

Social Rehabilitation Management Drug Abusers

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ABSTRACT

The objective of the research is to understand the management of social rehabilitation of narcotics and drug abusers in BNN Rehabilitation Center Lido, Bogor. Other objective is to determine any obstacles in the social rehabilitation, to determine the skills development officer social rehabilitation and to determine the results/achievement of social rehabilitation. The research uses a qualitative approach. The research method is case study. The research results show: (1) In the area of management of social rehabilitation, Babesrehab BNN applied: (a) the planning of social rehabilitation run in an integrated, ranging from human resource, selection of methods/approaches and rehabilitation activities, placement, selecting counselors; (a) to achieve the goals and realize social rehabilitation plan, then designed an organizational structure, allocated tasks to be executed according to the parts contained in the umbrella organization of large social rehabilitation; (a) social rehabilitation supervision intended to keep the goal of social rehabilitation remains on the corridor; (d) the implementation of social rehabilitation implemented in every phase, from primary to re-entry; and (e) supervision in the field of social rehabilitation delegated to other persons who are authorized to perform the supervision, not by the head of departement or division; (2) the obstacle of social rehabilitation ranging from HR, resident, organization communication, and society; (3) the effort of social rehabilitation to increase HR competency based on education, workshop, seminar, and on job training; and (4) achievement of social rehabilitation marked by an indicator that resident could reach normal lives without relapsed addiction.

INTRODUCTION

Social rehabilitation is an integral part of the rehabilitation process for drug abusers. The problem is that the lack of social rehabilitation experts (HR) is one of the factors in the number of drug abusers who do not get rehabilitation services. In addition, minimal rehabilitation places are also the reason for the rehabilitation of drug abusers to be hampered. For rehabilitation to take place properly, social rehabilitation management that integrates direct assistance, daily life support resources, and skill-building opportunities (Baker & Doran, 2002; Bangun, 2012)

According to (Daft & Marcic, 2022; Thomas & Scott, 2009), management is the process of working with people and resources to achieve organizational goals. For (Griffin, 2012), management is the process of planning, organizing, coordinating, and controlling resources to achieve goals effectively and efficiently. While Daft states that management is the achievement of organizational goals effectively and efficiently through planning, organizing, leadership, and

controlling organizational resources. (ANWAR, 2006) group management functions into four functions, namely: planning, organizing, implementing/mobilizing, and supervising. To play these functions, human resource management (HRM) is needed. According to (Bateman & Snell, 2008), HR is the use of a number of individuals for organizational purposes. As for (KAREEM, n.d.), HR is the process of acquiring, training, assessing, and compensating employees, looking at their employment relationships, health, safety, issues of fairness. HR strategy provides overall direction on how HR activities will be developed and managed (Hasibuan & Hasibuan, 2011). HR strategies, among others, can be used for social rehabilitation programs for drug abusers. Rehabilitation means the restoration of physical and mental capacity to previous conditions so that they can return to society. For a drug abuser or addict, rehabilitation is a process that must be undertaken in order to fully recover, to live a normative, independent and productive life in society (Vinogradova et al., 2014). The results of (Yuwono, 2010) antara research show that HIV/AIDS control involves the activities of the five elements in the management function. In addition, the results of (ANWAR, 2006) research show that the development of drug abuse prisoners through the therapeutic community method can be carried out in the Cirebon Penitentiary, but due to the different stages of coaching, limited human resources, lack of facilities and infrastructure, and the absence of financial budgets, not all group meetings and stages of therapeutic community method services can be carried out so that the implementation of coaching Inmates through the therapeutic community method run less effectively. Research by (Sutriyani & Budjang, 2014) also shows that the process of implementing social rehabilitation of residents (patients) at the primary stage has made addicts have good physical and emotional stability, the process of implementing social rehabilitation at the re-entry stage is very good because addicts have established psychological conditions in themselves, empowered their reasoning and are able to develop skills in community life; And the process of implementing social rehabilitation at the aftercare stage can be categorized very well because addicts have been able to socialize with the general public, can distinguish which friends can bring good influence to themselves and which friends bring bad influence to him. From the description above can be formulated research problem: How is the management of social rehabilitation of drug abusers? What obstacles are encountered in the process of social rehabilitation? How is the development of human resource skills in social rehabilitation of drug abusers? How is the achievement of social rehabilitation in drug abusers?

