation programs by the National Narcotics Agency for North Sumatra Province (BNNP-SU) has faced significant challenges due to the lack of supporting facilities. This study aims to assess the quality of rehabilitation services provided by the North Sumatra National Narcotics Agency and identify the obstacles encountered during the implementation process. A qualitative research

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method was employed to gain insights into the services offered by the BNNP-SU, using observation, interviews, and documentation as data collection techniques. Based on Zeithaml et al.'s theory of service quality, five indicators were utilized: Tangible, Reliability, Responsiveness, Assurance, and Empathy. The findings reveal that the rehabilitation services at the North Sumatra BNNP have been suboptimal, primarily due to several obstacles. In terms of tangibles, there is a lack of dedicated counseling rooms, inadequate commitment and involvement from both patients and their parents, counselors' failure to utilize counseling tools during consultations, and insufficient supervisory functions. Regarding reliability, the service providers have not fully utilized rehabilitation tools in the counseling process. The study highlights challenges in delivering high-quality rehabilitation services by the North Sumatra National Narcotics Agency. Immediate action is necessary to address obstacles, including improving counseling facilities, fostering commitment from patients and families, providing proper training on counseling tools, and strengthening supervision. By overcoming these challenges, the BNNP-SU can enhance rehabilitation services and improve drug abuse prevention. Adherence to standard operating procedures and continuous evaluation and improvement are essential for ensuring comprehensive and reliable rehabilitation services.

Keywords: Quality; drug rehabilitation service; standard operating procedure.

1. INTRODUCTION

Problems related to narcotics and illegal drugs are serious matters that should not be underestimated and are a priority for the government to address. The rampant drug trade and its rapid spread have led to an increasing number of drug addicts. According to Article 1, Paragraph 1 of Law Number 35 of 2009 concerning Narcotics, narcotics are substances or drugs derived from plants and non-plants, both synthetic and semi-synthetic, which can cause a decrease or change in consciousness, loss of taste, pain reduction, and can lead to dependence. While narcotics and psychotropics have medical, health, and scientific benefits, they can also cause dependence if not strictly and thoroughly supervised.

The impact of drugs on a person's psyche includes causing mental depression, severe/psychotic mental disorders, and involvement in crime and violence. Therefore, a comprehensive approach is necessary to address these issues, focusing on prevention, rehabilitation, and law enforcement. To tackle the problem, the National Narcotics Agency was established as an institution responsible for preventing and eradicating narcotics based on Law Number 35 of 2009 concerning Narcotics.

The National Narcotics Agency is a non-ministerial government agency that operates under the President's coordination with the head of the Indonesian National Police. Its main tasks include implementing national policies to prevent and eradicate the abuse and illicit trafficking of

narcotics and drug precursors, as well as improving medical and social rehabilitation institutions for narcotics addicts to optimize their performance. The National Narcotics Agency has representatives in each province and district/city [1-3].

According to the law, narcotics users or addicts are considered perpetrators of narcotics crimes and are subject to prison sentences. However, the law also recognizes that narcotics addicts are victims, as evidenced by the provision that allows them to be sentenced to rehabilitation. Rehabilitation aims to protect addicts and victims of narcotics abuse by giving them the opportunity to recover and reintegrate into society. It is a way to humanize individuals and goes beyond punishment, focusing on providing benefits to suspects and defendants [4,5,6].

Normatively, rehabilitation is regulated in Article 54 of Law Number 35 of 2009 concerning Narcotics. To strengthen the implementation of rehabilitation, the Supreme Court issued Circular Letter (SEMA) Number 4 of 2010 concerning the placement of abusers and victims of abuse in medical and social institutions. Additionally, the government issued Government Regulation (PP) Number 25 of 2011 mandating the reporting of narcotics addicts for therapy and rehabilitation services.

Medical rehabilitation, as defined in Article 1, Point 16 of Law Number 35 of 2009, is an integrated treatment process to free addicts from narcotics dependence. Social rehabilitation, as defined in Article 1, Point 17 of the same law, is

an integrated recovery process encompassing physical, mental, and social aspects, enabling former narcotics addicts to reintegrate into community life and fulfill their social functions.