METHOD

This research uses a qualitative approach with a case study method. Research data were obtained through in-depth interviews with informants and supported by observation and document tracing. The data are analyzed qualitatively by procedures: reduction, display of data, and drawing conclusions.

RESULTS AND DISCUSSION

Social Rehabilitation Management of BNN Lido Social Rehabilitation Center, Bogor is carried out through planning, organizing, directing, implementing, and supervising.

Planning is carried out starting from HR planning, selection of rehabilitation methods and activities, schedule planning, placement planning, counselor selection, and social rehabilitation termination planning. HR planning is based on organizational interests, and task site planning is tailored to competencies. Method planning is carried out with research and social rehabilitation approaches that are internationally applicable, with adaptation to the needs of BNN Babesrehab. The implementation of research is carried out through observation of residents who come or are brought to Babesrehab BNN: whether the resident is new or a resident who has been treated at Babesrehab BNN. Especially for residents who have been treated, an evaluation of the pattern of treatment that has been done before is carried out to find the cause of recurrence and find solutions to the treatment methods that will be given next. Therefore, the data collection system is carried out with a computerized system so that every resident who comes to Babesrehab BNN Lido can easily know whether it is a new resident or a resident who has been treated. Counselors

are selected from social worker backgrounds and from former abusers backgrounds so that counselors are able to carry out social rehabilitation tasks with community therapy methods. The selection of former abusers is carried out because former abusers certainly have more empathy for residents and can better understand the conditions felt by residents so that the expected goals of implementing social rehabilitation are easier to achieve. During social rehabilitation, residents follow all activity schedules strictly, including religious assistance, guided by counselors and mentors (big body) from primary to reentry.

The organization of social rehabilitation is carried out on the basis of tasks carried out according to the parts contained in the organization. In social rehabilitation organizations, it has been determined who will be placed in each part of the organizational structure. The organizing function in social rehabilitation is related to the activities carried out in HR management and the activities of allocating resources owned by the organization (in this case human resources) into parts of the organization. Moreover, one of the essentials of the organizing function is the allocation of the entire organization's resources into a certain organizational structure that is formed. One of the important points in organizing social rehabilitation is the inherent counseling function of a counselor. Counseling is one of the techniques in social work with individuals, known as the case work method or individual therapy. In this technique, social workers work directly dealing with clients based on one-on-one relationships. The goals of counseling include behavior change, positive mental health, problem solving, personnel effectiveness, and decision making. To achieve the goals and realize the social rehabilitation plan, an organizational structure is designed in which various resources owned by the organization – from field heads to counselors and big bodies – are allocated along with tasks carried out according to the sections contained in the social rehabilitation organization under the umbrella of Babesrehab BNN Lido. The organization of social rehabilitation is made as concise as possible, with the spearhead in the field of community therapy services (therapeutic community). The head of the social rehabilitation division holds the main command, with direct responsibility to the Head of Babesrehab. In the therapeutic community, program managers are responsible for social rehabilitation programs by mapping important issues that must be resolved together, then coordinating with counselors to solve problems faced by residents so that the resident's belief system to return to normal life can be achieved.

Social rehabilitation direction is carried out by each official or level of officials who have the power to direct, for example the head of field, head of service, head of service support, program manager. For residents, briefing is carried out by counselors with supervision from the program manager. With a systematic, orderly, and structured briefing, the social rehabilitation program at Bebasrehab BNN takes place according to a predetermined plan.

The implementation of social rehabilitation is among others carried out through the placement of human resources, starting from the recruitment stage to placement, to increasing the capacity and quality of human resources through various education and training. The implementation of social rehabilitation HR placement is adjusted to the competence of the human resources concerned. These human resources are needed to carry out a series of social rehabilitation activities. Clients at Babesrehab BNN must undergo several stages, including: (1) the initial approach, which is an activity that initiates the resident admission process; (2) admission (initial intake), which includes: interview, physical examination and clinical symptoms of prospective residents; supporting examinations such as urine tests, drugs and complete blood; detoxification, which is a medical rehabilitation phase, whose main focus is to overcome withdrawal conditions experienced physically as well as stabilize the condition of the resident; and (4) pre-social rehabilitation (entry), where the resident has completed detoxification and the general physical, mental and emotional condition is stable.

One of the stages of implementing social rehabilitation is counseling, which is carried out jointly between addicts and counselors. In the counseling process, the counselor starts by looking at the general condition of the client/resident, so supporting data is needed in the form of client records/records, which contain physical, mental, and other things that describe the client's condition as a whole. The steps in counseling, namely: (1) preparation, include: the physical and

psychological readiness of the counselor, the place and surrounding environment, equipment, client understanding and time; (2) rapport, which is to establish a good personal relationship between counselors and clients from the beginning, process, until the counseling ends, which is characterized by a sense of security, freedom, warmth, mutual trust and mutual respect; (3) problem approach, where the counselor motivates clients to be willing to tell the problems faced freely and openly; (4) disclosure, i.e. the counselor makes disclosures to gain clarity on the client's core problems in depth and enters into mutual agreement in determining core issues and side problems, as well as problems faced by the client himself or involving other parties; (5) diagnostics, is a step to establish the background or causative factors of the problem faced by the client; (6) prognosis, which is the step by which counselors and clients develop plans for providing assistance or solving problems faced by clients; (7) treatment, namely the realization of prognosis steps; and (8) evaluation and follow-up, namely to determine the success and effectiveness of counseling that has been given. In addition, there are three stages in the counseling process, namely: building relationships, exploring problems deeply, and exploring alternative solutions.

Counseling takes place in both primary and reentry phases. The primary phase is the basic phase in the therapeutic community that is carried out for four months. In its implementation, the therapeutic community applies a strict disciplinary environment. Residents undergo a busy daily schedule / scheduled daily activities containing daily programs from waking up early to going to bed at night. Residents will be provided with a working paper that explains everything in the program. During the residency study of the working paper, they will be accompanied by a big body, who is a friend who guides them to know the primary phase. The primary daily schedule includes: morning meeting, function, population head account, program seminar, worship and other activities. For the enforcement of discipline and applicable rules as well as for learning principles, sanctions or punishments according to classification are applied expressly and consequently.

The reentry phase is a program intended for residents to complete primary counseling. This phase is carried out for one month, and is the final stage of the therapeutic community program where the resident is in the adaptation stage and returns to socialize with the wider community. In this phase each resident is entitled to follow additional skills, such as craft training, bands, skills that enhance creativity.

Other activities in the implementation of social rehabilitation include job functions, morning meetings, seminars, confrontation, and religious assistance.

In terms of social rehabilitation supervision, several supervisory steps taken are: setting standards and methods for performance appraisal, performance appraisal, assessing whether performance meets standards or not, and correction. The supervisory approach uses traditional systems, maintaining supervisory functions through procedures and activities involving the establishment of standards and various efforts to achieve those standards. This system involves external monitoring activities. The performance of employees is supervised by their superiors, and so on according to the hierarchy in the organizational structure.

There are four major obstacles in the social rehabilitation process at Babesrehab BNN Lido, namely: rehabilitation personnel, clients/residents, communication in social rehabilitation organizations, and community involvement.

The HR recruitment process is carried out according to the procedure. Recruitment at Babesrehab is an effort to find qualified prospective employees in a certain number so that from them the most appropriate people can be selected to fill job vacancies at Babesrehab BNN. In the recruitment process, especially in counselor positions, which are the spearhead, many candidates are accepted to become counselors, then after working for a year or more, ask to be transferred/transferred. The reasons vary, ranging from the remote location of Bebasrehab, to not being able to cooperate with residents. In fact, work as a counselor requires determination and high empathy as a social worker to help save drug addicts from dependence. Another thing that becomes an obstacle is the mismatch between the position applied for and the level of

education. In fact, many prospective applicants are found with a much different level of education or work background.

At Babesrehab BNN Lido, residents come from diverse backgrounds. There are residents who voluntarily and initiatively themselves want to be rehabilitated, some come at the will of the family, some are indeed caught by BNN / Polri officers in operations and then decided to be rehabilitated on the grounds that they are addicts, some are forced to be rehabilitated. There are residents who come from ordinary people, wealthy families, professionals, nobles, artists, and even former regents. Social rehabilitation is an obstacle, especially for residents who are "forced" to be rehabilitated, because of that compulsion, the social rehabilitation process does not go according to plan. With the concept of therapeutic community, social rehabilitation will generalize all residents, no matter whether people are capable, professionals, TNI officers, or even artists. The problem arises because many residents feel they deserve different treatment. Not even undergoing social rehabilitation for one month, he has asked to go home, or even asked by the family to be sent home. In fact, the program has not touched on the recovery aspect of the addict's belief system.