Rehabilitation of narcotics addicts is a treatment process aimed at freeing them from dependence, and the rehabilitation period is counted as part of their sentence. Medical and social rehabilitation are expected to make addicts healthy, productive, deter them from criminal activities, and prevent a relapse into narcotics addiction. It is a form of social protection that integrates narcotics addicts into the social order, reducing the abuse of narcotics [7,8,9].

According to the National Narcotics Agency of the Republic of Indonesia, North Sumatra had the highest number of drug cases and suspects in the first quarter of 2021, with 2,049 cases and 2,661 suspects.

Table 1. Drug suspect cases

Region Cases	Suspect
North Sumatra: 2.049 Cases	North Sumatra: 2.661 Suspects
East Java: 1.910 Cases	East Java: 2.364 Suspects
DKI Jakarta: 964 Cases	DKI Jakarta: 1.135 Suspects
West Java: 672 Cases	Riau: 876 Suspects
Center Java: 661 Cases	Lampung: 858 Suspects

Source: Polri and BNN 2021

The National Narcotics Agency for North Sumatra Province is responsible for rehabilitating narcotics addicts. It operates a clinic that provides outpatient rehabilitation services for drug abusers or addicts. The outpatient rehabilitation team consists of doctors and trained nurses. The standard operating procedure involves a medical team assessing the severity of narcotics addiction and potential illnesses to develop a rehabilitation therapy plan for the client. Once the assessment is completed, the drug abuser or addict undergoes rehabilitation [10].

The quality of rehabilitation services is crucial, as many drug abusers are reluctant to seek rehabilitation due to societal reluctance and ignorance. The community often isolates itself from the rehabilitation process out of fear that addicts will be arrested. However, based on Perka BNN Number 11 of 2014, narcotics addicts are required to undergo rehabilitation. Failing to rehabilitate drug abusers can result in the prolonged suffering of the Indonesian youth, leading to a bleak future.

Previous research by Hardiyansyah [11] highlights the ineffective implementation of rehabilitation due to a lack of supporting facilities. Firdaus [12] identified obstacles in various aspects, including human resources, targeting accuracy, rehabilitation systems, and institutions.

The National Narcotics Agency of North Sumatra Province (BNNP SUMUT) faces limitations in the quantity and quality of rehabilitation services. Currently, employees in the Rehabilitation Section of BNNP SUMUT hold dual positions, such as doctors also serving as counselors. Proper counseling facilities are lacking, as counseling sessions take place in the BNNP SUMUT Primary Clinic room. The National Narcotics Agency has the responsibility to prevent narcotics abuse, eradicate illicit drug trafficking, and rehabilitate narcotics abusers. These actions should be coordinated and sustained [13].

Relevant previous research includes Neli Sa'adah's study [14] on the implementation of rehabilitation at the National Narcotics Agency of Aceh Province, which found ineffective results due to the lack of facilities for inpatient rehabilitation. Haerana's research [15] focused on South Sulawesi BNNP and highlighted the successful intensification of mandatory reporting of narcotics addicts. Insan Firdaus's study [12] emphasized the need for improvements in human resources, target accuracy, rehabilitation systems, and institutions in correctional UPTs. Sukoco and Adnan [13] analyzed the strategy for preventing, eradicating, and rehabilitating drug abusers in Semarang and recommended enhancing the government's role in protecting citizens through optimizing the functions of the National Narcotics Agency, perfecting the P4GN strategy, and empowering the community.

Furthermore, Nurdin Bakhri and Bamawi's research [16] explored the rehabilitation through da'wah at BNN Aceh Province, highlighting the lack of staff and facilities to deal with victims of narcotics abuse.

Based on the problem context, the purpose of this study is to assess the quality of rehabilitation services for addicts and victims of drug abuse at BNNP North Sumatra and identify obstacles in the rehabilitation process for addicts and victims of drug abuse in that region [17-22].

2. METHODS

In this research, qualitative research methods with a descriptive approach are employed.

Qualitative research methods are often referred to as naturalistic research methods because they are conducted in natural settings, and they are also known as ethnographic methods, initially used in cultural anthropology. These methods involve collecting and analyzing qualitative data, such as words, language, and observed behaviors, to understand the phenomenon experienced by research subjects.

The purpose of using qualitative methods and a descriptive approach in this research is to describe and summarize various conditions and situations in order to understand the phenomena related to the research subject and object. The research location is the National Narcotics Agency of North Sumatra Province in Medan, specifically focusing on rehabilitation services for drug addicts.