The bureaucratic climate manifests in the form of compartmentalization of professions and competencies, while formal communication manifests in the form of orders through memos and policies, which do not touch the essence of social rehabilitation work.

Community involvement is still minimal. The community was only involved during the construction of Babesrehab. After that it tends to be forgotten. In fact, for socialization about the dangers of drugs, in the village which is the 'closest neighbor' has never been done by Babesrehab BNN. This raises concerns, because drugs have touched all joints of life, while those closest to the rehabilitation center have never received socialization. The lack of involvement of the surrounding community has reduced the community's 'sense of belonging' towards BNN Babesrehab. This makes Babesrehab seem isolated in his own environment.

The main instrument of skill development for BNN Babesrehab social rehabilitation officers is through training. Training is carried out by means of On Job Training, technical training, further study, comparative study, and assessment.

There are three types of education and training provided for employees. First, structural training, which is training for civil servants to improve their competence in structural positions. Second, functional training, which is training for civil servants to improve their competence in functional positions. Third, technical training, which is training for civil servants to improve progress in certain technical fields. For counselors, the training that is often given is technical training. In addition to the three trainings, staff at Babesrehab BNN, especially those engaged in social rehabilitation, are also equipped with workshops and seminars.

To improve human resource development, Babesrehab collaborates and coordinates with Agencies/Institutions/Universities; for the development of the implementation of rehabilitation services and in collaboration with government and private research institutions and institutions related to the implementation of rehabilitation services.

Social rehabilitation at Babesrehab BNN has succeeded in changing the belief system of drug abusers, from a 'careless' lifestyle to a more orderly lifestyle, from a 'addict' lifestyle to a more social lifestyle and more respect for the humanity of addicts not to constantly become drug slaves. Social rehabilitation has transformed addicts into people who care more about themselves, their families, and their communities. In fact, from a former addict, social rehabilitation can be a guide for other addicts to get out of drug dependence together.

Discussion

The problem of recovery for drug abusers is not an easy one. This situation requires a long time, serious effort and high discipline to be able to survive in the problem of drug abuse. Rehabilitation is a process of activity to free addicts from drug dependence. The implementation of rehabilitation is a series of coordinated and integrated efforts, aimed at restoring self-confidence, self-esteem, awareness of the role and social responsibility of victims of abuse for their future both for themselves, their families and the community and the environment. The

rehabilitation process consists of medical rehabilitation services and social rehabilitation using community-based therapy, as well as vocational training to improve self-adjustment, independence and self-help skills so that they are able to function socially in the community reasonably.

The increase in drug abusers is a challenge for BNN Babesrehab. The fact of the development of drug abusers has shown an increasingly alarming condition and has become a serious threat to the younger generation, family, society, nation and country. Furthermore, it can be said that the development of drug abuse and illicit trafficking has become a matter of national concern that is also experienced by the nations of the world. This increasingly demands the seriousness of all parties to jointly make efforts in accordance with their respective roles.

In social rehabilitation programs, management is needed consisting of planning, organizing, directing, implementing, and supervising, so that the program runs more purposefully and achieves targets. Social rehabilitation management carried out by Babesrehab is essentially in accordance with the concept of management as proposed by (Brown & Hughson, 1993), namely the process of planning, organizing, coordinating, and controlling resources to achieve goals effectively and efficiently.

The social rehabilitation management function at Babesrehab BNN runs because there are human resources who play a role. This is in line with (De Leon, 2000) view that human resources are abilities possessed by every human being, consisting of thinking power and physical power of every human being. Strictly speaking, the ability of every human being is determined by his thinking power and physical power. HR is the first and main element in every activity carried out. Reliable / sophisticated equipment without an active role of HR, does not mean anything).

In the context of social rehabilitation management, Babesrehab BNN has used management functions within the framework of social rehabilitation. The purpose of social rehabilitation management is to expand the support system in the daily lives of people who experience reinstitutionalization (drug abusers) through household-based outreach services (rehabilitation institutions) and communities. Social rehabilitation management seeks to integrate direct assistance, daily life support resources, and skill-developing opportunities (Abuse, 2000; HARYANI, n.d.)

The use of therapeutic community in social rehabilitation by Babesrehab BNN is an effort to integrate social rehabilitation into three components: perspective, model, and method (Leon, 2000). Perspective views therapeutic community as how to recover drug abuse disorders with the value of life embraced by abusers. The model views the therapeutic community as a structured treatment program that is a social organization and includes daily activities. The method views community as a method, where people in therapeutic community care are trained and taught how they learn to know themselves and their community through social interaction. Fourth, explain how the three main components (perspectives, models, and methods) work together and are interconnected (Lutman et al., 2015)

The constraints of social rehabilitation lie in the factors of rehabilitation personnel (HR), clients / residents, communication in social rehabilitation organizations, and community involvement. These constraints as a whole can hamper the performance of social rehabilitation in providing services to residents. In the HR perspective, the real social rehabilitation is the state apparatus, so that the HR paradigm changes, from being served to serving, no longer bureaucratic. According to Dwiyanto, bureaucratic human resources can become a center of excellence if the bureaucracy is able to provide added value to the socio-economic activities of the community (Singer & Page, 2016)

Efforts to develop and improve the quality of human resources are carried out through education and training, especially technical ones for counselors and human resources at the 'frontline' of social rehabilitation. Skill development through education and training is the process of maintaining or improving HR skills to produce effective work, while coaching or developing human resources is a process to improve employee knowledge and skills to achieve effective and efficient goals (Adejoh et al., 2018; Gowan & Whetstone, 2012; Mulyana et al., 2022). This means

that the development of BNN Babesrehab Social Rehabilitation HR skills has used theoretical references and only needs to improve its quality.

Social rehabilitation at Babesrehab BNN has succeeded in changing the belief system of drug abusers, from a 'careless' lifestyle to a more orderly lifestyle, from a 'addict' lifestyle to a more social lifestyle and more respect for the humanity of addicts not to constantly become drug slaves. Social rehabilitation has transformed addicts into people who care more about themselves, their families, and their communities. In fact, from a former addict, thanks to social rehabilitation, can be a guide for other addicts to get out of drug dependence together.

Such conditions provide two implications. First, practically social rehabilitation management at Babesrehab BNN Lido needs to be improved in quality so that it contributes more positively to drug abusers. Second, theoretically studies on the management of social rehabilitation of drug abusers need to continue to be carried out using a variety of approaches and a wider scope of study, so that broader and comprehensive generalizations are obtained.

CONCLUSION

Social rehabilitation management at Babesrehab BNN Lido is carried out integrated, starting from planning, organizing, directing, implementing, and supervising. Planning is carried out starting from HR planning, selection of rehabilitation methods and activities, schedule planning, placement planning, counselor selection, and social rehabilitation termination planning. Organizing is designed in the form of an organizational structure in which there are various resources owned by the organization and the allocation of tasks adjusted to competencies. Organizing is made as concise as possible, with the spearhead in the field of community therapy services (therapeutic community). The line of communication is with the head of the social rehabilitation area as the main command, with direct responsibility to the head of the babesrehab. Then in the clinical or therapeutic community there is a program manager who is in charge of social rehabilitation programs. The direction of the head of the social rehabilitation sector is delegated to another person who is authorized to conduct the briefing. HR briefings are carried out in each subdivision for each competency. The direction of the placement of social rehabilitation human resources is carried out through the mechanism of granting authority to individuals who have the authority to direct in the field of social rehabilitation. The implementation of social rehabilitation is carried out thoroughly in every stage, from primary to reentry. The main implementation of social rehabilitation lies in counseling with a large role of counselors, which aims to change the belief system of addicts so that they can return to the role of a complete individual. Supervision of social rehabilitation human resources is carried out by establishing standards and methods of performance appraisal, namely assessment of whether performance meets standards or not, and correction of an action. Supervision of human resource placement is carried out in accordance with the objectives of social rehabilitation based on the competence of human resources in the field of social rehabilitation.

There are four major obstacles in the social rehabilitation process at Babesrehab BNN Lido, namely rehabilitation personnel, clients/residents, communication in social rehabilitation organizations, and community involvement. In terms of human resources, the recruitment held was in accordance with procedures, but there were still many human resources who actually felt unsuitable to work in the field of social rehabilitation, so the placement at Babesrehab BNN Lido was only used as a stepping stone to get civil servant status, then asked to be transferred to another place.