Informants in qualitative research are individuals who provide information about the research context. In this study, informants were chosen based on their knowledge and direct involvement in the research topic. Key informants are experts who possess a deep understanding and can provide explanations on various matters related to the research. In this case, the key informants are Rehabilitation Patients (Paulus, Ahmad Fauzi, Christoper & Ilham) and Dr. Ginting Tribe, M. Kes, the Rehabilitation Coordinator of BNNP North Sumatra. Additionally, there are additional informants who can provide supplementary information to support the research, such as the Medical Team (Dr. Yusuf Wibosono) and Addiction Counselors (Ms. Cindy Lydia Ivana S.KM and Dr. Laniah Lubis).

Data collection techniques play a crucial role in research, as they aim to obtain the necessary data. The techniques employed in this study include observation, interviews, and documentation. Observation involves directly observing and recording the phenomena that occur during the research process. Interviews are conducted as meetings between the researcher and informants to gather information and ideas through question-and-answer exchanges. Documentation refers to collecting data from written records, drawings, or other relevant sources.

In qualitative research, data analysis involves several steps. First, data reduction is performed, which includes summarizing and selecting the main points and identifying themes and patterns. The researcher analyzes the data by organizing

and eliminating unnecessary elements, ensuring clarity and ease of analysis. Second, the presentation of data involves organizing and presenting the data in tables, graphs, or other visual forms to enhance understanding. Finally, the process of drawing conclusions aims to analyze the data to derive meaningful insights and answer the research problem or formulate new hypotheses.

However, it is important to note that the conclusions drawn in qualitative research are tentative and subject to the evolving nature of the research. The formulation of the research problem may develop or change as the study progresses in the field. Drawing conclusions is a critical part of the research process, as it involves analyzing the data to derive meaningful insights and address the research objectives.

3. RESULTS AND DISCUSSION

3.1 Quality of Rehabilitation Services for Addicts and Victims of Drug Abuse

The study aimed to assess the quality of rehabilitation services for addicts and victims of drug abuse at the North Sumatra National Narcotics Board (BNNP) using the five dimensions of service quality proposed by Zeithaml et al. (1990): Tangible, Reliability, Responsiveness, Assurance, and Empathy. The findings from each dimension are discussed below:

Tangible Dimension (Physical Form): The researchers identified four indicators to measure the tangible dimension. The first indicator, procurement of facilities and infrastructure, revealed a need for additional facilities and infrastructure to support rehabilitation services at BNNP. The counseling room, in particular, was highlighted as inadequate, as it should be separate to allow patients to freely express their thoughts. Currently, counseling takes place in the clinic at BNNP. The third indicator, ease in the service process, indicated that the service process met the requirements for rehabilitation and was straightforward. The fourth indicator, the discipline of officers, showed that officers arrived on time. Overall, it can be concluded that the tangible dimension did not meet expectations due to the lack of necessary facilities and infrastructure.

Reliability Dimension: Three indicators were used to measure the reliability dimension. The

accuracy of staff in serving patients was found to be satisfactory, with the medical team, administrative officers, and counselors being fast, careful, and responsive in their duties. The existence of clear service standards was also noted, ensuring that service at BNNP adhered to standard operating procedures. However, it was identified that some counselors did not use supporting tools during their duties. Therefore, while the reliability of the service process was generally good, improvements were needed regarding the use of supporting tools by counselors.

Responsiveness Dimension: The responsiveness dimension was assessed using two indicators. The first indicator focused on the response given to every service user seeking assistance, and it was found that the service staff provided good responses during counseling. The second indicator assessed the speed of service, indicating that the officers were responsive and performed their duties quickly, minimizing patient waiting times. Overall, the officers' response was categorized as good, as they served patients politely and promptly, thus providing satisfaction to the service users.

Assurance Dimension (Guarantee): Two indicators were used to measure the assurance dimension. The first indicator examined whether officers provided timely guarantees for services, such as the completion of rehabilitation within eight sessions or two months. However, it was noted that some patients did not attend regularly, leading to incomplete rehabilitation within the specified timeframe. The second indicator focused on guarantees for service costs, and it was determined that rehabilitation services were provided free of charge, as it was already included in the DIPA (Financial Administration and Accountability Report). While officers provided as much certainty as possible regarding time and costs, the main obstacles came from patients not adhering to the predetermined schedule.