Many clients / residents in the social rehabilitation process apparently choose to retreat regularly for reasons of family, profession, or impropriety. In fact, social rehabilitation can recover residents from addiction. The bureaucratic climate and formal communication hinder the service paradigm that should be the main principle of social rehabilitation. The lack of community involvement makes Babesrehab BNN Lido like 'isolated'. To increase the capacity of social rehabilitation human resources, technical education and training, seminars, workshops, and on job training are provided. The achievement of social rehabilitation for drug abusers is seen from the achievement of physical, mental, social, vocational and economic aspects in order to achieve

the social function of drug abusers optimally, so as to enable the person concerned to regain his ability to carry out his social role reasonably.

REFERENCES

- Abuse, N. I. on D. (2000). *Principles of drug addiction treatment: A research-based guide*. National Institute on Drug Abuse, National Institutes of Health.
- Adejoh, S. O., Temilola, O. M., & Adejuwon, F. F. (2018). Rehabilitation of drug abusers: the roles of perceptions, relationships and family supports. *Social Work in Public Health, 33*(5), 289–298.
- ANWAR, A. S. (2006). *PERPUSTAKAAN [UNIVERSITAS INDONESIA]*.
- Baker, J. R., & Doran, M. S. (2002). *Human resource management: In-basket exercises for school administrators*. R&L Education.
- Bangun, W. (2012). Human resource management. *Jakarta: Erlangga*, 74–89.
- Bateman, T. S., & Snell, S. A. (2008). *Leading & collaborating in a competitive world*. New York: McGraw-Hill.
- Brown, R. I., & Hughson, E. A. (1993). *Behavioural and social rehabilitation and training*. Captus Press.
- Daft, R. L., & Marcic, D. (2022). *Understanding management*. Cengage Learning.
- De Leon, G. (2000). *The therapeutic community: Theory, model, and method*.
- Gowan, T., & Whetstone, S. (2012). Making the criminal addict: Subjectivity and social control in a strong-arm rehab. *Punishment & Society, 14*(1), 69–93.
- Griffin, R. W. (2012). *Management*. Cengage Learning.
- HARYANI, V. T. R. I. (n.d.). *EFEKTIVITAS PELATIHAN "PENGASUHAN IBU BIJAK" DALAM*.
- Hasibuan, H., & Hasibuan, H. (2011). Malayu SP, 2011. *Manajemen Sumber Daya Manusia, 10*.
- KAREEM, M. A. L. I. (n.d.). *THE RELATIONSHIP BETWEEN HUMAN RESOURCE MANAGEMENT STRATEGIES AND COMPETITIVE ADVANTAGE*.
- Lutman, B., Lynch, C., & Monk-Turner, E. (2015). De-demonizing the 'monstrous' drug addict: A qualitative look at social reintegration through rehabilitation and employment. *Critical Criminology, 23*, 57–72.
- Mulyana, D. K., Muchtar, H. S., & Noval, S. M. R. (2022). Social Rehabilitation Management For Victims Of Drugs Abuse Through Vocational Education. *International Journal of Educational Research and Social Sciences (IJERSC), 3*(2), 690–701.
- Singer, M., & Page, J. B. (2016). *The social value of drug addicts: uses of the useless*. Routledge.
- Sutriyani, E., & Budjang, G. (2014). Therapeutic Community Untuk Rehabilitasi Sosial Terhadap Penyalahguna Narkoba di Wisma Sirih. *Jurnal Pendidikan Dan Pembelajaran Khatulistiwa (JPPK), 3*(12).
- Thomas, B. S., & Scott, S. A. (2009). *Management: Leading & collaborating in the competitive world*. New York: McGraw-Hill.
- Vinogradova, M. V., Kryukova, E. M., Kulyamina, O. S., Vapnyarskaya, O. I., & Sokolova, A. P. (2014). Approaches to the study of the status and trends of drug abuse, rehabilitation and reintegration of drug users. *Biosciences Biotechnology Research Asia, 11*(3), 1505–1514.
- Yuwono, I. D. (2010). *Kisah para markus (makelar kasus)*. Media Pressindo.

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