Empathy Dimension: The empathy dimension was evaluated using three indicators. The first indicator assessed whether officers prioritized the interests of patients, and it was found that all officers performed their duties properly and considered the patients' interests and complaints. The second indicator examined the friendly and polite attitude of the officers, and it was determined that they were indeed friendly when interacting with patients. Friendliness was

deemed essential in ensuring patient satisfaction. The final indicator evaluated whether officers respected each customer, and it was concluded that the service officers valued and served all patients equally, without discrimination. Therefore, the officers demonstrated professionalism, friendliness, and respect in carrying out their duties.

In conclusion, the quality of rehabilitation services at the North Sumatra National Narcotics Board can be improved in several dimensions. Additional facilities and infrastructure, particularly separate counseling rooms, are needed to enhance the tangible dimension. The use of supporting tools by counselors should be encouraged to ensure reliability. While responsiveness and assurance were generally good, efforts should be made to address patient non-compliance with scheduled appointments. Overall, the officers exhibited empathy and professionalism in serving patients, but continuous training and awareness are necessary to maintain and improve these qualities.

3.2 Obstacles in the Rehabilitation Implementation Process

Inadequate Facilities and Infrastructure: The absence of a dedicated counseling room and lack of suitable workspace for rehabilitation staff can hinder the optimal implementation of counseling and compromise patient privacy. Without proper facilities, the effectiveness of counseling sessions may be compromised.

Non-Committed Patients: Patients who are inconsistent in attending scheduled rehabilitation sessions or fail to complete the treatment plan can pose a significant obstacle to the rehabilitation process. Lack of commitment from patients hinders progress and makes it challenging to achieve successful outcomes.

Lack of Scheduled Supervision: The absence of scheduled supervision and oversight of counselors can hinder the identification of challenges faced by counselors or potential performance issues. Regular supervision is crucial for evaluating the effectiveness of counseling approaches and addressing any obstacles or difficulties encountered.

Insufficient Family Support: Family support plays a vital role in the rehabilitation process, as it contributes to the patient's motivation and

overall recovery. However, at the North Sumatra BNNP, there is a lack of adequate family support, which can impede the patient's progress and hinder successful rehabilitation outcomes.

Lack of Discipline in Equipment Use:

Rehabilitation services often rely on various tools and instruments, such as screening instruments, urine analysis, and prescription reviews. However, if service officers lack discipline in using these tools, it can undermine the accuracy and reliability of the rehabilitation process. Inconsistent or improper use of equipment can compromise the effectiveness of assessments and treatment planning.

Addressing these obstacles requires efforts to improve infrastructure and facilities, enhance patient engagement and commitment, establish scheduled supervision mechanisms, educate families on the importance of their support, and ensure that service officers adhere to proper protocols and guidelines in equipment use. By addressing these challenges, the rehabilitation implementation process can be more effective and successful in achieving its goals.

4. CONCLUSION

Based on the discussion on the quality of public services for addicts and victims of drug abuse at the National Narcotics Agency of North Sumatra Province in the Rehabilitation section, the following conclusions can be drawn: Rehabilitation services can be effective if the five indicators of service are properly implemented. At the North Sumatra National Narcotics Agency, rehabilitation services are facing certain challenges that hinder their effectiveness. Tangibles, such as counseling services, need additional improvement and dedicated space. Reliability has been well-implemented, with the existence of Standard Operating Procedures (SOP) and officers who are attentive and skilled in their duties. Responsiveness is evident in the agency's implementation of rehabilitation services, with officers promptly responding to applicants and addressing complaints from patients. Assurance is provided to patients through explanations about the guaranteed time for the rehabilitation process and the government's coverage of costs. However, the actual duration of rehabilitation depends on the patient's progress. Empathy is demonstrated by prioritizing the patient's interests and providing respectful and friendly service. The obstacles faced by the agency include the lack of dedicated

counseling rooms, less committed patients, unsupportive patient families, insufficient supervision of counselors, and a lack of discipline among service workers in utilizing rehabilitation tools.

Based on these findings, it is recommended that the North Sumatra National Narcotics Agency addresses the identified obstacles and focuses on improving the counseling facilities, enhancing patient commitment and family support, strengthening supervision of counselors, and promoting discipline among service workers. By doing so, the rehabilitation services can become more effective and better meet the needs of addicts and victims of drug abuse in the province.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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